



## NEW FY22 HUD CoC Program Local Application

### General Information

#### BEFORE YOU BEGIN

The local process for the FY22 CoC competition will be completed online. Much of the information collected is similar to previous years.

**This application must be completed in one-sitting.** We estimate it will take 60 minutes to complete the application. The Rank and Review Committee can only score based on the information provided.

For each New Project, an agency must:

1. Submit this application via SurveyMonkey.
2. Email Summer Duperon at [sduperon@partnersforhome.org](mailto:sduperon@partnersforhome.org) when you have completed this application or if you run into any difficulties. A pdf version for 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, 2021;
  - Any other documentation as requested in the review process.

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 FY22 LOCAL COMPETITION applications, and all required documents, is August 26, 2022 at noon. 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**

- Permanent Supportive Housing
- Rapid Rehousing
- DV Permanent Supportive Housing
- DV Rapid Rehousing

\* 12. Total FY22 Funding Request

**HUD 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 answer yes or no for each of the following criterion met.

**Projects must have a minimum of 3 out of 4 questions answered "yes" to be further considered for HUD CoC Program Competition funding.** Please note these questions 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).

\* 13. **HMIS Participation:** If funded, will this project participate in the Atlanta CoC HMIS (or a comparable database if you are a DV agency)?

- Yes  
 No

\* 14. **Coordinated Entry:** If funded, will this project participate in the Atlanta CoC Coordinated Entry system?

- Yes  
 No

\* 15. **Housing First:** If funded, will this project follow a Housing First approach as defined in HUD guidance?

- Yes  
 No

\* 16. **Match:** If funded, will the project have 25% cash or in-kind match (excludes a match for leasing)?

- Yes  
 No

**Applicant Experience**

\* 17. **Experience with Project Activities:** Describe your experience, and experience of any potential partners, in effectively utilizing time-limited, federal funds and performing the activities proposed in the application.

(2,000 character limit)

\* 18. **Experience Leveraging Other Sources:** Describe your experience, and experience of any potential partners, 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 organization and management structure of your agency and any partners. Clearly state the roles of team members working on the project as well as team members managing financial components of the project.

(3,000 character limit)

\* 20. **Monitoring/Audit Findings:** Has your agency had any site visits/monitoring from ANY funder (private or government, including HUD ESG) since July 1, 2020 (past two years) or ANY outstanding monitoring or audit findings or concerns, even if prior to July 1, 2020?

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, 2020. (Enter N/A if not applicable.)

\* 22. **Securing Units:** Please explain your experience working with housing providers (landlords, apartment managers, REALTORS, etc.) to help clients experiencing homelessness move into housing.

(1,000 character limit)

**Quality of Proposed Project**

\* 23. Funding through the HUD CoC Program Competition NOFO cannot replace state or local funds. This project application must be for new PH. Please confirm that your application will be used for new PH (and not replace lost funding).

Yes

No

\* 24. **Project Description:** Provide a description that clearly addresses the entire scope of the proposed project. Please be specific in the number of clients served, team members working with clients, and processes and flows that will help clients obtain housing.

(3,000 character limit)

\* 25. **Estimated Schedule:** Provide a description of the estimated schedule for the proposed activities, the management plan during each phase of the proposed activity, and the the agency will ensure work is effectively completed and meets the timeline(s) proposed.

(1,000 character limit)

\* 26. **Clients to be Served/Needs:** Please describe 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**

In addition to the priorities outlined by the Atlanta CoC, all HUD-funded agencies must adhere to Housing First. Please respond to the following questions, addressing the various priorities of the CoC and HUD. Please provide a brief explanation for each of the subparts, if requested.

\* 27. Describe how your project will adhere to Housing First.

(1,000 character limit)

\* 28. Will the project require drug test prior to/during program participation?

Yes

No

\* 29. Please briefly explain your response from Q28.

(500 characters maximum)

\* 30. Will the project require compliance with/enrollment in mental health treatment prior to/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 prior to/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 from Q40.

(500 characters maximum)

**Highest Barriers to Housing**

The Atlanta CoC's Coordinated Entry system prioritizes people who are experiencing chronic and unsheltered homelessness. These subpopulations are more likely to need some form of assistance or are more vulnerable to the effects of homelessness. Those who have severe barriers to finding and maintaining housing will need a higher level of responsive to meet their 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
- 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 describe all program entry requirements and restrictions for people experiencing homelessness to access and be accepted into this project. Include how this project works with persons with high barriers to accessing and remaining in housing.

