



FY21 HUD CoC Program New Project Application

General Information

BEFORE YOU BEGIN

The local process for the FY21 CoC competition will be completed online. Much of the information collected is similar to the FY19 competition year.

This is a competitive process. Please make sure to answer each question. The Rank and Review Committee can only score based on the information provided.

This application must be completed in one-sitting. Please make sure you give yourself time to complete all questions. We estimate it will take 45-60 minutes to complete the application.

For each New Project, an agency must:

1. Submit this application via SurveyMonkey.
2. Email Summer Duperon at sduperon@partnersforhome.org when you have completed this application or if you run into any difficulties. A pdf version for your files will be emailed to you for your records as confirmation it has been received.
3. Complete all project documentation. This will vary from project to project and will not necessarily be limited to, but should include:
 - Evidence of nonprofit status (if applicable);
 - Most recent independent audit (if applicable);
 - Any audit/monitoring documentation since July 1, 2019;
 - Any other documentation as requested in the review process;
 - Completed MOU between Partners for HOME (CoC Lead Agency) and applicant located under the "CoC Attachments" section of the page.
4. **ACCEPTED APPLICANTS** will complete the project application, with all updated forms, in e-snaps, **no later than November 1, 2021 at noon**.

Please know that there may be additional information that is requested either after the release of this application or during the review process. It is expected that if additional information is requested, it will be provided in a timely manner. Any other documentation requested in the review process will be to help clarify your application.

The submission deadline for all **LOCAL COMPETITION** new review applications, and all required documents, is **October 8, 2021 at noon**. An application may be considered incomplete if it does not include all required documents.

The deadline for **ACCEPTED PROJECT** e-snaps application, and all required updated attachments is **November 1, 2021 at noon**. An e-snaps application may be considered incomplete if all required attachments, with the correct updated information, are not uploaded. Failure to submit an e-snaps application, with the required attachments, may result in your application being not scored.

No late applications or attachments will be accepted.

*** 1. Name of Organization**

*** 2. Organization Type**

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

Other (please specify)

*** 3. Name of Subrecipient/Sponsor Organization (enter N/A if not applicable)**

*** 4. Subrecipient/ Sponsor Organization Type (enter N/A if not applicable)**

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

Other (please specify)

*** 5. Contact Person for Application**

Name and Title

Phone Number

Email Address

*** 6. Organization Employer/Tax ID**

*** 7. Organization Address**

Street

City

Zip Code

* 8. DUNS Number

* 9. SAM Registration Expiration Date

* 10. HUD Project Name

* 11. HUD Project Funding/Type

- CoC Bonus Funding - Permanent Supportive Housing - Tenant Based Rental Assistance
- CoC Bonus Funding - Rapid Rehousing
- DV Bonus Funding

* 12. Total HUD 2021 Funding Request

Threshold Review

There are certain threshold requirements that all projects must meet in order to be considered eligible for funding. Based upon a review of your entire application and supporting materials, the Rank and Review Committee will assign your application one point for each of the following criterion met and zero points for each criterion not met. **Projects must score a minimum of 3 out of 4 points to be further reviewed by the CoC.** Please note these points are used only for threshold purposes and do not count toward overall project competitive scoring. Please keep following in mind when completing your application:

1. The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants (e.g., two or more bedrooms for families).
2. The type of supportive services that will be offered to program participants will ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source.
3. The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).
4. Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing).

The following questions will also not be included in the overall score, but the responses will help to determine eligibility:

* 13. **HMIS Participation:** Will this project participate in the Atlanta CoC HMIS (or a comparable database if you are a victim services agency) in the event that the project is funded?

Yes

No

* 14. **Coordinated Entry:** Will this project participate in the Atlanta CoC Coordinated Entry system in the event that the project is funded?

Yes

No

* 15. **Housing First:** Will this project follow a Housing First approach as defined in HUD guidance?

Yes

No

* 16. **Match:** Will the project provide 25% cash or in-kind match for all HUD funding except Leasing?

Yes

No

Applicant Experience

* 17. **Experience with Project Activities:** Describe the experience of the applicant and potential partners (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. (2,000 character limit)

* 18. **Experience Leveraging Other Sources:** Describe the experience of the applicant and partners (if any) in leveraging other Federal, State, local, and private sector funds. If the applicant has no experience leveraging other funds, please include the phrase, "No experience leveraging other federal, state, local or private sector funds." (1,000 character limit)

* 19. **Management Structure:** Describe the basic organization and management structure of the applicant and partners (if any). Include evidence of internal and external coordination and an adequate financial accounting system. (3,000 character limit)

* 20. **Monitoring/Audit Findings:** Has the agency had any site visits/monitoring from ANY funder (private or government, including HUD ESG) since July 1, 2019 (past two years) or ANY outstanding monitoring or audit findings or concerns, even if prior to July 1, 2019.

