



2017 Atlanta CoC New Project Review Application

Important information before you begin...

Although online this year, much of the information collected is similar to recent years.

As we anticipate this year being a competitive one, please make sure to fully answer each question, as the Ranking and Review Committee can only score based on the information provided.

For each New Project, applicant package must include:

- 1. This review application**
- 2. Atlanta CoC Agency Certification form**
- 3. Evidence of nonprofit status (if applicable)**
- 4. Most Recent Independent Audit (if applicable)**
- 5. Any other documentation as requested in the review process**

The submission deadline for all completed new review applications, and all required documents, is August 16, 2017, at 4:00pm. An application may be considered incomplete if it does not include all required documents.

The deadline for your e-snaps application, and all required updated attachments is August 28, 2017, at 4:00pm. An e-snaps application may be considered incomplete if all required attachments, with the correct updated information, are not uploaded. Failure to submit an e-snaps application, with the required attachments, may result in your application being not scored.

No late applications or attachments will be accepted.



2017 Atlanta CoC New Project Review Application

GENERAL INFORMATION

* 1. Name of Organization

* 2. Organization Type

- ☐ Non-profit 501(c)(3)
- ☐ Unit of Government
- ☐ Public Housing Authority (PHA)
- ☐ Other (please specify)

* 3. Agency Address

Street

City

Zip Code

* 4. Agency DUNS

* 5. Agency Employer ID/Tax ID

6. Name of Sub-Recipient / Sponsor Organization (if applicable)

7. Sub-Recipient / Sponsor Organization Type (if applicable)

- ☐ Non-profit 501(c)(3)
- ☐ Unit of Government
- ☐ Public Housing Authority (PHA)
- ☐ Other (please specify)

* 8. Contact person for this application

Name and Title

Phone Number

Email Address

* 9. Proposed HUD Project Name

* 10. HUD Project Type

- ☐ Permanent Supportive Housing (PSH) - Project Based Rental Assistance
- ☐ Permanent Supportive Housing (PSH) - Sponsor Based Rental Assistance
- ☐ Permanent Supportive Housing (PSH) - Tenant Based Rental Assistance
- ☐ Rapid Rehousing (RRH)
- ☐ Joint Transitional - Rapid Rehousing

* 11. Total HUD 2017 Funding Request



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Threshold Review

There are certain threshold requirements that all projects must meet in order to be considered eligible for this funding source.

Based upon a review of your entire application and supporting materials, the Ranking and Review Committee members will assign your application one point for each of the following criterion met and zero points for each criterion not met. Projects must score a minimum of 6 out of 7 points to be further reviewed by the CoC. Please note these points are used only for threshold purposes and do not count toward overall project competitive scoring. Please keep these questions in mind when completing your application.

1. Does the type, scale, and location of the housing fit the needs of the program participants?
2. Does the type, scale, and location of the supportive services and mode of transportation to those services fit the needs of the program participants?
3. Does the specific plan for ensuring program participants will be individually assisted to obtain benefits of the mainstream health, social, and employment programs for which they are eligible meet the needs of the program participants?
4. Does the application indicate that program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs?
5. Do at least 75% of proposed program participants come from the street or other location not meant for human habitation, emergency shelters, or safe havens?
6. Are amenities (e.g., grocery stores, pharmacies, etc.) accessible in the community?
7. Does the applicant currently participate in HMIS with at least 90% of universal data elements reported? (Will not apply if the agency is not yet HUD funded.)

The following questions will also not be included in the overall score, but the responses will help to determine eligibility.

- * 12. HMIS Participation: Will this project participate in the Atlanta CoC HMIS (or a comparable database if you are a victim services agency) in the event that the project is funded?

☐ Yes

☐ No

- * 13. Coordinated Entry: Will this project participate in the Atlanta CoC Coordinated Entry system in the event that the project is funded?

☐ Yes

☐ No

* 14. Housing First: Will this project follow a Housing First approach as defined in HUD guidance?

