

RENEWAL FY22 HUD CoC Program Project 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. Agencies must use their APR, Data Quality Report and HMIS Active Client List to enter responses for many data related questions. The period would be from **July 1, 2021 through June 30, 2022 (FY22)**. Information may be verified.

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 Renewal 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. The following documents are asked to be uploaded with application (if applicable).

- Client Termination/Appeals Policy
- Harm Reduction Policy
- Eviction/Lease Violation Policy
- Intake/Move-In Policy
- Match Letters or Commitments
- Monitoring letters that cover visits since July 1, 2020
- DV Supplemental Questions
- APR from SAGE from the period July 1, 2021 through June 30, 2022
- Data Quality Report from the period July 1, 2021 through June 30, 2022

The local competition application deadline is August, 26, 2022. No late submissions 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 Grant Subrecipient or Sponsor Organization (Leave blank if not applicable)

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

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

Other (please specify)

*** 5. Contact Person for Application**

Name and Title

Phone Number

Email Address

*** 6. HUD Project Name**

*** 7. Exact HMIS (or equivalent database) Project Name**

*** 8. DUNS Number**

*** 9. SAM Registration Expiration Date**

*** 10. HUD Project Type**

- Permanent Supportive Housing
- Rapid Rehousing
- DV Permanent Supportive Housing
- DV Rapid Rehousing
- HMIS/Coordinated Entry

*** 11. Total FY22 Funding Request**

*** 12. Is this amount less than previous year due to underutilization or underspending?**

- Yes
- No

* 13. If the total funding request is less than previous years, please explain. If there are no changes, please enter N/A. (500 characters maximum)

* 14. Please provide a description that addresses the entire scope of the proposed project. (1,000 characters maximum)

Coordinated Entry

The following questions relate to Coordinated Entry data from the period of July 1, 2021 through July 30, 2022.

* 15. From July 1, 2021 through June 30, 2022, what percent of clients were referred to your HUD project through Coordinated Entry?

* 16. Please briefly explain your response from Q15, especially if no.

(1,000 characters maximum)

* 17. From July 1, 2021 through June 30, 2022, how many coordinated entry referrals made to this project were rejected? Please briefly explain the reason for any refusals (i.e. death, client refusal, unable to locate, other reason)

(This may be verified. 1,000 characters maximum) To calculate this total, CE check the Atlanta CE Provider Workspace: Referrals to My Projects Report, Column N. Filter on rejected.

* 18. If a potential client is referred through the coordinated entry process, which of the following will prohibit this client from being accepted in the project? (Check all that apply. This may be verified.)

- Too little income
- Active/history of substance abuse
- A criminal record (with the exception of state-mandated restrictions)
- History of victimization (i.e. domestic violence, sexual assault, childhood abuse)
- Gender orientation/identity
- None of the above

Other (please specify)

* 19. Please briefly explain your response from Q19. (1,000 characters maximum)

Project Policies

The following questions relate to Project Policies.

* 20. Which of the following can terminate a participant from the project? (Check all that apply. This may be verified.)

- Failure to participate in supportive services (including case management)
- 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
- Failure to pay rent (e.g. will failure to pay rent exclude a client from continued services)
- None of the above

Other (please specify)

* 21. Upload the agency's client termination/appeals policy or other evidence that demonstrates procedures related to termination from the project.

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

Choose File

Choose File

No file chosen

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

- Yes
- No

* 23. Upload the agency's harm reduction policy or other evidence that demonstrates procedures related to harm reduction.

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

Choose File

Choose File

No file chosen

* 24. Does the project have policies and procedures that work to prevent eviction or lease violations?

Yes

No

* 25. Upload the agency's eviction/lease violation policy or other evidence that demonstrates procedures related to eviction/lease violations for the project.

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

Choose File

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* 26. Were any households evicted from July 1, 2021 through June 30, 2022? If yes, how many had their services terminated as a result of the eviction? Please explain.

(This may be verified. 1,000 characters maximum)

* 27. Please indicate which of the following are required for clients to move into this project. (Check all that apply. This may be verified.)

Current employment or other income

No presenting symptoms of mental illness

No presenting evidence of substance use (sobriety)

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)

* 28. Upload the agency's intake/move-in policy or other evidence that demonstrates procedures related to intake/move-in.

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

Choose File

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No file chosen

* 29. Please check all the populations this project will serve.

- Adult households without children (individuals and couples aged 25 and older, with no children)
- Adult households with children (individuals and couples aged 25 and older, with children)
- Youth households without children (individuals and couples aged 18-24, with no children)
- Youth households with children (individuals and couples aged 18-24, with children)
- Unaccompanied youth under age 18

* 30. What is the total number of participants you were contracted to serve by this project?
How many participants did you serve from this project? Please explain any differences.

Performance

The following questions relate to APR data from the period of July 1, 2021 through June 30, 2022. Please refer to your APR from this time period.

* 31. From July 1, 2021 through June 30, 2022, what is the percent of exiting participants who exited to positive housing destinations?

For PSH projects,
refer to APR Q23C,
Last Row

For RRH projects,
refer to APR Q23C,
Last Row

* 32. From July 1, 2021 through June 30, 2022, what is the percent of participants who gained, maintained or increased income?

