



2024 Atlanta CoC Local New Project Application

Thank you for your interest in the 2024 Atlanta CoC HUD New Project Application process. Below is some guidance for this application.

- This application must be fully completed and submitted to be considered for funding for the Atlanta CoC process for the FY24 HUD CoC application. However, submission of this application does not guarantee selection or funding.
- This application must be completed in one sitting. If you would like to start the application and return to it later, [please email](#) and ask for a new project application link. That link will be tied to your email address and will allow you to return to the application and finish it in more than one sitting.
- A pdf version of this application, for reference only, is available on the [PFH HUD CoC Program Competition](#) webpage. It is highly encouraged that you review that and complete your responses in a Word document first, and then copy and paste them into this tool.
- If you are familiar this process and application from previous years, much of the information collected as part of the local competition is similar, however the order of questions and instructions may have changed. Please read each question carefully.
- This application has documents to upload. Please read carefully what is needed and only upload what is requested. Attachments that contain additional material run the risk of having the required sections or documents overlooked.
- There is also one document that must be emailed (the excel budget). Failure to email that document by the application deadline may result in the exclusion of your application.
- There are several links provided throughout the application that provide additional information, in the event you are unfamiliar with the question or terms. Please check them out. They are there for your benefit!
- If you click 'next' at the end of a page and it takes you to a previous page, please just click through. Your answers should have saved. There is a sometimes glitch that I have been unable to fix; my apologies!
- If additional information is requested, it is expected it will be provided in a timely manner. Any other documentation requested in the review process will be to help clarify your application.
- The application answers and materials will be reviewed by the Rank and Review Committee. Unless requested, no other information will be used to review and rank the projects, so please be sure to answer each question completely and thoroughly.
- Please pay attention to the due date as no late applications can be accepted.
- After submission, you should receive an auto-confirmation page. You will also receive an email within a day or two confirming receipt of your application, with a pdf version of your submission.

Thank you!

*** Applicant Organization Name**

*** Type of Applicant**

*** Applicant Eligibility Verification** (If you indicated you are a nonprofit organization, please upload your 501c3 IRS Determination Letter. If your organization is another eligible entity, please upload a placeholder document indicating as such.)

Please name this file "IRSDeterminationLetter" Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen

*** Application Contact Information**

Application

Contact Name
(required)

Application

Contact Phone
Number (required)

Application

Contact Email
Address (required)

Secondary Contact
Name (optional)

Secondary Contact

Phone Number
(optional)

Secondary Contact

Email Address
(optional)

*** Proposed Project Name (if known; if not, n/a)**

* **Project Type**

- [PH-Rapid Rehousing](#)
- [PH-Permanent Supportive Housing](#)
- [TH-RRH](#) (for Substance Abuse Subpopulation ONLY)

* **[Organization SAM Registration](#) Expiration Date**

* **[Organization DUNS Number](#)**

* **[CoC Threshold](#)**

Please select which will apply to this project.

- [HMIS Participation](#)** - This project will participate in the Atlanta CoC HMIS (or comparable database for DV providers).
- [Coordinated Entry](#)** - This project will accept 100% of referred participants from the Atlanta CoC coordinated entry system.
- [Match](#)** - This project has 25% cash or in-kind match.
- [New Project](#)** - This project is for a new project and is not using funds to replace lost HUD funding.
- [Housing First](#)** - This project will follow a Housing First approach, as defined by HUD.
- [CoC and HUD Compliance](#)** - This project will comply with all CoC policies and HUD regulations and notices. This includes compliance with [Fair Housing](#); prohibition against involuntary family separation; will designate a staff person to ensure children are engaged with educational programming (for projects that serve families); HUD's [Equal Access to Housing Rule](#) and [Equal Access in Accordance with Gender Identity Final Rule](#); and any other terms and conditions within the CoC Program NOFO.
- None of the above.

* Is this a "Project Expansion" of an eligible renewal project?

Yes

No

The questions on the following pages regarding expansion will only appear if you answer yes to this question. Otherwise, the SurveyMonkey tool will skip those pages and start up with Subrecipients.



