

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 permanent supportive housing (PSH) services for 40 households paired with a Georgia Housing Voucher Program (GHVP) voucher from the Department of Behavioral Health and Developmental Disabilities. 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:

- Provider must be a registered 501(c)(3) nonprofit organization serving —or willing to serve — clients experiencing homelessness in the City of Atlanta.
- The provider should demonstrate offeror competence and training in providing community-based housing support, as well as at least two years of experience in providing housing support.
- Must have at least three years of experience working with housing authorities and/or continuums of care and housing providers (i.e., property owners/landlords) in Georgia.

Project Overview

This funding opportunity is seeking agencies that can:

1. Provide two full-time case managers to assess client needs and linkages to appropriate levels of care.
2. Assess housing barriers, needs, and preferences and develop an action plan for locating and maintaining housing.
3. Serve as an escalation point to assist with property mediation to maintain housing stability and advocate for tenants with property ownership and/or property management.
4. Assist participants with obtaining key documents (ID, BC, SS, disability verification, etc.) and loading them into HMIS.
5. Assist participants with securing a unit/landlord who accepts the GHV, complete the application process, ensure the individual has the necessary documents, and assist them with navigating the lease signing process.
6. Assist with ensuring participants are referred and have a connection to appropriate levels of community-based behavioral health care, including substance abuse treatment (outpatient, residential, support groups, etc.), ACT or ICM services, and/or outpatient behavioral health supports.
7. Assist with transportation to ensure participants can attend necessary appointments.
8. Demonstrate knowledge of the local systems and social service landscape and work collaboratively with other agencies and systems.

Project Outcomes

Agencies will be measured by the following outcomes:

1. 98% of clients will remain in PSH or exit to a permanent destination
2. 100% of leased-up households will have a housing stability plan entered in HMIS
3. 70% of households increase or obtain income and/or mainstream (income from non-employment including SOAR) benefits during program enrollment.

Anticipated Award

An award amount of approximately **\$349,000.00** is available for this grant, with funding for supportive services, and admin budget categories.

General Information

This section will be reviewed internally by the Partners for HOME Finance team and external reviewers.

This **Permanent Supportive Housing** funding opportunity is part of the Atlanta CoC 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)
- Budget with a budget narrative
- Match verification letters or commitments
- Data Quality Report for the period of January 1, 2024 - March 31, 2024.

* 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"/>
Application Contact Phone Number	<input type="text"/>

Threshold Section

2. Conflicts of Interest. Does your agency have any conflicts of interest to disclose? If yes, please detail it here. If no, please enter N/A.

3. Housing Support. Does your agency have at least two years of experience providing housing support? Housing Support service is comprised of recovery and non-treatment supports to sustain permanent housing. This includes activities like helping with the housing search, completing the application and inspection process, moving in, serving as a liaison with the landlord, advocating for the individual, helping with the annual renewal process, conducting wellness and housing safety visits on a monthly basis, and providing linkage to community-based services.

4. **Experience.** Does your agency have at least three years of experience working with housing authorities and/or continuums of care and housing providers (i.e., property owners/landlords) in Georgia.

* 5. **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)

* 6. **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"/>

7. **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.

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

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

* 9. **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)

* 10. **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)

* 11. **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)

* 12. **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)

* 13. **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)

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

Board

Staff Leadership

Program Staff

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

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

Board

Staff Leadership

Program Staff

* 17. **Sustainability.** Describe the organization's plan to financially sustain this project when the grant ends. Please include details for maintaining services and staff necessary for clients to remain enrolled in the project.

* 18. **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)

* 19. **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.**

* 20. **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 and external reviewers..

Project Section (35 points total)

* 21. **PSH.** Describe the agency's plan for implementing the program components listed below. Please provide a detailed and concise explanation with examples of how your agency will:

1. Provide two full-time case managers to provide ongoing assessment of client needs and linkages to appropriate levels of care.

2. Assess housing barriers, needs, and preferences and develop an action plan for locating and maintaining housing.

3. Serve as an escalation point to assist with property mediation to maintain housing stability and advocate for tenants with property ownership and/or property management.

4. Assist participants with obtaining key documents (ID, BC, SS, disability verification, etc.) and loading them into HMIS.

5. Assist participants with securing a unit/landlord who accepts the GHV, complete the application process, ensure the individual has the necessary documents, and assist them with navigating the lease signing process.

6. Assist with ensuring participants are referred and have a connection to appropriate levels of community-based behavioral health care, including substance abuse treatment (outpatient, residential, support groups, etc.), ACT or ICM services, and/or outpatient behavioral health supports.

7. Assist with transportation to ensure participants can attend necessary appointments.

8. Demonstrate knowledge of the local systems and social service landscape and work collaboratively with other agencies and systems.

9. Reduce client hospitalizations and Emergency Room (ER) visits, incarcerations, and evictions.

* 22. **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

* 23. **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.

* 24. **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. 98% of clients will remain in PSH or exit to a permanent destination.

2. 100% of leased-up households will have a housing stability plan entered in HMIS.

3. 70% of households increase or obtain income and/or mainstream (income from non-employment including SOAR) benefits during program enrollment.

* 25. **Data Quality.** Does your organization have an PSH Data Quality Report with clients enrolled for the period of January 1, 2024 - March 31, 2024? If yes, please upload a report that includes **only ONE HMIS project** in the report.

Yes. Please upload report in question 24 to be scored.

No. Please answer question 25.

26. Upload your PSH Data Quality Report for the period of January 1, 2024 - March 31, 2024. **Name this document "PSH Data Quality Report."**

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

Choose File

Choose File

No file chosen

27. **Data Quality.** If your organization ***does not have*** an PSH Data Quality Report for the period of January 1, 2024 - March 31, 2024, 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 and external reviewers.

Financial Review Section (35 points total)

* 28. 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

29. 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.

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

Choose File

Choose File

No file chosen

30. 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

* 31. 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

* 32. **Match.** HUD requires a 25% match 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. For additional guidance on match funds, please search for "match" on the [FAQs on the HUD Exchange website](#).

If funded, will the project have 25% in-kind match?

Yes

No

* 33. **Match.** Please upload your Match verification letters or commitments. **Name this document "Project Match."**

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

Choose File

Choose File

No file chosen

* 34. Please upload your PSH project proposal budget using the budget template and a budget narrative. An award amount of approximately \$349,000.00 is available for this grant, with funding for supportive services, and admin budget categories. **Name this document "Project Budget."**

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

Choose File

Choose File

No file chosen