☐ Yes

☐ No

* 15. Match: Will the project provide 25% cash or in-kind match for all HUD funding except Leasing?

☐ Yes

☐ No



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APPLICANT EXPERIENCE

- * 16. Experience with Project Activities: Describe the experience of the applicant and potential partners (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. (2000 character limit)

- * 17. Experience Leveraging Other Sources: Describe the experience of the applicant and partners (if any) in leveraging other Federal, State, local, and private sector funds. (1000 character limit)

- * 18. Management Structure: Describe the basic organization and management structure of the applicant and partners (if any). Include evidence of internal and external coordination and an adequate financial accounting system. (3000 character limit)

- * 19. Monitoring/Audit Findings: Are there any unresolved monitoring or audit findings for any government or foundations grants (including HUD ESG) operated by the applicant or potential partners (if any)?

☐ Yes

☐ No

- * 20. If yes, please explain.

- * 21. Securing Units: Please explain your experiencing working with landlords, realtors, and other housers, and helping clients to lease and move into housing quickly. (1000 character limit)

- * 22. Energy Star: Will this project use Energy Star equipment/appliances and/or plan for the purchasing of Energy Star products for new or replacement equipment/appliances?

☐ Yes

☐ No



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QUALITY OF PROPOSED PROJECT

- * 23. Project Description: Provide a description that addresses the entire scope of the proposed project. (3000 character limit)

- * 24. Estimated Schedule: Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work (1000 character limit).

- * 25. Clients to be Served/Needs: Please describe a description of the characteristics and needs of the homeless population to be served by this project. (1000 character limit)



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HOUSING FIRST

The Atlanta CoC works to align itself with the HUD priorities, as well as with the USICH Plan, Opening Doors. Additionally, the Atlanta CoC recently adopted ClearPath, a five-year strategic plan which outlines the priorities of the CoC. Please respond to the following questions, addressing the various objectives of the CoC. Please provide a brief explanation for each of the subparts, if requested.

* 26. Describe how the project will implement a Housing First model. (1000 character limit)

* 27. Will the project prioritize client selection based on duration of homelessness and vulnerability?

☐ Yes

☐ No

* 28. Please briefly explain your response from Q27. (500 characters maximum)

* 29. Will the project drug test prior to move in and/or while the client lives in the project?

☐ Yes

☐ No

* 30. Please briefly explain your response from Q29. (500 characters maximum)

* 31. Will the project require compliance with or enrollment in mental health treatment in order to be accepted?

☐ Yes

☐ No

* 32. Please briefly explain your response from Q31. (500 characters maximum)

* 33. Will the project accept clients regardless of criminal history?

☐ Yes

☐ No

* 34. Please briefly explain your response from Q33. (500 characters maximum)

* 35. Will the project accept clients regardless of income or financial resources?

☐ Yes

☐ No

* 36. Please briefly explain your response from Q35. (500 characters maximum)

* 37. Will the project use a harm-reduction model for drugs and/or alcohol use?

☐ Yes

☐ No

* 38. Please briefly explain your response from Q37. (500 characters maximum)

* 39. Will the project include mandatory case management and/or home visits as a condition of remaining in the program?

☐ Yes

☐ No

* 40. Please briefly explain your response from Q39. (500 characters maximum)



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HIGHEST BARRIERS TO HOUSING

In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process will prioritize people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. CoC funded projects frequently work with families or individuals who have severe barriers to finding and maintaining housing, and it's important for the system of care to be responsive to those needs.

* 41. Please indicate which of the following will be required for clients to be accepted into this project.