If yes to EITHER, **attach any and all correspondence** regarding the results of these site visits (including any concerns/findings and letters addressing such) to the end of this application.

Yes

No

* 21. Please list all site visits/monitoring since July 1, 2019. (Enter N/A if not applicable.)

* 22. **Securing Units:** Please explain your experiencing working with landlords, Realtors, and other housers and helping clients to lease and move into housing quickly. (1,000 character limit)

Quality of Proposed Project

* 23. Under the CoC Interim Rule, new grant funding cannot replace state or local funds. That is, this project application must be for the creation of new PSH units. Please confirm that this application will be used to create new PSH units (and not replace lost funding).

Yes

No

* 24. **Project Description:** Provide a description that addresses the entire scope of the proposed project. (3,000 character limit)

* 25. **Estimated Schedule:** Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work. (1,000 character limit)

* 26. **Clients to be Served/Needs:** Please describe a description of the characteristics and needs of the homeless population to be served by this project. Include if the proposed project will have a specific population focus. (1,000 character limit)

Housing First

The Atlanta CoC works to align itself with HUD priorities, the USICH Plan, Opening Doors and ClearPath, a five-year strategic plan, which outlines the principles and priorities for the CoC. Please respond to the following questions, addressing the various priorities of the CoC. Please provide a brief explanation for each of the subparts, if requested.

* 27. Describe how the project will implement a Housing First model, throughout the duration of a person's participation. (1,000 character limit)

* 28. Will the project drug test prior to move in and/or during program participation?

Yes

No

* 29. Please briefly explain your response from Q28. (500 characters maximum)

* 30. Will the project enforce compliance with or enrollment in mental health treatment either at move-in or at any time during program participation?

Yes

No

* 31. Please briefly explain your response from Q30. (500 characters maximum)

* 32. Will the project screen clients out due to criminal history?

Yes

No

* 33. Please briefly explain your response from Q32. (500 characters maximum)

* 34. Will the project require clients to have income or other financial resources, either at move-in or at any time during program participation?

Yes

No

* 35. Please briefly explain your response from Q34. (500 characters maximum)

* 36. Will the project use a harm-reduction model for drugs and/or alcohol use?

Yes

No

* 37. Please briefly explain your response from Q36. (500 characters maximum)

* 38. Will the project include mandatory case management and/or home visits as a condition of remaining in the program?

Yes

No

* 39. Please briefly explain your response from Q38. (500 characters maximum)

* 40. Will the project require participants to live in a particular structure at any point during program participation?

Yes

No

* 41. Please briefly explain your response from Q40. (500 characters maximum)

Highest Barriers to Housing

In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process will prioritize people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. CoC funded projects frequently work with families or individuals who have severe barriers to finding and maintaining housing, and it's important for the system of care to be responsive to those needs.

* 42. Please indicate which of the following will be required for clients to be accepted into this project. (Check all that apply.)

Current employment

Income

State-issued identification

Sobriety (alcohol or drugs)

No presenting of symptoms of mental illness

Transportation

Specific disabling condition (mental health, substance abuse, HIV/AIDS)

Medication compliance

Order of protection, police involvement or specified time separated from abuser for victims/survivors of domestic violence

None of the above

Other (please specify)

* 43. Please list and discuss all program entry requirements and restrictions for homeless persons to access and be accepted into this project. Include how this project works with those families and individuals with high barriers to accessing and remaining in housing. (2,000 characters maximum)

Services for Participants

* 44. Describe how participants will be assisted to obtain and remain in permanent housing. Include the plan to help participants locate housing, move in to housing, and maintain housing. (1,000 characters)

* 45. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs. (1,000 characters)

For all supportive services available to participants, indicate if the specific service will be made available, who will provide it (Applicant, Subrecipient, Partner, or Non-Partner), and the frequency of the service. Please be realistic and do not over commit!

*** 46. Assessment of Service Needs**

Will a specific service be made available? (Yes or No)

Who will provide the service? (Applicant, Subrecipient, Partner or Non-Partner)

What is the frequency of the service?