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Expansion Project

*** What is the eligible renewal grant HUD project name?**

*** Will this expansion project increase the number of program participants?**

Yes

No



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* **Currently approved renewal numbers (from renewal grant application from the screen indicated below).** (The numbers for this section must be the point-in-time numbers according to the current grant agreement or grant agreement as amended for the renewal project. Use the numbers entered in the renewal project application from the screens identified below.) (language from HUD Detailed Instructions)

Number of persons
(from esnaps
renewal application
Screen 5A)

Number of units
(from esnaps
renewal application
Screen 4B)

Number of beds
(from renewal
application Screen
4B)

* **New effort: New Requested Numbers to Add.** (Enter the proposed point-in-time numbers that will be added to the renewal project.) (Language from HUD Detailed Instructions)

Number of
additional persons

Number of
additional units

Number of
additional beds

* **Please provide more detail regarding the expansion request, including a justification for this expansion, with local quantitative data to support the request. (2000 character max)**



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*** Will this expansion project provide additional supportive services to program participants?**

Yes

No



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Indicate how the project will provide additional supportive services to program participants. (Check one or both boxes to indicate the expanded supportive services.)
(Language from HUD Detailed Instructions)

Increase the number of or expand supportive services provided.

Increase frequency or intensity of supportive services.

*** Please provide more detail regarding the supportive services expansion request, including a justification for this expansion, local quantitative data to support the request and relevant case management ratios. (2000 character max)**



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*** Will this expansion project bring existing facilities up to government health or safety standards?**

Yes

No



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*** Describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards.** (Provide a description of the current health or safety standards for which funds are requested and how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated.) (Language from HUD Detailed Instructions) (2000 character max)



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* Will this project have subrecipients?

No

Yes (please name; if not yet identified, please indicate as such)

*

Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application. (Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:

- (a) working with and addressing the target population(s) identified housing and supportive service needs,
 - (b) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation,
 - (c) identifying and securing matching funds from a variety of sources, and
 - (d) managing basic organization operations including financial accounting systems.
- (Language from HUD Detailed Instructions) (3000 character max)

*** 2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local, and private sector funds.** (Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase 'No experience leveraging other federal, state, local, or private sector funds'. (Language from HUD Detailed Instructions) (2000 character max)

*** 3. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?**

Yes

No

If yes, describe the unresolved monitoring or audit findings. (Provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received). (Language from HUD Detailed Instructions) (2000 character max)



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Program Description

4. Provide a description that addresses the entire scope of the proposed project.

(Provide a detailed description of the full scope of the project including the project type; the target population(s) to be served; the household types to be served; the proposed beds, units, and people served at any given point and annually; a project plan for addressing the identified housing and supportive service needs' anticipated project outcome(s) - focusing on housing stability, increased income, connection to mainstream benefits and healthcare, etc.), specific coordination with other organizations (e.g., federal, state, nonprofit); and how the CoC Program funding will be used. Additionally, if your project implements service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented. Lastly, if this is an application a TH-RRH project, please be sure to address both components of the project in each element of the question, as applicable.) (Language edited from HUD Detailed Instructions) (3000 character max)

*** 5. Enter the number of days from the execution of the grant agreement that each of the following milestones will occur.** (Estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Enter 'n/a' if the field is nonapplicable.) (Language edited from HUD Detailed Instructions)

Begin hiring staff or expending funds

Begin program participant enrollment

Program participants occupy leased or rental assistance units or structure(s), or supportive services begin

Leased or rental assistance units or structure, and supportive services near 100% capacity



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Budget Request

6. Using [this linked excel document](#), enter the budget for your proposed project. This budget should include the entire amount that you are requesting from HUD for this grant proposal. Once you complete the excel document, use those figures to enter the subtotals for each category below. The amounts should match the amounts entered in the excel document. For more details on the allowable budget line items, [please refer here](#).

Once you complete the excel document and submit your application, you MUST email your completed excel budget to [Partners for HOME](#). Failure to complete and that document may result in your application being considered incomplete.

Leasing	<input type="text"/>
Rental Assistance	<input type="text"/>
Operating	<input type="text"/>
Supportive Services	<input type="text"/>
Admin	<input type="text"/>
VAWA	<input type="text"/>
TOTAL REQUEST	<input type="text"/>

* 7. Please indicate your sources of match. For each source, please note the source, whether cash or in-kind, and the amount. The total amount needs to equal 25% of your total grant request (minus leasing dollars).

Source, Cash or In-kind, Amount

Source, Cash or In-kind, Amount

Source, Cash or In-kind, Amount

Source, Cash or In-kind, Amount

Source, Cash or In-kind, Amount

* 8. Please upload match documentation, understanding that if HUD funding is awarded, documentation may need to be updated (due to timing). If the match is documentation is pending, please upload a placeholder indicating as such. If you have more than one source of match, please combine into one pdf.

Please name this "HUD Project Name_match" Upload in pdf format. Maximum file size is 16MB.

