

# Atlanta Continuum of Care

## Introduction

Partners for HOME (“PfH”), on behalf of the Atlanta Continuum of Care (CoC), releases this grant application for a direct service provider to provide document readiness services to people experiencing homelessness in the City of Atlanta. PfH is a nonprofit organization that serves as the Collaborative Applicant for the Atlanta Continuum of Care (CoC) — a Housing and Urban Development (HUD) program that promotes community-wide commitment to the goal of ending homelessness and provides funding for efforts by nonprofit providers and state and local governments to quickly rehouse people impacted by homelessness. Its mission is to coordinate a comprehensive crisis response system to end homelessness in the City of Atlanta.

## Applicant Eligibility

Agencies interested in applying for grant funds must meet the following criteria to be considered for consideration:

- Agency must be a registered 501(c)(3) nonprofit organization serving —or willing to serve — clients experiencing homelessness in the City of Atlanta.
- Agency must have an operating budget of \$1,000,000 or more.

## Project Overview

This funding opportunity is seeking agencies that can:

1. Provide assertive outreach to engage individuals and build rapport to quickly get individuals document ready with the goal of exiting homelessness.
2. Determine staff needs at encampments and unsheltered locations to provide onsite document assistance.
3. Enroll all clients in the HMIS services project within 48 operating hours of client consent to services.
4. Provide continued follow-up with clients who initially refuse services.
5. Serve as subject matter experts on document readiness and local resources for obtaining IDs, social security cards, and birth certificates.
6. Assist enrolled clients with acquiring documents needed for housing. Obtain all key documents, including ID, birth certificate, social security card, HUD McKinney (where applicable), and any other documents necessary to progress toward housing move-in.
7. Work in collaboration with the LIFT 2.0 providers to identify document needs and provide seamless services for document readiness.

## Project Outcomes

Agencies will be measured by their ability to:

1. Assist a minimum of 320 households in becoming document-ready in the first 90 days of the grant agreement.
2. Screen 100% of individuals for needed identifying documents and assisted in obtaining those documents.
3. Ensure 85% of households are “document ready” (ID, SSC, and BC, all uploaded to HMIS) within 60 days of program enrollment.
4. Ensure 100% of individuals identified as needing a birth certificate will have one ordered within 1 week of first contact.
5. Ensure 100% of individuals identified as needing a TB test will have one completed at Fulton County BOH within 2 weeks of first contact.
6. Ensure 100% of individuals identified as needing a social security card will have one ordered within 3 weeks of first contact.
7. Ensure 100% of individuals identified as needing ID will have one ordered within 1 week of birth certificate and social security card receipt.
8. Report the number of clients receiving transportation to/from appointments each month.

## Anticipated Award

Agencies are requested to submit a budget for this project based on their projections of costs. Budgets submitted will be used to determine award amount.

## Timeline

Unless otherwise

## General Information

**This section will be reviewed internally by the Partners for HOME Advancement team.**

This **Document Readiness** funding opportunity is part of the LIFT 2.0 homeless response plan. The following documents will be uploaded as part of the application:

- FY23 organizational budget
- Two years of audited financials *or* internal financial statements to include a State of Financial Position (Balance Sheet), Statement of Activities(Profit & Loss)
- Financial Policies and Procedures (organizations funded by PfH in the past 12 months do not need to submit)
- Data Quality Submission report for the period of April 1 - July 31, 2023

### \* 1. Organization and Contact Information

Name of Organization	<input type="text"/>
Organization Tax ID (EIN)	<input type="text"/>
Organization Founding Year	<input type="text"/>
Application Contact Name	<input type="text"/>
Application Contact Email	<input type="text"/>

### Threshold Section

\* 2. **HMIS:** Will your organization use ClientTrack or a DV comparable database for this project?

- We currently use ClientTrack or a DV comparable database and will use it for this project.
- We do not currently use ClientTrack or a DV comparable database but will use it for this project.
- We do not currently use ClientTrack or a DV comparable database and will not use it for this project.