*** 47. Assistance with Moving Costs**

Will a specific service be made available? (Yes or No)

Who will provide the service? (Applicant, Subrecipient, Partner or Non-Partner)

What is the frequency of the service?

*** 48. Case Management**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 49. Child Care**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 50. Education Services**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 51. Employment Assistance/Job Training**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 52. Food**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 53. Housing Search/Counseling Services**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 54. Legal Services**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 55. Life Skills Training**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 56. Mental Health Services**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 57. Outpatient Health Services**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 58. Outreach Services**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 59. Substance Abuse Treatment Services**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 60. Transportation**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 61. Utility Deposits**

Will it be made available?
(Yes or No)

Who will provide the
service? (Applicant,
Subrecipient, Partner or
Non-Partner)

What is the frequency of
the service?

*** 62. Employment/Income:** Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. (2,000 character limit)

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

- Transportation assistance to clients to enable them to attend mainstream benefit appointments, employment training, or jobs
- Follow-up at least annually with participants to ensure mainstream benefits are received and renewed
- Access to SSI/SSDI technical assistance provided by the applicant or a partner agency

*** 64.** If the the last box in Q63, regarding access to SSI/SSDI technical assistance was checked, select one of the below:

- Enter the full date that the person providing the technical assistance last completed SOAR training.
- Never completed training.
- This question is not applicable to my organization.

Housing and Project Population

*** 65. Total Number of Proposed Units**

* 66. Total Number of Proposed Beds

* 67. Populations Served. (Check all the apply.)

- Households without children (individuals and couples with no children)
- Households with children
- Households with only children

* 68. Households without children

- a. Number of Households
- b. Number of Adults

* 69. Households with children

- a. Number of Households
- b. Number of Adults
- c. Number of Children

* 70. Households with only children (unaccompanied youth 17 years or younger)

a. Number of Children

* 71. Total Projected to be Served

a. Total Number of Households (68a + 69a + 70a)

b. Total Number of People (68b + 69b + 69c + 70a)

* 72. Projected Percentage of Veterans Served

a. Households with at least one Veteran

b. Households with no Veterans

* 73. Projected Percentage of Youth (ages 18-24) Served

a. Youth headed households (individuals or families, if head of household is a youth)

b. Non-youth headed households (individuals or families, with head of household 25 or older)

* 74. If project proposes to target youth (ages 18-24), please describe how this population will be targeted, current partnerships related to appropriate referrals, and the need of a program for this target population (please submit data as necessary). (2,000 character limit)

* 75. What is the estimated percentage of clients served from each of the sub-populations below? (These are not mutually exclusive and do not need to add up to 100%.)

Mental illness	<input type="text"/>
Alcohol abuse	<input type="text"/>
Drug abuse	<input type="text"/>
Chronic health condition	<input type="text"/>
HIV/AIDS and related disorders	<input type="text"/>
Developmental disability	<input type="text"/>
Physical disability	<input type="text"/>
Victim/survivor of domestic abuse	<input type="text"/>
Veteran	<input type="text"/>
Youth households	<input type="text"/>
Not represented by any subpopulation listed	<input type="text"/>

Performance Measures - Housing Stability

Indicate the proposed number of persons who will remain in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.

Count every participant who is anticipated to continue residing in the project, or the number of participants who are anticipated to exit the project and move into another permanent housing situation.

1. **Universe (#):** Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

2. **Target (#):** Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The Target is the total number of persons from the pool that are affected.

* 76. Persons remaining in permanent housing as of the end of the operating year.

a. Universe number	<input type="text"/>
b. Target numbers	<input type="text"/>
c. Target percent (Q76b / Q76a * 100)	<input type="text"/>

* 77. Please explain the plan to reach the housing stability target (1,000 characters maximum).

Performance Measures - Project Participant Income

These measures are not applicable for children and youth below the age of 18. Total income can include all cash sources, public and private.

Q78. Persons age 18 and older who maintained or increased their total income (from all sources) at of the end of the operating year or program exit:

1. **Universe (#):** Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

2. **Target (#):** Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The Target is the total number of persons from the pool that are affected.

Q79. Persons age 18 through 61 who maintained or increased their earned income at of the end of the operating year or program exit:

1. **Universe (#):** Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

2. **Target (#):** Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The Target is the total number of persons from the pool that are affected.

