# 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(s) to provide outreach and navigation and rapid rehousing (RRH) 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**

Respondents may apply for one or both funding categories or collaborate with another partner for both activities.

### **Outreach and Navigation**

This funding opportunity seeks agencies to provide outreach and navigation services for up to 120 households, using trauma-informed strategies to engage individuals and support transitions out of homelessness. Agencies must monitor encampments with a harm-reduction approach, educate unsheltered individuals about housing resources, and enroll clients in Coordinated Entry within 72 hours of consent. They should assist with obtaining necessary documents, maintain engagement with clients, and create by-name lists for tracking and prioritization. Agencies will advocate for clients, facilitate stable housing transitions, work flexible hours, and provide transportation for housing placements.

### **Rapid Rehousing:**

This funding opportunity seeks agencies to provide rapid rehousing services for up to 120 households, including providing case management and timely payment of all rental and utility assistance for all enrolled participants. Agencies must offer proactive, home-based case management, secure ongoing utility services, and assist clients in obtaining key documents. They should help clients access mainstream benefits while increasing income and developing individualized housing stability plans. Agencies must support clients in transitioning to self-sufficiency or other subsidies, facilitate communication with property management, mediate tenant issues, and assist with furnishing units and securing food resources.

Respondents should indicate the number of households they desire to serve in their application.

#### **Core Values:**

The Atlanta CoC Community and Workgroups informed this project's core values:

- Autonomy
- Harm Reduction
- Trauma-Informed
- Integrity
- Relationship Building

Anticipated Award Agencies are requested to submit a budget proposal.

## **General Information**

## This section will be reviewed by internal and external reviewers.

This **Rapid Rehousing Provider** funding opportunity is part of the Atlanta CoC homeless response plan. The following documents will be uploaded as part of the application:

- FY24 organizational budget
- Two years of audited financials <u>or</u> 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 Submission report for the period of Oct 1 Dec 31, 2024

1. **Applicant Partnership**. Is your organization applying with another agency to provide the outreach and navigation component of this program? If yes, please share the name of the agency applying with your organization. If no, please enter N/A.

# \* 2. **Organization and Contact Information**. Provide the information below for the application's point of contact.

- <b>I</b> - <b>I</b> - <b>I I I</b>	
Name of Organization	
Organization Tax ID (EIN)	
Organization Founding Year	
Application Contact Name	
Application Contact Email	

## **Threshold Section**

# \* 3. **HMIS**: Will your organization use the homeless management information system ClientTrack for this project?

We currently use ClientTrack and will use it for this project.

We do not currently use ClientTrack but will use it for this project.

We do not currently use ClientTrack and will not use it for this project.

# **Experience Section (30 points total)**

\* 4. **Length of Experience**. 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. **Current Experience**. 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:

- Youth
- LGBTQ+
- Veterans
- Families
- Chronic

\* 7. **Team Contacts**. 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. **Housing First.** 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. **Cultural and Linguistic Competencies.** 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. **Trauma-Informed Care.** 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)

\* 11. **Representation.** Give a specific example of how Black and Indigenous People of Color (BIPOC) inform decision-making of the organization. (1,000 character limit)

\* 12. **Representation.** What percentage of agency's Board, Leadership and Program Staff identify as a BIPOC?

Board

Staff Leadership

Program Staff

\* 13. **Lived Expertise.** Give a specific example of how persons with lived expertise (PLE) inform decision-making of the organization. (1,000 character limit)



\* 14. **Lived Expertise.** What percentage of the agency's Board, Leadership and Program Staff identify as PLE?

Board	
Staff Leadership	
Program Staff	

\* 15. **Financial Management**. Describe your organization's ability to manage grant funds. Include <u>software</u> used to aid in isolating grant expenses and revenues as well as procedures for reporting financial updates to funders. (1,000 character limit)

\* 16. **Grant Management**. Has your organization lost funding from the Atlanta CoC in the past? Please share details that led to the loss of funds. **This may be verified**.

\* 17. **Grant References.** Please provide two separate references for a past grant awarded to the agency. These 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	
Deres of Ores et 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</u> <u>Plan</u>. This section will be reviewed by internal and external reviewers.

