### 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) site manager and supportive services to individuals 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.

Partners for HOME does not discriminate based on race, color, religion, gender, sexual orientation, national origin, age, or disabilities in hiring practices or service provision.

**Project Overview** 

### Site Manager:

This opportunity requests an experienced, supportive housing site manager to provide general property oversight, including property management and facility maintenance. The site manager's primary duties would include tenant management: A dedicated property manager will handle all aspects of property management, including creating a safe and trauma-informed environment for all residents to thrive. The funded agency will be responsible for all activities related to lease execution, renewal, and administration, contracting security for the property, hiring tenant site manager(s) and councils to inform property management, handling tenant complaints and requests, conducting move-in and out inspections and conducting eviction processing if necessary. Additional duties include maintenance and repairs, financial management, marketing and leasing, legal compliance, community management, security and safety, technology and software management, sustainability and environmental initiatives, staff management and training, stakeholder communication, and risk management.

#### **Supportive Services Provider:**

This opportunity requests an experienced, supportive service provider to provide on-site dedicated services to the tenants. Supportive services shall include but not be limited to a 2:20 staff-to-tenant ratio that includes two licensed master's level clinicians and two certified peer specialists or certified CARES (certified addiction recovery empowerment specialist) specialists, preferably with lived homelessness experience. Also, three full-time staff members shall be dedicated to the property and provide tenant-centered supportive services and life skills support to 32+ tenants living on the property to help tenants achieve housing stability and improve their quality of life. The supportive services team must offer a minimum of face-to-face engagement once per week. Services should be intensive, tenant-led, on-site wrap-around services and referrals to tenants, including but not limited to education, employment support, mental health and addiction services, life skills support, assistance with connecting to mainstream benefits, and linkage to a medical health home.

Respondents may apply for one or both funding categories or collaborate with another partner for both activities. If applying with a partner agency, please indicate this in your application.

**Anticipated Award** 

Agencies are requested to submit a budget for this project based on their projections of costs.

General Information	1
This section will be	r

reviewed by internal and external reviewers.

This Permanent Supportive Housing Supportive Services Provider 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
- ullet Two years of audited financials  $\underline{or}$  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 Sub-	mission report for the period of Jan 1 - March 31, 2024
site manager comp	nership. Is your organization applying with another agency to provide the onent of this program? If yes, please share the name of the agency organization. If no, please enter N/A.
* 2. <b>Organization</b> application's point	and Contact Information. Provide the information below for the of contact.
Name of Organization	
Organization Tax ID (EIN)	
Organization Founding Year	
Application Contact Name	
Application Contact Email	
Threshold Section	
* 3. <b>HMIS</b> : Will ClientTrack for t	your organization use the homeless management information system this project?
We currently u	use ClientTrack and will use it for this project.
We do not cur	rently use ClientTrack but will use it for this project.
We do not cur	rently use ClientTrack and will not use it for this project.

**Experience Section (30 points total)** 

* 4. <b>Length of Experience</b> . How long has the organization provided homeless services in the below CoCs?
Atlanta CoC
Balance of State
Cobb CoC
DeKalb CoC
Fulton CoC
Other CoC (Please share name and years)
5. <b>Current Experience</b> . Does your 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.
6. Subpopulation Experience. Please check all subpopulations your agency has experience with:  Domestic Violence Youth LGBTQ+ Veterans Families Chronic
* 7. <b>Team Contacts</b> . List the <u>name</u> and <u>title</u> 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)

* 8. <b>Housing First.</b> Give a specific example of how your agency 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)
* 9. <b>Cultural and Linguistic Competencies.</b> Give a specific example of how your agency
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)
* 10. <b>Trauma-Informed Care.</b> Give a specific example of how your agency 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)
*44 D. *1E. *1. C'
* 11. <b>Racial Equity.</b> Give a specific example of how Black and Indigenous People of Color
(BIPOC) inform decision-making of the organization. (1,000 character limit)
* 12. Racial Equity. What percentage of agency's Board, Leadership and Program Staff
identify as a BIPOC?
identify as a bif oc:
Board
Staff Leadership
Drogram Ctoff
Program Staff
* 13. <b>Lived Expertise.</b> Give a specific example of how persons with lived expertise (PLE)
* 13. <b>Lived Expertise.</b> Give a specific example of how persons with lived expertise (PLE) inform decision-making of the organization. (1,000 character limit)

