

General Information

This application must be completed in one-sitting. Much of the information collected as part of the local competition is similar to previous years, however the order of questions and instructions may have changed. Please read each question carefully.

Documents

- 501c3 nonprofit letter (unless a government or public housing entity)
- Most recent independent audit
- Any audit/monitoring documentation since July 1, 2022
- Housing/Healthcare Leverage Commitments
- Match Commitments
- Project Policies
- DV Bonus Supplemental Questions

The application answers and materials will be reviewed by the Rank and Review Committee. Unless requested, no other information will be used to review local competition applications. **The local competition application deadline is August, 22, 2023.**

No late applications will be accepted.

* 1. Organization and Contact Information

Name of Organization

Application Contact Name

Application Contact Phone Number

Application Contact Email

* 2. Organization Type

- Nonprofit 501(c)(3) Government Unit Public Housing Authority

* 3. Organization DUNS Number

* 4. Organization SAM Registration Expiration Date

* 5. Name of Subrecipient/Sponsor Organization (Leave blank if not applicable)

* 6. Subrecipient/ Sponsor Organization Type (Leave blank if not applicable)

- Nonprofit 501(c)(3) Government Unit Public Housing Authority

Other (please specify)

* 7. HUD Project Name

* 8. HUD Project Funding/Type

- HMIS PH-Permanent Supportive Housing
- PH-Rapid Rehousing SSO-Coordinated Entry

* 9. Total HUD Funding Request

* 10. **CoC Threshold:** Please select which of the following will apply to your project.

- HMIS Participation:** This project will participate in the Atlanta CoC HMIS (or a comparable database for DV providers).
- Coordinated Entry:** This project will accept 100% of referrals from the Atlanta CoC coordinated entry system.
- Housing First:** This project will follow a Housing First approach defined by HUD.
- Match:** This project has 25% in-kind or cash match.
- Funding:** This project is for a new project using funds that will not replace state or local government funds.

Agency Experience

* 11. **Project Experience.** Describe your experience developing and implementing the proposed project activities. Include details about how the agency will address the target populations' housing and service needs, identifying and securing match funds, and managing basic organization operations.

* 12. **Public Funds Experience.** Describe your experience leveraging public funds with private sector funds. Please share a specific example of how much public funding you have leveraged to secure additional private sector funds.

* 13. **Financial Management Experience.** Describe the organization's financial management structure and financial accounting systems used to manage grant funds.

Proposed Project

* 14. **Number Served.** How many households will this project serve?

* 15. **Populations Served:** Check all subpopulation(s) to be served by this project.

- | | |
|---|--|
| <input type="checkbox"/> Chronic | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Families | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Single Adults | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Youth (18-24) | |
| <input type="checkbox"/> Other (please specify) | |

* 16. **Project Description.** Provide a description that addresses the scope of the project. Please be specific about components such as housing relationships, unit acquisition, leasing/rental assistance and case management for permanent housing projects, and how the agency will work with persons who have high barriers to accessing and remaining in housing.

* 17. **Housing Leverage for PH Projects:** Will your project provide housing subsidies or subsidized housing units not currently funded through the CoC or ESG Programs to serve at least 25% of program participants anticipated to be served by the project?

- Yes - Please answer Q18.
 No
 N/A

18. **Housing Leverage for PH Projects:** Please upload letters of commitment, contracts or other formal written documents that demonstrate the number of subsidies or units being provided to support all new projects below.

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

No file chosen

* 19. **Healthcare Leverage New PH Projects:** Will your project provide healthcare assistance with a value of at least 25% of HUD funding being requested for the project?

- Yes - Please answer Q20.
- No
- N/A

* 20. **Healthcare Leverage for PH PROJECTS:** Please upload formal written agreement that includes the value of the commitment and dates the healthcare services will be provided for your PSH or RRH project.

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

No file chosen

* 21. **Project Timeline:** List the days from the execution of grant agreement that the below project milestones will be reached.

Project expenses begin

Project staff hired

Clients enrolled in project

Clients begin moving in units and start support services

Housing and supportive services at 100% capacity

* 22. **Project Policies.** Will the project enroll clients who have the following barriers? Select all that apply.

- Little or no income
- Active/history of substance abuse
- Criminal record (with the exception of state-mandated restrictions)
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse)
- None of the above

* 23. **Project Policies.** Will the project prevent program participant termination for the following? Select all that apply.

- Failure to participate in supportive services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area
- None of the above

* 24. Please describe how the proposed project's performance will be evaluated by and manage by the agency.

(1,000 characters maximum)

Services for Participants

* 25. **Project Housing.** Describe how participants will be assisted to locate, move into and maintain permanent housing. Include details on how you will select the right type of housing for clients, if you will use rental or leasing assistance, how you will work with landlords, types of services that will be offered to clients and how you will work with clients to set goals to retain housing.

* 26. **Project Services.** Describe how participants will be assisted with supportive services, such as mainstream health, social services, and employment programs. Include details about supports that will lead to successful exits, types of mainstream services that increase non-employment income, social services you will provide support with, and access to healthcare benefits and resources.

* 27. **Services Provided.** Please complete the below chart for services that will be offered by your project, who will provide the service and the frequency of the service.

	Will this service be made available to clients?	Who will provide this service to clients?	What is the frequency of the service to clients?
Service Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move-In Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance/Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search/Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility Deposit Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 28. **Improving Service Access:** Will the project include the following activities? (Check all that apply.)

- Transportation assistance to attend mainstream benefit appointments, employment training, or jobs
- Annual follow up to ensure mainstream benefits are received and renewed
- Access to SSI/SSDI technical assistance provided by the applicant or a partner agency

29. If access to SSI/SSDI technical assistance in Q28 was checked, has the person providing the technical assistance completed SOAR training in the past 24 months?