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

18. Number Served. How many households do you plan to serve through this program?

\* 19. **Rapid Rehousing.** Describe the agency's plan for implementing the program components listed below. Please provide a detailed explanation with examples of how your agency will:

1. Provide, at		
minimum, proactive,		
home-based, face-to-		
face case management		
based on the		
household's needs,		
maintaining a client-		
to-staff ratio of 1:20 or		
1:15 when serving		
high-needs clients.		
2. Ensure clients have	II	
utility services set up		
before move-in and		
maintain ongoing		
services.		
3. Developing,		
securing, coordinating		
services and obtaining		
Federal, State, and		
local benefits,		
including obtaining		
and increasing income.		
nicome.		
4. Developing an		
individualized housing		
and service plan,		
including planning a		
path to permanent		
housing stability.		

5. Ensure that all		
enrolled households		
transition to self-		
sufficiency through a		
progressive		
engagement model, or		
in the event they		
transition to another		
subsidy, will		
coordinate and ensure		
all activities in the		
transition.		
6. Communicate with		
property management		
to facilitate move-in,		
provide ongoing		
support between		
property management		
and clients, and		
mediate tenant issues		
to ensure housing		
stability.		
7. Assist clients with		
furnishing units,		
securing food		
(including food stamps	1	
if applicable), etc.		
••		
8. Ensure timely rental		
and utility payments		
for clients enrolled in		
the program		

\* 20. **Project Ramp Up**. How long will it take the agency to ramp up for this project after grant execution (e.g. hire and train staff, provide coverage for current staff, etc.)

1-30 days 31-60 days 61-90 days

\* 21. **Project Ramp Up**. Provide a <u>detailed timeline</u> of how the agency will ramp up after grant execution. Include details about filling vacant staff roles, training of new staff and staff coverage during the ramp up period.

\* 22. **Project Outcomes.** Describe the organization's internal processes for reaching the project outcomes below that are aligned with the CoC program models. Please provide a detailed explanation with examples of how your agency will achieve the following goals:

1. Ensure all enrolled households achieve complete "document readiness" (ID, SSC, BC uploaded to HMIS) within 60 days of program enrollment	
2. Develop individualized housing stability plans for all households, and document them in HMIS.	
3. Complete TBRA Checklist requirements, including the executed lease with move-in date, within seven calendar days of enrollment.	
4. Record all move-in dates accurately in HMIS.	
5. Support households in increasing or obtaining income and/or mainstream benefits during program enrollment	
6. Track all program exits with categorized destinations (Permanent, Temporary, Unsheltered Other)	

\* 23. **Data Quality**. Does your agency have an RRH Data Quality Report with clients enrolled for the period of Oct 1 - Dec 31, 2024?

Yes. Please upload report in question 24 to be scored.

No. Please answer question 25.

24. Upload your RRH Data Quality Report for the period of Oct 1 - Dec 31, 2024. Name this document "RRH Data Quality Report." These answers have logic applied Upload this document in PDF format. Maximum file size is 16MB.

Choose File Choose File No file chosen

25. **Data Quality**. If your organization <u>*does not have*</u> an RRH Data Quality Report for the period of Oct 1 - Dec 31, 2024, explain how you will adhere to the following <u>Atlanta CoC Data</u> <u>Quality Plan</u> components. (250 character limit)

Having an error rate of less than 5% for data elements.	
Enrolling clients into project within 48 operating 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)

\* 26. Upload your Board-approved, current fiscal year organization budget. Name this document "Organization Budget." These answers have logic applied

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

Choose File Choose File No file chosen

27. 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. These answers have logic applied

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

Choose File Choose File No file chosen

28. If Question 27 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.**" These answers have logic applied

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

Choose File Choose File No file chosen

\* 29. Upload your financial policies and procedures manual. Name this document "Financial Policies and Procedures." These answers have logic applied

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

Choose File Choose File No file chosen

\* 30. **Match**. Match is required based on your proposed budget. 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. For additional guidance on match funds, please search for "match" on the <u>FAQs on the HUD Exchange website</u>.

If funded, will the project have a match based on this scale:

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Budgets under $100,000: 5% - 10% match
$100,000 - $250,000: 10% - 15% match
$250,000 - $500,000: 15% - 20% match
$500,000 - $1,000,000: 20% - 25% match
Over $1,000,000: 25% - 30% match
```

Yes
No

\* 31. Match. Please upload your Match verification letters or commitments. Name this document "Project Match." These answers have logic applied

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

Choose File Choose File No file chosen

\* 32. Please upload your **RRH Provider project budget** using the budget template. The budget will serve as your agency's cost proposal. These answers have logic applied

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

Choose File Choose File No file chosen

33. Please provide the name of the participant who attended the mandatory training for this application.