* 78. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.

a. Universe number

b. Target numbers

c. Target percent (Q78b / Q78a * 100)

* 79. Persons age 18 through 61 who maintained or increased earned income as of the end of the operating year or program exit.

a. Universe number

b. Target numbers

c. Target percent (Q79b / Q79a * 100)

* 80. Please explain the plan to reach the income stability target (1,000 characters maximum).



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Budget and Financials

For the following budget related questions, please pay careful attention to the HUD budget guidelines, as certain budget line items are only applicable for certain project types. Please be sure to only include allowable expenses, based on the project type being applied for.

Project Budget

Please enter the general budget breakdown for the requested funds in Q81. For the budget questions that follow Q81, please enter, more specifically, what each general category will fund.

* 81. For each activity listed, please enter the amount of assistance that is requested.

a. Leased Units - not allowed (enter 0)	<input type="text"/>
b. Leased Structures - not allowed (enter 0)	<input type="text"/>
c. Rental Assistance	<input type="text"/>
d. Supportive Services	<input type="text"/>
e. Operating	<input type="text"/>
g. Subtotal (a+b+c+d+e+f)	<input type="text"/>
h. Administrative costs (Up to 7% of subtotal)	<input type="text"/>
i. TOTAL AMOUNT OF REQUEST (g+h) (should equal Q12)	<input type="text"/>

* 82. Multiply the number of units by unit type by the number of units by FMR (listed next to unit type) the multiply that number by 12 (1 year grant = 12 months) and enter totals. (Example: If the application is for 10 one bedroom units = 10 X \$898 X 12 = 107,760 would be entered for line b.)

a. Efficiency (\$873)	<input type="text"/>
b. One bedroom (\$898)	<input type="text"/>
c. Two bedroom (\$1031)	<input type="text"/>
d. Three bedroom (\$1344)	<input type="text"/>
e. Four bedroom (\$1651)	<input type="text"/>
g. Subtotal (a+b+c+d+e+f)	<input type="text"/>
f. Total (a+b+c+d+e) (should equal Q81c)	<input type="text"/>

Project Budget - Supportive Services

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE. If something does not apply, please enter 0 or N/A.

* 83. Assessment of Service Needs

a. Quantity AND Description (200 character limit)	<input type="text"/>
b. Amount Requested	<input type="text"/>

*** 84. Assistance with Moving Costs**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 85. Case Management**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 86. Child Care**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 87. Education Services**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 88. Employment Assistance/Job Training**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 89. Food**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 90. Housing/Counseling Services**

a. Quantity AND

Description (200 character
limit)

b. Amount Requested

*** 91. Legal Services**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 92. Life Skills**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 93. Mental Health Services**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 94. Outpatient Health Services**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 95. Outreach Services**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 96. Substance Abuse Services**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 97. Transportation**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

* 98. Utility Deposits

a. Quantity AND

Description (200 character limit)

b. Amount Requested

* 99. Operating Costs (only if for a facility that is used to provide services)

a. Quantity AND

Description (200 character limit)

b. Amount Requested

* 100. Total Annual Assistance Requested

Sum of Q8b through Q99b
(Should be equal to Q81d)

Project Budget - Operating

Enter the quantity and total budget request for each operating cost. If something does not apply, please enter 0 or N/A.

* 101. Maintenance/Repair

a. Quantity AND

Description (200 character limit)

b. Amount Requested

* 102. Property Taxes and Insurance

a. Quantity AND

Description (200 character limit)

b. Amount Requested

* 103. Replacement Reserve

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 104. Building Security**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 105. Electricity, Gas, Water**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 106. Furniture**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 107. Equipment (lease/buy)**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 108. Total Annual Assistance Requested**

Sum of Q101b through Q107b (Should equal Q81e)

Project Budget - HMIS

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS item. When including staff costs, please include title, salary and FTE. If something does not apply, please enter 0 or N/A.

*** 109. Equipment**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 110. Software**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 111. Service**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 112. Personnel**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 113. Space and Operations**

a. Quantity AND

Description (200 character limit)

b. Amount Requested

*** 114. Total Annual Assistance Requested**

Sum of Q109b through Q113b (Should equal Q81f)

Cost Efficiency

*** 115. Please briefly explain how your costs, including housing costs and service costs, are all necessary and reasonable. (1,000 character limit)**

*** 116. What additional funding sources are committed to this project? (1,000 character limit)**

* 117. What is the projected **total budget** for this project (include all financial resources, excluding in-kind)?