For PSH projects,
refer to APR Q19A1,
Row 6, Column J

For RRH projects,
refer to APR Q19A2,
Row 5, Column J

* 33. From July 1, 2021 through June 30, 2022, what is the percent of clients with health insurance?

PSH Calculation

Step 1. Refer to APR Q21, last two rows. Total sum in Annual Column and Exit Column.

Step 2. Divide this number by adding (Q5A Stayers + Q5A Leavers - Q21 Clients not Needing Annual Assessment).

Step 3. To get %, divide Step 1 by Step 2. Enter this number for PSH answer.

For PSH projects,
refer to instructions in
question.

For RRH projects,
refer to APR Q21. Add
the last two rows in
the last column /Q5A
Leavers

* 34. Please share what strategies your agency is implementing to ensure clients have access to health insurance.

* 35. From July 1, 2021 through June 30, 2022, what is the average (%) utilization rate for your PSH project? RRH can enter N/A.

PSH Calculation

Step 1: Add the 4 Point-in-Time numbers from Q8b Total Column. Divide the number by 4 to get an average.

Step 2: Divide the average by the total number of contracted units.

For PSH, refer to
instructions above.

* 36. From July 1, 2021 through June 30, 2022, what is the average length of time between start date and move-in?

For PSH, refer to APR
Q22c

For RRH, refer to APR
Q22c

Clarify if project is
TBRA, Project Based
or Sponsor Based

HMIS and Data Quality Reporting

The following questions relate to data reported in the HMIS Active Client List and Data Quality Reports for the period of July 1, 2021 through June 30, 2022. Please refer to these documents for this time period.

* 37. From July 1, 2021 through June 30, 2022, does the project enrollment in HMIS matches what agency is contracted for?

For RRH: Number
Enrolled (Refer to
HMIS Active Client
List Report, Number of
Heads of Household
Enrolled)

For RRH: Number
contracted for the
most recent grant
period

* 38. For the below questions, please refer to your Data Quality Report from July 1, 2021 through June 30, 2022.

For Q2, are any of the
numbers in the % of
error Rate column
higher than 5%?

For Q3, are any of the
numbers in the % of
error Rate column
higher than 5%?

For Q4, are any of the
numbers in the % of
error Rate column
higher than 5%?

For Q6, rows 3
through 5, are any of
the numbers in
columns 2 or 3
(project start/project
exited) 1 or greater?

Spend Down and Cost Efficiency

The following questions refer to the two most recently completed grant year(s). Please refer to those grant terms when answering questions.

* 39. Do you anticipate you will have unspent funds at the expiration date of this current grant contract?

Yes

No

* 40. If yes, how much? Please explain the reason for the unexpended funds. Enter N/A if not applicable.

* 41. Please provide the dates (month/day/year) of each drawdown made under your most recently expired grant from the first drawdown to the last closeout one.

Start and end date of award

Drawdown 1

Drawdown 2

Drawdown 3

Drawdown 4

List all remaining dates (enter N/A if no other dates)

* 42. What was the **total budget** for this project (include all cash and in-kind resources) and the total HUD award for this project **for the most recently completed grant year**?

a. Total Annual Budget

b. Total HUD Award

c. Start and End Date

* 43. How many persons were served during the more recently completed grant year?

* 44. What is the average cost per person served? (Q42a divided by Q43)

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

Yes

No

* 46. If yes, please provide an explanation of debt owed and repayment arrangements. (If no, enter N/A. 250 characters maximum)

Program Monitoring and Timely APR Submission

* 47. When was your most recent HUD monitoring visit? Enter N/A if not applicable.

* 48. Please provide an explanation for open or unresolved findings from the more recent HUD monitoring visit. Have the findings been resolved? (Enter N/A if not applicable. 500 characters maximum)

* 49. Has the 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?

Yes

No

* 50. If you answered yes to the previous question, please upload any and all correspondence regarding the results of these site visits (including any concerns/findings and letters addressing such).

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

Choose File

Choose File

No file chosen

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

* 52. Ending date for the last completed grant year?

* 53. Date the APR for last completed grant year was submitted and accepted in SAGE?

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](#).

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

Yes

No

* 55. Please upload Match verification letters or commitments.

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

Choose File

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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.

* 56. Does your agency collect client feedback about project participation?

Yes

No

57. Please upload documents used to collect client feedback.

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

Choose File

Choose File

No file chosen

* 58. Please upload your client grievance policy. This is required.

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

Choose File

Choose File

No file chosen

* 59. Please upload a recent SAGE APR from July 1, 2021 through June 30, 2022. This is required.

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

Choose File

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No file chosen

* 60. Please upload a Data Quality Report from the period July 1, 2021 through June 30, 2022. This is required.

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

Choose File

Choose File

No file chosen

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Bonus 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 will be awarded for answering questions. Please refer to the Scoring Tool for more details. For questions that do not relate to your project or organization, enter N/A.

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

(500 characters maximum)

62. **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)

63. **Domestic Violence Projects:** Do you use a comparable database to HMIS to collect required data?

64. **Domestic Violence Projects:** Using objective criteria, briefly explain how your project has improved safety for the population you serve. (1,000 character maximum)

65. **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)

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

67. **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.

68. **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.

69. **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 esnaps 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.

*** 70. Electronic Acknowledgement**

Name and Title

Date