<del>-</del>	tise. What percentage of the agency's Board, Leadership and Program
Staff identify as PI	_E?
Board	
Staff Leadership	
Program Staff	
Include <u>software</u> u	anagement. Describe your organization's ability to manage grant funds. used to aid in isolating grant expenses and revenues as well as procedures usual updates to funders. (1,000 character limit)
	egement. Has your organization lost funding from the Atlanta CoC in the edetails that led to the loss of funds. This may be verified.
	rences. Please provide two separate references for a past grant awarded to 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 <u>Atlanta CoC's Data Quality Plan</u>. This section will be reviewed by internal and external reviewers.

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

st 18. <b>PSH Supportive Services.</b> Describe the agency's plan for implementing the program
components listed below. Please provide a detailed explanation with examples of how your
agency will:

5 5	
1. Have a 2:20 staff-to-	
tenant ratio that	
includes two licensed	
master's level	
clinicians and two	
certified peer	
specialists or certified	
CARES (certified	
addiction recovery	
empowerment	
specialist) specialists,	
preferably with lived	
homelessness	
experience.	
experience.	
2. Provide three full-	
time staff members	
dedicated to the	
property and provide	
tenant-centered	
supportive services	
and life skills support	
to 32+ tenants living	
on the property to help	
tenants achieve	
housing stability and	
improve their quality	
of life.	
3. Offer a minimum of	
face-to-face	
engagement once per	
week. Services should	
be intensive, tenant-	
led, on-site wrap-	
around services and	
referrals to tenants,	
including but not	
limited to education,	
employment support,	
mental health and	
addiction services, life	
skills support,	
assistance with	
connecting to	
mainstream benefits,	
and linkage to a	
medical health home.	

served.	S
5. Improve the social and emotional functioning of participants served.	
6. Limit returns to homelessness after program exit.	
	Ramp Up. How long will it take the agency to ramp up for this project after n (e.g. hire and train staff, provide coverage for current staff, etc.)
1-30 days	
31-60 days	
61-90 days	
grant execution. l	mp Up. Provide a detailed timeline of how the agency will ramp up after include details about filling vacant staff roles, training of new staff and staff the ramp up period.

* 21. <b>Project Outcomes.</b> 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 at 12
months.
2. 65% of clients that
exit during the
reporting period will exit to a permanent
housing destination.
3. Less than 2% of the individuals who exit to
permanent housing
from PSH return to
homelessness within
six months.
4. Less than 2% of the
individuals who exit
permanent housing
from PSH return to
homelessness within 24 months.
5. 70% of participants
increase or obtain income/mainstream
benefits during
program enrollment
6. 70% of participants
will experience
improvement in two or
more areas of quality-
of-life functioning,
using the SF36v3 Health Survey at
intake, six months, and
12 months to evaluate
progress.
* 22. Data Quality. Does your agency have an PSH Data Quality Report with clients enrolled
for the period of Jan 1 - March 31, 2024?
Yes. Please upload report in question 23 to be scored.
No. Please answer question 24.
23. Upload your PSH Data Quality Report for the period of Jan 1 - 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

aving an error rate			
f less than 5% for ata elements.			
nrolling clients into roject within 48 perating 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.

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

Choose File

Choose File

No file chosen

27. If Question 26 was not answered, 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 **Supportive Services Provider** project budget using the <u>budget</u> <u>template</u>. The budget will serve as your agency's cost proposal to complete all Supportive Services duties outlined in the Rapid Housing Initiative Site Manager and Supportive Services Provider Outcomes and Duties Guide.

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

Choose File

Choose File

No file chosen