(2,000 characters maximum)

**Services for Participants**

\* 44. Describe how participants will be assisted to locate, move into and maintain permanent housing. Include what team members will help coordinate housing services.

(1,000 characters)



\* 45. Describe how participants will be assisted with supportive services, such as mainstream health, social services, and employment programs. Include what team members will help coordinate support services.

(1,000 characters)

For all supportive services made available to clients, indicate who will provide the specific service (Applicant, Subrecipient, Partner, or Non-Partner) and the frequency of the service.

**\* 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 maintain/increase their employment 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.

Enter "Yes" if you have never completed training.

Enter "Yes" if this question is not applicable to your organization.

***Housing and Project Population***

\* 65. Total Number of Proposed Housing Units

\* 66. Total Number of Proposed Beds in Housing Units

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

- Adults Only (Individuals and Couples 18+ years)
- Families (Adults with children under 18 years)

\* 68. Adult Only Households

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

\* 69. Family Households

- a. Number of Households
- b. Number of Individual Adults in Family
- c. Number of Individual Children in Family

\* 70. Total Projected to be Served

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

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

**\* 71. Estimated Number of Veterans Served**

a. Households with at least one Veteran

b. Households with no Veterans

**\* 72. Estimated Number of Youth Served**

a. Households with at least one youth ages 18-24

b. Households with no youth ages 18-24

**\* 73. If project proposes to target veterans or youth (ages 18-24), please describe how the subpopulation(s) 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)

**\* 74. What is the estimated percentage of clients served from each of the subpopulations below? (These are not mutually exclusive and do not need to add up to 100%.)**

Mental illness

Alcohol abuse

Drug abuse

Chronic health condition

HIV/AIDS and related disorders

Developmental disability

Physical disability

Victim/survivor of domestic abuse

Veteran

Youth households

Not represented by any subpopulation listed

**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.

\* 75. Persons remaining in permanent housing as of the end of the operating year.

a. Universe number

b. Target numbers

c. Target percent  
(Q76b / Q76a \* 100)

\* 76. 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 under the age of 18. Total income can include all cash sources, public and private.

Q77. 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.

Q78. Persons age 18 and older 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.

\* 77. 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)

\* 78. Persons ages 18 and older 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)

\* 79. 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 Q80. For the budget questions that follow Q80, please enter, more specifically, what each general category will fund.

\* 80. For each activity listed, please enter the amount of assistance that is requested.

- a. Leased Units
- b. Leased Structures
- c. Rental Assistance
- d. Supportive Services
- e. Operating
- f. HMIS
- g. Subtotal (a+b+c+d+e+f)
- h. Administrative costs (Up to 10% of subtotal)
- i. TOTAL AMOUNT OF REQUEST (f+g) (should equal Q12)

\* 81. Multiply the number of units by unit type by the number of units by 2022 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 \$1,111 X 12 = \$133,320 would be entered for line b.)

- a. Efficiency (\$1,111)
- b. One bedroom (\$1,131)
- c. Two bedroom (\$1,289)
- d. Three bedroom (\$1,596)
- e. Four bedroom (\$1,951)
- f. Total (a+b+c+d+e) (should equal Q80c)

**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.

**\* 82. Assessment of Service Needs**

- a. Quantity AND Description (200 character limit)
- b. Amount Requested

**\* 83. Assistance with Moving Costs**

- a. Quantity AND Description (200 character limit)
- b. Amount Requested

**\* 84. Case Management**

- a. Quantity AND Description (200 character limit)
- b. Amount Requested

**\* 85. Child Care**

- a. Quantity AND Description (200 character limit)
- b. Amount Requested

**\* 86. Education Services**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 87. Employment Assistance/Job Training**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 88. Food**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 89. Housing/Counseling Services**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 90. Legal Services**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 91. Life Skills**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 92. Mental Health Services**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 93. Outpatient Health Services**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 94. Outreach Services**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 95. Substance Abuse Services**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 96. Transportation**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 97. Utility Deposits**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 98. Operating Costs (only if for a facility that is used to provide services)**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 99. Total Annual Assistance Requested**

Total of "Amount  
Requested" from Q82  
through Q98 (Should  
be equal to Q80d)