## Experience Section (30 points total)

\* **3. Length of Experience.** How long has the organization provided homeless services in the below CoCs?

Atlanta CoC	<input type="text"/>
Balance of State	<input type="text"/>
Cobb CoC	<input type="text"/>
DeKalb CoC	<input type="text"/>
Fulton CoC	<input type="text"/>
Other CoC (Please share name and years)	<input type="text"/>

**4. Current Experience.** Does the agency have a current project in HMIS that is similar to the project category being applied for? If yes, please share the HMIS project name. If no, please enter N/A.

**5. Subpopulation Experience.** Please check all subpopulations your agency has experience with:

- Domestic Violence
- Youth
- LGBTQ+
- Veterans
- Families
- Chronic

\* **6. Team Contacts.** List the name and title of staff contacts in the following areas:

Administration (person responsible for organization management)

Finance (person responsible for grants management and submitting expenses)

Programs (person responsible for leading and managing project implementation)

Performance (person responsible for monitoring HMIS data, project outcomes and submitting performance reports)

\* 7. **Housing First.** Give a specific example of how your organization incorporates Housing First when working with clients. If your agency does not currently incorporate Housing First with clients, how will you incorporate this practice model in the proposed project? (1,000 character limit)

\* 8. **Cultural and Linguistic Competencies.** Give a specific example of how your organization incorporates cultural and linguistic competencies when working with clients. If your agency does not currently incorporate cultural and linguistic competencies with clients, how will you incorporate this practice model in the proposed project? (1,000 character limit)

\* 9. **Trauma-Informed Care.** Give a specific example of how your organization incorporates trauma-informed care when working with clients. If your agency does not currently incorporate trauma-informed care competencies with clients, how will you incorporate this practice model in the proposed project? (1,000 character limit)

\* 10. **Racial Equity.** Give a specific example of how Black and Indigenous People of Color (BIPOC) inform decision-making of the organization. (1,000 character limit)

\* 11. **Racial Equity.** What percentage of the agency's Board, Leadership and Program Staff identify as a BIPOC?

Board

Staff Leadership

Program Staff

\* 12. **Lived Expertise.** Give a specific example of how persons with lived expertise (PLE) inform decision-making of the organization. (1,000 character limit)

\* 13. **Lived Expertise.** What percentage of the agency's Board, Leadership and Program Staff identify as PLE?

Board

Staff Leadership

Program Staff

\* 14. **Sustainability.** Describe the organization's plan to financially sustain this project when the LIFT 2.0 grant ends. Please include details for maintaining services and staff necessary for clients to remain enrolled in the project. (1,000 character limit)

\* 15. **Financial Management.** Describe your organization's ability to manage grant funds. Include software used to aid in isolating grant expenses and revenues as well as procedures for reporting financial updates to funders. (1,000 character limit)

\* 16. **Grant Management.** Has your organization lost funding from the Atlanta CoC in the past? Please share details that led to the loss of funds. **This may be verified.**

\* 17. **Grant References.** Please provide two separate references for a past grant awarded to the agency. These references cannot be the Atlanta CoC. **This may be verified.**

Grantor 1 Name

Grantor 1 Point of Contact

Point of Contact 1 Email

Point of Contact 1 Phone

Amount of Grant 1

Purpose of Grant 1

Grantor 2 Name

Grantor 2 Point of Contact

Point of Contact 2 Email

Point of Contact 2 Phone

Amount of Grant 2

Purpose of Grant 2

## Project Details and Reporting

**This section references project components from the Atlanta CoC's Data Quality Plan. This section will be reviewed internally by the Partners for HOME Programs team.**

### **Project Section (35 points total)**

\* 18. **Document Readiness.** Describe the agency's plan for implementing the program components listed below. Please provide a detailed explanation with examples of how your agency will:

1. Provide assertive outreach to engage individuals and build rapport to quickly get individuals document ready with the goal of exiting homelessness.