No file chosen



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Program Participants

9. These next questions capture program participant information that includes the number of persons for each household type, as applicable. When determining the number to enter, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. (Language from HUD Detailed Instructions) (**Note - The questions are in sets. The first asks about the number of households; the second asks about the persons in those households.)

* **Households with at Least One Adult and One Child**

Number of Households

* **Persons in Households with at Least One Adult and One Child**

Persons over age 24

Persons ages 18 - 24

Accompanied Children under age 18

* **Adults Households without Children**

Number of Households

* **Adult Persons in Households without Children**

Persons over age 24

Persons ages 18 - 24

*** Households with Only Children**

Number of Households

*** Persons in Households with Only Children**

Accompanied
Children under age
18

Unaccompanied
Children under age
18

*** 10. Check the appropriate boxes if this project will have a specific subpopulation focus. Select all that apply.** (Language from HUD Detailed Instructions)

- Chronic Homelessness
- Families
- HIV/AIDS
- Mental Illness
- Substance Use Disorders
- Survivors
- Veterans
- Youth (under age 25)
- N/A - Project Serves All Subpopulations
- Other (please specify)



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Housing First Commitment

Please note that by selecting yes to the following question, your project agrees to:

- Quickly move participants into permanent housing
- Ensure that participants are not screened out based on the following items:
 - Having too little or little income
 - Active or history of substance use
 - Having a criminal record with exceptions for state-mandated restrictions
 - History of victimization (e.g. domestic violence, sexual assault, childhood abuse)
- Ensure that participants are not terminated from the program for the following reasons:
 - 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.

*** 11. If funded, will this project operate with a Housing First approach?**

Yes

No

*** 12. Describe your agency's experience implementing a Housing First approach, with at least two concrete and recent examples.** Do not just repeat the definition or characteristics of the concept, but provide specific examples. If your agency does not have experience with Housing First, describe how you will go about transitioning to the approach. Include in this description how you will identify landlords who will embrace the Housing First approach and ensure the leasing process moves as quickly as possible. If you are applying for a TH-RRH project, please explain how you will incorporate Housing First into the project, which is specifically for the substance abuse population. (2000 character max)

*

13. Describe how program participants will be assisted to obtain and remain in permanent housing.

(An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. Additionally, if you coordinate with other partners, include their role in meeting this criterion. The description should include:

- * how you will determine the right type of housing that fits the needs of program participants;
- * if you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges;
- * the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management, housing counseling, employment resources), and
- * how you will work with program participants to set goals towards successful retention of permanent housing.

Finally, if this project will exclusively assist survivors of domestic violence, dating violence, sexual assault, or stalking, the description must include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing.) (Language from HUD Detailed Instructions) (2000 characters max)



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Mainstream Benefits and Support Services

14. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. (Describe how this project will help program participants obtain the benefits for which they are eligible. Additionally, if you coordinate with other partners, include their role in meeting this criterion. The description should include:

- * assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities),
- * the type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI, SSDI, Food Stamps, Veterans benefits),
- * the type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education), and
- * access to healthcare benefits and resources (e.g., Medicaid, Medicare, healthcare for the homeless, FQHCs). (Language from HUD Detailed Instructions) (2000 characters max)

* **15. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.** (From the list of supportive services provided, select the service(s) provided by your project to program participants from, your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

If more than one 'Provider' or 'Frequency' is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non Partner.

Provider: For the supportive services listed, select one of the following as applicable:

- * 'Applicant' indicates your organization will provide the supportive service,
- * 'Subrecipient' indicates the subrecipient(s) listed earlier in the application. Project Subrecipients will provide the service,
- * 'Partner' indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service, or
- * 'Non-Partner' indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

Frequency: For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common select weekly).

	Will this service be made available to participants?	If yes, who will offer this service? (if no, select n/a)	What frequency will this service be offered? (if not offered, select n/a)
Supportive Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assessment of Service Needs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assistance with Moving Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Assistance and Job Training	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housing Search and Counseling Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life Skills Training	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental Health Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outpatient Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outreach Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Substance Abuse Treatment Services	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transportation

Utility Deposits

*** 16. Will the project include transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?**

Yes

No

*** 17. Will the project include annual follow-ups with program participants to ensure mainstream benefits are received and renewed?**

Yes

No

*** 18. Will program participants have access to SSI/SSDI technical assistance provided by this project - whether the applicant, a subrecipient, or partner agency?**

Yes

No

*** 19. If yes, has the staff person providing the technical assistance completed SOAR training in the past 24 months.**

Yes

No

N/A - Participants will not have access to SSI/SSDI technical assistance.