- ☐ Current employment
- ☐ Income
- ☐ State issued identification
- ☐ Sobriety (alcohol or drugs)
- ☐ No presenting of symptoms of mental illness
- ☐ Transportation
- ☐ Specific disabling condition (e.g. MH, SA, HIV/AIDS)
- ☐ Medication compliance
- ☐ Order of protection, police involvement, or specified time separated from abuser for victims/survivors of domestic violence
- ☐ Other (please list below)
- ☐ None

Explanation of Other

* 42. Please list and discuss all program entry requirements and restrictions for homeless persons to access and be accepted into this project. Include how this project works with those families and individuals with high barriers to accessing **and** remaining in housing. (2000 characters maximum)



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SERVICES FOR PARTICIPANTS

Supportive Services: For all supportive services available to participants, indicate if the specific service will be made available, who will provide it (Applicant, Subrecipient, Partner, or Nonpartner), and the frequency of the service.

*** 43. Assessment of Service Needs**

Yes/No

Who will provide?

Frequency of Service

*** 44. Assistance with Moving Costs**

Yes/No

Who will provide?

Frequency of Service

*** 45. Case Management**

Yes/No

Who will provide?

Frequency of Service

*** 46. Child Care**

Yes/No

Who will provide?

Frequency of Service

*** 47. Education Services**

Yes/No

Who will provide?

Frequency of Service

*** 48. Employment Assistance and Job Training**

Yes/No

Who will provide?

Frequency of Service

*** 49. Food**

Yes/No

Who will provide?

Frequency of Service

*** 50. Housing Search and Counseling Services**

Yes/No

Who will provide?

Frequency of Service

*** 51. Legal Services**

Yes/No

Who will provide?

Frequency of Service

*** 52. Life Skills Training**

Yes/No

Who will provide?

Frequency of Service

*** 53. Mental Health Services**

Yes/No

Who will provide?

Frequency of Service

*** 54. Outpatient Health Services**

Yes/No

Who will provide?

Frequency of Service

* 55. Outreach Services

Yes/No

Who will provide?

Frequency of Service

* 56. Substance Abuse Treatment Services

Yes/No

Who will provide?

Frequency of Service

* 57. Transportation

Yes/No

Who will provide?

Frequency of Service

* 58. Utility Deposits

Yes/No

Who will provide?

Frequency of Service



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SERVICES FOR PARTICIPANTS (continued)

- * 59. Employment/Income: Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. (2000 character limit)

- * 60. Obtain/Remain Permanent Housing: Describe how participants will be assisted to obtain and remain in permanent housing. (2000 character limit)

- * 61. Improving Service Access: Will the project include the following activities? Check all that apply.

- ☐ Transportation assistance to clients to enable them to attend mainstream benefit appointments, employment training, or jobs
- ☐ A single application form for four or more mainstream programs
- ☐ Follow-up at least annually with participants to ensure mainstream benefits are received and renewed.
- ☐ Access to SSI/SSDI technical assistance provided by the applicant or a partner agency.



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HOUSING AND PROJECT POPULATION

* 62. Total Number of Proposed Units (If this is a Joint TH-RRH project proposal, respond as "xx (TH) and xx (RRH)")

* 63. Total Number of Proposed Beds (If this is a Joint TH-RRH project proposal, respond as "xx (TH) and xx (RRH)")

* 64. Populations Served (check all the apply)

- ☐ Households without children (individuals and couples with no children)
- ☐ Households with children
- ☐ Households with only children

* 65. Households without children

a. Number of Households

b. Number of Adults

* 66. Households with children

a. Number of Households

b. Number of Adults

c. Number of Children

* 67. Households with only children (unaccompanied youth 17 years or younger)

a. Number of Children

* 68. Total Projected to be Served

Total Number of Households (65a + 66a + 67a)

Total Number of People (65b + 66b + 66c + 67a)

* 69. Projected Percentage of Chronically Homeless Served

Chronically Homeless
Veteran

Chronically Homeless (not
a Veteran)

* 70. Projected Percentage of Veterans Served

Households with at least
one Veteran

Households with no
Veterans

* 71. Projected Percentage of Youth (ages 18-24) Served

Youth headed households
(individuals or families, if
head of household is a
youth)

Non-youth headed
households (individuals or
families, with head of
household 25 or older)

* 72. If project proposes to target youth (ages 18-24), please describe how this population will be targeted, current partnerships related to appropriate referrals, and the need of a program for this target population (please submit data as necessary). (2000 character limit)

* 73. What is the estimated percentage of clients served from each of the sub-populations below? (These are not mutually exclusive and do not need to add up to 100%.)

