

Atlanta Continuum of Care

Introduction

Partners for HOME ("PfH"), on behalf of the Atlanta Continuum of Care (CoC), releases this Youth Homelessness System Improvement (YHSI) grant application for a direct service provider to provide mobile coordinated entry (CE) assessor services to youth 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

Youth Mobile Coordinated Entry Assessor:

This opportunity requests an experienced, youth-focused mobile assessor to provide coordinated entry access and engagement services to unsheltered youth (**aged 18 - 24 years old**) across the Atlanta Continuum of Care. The mobile assessor's primary duties will include conducting regular street outreach to identify and engage youth experiencing homelessness, building rapport, and assessing immediate and long-term needs while creating a safe and trauma-informed environment for youth to thrive. The funded agency will be responsible for enrolling youth into the Coordinated Entry system, completing standardized assessments, and supporting access to shelter, diversion, and crisis services, including food, clothing, hygiene, and safety planning. Additional duties include maintaining timely and accurate data entry into HMIS, participating in case conferences with partner agencies, providing crisis intervention and safety planning, coordinating access to behavioral health and addiction services, collaborating with community providers and youth-serving organizations, attending outreach events, and ensuring flexible mobility by meeting youth where they are, including evenings and weekends, to maximize engagement and support.

Anticipated Award

An award amount of approximately **\$60,000** is available for this grant.

General Information

This section will be reviewed by internal and external reviewers.

This **Mobile Coordinated Entry Assessor** 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	<input type="text"/>
Organization Tax ID (EIN)	<input type="text"/>
Organization Founding Year	<input type="text"/>
Application Contact Name	<input type="text"/>
Application Contact Email	<input type="text"/>

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

☐ Domestic Violence

☐ Youth

☐ LGBTQ+

☐ Veterans

☐ Families

☐ Chronic

* **6. 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)

* 7. **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)

* 8. **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)

* 9. **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)

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

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

Board

Staff Leadership

Program Staff

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

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

Board

Staff Leadership

Program Staff

* 14. **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)

* 15. **Grant Management.** Has the Atlanta CoC previously funded your organization for a similar project?

☐ Yes. Please answer questions 16 and 17.

☐ No. Please answer question 18.

16. **Grant Management.** If the Atlanta CoC **has previously** funded your organization for a similar project, please indicate the average number of days your financial draw submissions were late. **This may be verified.**

- ☐ 0 - 5 days late on average
- ☐ 6 - 15 days late on average
- ☐ 16 - 30 days late on average
- ☐ 31+ days on average

17. **Grant Management.** Explain any circumstances that contributed to late submissions and what steps have been taken to improve timeliness.

18. **Grant Management.** If the Atlanta CoC **has not** previously funded your organization for a similar project, please describe the processes, internal controls, or staff capacity you will use to ensure draw submissions are completed accurately and submitted on time.

* 19. **Grant Management.** Has your organization previously lost funding from the Atlanta CoC? Please share details that led to the loss of funds. Also, detail if you have not lost funding. **This may be verified.**

* 20. **Grant References.** Provide contact information for two funders who have awarded your agency a grant of a similar size to the amount you are requesting in this application. These references cannot be the Atlanta CoC. . **This may be verified.**

Grantor 1 Name	<input type="text"/>
Grantor 1 Point of Contact	<input type="text"/>
Point of Contact 1 Email	<input type="text"/>
Point of Contact 1 Phone	<input type="text"/>
Amount of Grant 1	<input type="text"/>
Purpose of Grant 1	<input type="text"/>
Grantor 2 Name	<input type="text"/>
Grantor 2 Point of Contact	<input type="text"/>
Point of Contact 2 Email	<input type="text"/>
Point of Contact 2 Phone	<input type="text"/>
Amount of Grant 2	<input type="text"/>
Purpose of Grant 2	<input type="text"/>

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)

* 21. **CE Assessor.** 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. Conduct regular, targeted street outreach across the CoC to engage unsheltered youth, build rapport, and assess immediate/long-term needs.

2. Assist youth with Coordinated Entry enrollment, complete assessments, and connect them to emergency shelter, diversion services, and basic needs resources (clothing, food, hygiene).

3. Enter client data into HMIS, including regular updates to records, and complete VI-SPDAT assessments to ensure accurate placement into housing resources.

4. Participate in case conferences with partner agencies and CES teams to ensure seamless service delivery, reduce duplication, and maximize resource coordination.

5. Provide trauma-informed, youth-centered crisis intervention, including safety planning and linkage to behavioral health and addiction services when needed.

6. Submit timely monthly enrollment and engagement reports to the YHSI Program Manager, tracking progress against benchmarks.

7. Build strong working relationships with drop-in centers, shelters, and community partners; attend outreach events and share best practices.

8. Provide trauma-informed, developmentally appropriate care that supports youth choice and encourages positive youth development.

9. Meet youth where they are by traveling to parks, shelters, and street locations; provide evening and weekend outreach to maximize engagement.