2. Determine LIFT 2.0 Outreach and Navigation staff needs at encampments and unsheltered locations to provide onsite document assistance.

3. Enroll all clients in the HMIS services project within 48 operating hours of client consent to services.

4. Provide continued follow-up with clients who initially refuse services.

5. Serve as subject matter experts on document readiness and local resources for obtaining IDs, social security cards, and birth certificates.

6. Assist enrolled clients with acquiring documents needed for housing. Obtain all key documents, including ID, birth certificate, social security card, HUD McKinney (where applicable), and any other documents necessary to progress toward housing move-in.

7. Work in collaboration with the client's LIFT 2.0 Outreach and Navigation provider to identify document needs and provide seamless services for document readiness.



\* 19. **Project Ramp Up.** How long will it take the agency to ramp up for this project after grant execution (e.g. hire and train staff, provide coverage for current staff, etc.)

- 1-30 days
- 31-60 days
- 61-90 days

\* 20. **Project Ramp Up.** Provide a detailed timeline of how the agency will ramp up after grant execution. Include details about filling vacant staff roles, training of new staff and staff coverage during the ramp up period.

\* 21. **Project Outcomes.** Describe the organization's internal processes for reaching the below project outcomes. Please provide a detailed explanation with examples of how your agency will reach the following goals:

1. Assist a minimum of 320 households in becoming document-ready in the first 90 days of the grant agreement.

2. 100% of individuals will be screened for needed identifying documents and assisted in obtaining those documents.

3. 85% of households enrolled in the Document Readiness program will become completely "document ready" (ID, SSC, and BC, all uploaded to HMIS) within 60 days of program enrollment.

4. 100% of individuals identified as needing a birth certificate will have one ordered within 1 week of first contact.

5. 100% of individuals identified as needing a TB test will have one completed at Fulton County BOH within 2 weeks of first contact.

6. 100% of individuals identified as needing a social security card will have one ordered within 3 weeks of first contact.

7. 100% of individuals identified as needing ID will have one ordered within 1 week of birth certificate and social security card receipt.

8. Report the number of clients receiving transportation to/from appointments each month.

\* 22. **Data Quality.** Does your organization have a Services Only Data Quality Report with clients enrolled for the period of April 1 through July 31, 2023?

Yes. Please upload report in question 23 to be scored.

No. Please answer question 24.

23. Upload your Services Only Data Quality Report for the period of April 1 through July 31, 2023. **Name this document "Services Only Data Quality Report."**

Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen

24. **Data Quality.** If your organization ***does not have*** a Services Only Data Quality Report for the period of April 1 through July 31, 2023, explain how you will adhere to the following Atlanta CoC Data Quality Plan components. (250 character limit)

Having an error rate of less than 5% for data elements.

Enrolling clients into project within 48 operating hours.

## Financials

**Please attach the following financial documents as part of your application. This section will be reviewed internally by the Partners for HOME Finance team.**

### Financial Review Section (35 points total)

\* 25. Upload your Board-approved, current fiscal year organization budget. **Name this document "Organization Budget."**

Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen

26. Upload the two most recent years of audited financials. **Name this document "Audited Financials."** If an audit was **not completed within the last two years**, please provide the most recent financial statements, including a Statement of Financial Position and a Statement of Activities. **Name the document Statement of Financial Position and Statement of Activities.**

Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen

27. Upload internal financial statements to include a Balance Sheet and Profit & Loss Statement if you do not have audited financials or a Statement of Financial Position and Statement of Activities. **Name this document "Internal Financials."**

Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen

\* 28. Upload your financial policies and procedures manual. **Name this document "Financial Policies and Procedures."**

Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen

\* 29. Please upload your project budget using the [budget template](#). **The budget will serve as your agency's cost proposal to serve a minimum of 320 households through this project.**

Choose File

Choose File

No file chosen