PARTNERS FOR HOME

2025 Atlanta CoC Local New Project Application

Thank you for your interest in the 2025 Atlanta CoC HUD New Project Application process. The application process in an online process, with a requirement for applicants to upload documents.

Please note, This year's NOFO introduces significant shifts in funding priorities, with an increased focus on:

- Treatment and recovery-oriented programming
- Increasing personal accountability through enhanced treatment requirements to combat the Fentanyl crisis
- Required service participation requirements for program participants
- Reducing unsheltered homelessness and encampments
- Reducing returns to homelessness
- Increasing competition for grants in order to improve system efficiencies and to increase innovation
- Increasing participants' earned income and long-term stability
- Advancing public safety through thoughtful partnerships with law enforcement and first responders

HUD's NOFO also allows for new funding opportunities for street outreach and transitional housing stand alone projects, encouraging CoCs to evaluate project effectiveness and ensure participation from diverse community partners, including faith-based organizations. More information about the FY 2025 CoC NOFO and additional application resources can be found on the Continuum of Care page on HUD's website.

Below is some guidance for this application.

- This application must be fully completed and submitted to be considered for funding for the Atlanta CoC process for the FY25 HUD CoC application. However, submission of this application does not guarantee selection or funding.
- This application must be completed in one sitting. If you would like to start the application and return to it later, please email and ask for a new project application link. That link will be tied to your email address and will allow you to return to the application and finish it in more than one sitting.
- A pdf version of this application, for reference only, is available on the PFH HUD CoC Program Competition webpage. It is highly encouraged that you review that and complete your responses in a Word document first, and then copy and paste them into this tool.
- If you are familiar this process and application from previous years, much of the information collected as part of the local competition is similar, however the order of questions and instructions may have changed. Please read each question carefully.
- This application has documents to upload. Please read carefully what is needed and only upload what is requested. Attachments that contain additional material run the risk of having the required sections or documents overlooked.
- There is also one document that must be emailed (the excel budget). Failure to email that document by the application deadline may result in the exclusion of your application.
- There are several links provided throughout the application that provide additional information, in the event you are are unfamiliar with the question or terms. Please check them out. They are there for your benefit!
- If you click 'next' at the end of a page and it takes you to a previous page, please just click through. Your answers should have saved. There is a sometimes glitch that I have been unable to fix; my apologies!
- If additional information is requested, it is expected it will be provided in a timely manner. Any other documentation requested in the review process will be to help clarify your application.
- The application answers and materials will be reviewed by the Rank and Review Committee. Unless requested, no other information will be used to review and rank the projects, so please be sure to answer each question completely and thoroughly.
- Please pay attention to the due date as no late applications can be accepted.
- After submission, you should receive an auto-confirmation page. You will also receive an email within a day or two confirming receipt of your application, with a pdf version of your submission.

Thank you!

* **Applicant Organization Name**

[   ]

* **Type of Applicant**

[⬍]

[   ]

Applicant Eligibility Verification (If you indicated you are a nonprofit organization, please upload your 501c3 IRS Determination Letter. If your organization is another eligible entity, please upload a placeholder document indicating as such.)

Please name this file: IRSDeterminationLetter. Upload this document in PDF format. Maximum file size is 16MB.

[Choose File] [Choose File]   No file chosen

* **Application Contact Information**

Application Contact Name (required)

Application Contact Phone Number (required)

Application Contact Email Address (required)

Secondary Contact Name (optional)

Secondary Contact Phone Number (optional)

Secondary Contact Email Address (optional)

* **Proposed Project Name (if known; if not, n/a)**

* **Project Type**

◯ [Transitional Housing (TH)](#)

◯ [Supportive Service Only (SSO)](#)

◯ [SSO-Street Outreach (SSO-Street Outreach)](#)

◯ [PH-Rapid Rehousing (RRH)](#)

◯ [Permanent Supportive Housing (PSH)](#) (Participants have a qualifying disability, meet the DedicatedPLUS definition. Projects must prioritize units for elderly individuals and/ or individuals with a physical disability/ impairment or a developmental disability (24 CFR 582.5) not including substance use disorder)

* **[Organization SAM Registration](#) Expiration Date**

[   ]

* **[Organization UEI Number](#)**

[   ]

* **[CoC Threshold](#)**

Please select which will apply to this project.

☐ **[HMIS Participation](#) -** This project will participate in the Atlanta CoC HMIS (or comparable database for DV providers).

☐ **[Coordinated Entry](#) -** This project will accept 100% of referred participants from the Atlanta CoC coordinated entry system.

☐ **[Match](#) -** This project has 25% cash or in-kind match.

☐ **New Project -** This project is for a new project and is not using funds to replace lost HUD funding.

☐ **CoC and HUD Compliance -** This project will comply with all CoC policies and HUD regulations and notices. This includes compliance with [Fair Housing](#); prohibition against involuntary family separation; will designate a staff person to ensure children are engaged with educational programming (for projects that serve families); and any other terms and conditions within the CoC Program NOFO.

☐ None of the above.

