

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) supportive 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

Supportive Services Provider:

This opportunity requests an experienced, supportive service provider to provide on-site dedicated services to the tenants. Supportive services shall include, but not be limited to, a 2:20 staff-to-tenant ratio that includes up to six licensed master's level clinicians or comparable credentials and up to six certified peer specialists or certified CARES (certified addiction recovery empowerment specialist) specialists, preferably with lived homelessness experience. Also, these full-time staff members shall be dedicated to the property and provide tenant-centered supportive services and life skills to support to 112+ tenants living on the property to help tenants achieve housing stability and improve their quality of life. The staff members should be trained in trauma-informed care, and the provider should outline a clear plan for comprehensively approaching trauma care for tenants. Further, the supportive services team must offer a minimum of face-to-face engagement once per week. Services should be intensive, tenant-led, on-site wrap-around services and referrals to tenants, including but not limited to education, employment support, mental health and addiction services, life skills support, assistance with connecting to mainstream benefits, and linkage to a medical health home.

Anticipated Award

Agencies are requested to submit a budget proposal.

General Information

This section will be reviewed by internal and external reviewers.

This **Permanent Supportive Housing Supportive Services 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. 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:

☐ 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. PSH Supportive 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. Have a 2:20 staff-to-tenant ratio that includes up to four licensed master's level clinicians or comparable credentials and up to four certified peer specialists or certified CARES (certified addiction recovery empowerment specialist) specialists, preferably with lived homelessness experience.

2. Provide the same full-time staff members dedicated to the property and provide tenant-centered supportive services and life skills support to the 112+ tenants living on the property to help them achieve housing stability and improve their quality of life.

3. Offer a minimum of face-to-face engagement once per week. Services should be intensive, tenant-led, on-site wrap-around services and referrals to tenants, including but not limited to education, employment support, mental health and addiction services, life skills support, assistance with connecting to mainstream benefits, and linkage to a medical health home.

4. Increase the income and mainstream benefits of households served.

5. Improve the social and emotional functioning of participants served.

6. Limit returns to homelessness after program exit.

7. Outline a clear plan for comprehensively approaching trauma care for tenants.

* 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 increase or obtain income/mainstream benefits during program enrollment

6. 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 **Supportive Services Provider** project budget using the budget template. The budget will serve as your agency's cost proposal to complete all Supportive Services 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