Housing for Populations Served

*** 30. Adults Populations (Individuals and Couples 18+ years).** If you are serving Adults Only, complete the total number for the below. **Enter NA if this population does not relate to your project.**

a. Total Number of Adult Households

b. Total Number of Individual Adults in Adult Households

c. Total Number of Housing Units for Adult Households

d. Total Number of Beds in Adult Housing Units

*** 31. Family Populations (Adults 18+ with children under 18).** If you are serving Families, complete the total number for the below. **Enter NA if this population does not relate to your project.**

a. Total Number of Family Households

b. Total Number of Individual Adults in Family Households

c. Total Number of Individual Children in Family Households

d. Total Number of Housing Units for Family Households

e. Total Number of Beds in Family Housing Units

*** 32. Total Projected to be Served**

a. Total Number of Households 30a + 31a)

b. Total Number of People (30b + 31b + 31c)

* 33. **Estimated Number of Subpopulations.** Please share an estimate of the number of individuals in this project that may identify with the following characteristics:

- a. Veterans
- b. Youth (18-24)
- c. Chronic
- d. Substance Abuse
- e. HIV/AIDS
- f. Mental Illness
- g. Domestic Violence
- h. Physical Disability
- i. Developmental Disability

Budget and Financials

The following questions relate to your proposed project budget. Please download the new project budget template, complete, and upload in Q37 this application.

* 34. What is the projected **total budget** for this project (include all financial resources; do not include in-kind)?

Total Annual Budget

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

(Total Budget /
Persons Served)

* 36. What additional funding sources are committed to this project?

* 37. Please upload your completed project budget to this application.

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

Choose File

Choose File

No file chosen

Match Funds

HUD requires a 25% match (excluding leasing) for CoC Program Competition 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. For additional guidance on match funds, please refer to the project guides or search for "match" on the [FAQs on the HUD Exchange website](#).

* 38. Total Match

a. Total HUD CoC
funding request (do
not include leasing)

b. Total cash match

c. Total in-kind match

d. Percent of match
provided $(b + c) / a * 100 =$

* 39. **Match Sources.** List source and amount/value of cash/in-kind match for this project.

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"/>
TOTAL MATCH	<input type="text"/>

* 40. Please upload any Match verification letters or commitments.

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

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

- Yes
 No

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

* 43. **Monitoring/Audit Findings:** Has your agency had any site visits/monitoring from ANY funder (private or government, including HUD ESG) since July 1, 2021?

- Yes - Attach all correspondence regarding the results of these site visits, including concerns/findings in Q47.
 No

* 44. **Monitoring/Audit Findings:** Has your agency had any site visits/monitoring from ANY funder (private or government, including HUD ESG) prior to July 1, 2021?

- Yes - Attach all correspondence regarding the results of these site visits, including concerns/findings in Q47.
 No

* 45. Please upload all correspondence related to site visits/monitoring from Q45 and Q46.

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

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* 46. Please list all site visits/monitoring since July 1, 2021. (Enter N/A if not applicable.)

Attachments

Please attach the following required documents as part of your application. If any do not apply, please upload a PDF indicating "This question does not apply" so that it is clear you did not fail to submit documentation.

* 47. Please upload your evidence of nonprofit status, if applicable.

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

Choose File

Choose File

No file chosen

* 48. Please upload your most recent independent audit.

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

Choose File

Choose File

No file chosen

49. Please upload policies the agency may have created, such as enrollment, eviction prevention, harm reduction, etc., that may relate to how the project may operate.

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

Choose File

Choose File

No file chosen

50. **DV Bonus Projects:** Please upload the completed FY23 DV Bonus Questions. These questions are located on the Partners for HOME website under "Local Competition Information." **This is required for DV projects.**

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

Choose File

Choose File

No file chosen

Bonus Questions

The following questions are used to add points to the local competition application score. A maximum of 10 points may be added from an application. Answers may be verified.

51. **Family Projects:** Does your project deny admission to or separate family members?

Please explain below.

52. **Family Projects:** Does your project have written agreements in place with educational supports for children ages 0-5? Please explain below

53. **Racial Equity:** Please share an example of a barrier that has prevented a BIPOC from accessing an agency project in the past? What steps has the agency implemented to address the barrier?

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

	Board	Staff Leadership	Program Staff
Role	<input type="text"/>	<input type="text"/>	<input type="text"/>

55. **Lived Expertise:** Without sharing names, please share an example of how a person with lived expertise has changed a specific policy or procedure in your agency.

56. **Lived Expertise:** What percentage of the agency's Board, Leadership and Program Staff identify as a person with lived expertise in homelessness?

	Board	Staff Leadership	Program Staff
Role	<input type="text"/>	<input type="text"/>	<input type="text"/>

Deductions

The following questions are used to deduct points from the local competition application. A maximum of 5 points may be deducted from an application. Answers will be verified.

57. **CoC Participation:** Please list name(s) of agency team members and the CoC committees/workgroups they serve on. Participation will be verified.

58. **PIT Count:** Please list name(s) of agency team members that volunteered for the most recent PIT Count. Participation will be verified.

59. **Mandatory Training:** : Please list name(s) of agency team members that attended the below mandatory trainings as part of the local competition requirements. Participation will be verified.

Equal Access

Rule/Involuntary

Family Separation

training on March 2,
2023.

HUD CoC Program

Competition Overview
on July 28, 2023.

Working with

Survivors of DV on
August 15, 2023.

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:

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

Additionally, the governing body of this applicant understands that:

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

* 60. Electronic Acknowledgement

Name and Title

Date