Total Annual Budget

* 118. How many persons are projected to be served?

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

(Total Budget / Persons Served)

* 120. What is the **total HUD request** for this project?

Request Amount (should equal Q12)

* 121. What is the projected total average cost, of HUD funds, per person served?

(Total Request / Persons Served)

* 122. How many persons are projected to either remain in permanent housing or exit the project to permanent destinations over the course of the program year?

* 123. What is the projected average cost per exit to, or maintenance of, permanent housing over the course of the program year?

(Total Budget / Persons in Permanent housing)

* 124. What is the projected average cost, of HUD funds, per exit to, or maintenance of, permanent housing over the course of the program year?

(Total HUD Budget / Persons in Permanent housing)

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

Yes

No

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

Match Funds

HUD requires a 25% match (minus leasing) 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. **Documentation should be attached to this application and dated within 60 days of the HUD application deadline (November 16, 2021).** For additional guidance on match funds, please refer to the project guides or search for "match" on the [FAQs on the HUD Exchange website](#).

* 127. Total Match

a. Total HUD CoC funding request (minus leasing)	<input type="text"/>
b. Total cash match (listed below)	<input type="text"/>
c. Total in-kind match (listed below)	<input type="text"/>
d. Percent of match provided (b + c) / a * 100 =	<input type="text"/>

* 128. Cash Match (List source of match and amount committed.)

Source and Amount	<input type="text"/>
If needed, list all other sources and amounts	<input type="text"/>
TOTAL CASH MATCH	<input type="text"/>

Program Monitoring

* 129. Within your organization, please describe what actions are done to evaluate project and agency performance. (1,000 characters maximum)

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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.

* 130. 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

* 131. Please upload your most recent independent audit, if applicable.

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

Choose File

Choose File

No file chosen

* 132. Please upload your intake package, including house rules and policies, if established.

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

Choose File

Choose File

No file chosen

* 133. Please upload any additional project documents, including Match verification letters. This is required.

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

Choose File

Choose File

No file chosen

* 134. Please upload any and all correspondence related to site visits/monitoring (with or without concerns) that cover visits since July 1, 2019. This is required for agencies who received correspondence related to site visits/monitoring.

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

Choose File

Choose File

No file chosen

* 135. Please upload the signed MOU between Partners for HOME and the applicant. This form is [located on the Partners for HOME website](#) under "CoC Application Attachments." This is required.

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

No file chosen

* 136. Please upload the completed supplemental questions. Supplemental Questions are [located on the Partners for HOME website](#) under "CoC Application Attachments." This is required.

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

No file chosen



FY21 HUD CoC Program New Project Application

Supplemental Questions

These questions are used to supplement your local competition application and provide answers that strengthen the overall CoC application submitted to HUD. Bonus points may be permitted for answering questions; please refer to the Renewal Project Scoring Tool for more information. For questions that do not relate to your project or organization, enter N/A.

* 137. **Ensuring Families are not Separated:** Will your project deny admission to or separate family members? Please explain below. (500 characters maximum)

* 138. **Child/Youth Collaborations:** Will your project have written agreements in place with educational supports for children ages 0-5? Please explain below. (500 characters maximum)

* 139. **Racial Equity:** Will your project identify barriers to participation (i.e. lack of outreach) faced by persons of different races? Briefly explain what steps you will take to identify barriers. (1,000 character maximum)

* 140. **New PSH Projects:** Will your project provide housing subsidies or subsidized housing units not currently funded through the CoC or ESG Programs for at least 25% of the units included in the project.

- Yes - 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 under the "Attachments" section.
- No
- N/A

* 141. **New PSH Projects:** Will your project use healthcare resources to help individuals and families experiencing homelessness?

- Yes - Please upload healthcare formal agreements under the "Attachments" section.
- No
- N/A

* 142. **New RRH 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 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 under the "Attachments" section.
- No
- N/A

* 143. **New RRH Projects:** Will your project use healthcare resources to help individuals and families experiencing homelessness?

- Yes - Yes - Please upload healthcare formal agreements under the "Attachments" section.
- No
- N/A

* 144. **DV Bonus Projects:** Please select which type of project you are applying for?

- Permanent Supportive Housing - Upload [DV questionnaire answers](#) in "Attachments" section.
- Rapid Rehousing - Upload [DV questionnaire answers](#) in "Attachments" section.
- N/A

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.

*** 145. Electronic Acknowledgement**

Name and Title

Date