Mental Illness

Alcohol Abuse

Drug Abuse

Chronic Health Condition

HIV/AIDS and Related
Disorders

Developmental Disability

Physical Disability

Victim/Survivor of
Domestic Violence

Veteran

Youth Households

Not represented by an
above listed sub-
population



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Performance Measure - Housing Stability

Indicate the proposed number of persons who will remain in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.

Count every participant who is anticipated to continue residing in the project, or the number of participants who are anticipated to exit the project and move into another permanent housing situation.

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The Target is the total number of persons from the pool that are affected.

* 74. Persons remaining in permanent housing as of the end of the operating year

a. Universe Number	<input type="text"/>
b. Target Number	<input type="text"/>
c. Target Percent (Q74b / Q74a * 100)	<input type="text"/>

* 75. Please explain the plan to reach the housing stability target (1000 characters maximum).



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Performance Measure - Project Participant Income

Choose one of the two performance measures. This measure is not applicable for children and youth below the age of 18. Total income can include all cash sources, public and private.

Q76. Persons age 18 and older who maintained or increased their total income (from all sources) at of the end of the operating year or program exit:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The Target is the total number of persons from the pool that are affected.

OR

Q77. Persons age 18 through 61 who maintained or increased their earned income at of the end of the operating year or program exit:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The Target is the total number of persons from the pool that are affected.

* 76. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit

a. Universe Number

b. Target Number

c. Target Percent (Q76b / Q76a * 100)

* 77. Persons age 18 through 61 who maintained or increased earned income as of the end of the operating year or program exit

a. Universe Number

b. Target Number

c. Target Percent (Q77b / Q77a * 100)

* 78. Please explain the plan to reach the income stability target (1000 characters maximum).



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BUDGET AND FINANCIAL

For the following budget related questions, please pay careful attention to the HUD budget guidelines, as certain budget line items are only applicable for certain project types. Please be sure to only include allowable expenses, based on the project type being applied for. More information is posted [here on the HUD website](#).

*** 79. Proposed Project Type**

- ☐ Rapid Rehousing
- ☐ Permanent Supportive Housing
- ☐ Joint TH - RRH



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Project Budget

Please enter the general budget breakdown for the requested funds in Q80. For the budget questions that follow Q80, please enter, more specifically, what each general category will fund.

* 80. For each activity listed, please enter the amount of assistance that is requested.

a. Leased Units	<input type="text"/>
b. Leased Structures	<input type="text"/>
c. Rental Assistance	<input type="text"/>
d. Supportive Services	<input type="text"/>
e. Operating	<input type="text"/>
f. HMIS	<input type="text"/>
g. Subtotal (a+b+c+d+e+f)	<input type="text"/>
h. Administrative costs (Up to 7% of subtotal)	<input type="text"/>
TOTAL AMOUNT OF REQUEST (g+h)	<input type="text"/>



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Project Budget - Leased Units

* 81. Enter number of units by unit type **and** multiply the number of units by FMR (2016 FMR located at: <https://www.huduser.gov/portal/datasets/fmr.html>) **and** multiply that number by 12 (1 year grant = 12 months) and enter totals.

a. Efficiency	<input type="text"/>
b. One bedroom	<input type="text"/>
c. Two bedroom	<input type="text"/>
d. Three bedroom	<input type="text"/>
e. Four bedroom	<input type="text"/>
f. Total (a+b+c+d+e) (should equal Q80a)	<input type="text"/>



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Project Budget - Leased Structure

* 82. Enter the details of the structure.