**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.

**\* 100. Maintenance/Repair**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 101. Property Taxes and Insurance**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 102. Replacement Reserve**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 103. Building Security**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 104. Electricity, Gas, Water**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 105. Furniture**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 106. Equipment (lease/buy)**

a. Quantity AND  
Description (200  
character limit)

b. Amount Requested

**\* 107. Total Annual Assistance Requested**

Total of "Amount Requested" from Q100 through Q106 (Should equal Q80e)

**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.

**\* 108. Equipment**

a. Quantity AND Description (200 character limit)

b. Amount Requested

**\* 109. Software**

a. Quantity AND Description (200 character limit)

b. Amount Requested

**\* 110. Service**

a. Quantity AND Description (200 character limit)

b. Amount Requested

**\* 111. Personnel**

a. Quantity AND Description (200 character limit)

b. Amount Requested

**\* 112. Space and Operations**

a. Quantity AND Description (200 character limit)

b. Amount Requested

**\* 113. Total Annual Assistance Requested**

Total of "Amount Requested" from Q108 through Q112 (Should equal Q81f)

**Cost Efficiency**

\* 114. Please briefly explain how your costs, including housing costs and service costs, are all necessary and reasonable. (1,000 character limit)

\* 115. What additional funding sources are committed to this project? (1,000 character limit)

\* 116. What is the projected **total budget** for this project (include all financial resources, excluding in-kind)?

Total Annual Budget

\* 117. How many **NEW** persons are projected to be served?

\* 118. How many **UNSHeltered** 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)

#### Match Funds

HUD requires a 25% match (excluding leasing) for CoC Program Competition funding. This needs to be based on current commitments at the time of project application, covering the requested grant operating period/term, and NOT based on projections. **Documentation should be attached to this application and dated within 60 days of the HUD application deadline (September 30, 2022).**

For additional guidance on match funds, please refer to the project guides or search for "match" on the [FAQs on the HUD Exchange website](#).

\* 125. Total Match

a. Total HUD CoC  
funding request  
(minus leasing)

b. Total cash match  
(listed below)

c. Total in-kind match  
(listed below)

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

\* 126. Does the applicant have any outstanding federal debt?

Yes

No

\* 127. If yes, please provide an explanation of debt owed and repayment arrangements (250 characters maximum).



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

Source and Amount

Source and Amount

Source and Amount

Source and Amount

Source and Amount

If needed, list all other sources and amounts

TOTAL CASH MATCH

**Program Monitoring**

\* 129. Please describe how the proposed project will be evaluated by the agency.

(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 project policies, such as intake package, house rules eviction or other policies related to the project.

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

Choose File

Choose File

No file chosen

\* 133. Please upload any Match verification letters or commitments.

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, 2020. 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