10. Maintain case notes, conduct follow-up with youth, and ensure continuity of services from first contact through placement in appropriate housing resources.

22. **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

* 23. **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.

* **24. 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. 100% of participants who receive triage and are determined to meet the HUD criteria of youth experiencing homelessness in the City of Atlanta (CoA) will be enrolled through the coordinated entry process.

2. 95% of youth engagements will be entered into HMIS within 48 operating hours.

3. 95% of youth referrals will be entered into HMIS within 48 operating hours.

4. 100% of the required monthly enrollment reports will be submitted to the YHSI Program Manager.

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

☐ Yes. Please upload report in question 26 to be scored.

☐ No. Please answer question 27.

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

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

Choose File

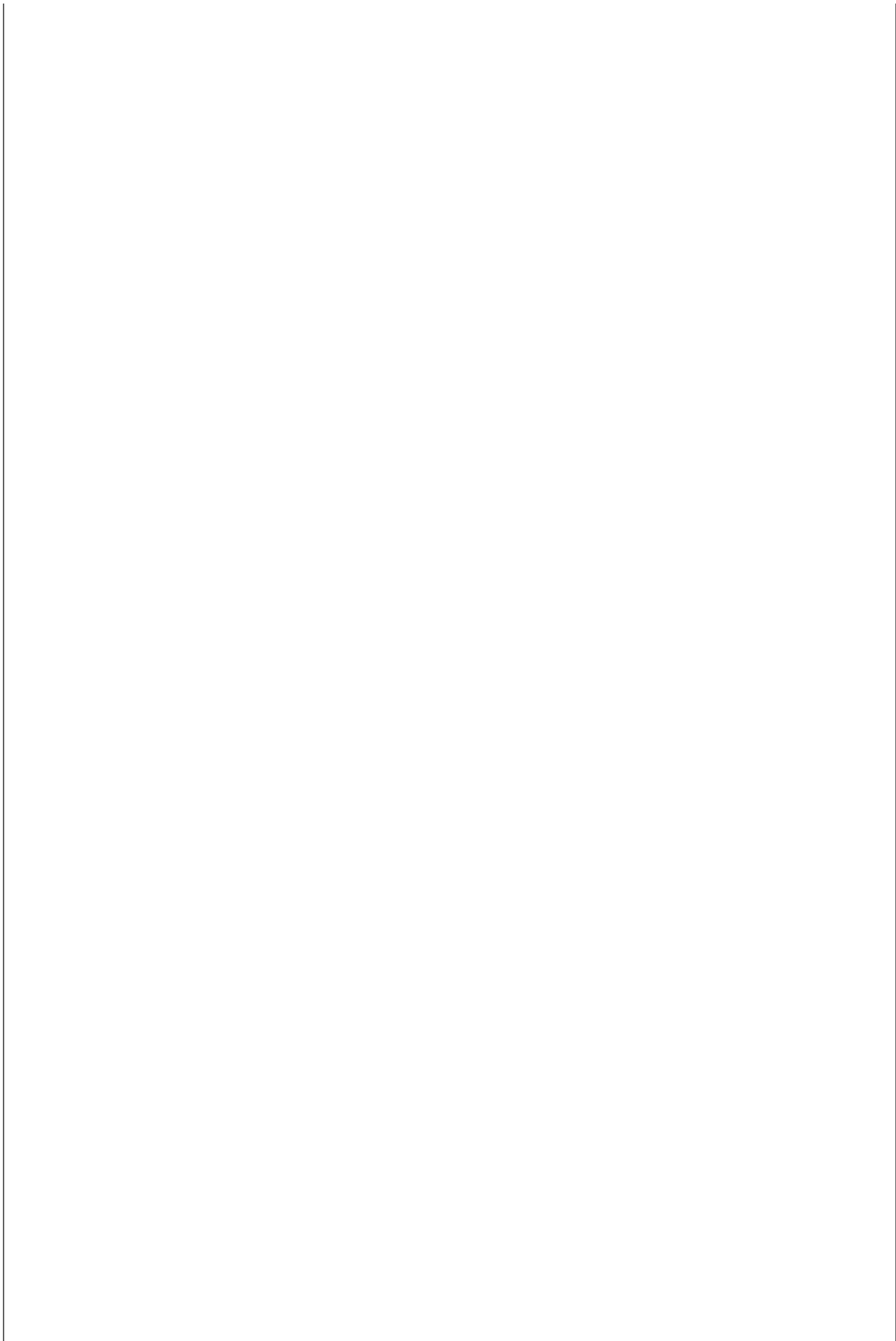
Choose File

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27. **Data Quality.** If your organization does not have an CE 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)

* 28. 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

29. 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

30. If Question 29 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

* 31. 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

* 32. Please upload your **CE Mobile Assessor** project budget using the budget template. The budget will serve as your agency's cost proposal.

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

Choose File

Choose File

No file chosen