a. Name

b. Address 1

c. Address 2

d. City

e. State

f. Zip Code

g. HUD Paid Rent (per month)

h. Total Request (g X 12; should equal Q80b)



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Project Budget - Rental Assistance

* 83. Indicate the quantity and total budget for each allowable type of rental assistance.

a. Short Term Rental Assistance	<input type="text"/>
b. Medium Term Rental Assistance	<input type="text"/>
c. Long Term Rental Assistance	<input type="text"/>
c. Total (a+b+c) (Should equal Q80c)	<input type="text"/>

* 84. Enter number of units by unit type **and** multiply the number of units by FMR (2016 FMR located at: <https://www.huduser.gov/portal/datasets/fmr.html>) **and** multiply that number by 12 (1 year grant = 12 months) and enter totals.

a. Efficiency	<input type="text"/>
b. One bedroom	<input type="text"/>
c. Two bedroom	<input type="text"/>
d. Three bedroom	<input type="text"/>
e. Four bedroom	<input type="text"/>
f. Total (a+b+c+d+e) (should equal Q80c)	<input type="text"/>



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Project Budget - Supportive Services

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE. Please remember, the amount requested for supportive services must be equal or less than 30% of the total amount requested, less administrative costs. If something does not apply, please enter 0 or n/a.

*** 85. Assessment of Service Needs**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 86. Assistance with Moving Costs**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 87. Case Management**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 88. Child Care**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 89. Education Services**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 90. Employment Assistance**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 91. Food**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 92. Housing/Counseling Services**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 93. Legal Services**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 94. Life Skills**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 95. Mental Health Services**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 96. Outpatient Health Services**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 97. Outreach Services**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 98. Substance Abuse Treatment Services**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 99. Transportation**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 100. Utility Deposits**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 101. Operating Costs (only if for a facility that is used to provide services)**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 102. Total Annual Assistance Requested**

Sum of Q85b through
Q101b (Should equal
Q80d)



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Project Budget - Operating

Enter the quantity and total budget request for each operating cost. If something does not apply, please enter 0 or n/a.

*** 103. Maintenance/Repair**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 104. Property Taxes and Insurance**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 105. Replacement Reserve**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 106. Building Security**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 107. Electricity, Gas, Water**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 108. Furniture**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 109. Equipment (lease, buy)**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 110. Total Annual Assistance Requested**

Sum of Q103b through
Q109b (Should equal
Q80e)



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Project Budget - HMIS

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS item. When including staff costs, please include title, salary and FTE. If something does not apply, please enter 0 or n/a.

*** 111. Equipment**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 112. Software**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 113. Service**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 114. Personnel**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 115. Space and Operations**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 116. Total Annual Assistance Requested**

Sum of Q111b through
Q115b (Should equal
Q80f)



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Cost Efficiency

- * 117. Please briefly explain how your costs, including housing costs and service costs, are all necessary and reasonable. (1000 character limit)

- * 118. What additional funding sources are committed to this project? (1000 character limit)

- * 119. What is the projected **total budget** for this project (include all financial resources, excluding in-kind)?

Total Annual Budget

- * 120. How many persons are projected to be served?

- * 121. What is the projected total average cost per person served?

(total budget / persons
served)

- * 122. What is the **total HUD request** for this project?

Request Amount

- * 123. What is the projected total average cost, of HUD funds, per person served?

(total request / persons
served)

- * 124. How many persons are projected to either remain in permanent housing or exit the project to permanent destinations over the course of the program year?

- * 125. What is the projected average cost per exit to, or maintenance of, permanent housing over the course of the program year?

(total budget / persons in
PH)

* 126. What is the projected average cost, of HUD funds, per exit to, or maintenance of, permanent housing over the course of the program year?

(total HUD budget /
persons in PH)

* 127. Does the applicant have any outstanding federal debt?

☐ Yes

☐ No

* 128. If yes, please provide an explanation of debt owed and repayment arrangements (250 characters maximum).