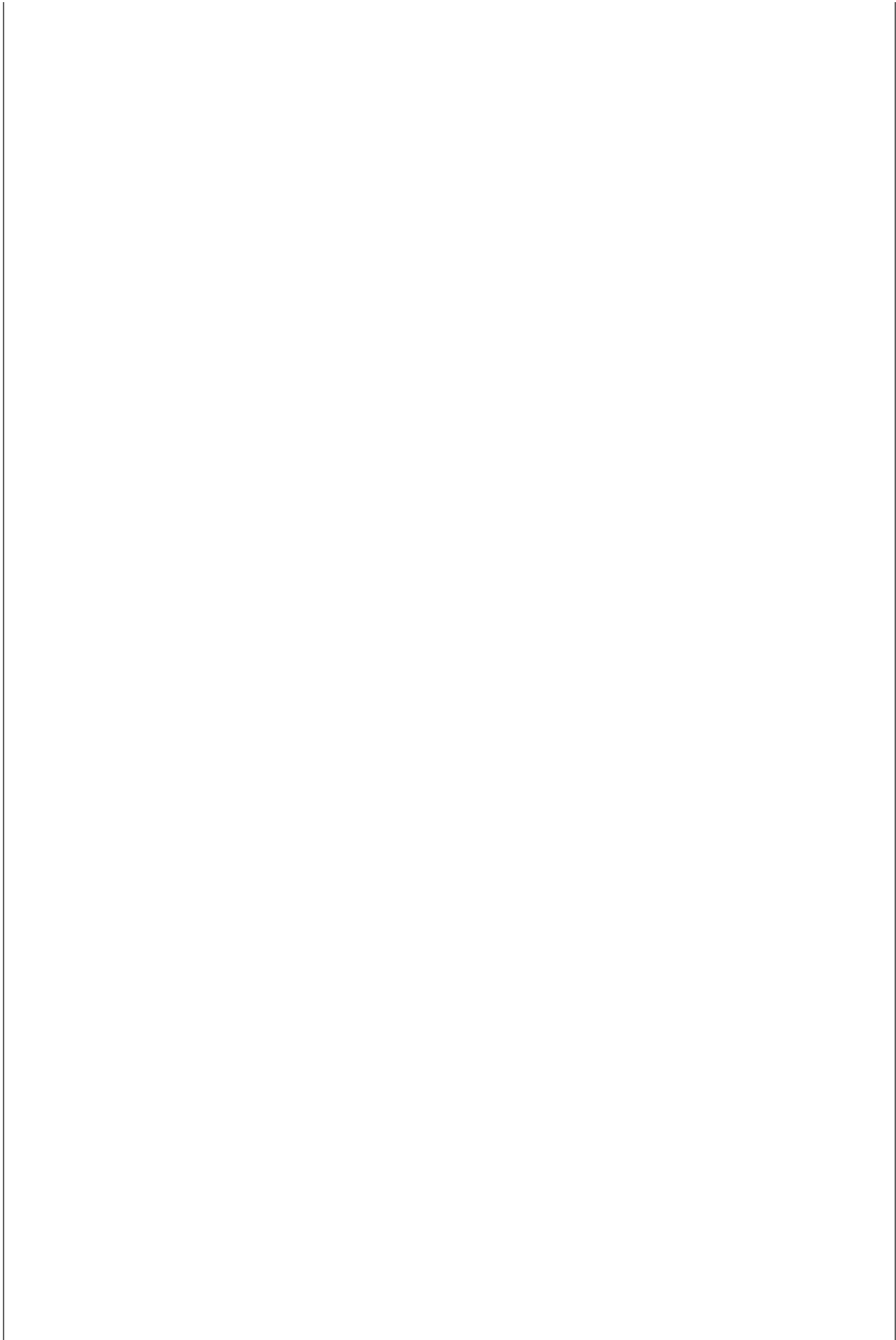
\* 135. **DV Bonus Projects:** Please upload the completed FY22 DV Bonus Questions. These questions are located on the Partners for HOME website under "Local Competition Information." This is required for DV projects.

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

Choose File

Choose File

No file chosen



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Supplemental Questions

**These questions are used to supplement your local competition application and provide answers that strengthen the overall CoC application submitted to HUD. Points may be awarded for answering questions.**

136. **Ensuring Families are not Separated:** Does your project deny admission to or separate family members? Please explain below.

(500 characters maximum)

137. **Child/Youth Collaborations:** Does your project have written agreements in place with educational supports for children ages 0-5? Please explain below.

(500 characters maximum)

138. **Racial Equity:** What barriers have you identified that may impact your program participation by persons of different races? Briefly explain what steps you will take to eliminate those identified barriers.

(1,000 character maximum)

139. **Lived Experience:** How do persons with lived experience inform decisions on policy and procedures that impact people experiencing homelessness within your agency?

\* 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 below.
- No
- N/A

141. **NEW PSH PROJECTS:** Please upload letters of commitment, contracts or other formal written documents that demonstrate the number of subsidies or units being provided to support all new projects below.

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

No file chosen

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

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

No file chosen

\* 144. **NEW PH Projects:** Will your PSH or RRH project provide healthcare (substance abuse, recovery, mental health, etc.) resources to program participants?

- Yes - Please upload healthcare formal agreements below.
- No
- N/A

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

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

No file chosen

\* 146. **New PH Projects:** Is the value of the healthcare assistance (provided by a healthcare organization) for your project at least 25% of HUD funding being requested for the project?

Yes

No

N/A

147. **CoC Participation:** Does your agency have representatives that participate in CoC Committees or Workgroups? If so, please list the representative(s) name and Committee/Workgroup(s). This may be verified.

148. **PIT Count:** Did your agency participate in the 2022 PIT? If so, please list the representative(s) name and their role in the PIT. This may be verified.

149. **Mandatory Training:** Did your agency have a representative attend the mandatory NOFO training? If so, please list the representative(s) name. This may be verified.

**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.

\* 150. **Electronic Acknowledgement**

Name and Title

Date

