

Atlanta Continuum of Care

Introduction

Partners for HOME (“PfH”), on behalf of the Atlanta Continuum of Care (CoC), releases this grant application for a direct service provider to provide permanent supportive housing (PSH) medical and mental health 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

On-Site Medical and Mental Health Provider:

This opportunity requests an experienced medical and behavioral health provider to deliver on-site, dedicated services to 30 households. Services shall include, but not be limited to, 24/7 on-site staffing with clinical and non-clinical personnel, supervised by a licensed Medical Director (NP, PA, MD, or DO). The staffing model will include licensed clinicians, nurses, and behavioral health specialists trained in trauma-informed care.

The provider will deliver comprehensive medical, behavioral health, and supportive services designed to promote stability, recovery, and quality of life. Services will include immediate screenings and assessments at intake, individualized care plans developed within 24 hours, medication management in compliance with state regulations, and daily monitoring of patient well-being. The care team will also provide intensive support with activities of daily living, access to nutritious meals, incident management, and individualized nutrition and health plans when needed.

Further, the provider will facilitate access to long-term medical, behavioral health, and case management services, ensuring continuity of care through established partnerships with hospitals, health systems, and Continuums of Care. Patients will receive direct support navigating health systems, transportation to appointments, and linkage to primary care and medical homes. Staff will connect patients to peer support, harm reduction, recovery services, and housing resources.

The program will offer patient-centered, wrap-around services that integrate medical care, behavioral health, and social supports. All services will be intensive, responsive to individual needs, and delivered in a trauma-informed, culturally responsive manner to help patients achieve stability, recovery, and improved health outcomes.

Anticipated Award

Agencies are requested to submit a budget proposal.

General Information

This section will be reviewed by internal and external reviewers.

This **On-Site Medical and Mental Health 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 or internal financial statements to include a State of Financial Position (Balance Sheet), Statement of Activities(Profit & Loss)
- Financial Policies and Procedures (organizations funded by PfH in the past 12 months do not need to submit)
- Data Quality Submission report for the period of April 1 - June 30, 2025

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

Name of Organization

Organization Tax ID
(EIN)

Organization Founding
Year

Application Contact
Name

Application Contact
Email

Threshold Section

*** 2. Conflicts of Interest.** Does your agency have any conflicts of interest to disclose? If yes, please detail it here. If no, please enter N/A.

*** 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. 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.

* **5. 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)

6. Subpopulation Experience. Please check all subpopulations your agency has experience with:

☐ Domestic Violence

☐ Youth

☐ LGBTQ+

☐ Veterans

☐ Families

☐ Chronic

* **7. Team Contacts.** List the name and title 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 software 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

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 Atlanta CoC's Data Quality Plan. This section will be reviewed by internal and external reviewers.

Project Section (35 points total)

*** 18. Medical and Mental Health Services.** 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. Ensure continuous care by providing 24/7 on-site staffing and on-call medical support, with trained staff equipped to respond to emergencies at any time.

2. Conduct timely screenings and assessments during intake and throughout a client's stay, ensuring immediate identification of medical, mental health, and behavioral health needs.

3. Deliver trauma-informed clinical and behavioral health services that prioritize safety, dignity, and cultural responsiveness for all individuals served.

4. Maintain strong medical oversight through a licensed Medical Director who ensures compliance with federal and state standards and monitors the quality of care.

5. Develop individualized care plans within 24 hours of admission that integrate both clinical treatment goals and behavioral health supports tailored to each patient.

6. Provide essential daily living supports, including three nutritious meals daily (with individualized nutrition plans when necessary) and access to hygiene services such as showers and laundry.

7. Implement a robust incident management system that includes reporting, response, and corrective action processes to protect patient safety and strengthen accountability.

8. Manage medications in compliance with state regulations, ensuring secure storage, accurate dispensing, and that patients are discharged with prescriptions and complete medication histories.

9. Facilitate access to long-term care and support services by linking patients to medical homes, behavioral health providers, and case management resources for ongoing stability.

10. Support system navigation and continuity of care by assisting patients in accessing primary care, transportation, and community resources such as housing, recovery services, and peer supports.

* 19. **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

* 20. **Project Ramp Up.** Provide a detailed timeline 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.

* 21. **Project Outcomes.** Describe the organization's internal processes for reaching the below project outcomes. Please provide a detailed explanation with examples of how your agency will reach the following goals:

1. 98% of clients will remain in PSH or exit to a permanent destination at 12 months.

2. 65% of clients that exit during the reporting period will exit to a permanent housing destination.

3. Less than 2% of the individuals who exit to permanent housing from PSH return to homelessness within six months.

4. Less than 2% of the individuals who exit permanent housing from PSH return to homelessness within 24 months.

5. 70% of participants will experience improvement in two or more areas of quality-of-life functioning, using the SF36v3 Health Survey at intake, six months, and 12 months to evaluate progress.

* 22. **Data Quality.** Does your agency have an PSH Data Quality Report with clients enrolled for the period of April 1 - June 30, 2025?

☐ Yes. Please upload report in question 23 to be scored.

☐ No. Please answer question 24.

23. Upload your PSH Data Quality Report for the period of April - June 30, 2025. **Name this document "PSH Data Quality Report."**

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

Choose File

Choose File

No file chosen

24. **Data Quality.** If your organization ***does not have*** an PSH Data Quality Report for the period of April 1 - June 30, 2025, explain how you will adhere to the following Atlanta CoC Data Quality Plan 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)

* 25. Upload your Board-approved, current fiscal year organization budget. **Name this document "Organization Budget."**

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

Choose File

Choose File

No file chosen

26. Upload the two most recent years of audited financials. **Name this document "Audited Financials."** If an audit was **not completed within the last two years**, please provide the most recent financial statements, including a Statement of Financial Position and a Statement of Activities.

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

Choose File

Choose File

No file chosen

27. If Question 26 was not answered, upload internal financial statements to include a Balance Sheet and Profit & Loss Statement if you do not have audited financials or a Statement of Financial Position and Statement of Activities. **Name this document "Internal Financials."**

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

Choose File

Choose File

No file chosen

* 28. Upload your financial policies and procedures manual. **Name this document "Financial Policies and Procedures."**

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

Choose File

Choose File

No file chosen

* 29. Please upload your **On-Site Medical and Mental Health Provider** project budget using the budget template. The budget will serve as your agency's cost proposal to complete all duties outlined in the Rapid Housing Initiative Provider Outcomes and Duties Guide.

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

Choose File

Choose File

No file chosen