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Match Funds

HUD requires a 25% match (minus leasing) for this funding. This needs to be based on current commitments at the time of project application, covering the requested grant operating period/term, and NOT based on projections. Documentation is not required at this time, but must be in-hand and dated within 60 days of the HUD application deadline. For additional guidance on match, please refer to the project guides, as well as the [FAQs on the HUDexchange website](#) and search for "match."

*** 129. Total Match**

a. Total HUD CoC funding request (minus leasing)	<input type="text"/>
b. Total cash match (listed below)	<input type="text"/>
c. Total in-kind match (listed below)	<input type="text"/>
Percent of match provided (b + c) / a * 100 =	<input type="text"/>

*** 130. Cash Match**

List source of match and amount committed

Source and Amount	<input type="text"/>
Source and Amount	<input type="text"/>
Source and Amount	<input type="text"/>
Source and Amount	<input type="text"/>
Source and Amount	<input type="text"/>
If needed, list all other sources and amounts	<input type="text"/>
TOTAL CASH MATCH	<input type="text"/>

*** 131. In-Kind Match**

List source of match and amount committed

Source and Amount	
Source and Amount	
Source and Amount	
Source and Amount	
Source and Amount	
If needed, list all other sources and amounts	
TOTAL IN-KIND MATCH	



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Program Monitoring

- * 132. Does the agency have any open (unresolved) monitoring findings or concerns from any governmental or foundation funder? If yes, please identify the finding or concern and explain a corrective plan of action (500 characters maximum).

- * 133. Within your organization, please describe what actions are done to evaluate project and agency performance (1000 characters maximum).



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Educational Services

This question was accidentally skipped when this application was first formatted. It should be in the "Quality of Proposed Project" section.

- * 134. Describe how the project will take into account the educational needs of children and youth in the project. Include a discussion of how the policies and practices are consistent with federal laws and whether or not there will be a staff person specifically designated to ensure children and youth are enrolled in school and receive educational services. If the project will not serve children or youth under age 25, indicate N/A. (1000 character limit)



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Assurances

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

- * Applicant will complete the HUD esnaps application form with the same information contained in this application unless adjustments have been requested by the Collaborative Applicant.**
- * Applicant agrees to participate fully with the HMIS identified by the CoC, or alternate system for domestic violence providers.**
- * Applicant agrees to participate fully with the CoC Coordinated Entry system.**

Additionally, the governing body of this applicant understands that:

- * Submission of this application and the e-snaps application is not a guarantee of funding.**
- * Inclusion in the Atlanta CoC application to HUD also does not guarantee funding, as all final funding decisions are made by HUD.**

*** 135. Electronic Acknowledgement**

Name and Title

Date



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Thank you!

Thank you for thoughtfully and thoroughly completing this application.

Do not forget that for this application to be considered complete, you need to submit, by email, the following documents:

1. This review application;
2. Evidence of nonprofit status (if applicable);
3. Most recent independent audit (if applicable);
4. Copy of intake package, including any house rules and policies, if already established; and
5. The Atlanta CoC Agency Certification form.

If any of these do not apply, please submit a separate document simply stating that so that it is clear that you did not fail to submit the documentation.

Once you complete this online application, email Amy Zaremba to let her know and to send the above documents. Please use both of these addresses (to lessen the change of an email getting lost in those big clouds!):

amzaremba@atlantaga.gov
azaremba@partnersforhome.org

You will receive and acknowledgement that your email has been received.

Also, please remember that you need to have your e-snaps application and all required updated documentation complete by August 28, 2017, at 4:00pm (note corrected date). An e-snaps application may be considered incomplete if all required attachments, with the correct updated information, are not uploaded.

Failure to email the required documentation and/or failure to complete the e-snaps application, with the required attachments, may result in your application being not scored.

Also, as we continue through this process, please know that we may request more information, either for scoring clarification or to assist in completing the HUD CoC application.

Thanks, again, for all your hard work and dedication to the CoC and to people in need in our community!