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Commitment to Equity

20. Describe how your agency is committed to advancing equity in the provision of services to people who may face additional barriers due to race, ethnicity, LGBTQ status, religion, immigration status, etc. What steps has your agency taken to identify barriers, what barriers have been identified and what steps have been taken or will be taken to address these barriers? (2000 character max)

* **21. Upload the agency's Anti-Discrimination Policy.** If this policy is part of a larger handbook, please extract the relative portions only. This policy should illustrate the steps your agency takes to ensure those seeking and receiving assistance from your CoC projects are not discriminated against (this is not your EEOC policy). * Please make sure to extract the specific policy from your comprehensive handbooks.

Please name this document: HUD Project Name_antidiscrimination. Upload this document in PDF format. Maximum file size is 16MB.

Choose File

Choose File

No file chosen

*

Lived Experience Involvement

22. Describe how your agency, with at least two concrete and recent examples, provides for meaningful involvement of people who are homeless or formerly homeless in agency or project policy making. Include how you plan to incorporate persons with lived experience into the development, implementation, and evaluation of this project. (2000 character max)

*

23. Upload documentation to to demonstrate that the agency meets HUD's requirement to provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided in the CoC project. Documentation may be a list of board members or other policy making entity with a notation regarding which member(s) meet this requirement.

Upload this document in PDF format. Maximum file size is 16MB. Please name this document: HUD Project Name_PWLE_Board

Choose File

Choose File

No file chosen

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Sustainability Plan

24. In the event this project is selected for partial funding, please explain if, and how, the agency would financially sustain to implement the project. (1500 characters max)



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Housing and Healthcare Leverage

HUD is looking for CoCs to partner with other housing and healthcare agencies to leverage these mainstream resources. Please indicate if your project will have a commitment of other housing or healthcare resources equal to the value of 25% of the funding being requested, and if so, respond to the following questions. Please note, that any agency that indicates that they will have this commitment will need to provide a specific letter when submitting your application to HUD, if selected. A template of the letter will be posted on the [PFH HUD CoC Program Competition webpage](#).

* 25. Will this project be leveraged with housing or healthcare subsidies?

- Yes, we will have a housing commitment that will be at least 25% of the total units or program participants to be served and we understand that a specific letter of commitment will be required.
- Yes, we will have a housing commitment but it will be less than 25% of the total units or program participants to be served and we understand that a specific letter of commitment will be required.
- Yes, we will have a healthcare resource commitment that will be valued at at least 25% of the funding requested and we understand that a specific letter of commitment will be required.
- Yes, we will have a healthcare resource commitment but it will be valued at less than 25% of the funding requested and we understand that a specific letter of commitment will be required.
- No, there will not be any housing or healthcare leverage paired with this project.

* 26. If you indicated that there will be a housing or healthcare commitment leveraged for this project, please describe in detail.

For housing leverage, please include, where the housing is from and who the housing partner is. How will it be structured? What resources will be leveraged? Is this an existing or new partnership?

For healthcare leverage, please include the type of services to be provided (physical health, mental health, substance abuse). Who the partner will be and how the project's needs will be met through this partnership.

If this project will not leverage any healthcare or housing, please indicate 'n/a'.



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Bonus - Atlanta CoC Involvement

27. How has your agency been involved in the Atlanta CoC in 2024?

Attended CoC meetings (dates and names)

Participated in Point in Time Count (shifts and names)

Refers clients to Coordinated Entry

Accepts clients from Coordinated Entry

Committee/Workgroup Member (which and name)

Other (please specify)

None of the above

* 28. Bonus - Did someone from your agency attend one of the New Applicant Webinars? If so, which and who? (If not, enter n/a)

Friday, August 16, 2024 (Name)

Tuesday, August 20, 2024 (Name)



2024 Atlanta CoC Local New Project Application Electronic Verification and Submission

By typing my name below, I acknowledge that:

- I am duly authorized to submit this application, on behalf of the applicant.
- All information in this application is true and correct, to the best of my knowledge.
- Applicant will complete the HUD e-snaps application 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 comparative database for DV providers.
- Applicant agrees to participate fully with the CoC coordinated entry system.
- Applicant understands submission of this application and the e-snaps application is not a guarantee of funding.
- Applicant understands inclusion in the Atlanta CoC application to HUD does not guarantee funding.

* Electronic Acknowledgement

Name and Title

Date