The FY 2025 CoC NOFO allows renewal projects to be reallocated directly to a new project through an application mechanism known as a Transition Grant. A Transition Grant is a new project application created through reallocation that enables an eligible CoC renewal project, including Special NOFO or DV Renewal projects, to move from one program component to another eligible component over a one-year period. The renewal project being transitioned must be fully eliminated through reallocation. Transition Grant applications awarded FY 2025 funds must fully convert to the new component by the end of the one-year grant term, and may only apply for renewal in the next CoC Program Competition under the component to which the project transitioned. Additional information about Transition Grants is provided in Section IV.D.1.I of the FY 2025 CoC NOFO.

* Transition Grant section is subject to change.

* **Is this New Project Application part of a "Transition Grant"?**

To apply for a Transition grant the recipient of the reallocated renewal project must also be the applicant in this New Project Application.

○ Yes

○ No

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* **Is this a "Project Expansion" of an eligible renewal project?**

○ Yes

○ No

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Transition Project

* **Renewal Project Name (as listed on [2025 GIW](#)) being requested to be transitioned:**

<div style="border:1px solid black; height:2em;"></div>

* **Renewal Grant Number (as listed on [2025 GIW](#)):**

<div style="border:1px solid black; height:2em;"></div>

* **Is the renewal grant a PSH, RRH, or Joint TH/ RRH (permanent housing) project?**

◯ Yes

◯ No

If yes, did the organization submit a Renewal Project Application for the permanent housing project in addition to this New Project Application?

◯ Yes

◯ No

If yes, the Rank and Review Committee will prioritize funding for your renewal permanent housing project first and only consider your New Project Transition Grant Application if the renewal project cannot be funded due to the 30% permanent housing cap established in the FY 2025.

If no, the Rank and Review committee will only consider your New Project Transition Grant Application.

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Expansion Project

* 1. What is the eligible renewal grant HUD project name being requested to be expanded?

[   ]

* 2. Will this expansion project increase the number of program participants?

◯ Yes

◯ No

3. If yes to question 2, provide the currently approved renewal numbers (from renewal grant application from the screen indicated below). (The numbers for this section must be the point-in-time numbers according to the current grant agreement or grant agreement as amended for the renewal project. Use the numbers entered in the renewal project application from the screens identified below.) (language from HUD Detailed Instructions)

Number of persons
(from esnaps
renewal application
Screen 5A)
[   ]

Number of units
(from esnaps
renewal application
Screen 4B)
[   ]

Number of beds
(from renewal
application Screen
4B)
[   ]

4. If yes to question 2, provide the new effort: New Requested Numbers to Add.
(Enter the proposed point-in-time numbers that will be added to the renewal project.)
(Language from HUD Detailed Instructions)

Number of
<u>additional persons</u>

Number of
<u>additional units</u>

Number of
<u>additional beds</u>

5. If yes to question 2, please provide more detail regarding the expansion request, including a justification for this expansion, with local quantitative data to support the request. (2000 character max)

* **6. Will this expansion project provide additional supportive services to program participants?**

◯ Yes

◯ No

7. If yes to question 6, indicate how the project will provide additional supportive services to program participants. (Check one or both boxes to indicate the expanded supportive services.) (Language from HUD Detailed Instructions)

☐ Increase the number of or expand supportive services provided.

☐ Increase frequency or intensity of supportive services.

8. If yes to question 6, please provide more detail regarding the supportive services expansion request, including a justification for this expansion, local quantitative data to support the request and relevant case management ratios. (2000 character max)

* 9. Will this expansion project bring existing facilities up to government health or safety standards?

○ Yes

○ No

10. If yes to question 9, describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards. (Provide a description of the current health or safety standards for which funds are requested and how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated.) (Language from HUD Detailed Instructions) (2000 character max)

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Subrecipients

* **Will this project have subrecipients?**

◯ No

◯ Yes (please name; if not yet identified, please indicate as such)

[   ]

Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application. (Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:

(a) working with and addressing the target population(s) identified housing and supportive service needs,

(b) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation,

(c) identifying and securing matching funds from a variety of sources, and

(d) managing basic organization operations including financial accounting systems. (Language from HUD Detailed Instructions)

(e) For Transitional Housing Projects include the following:

• If the organization has previously operated or currently operates transitional housing or another homeless project; OR

• Has a plan in place to ensure the following:

• At least 50% of participants exit to permanent housing within 24 months; AND

• At least 50% of participants exit with employment income as reflected in HMIS, comparable database, or another data system used by the applicant.

(f) For Street Outreach Projects include the following:

• The organization's experience and history of partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living.

(g) For Rapid Rehousing Projects include the following:

• The organization's experience operating homeless projects where outcomes for employment income were improved compared to the average project in the CoC. Provide data and specific examples.

(3000 character max)

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[*] **2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local, and private sector funds.** (Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase 'No experience leveraging other federal, state, local, or private sector funds'. (Language from HUD Detailed Instructions) (2000 character max)

* **3. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?**

○ Yes

○ No

If yes, describe the unresolved monitoring or audit findings. (Provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received). (Language from HUD Detailed Instructions) (2000 character max)

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Program Description

4. Provide a description that addresses the entire scope of the proposed project. (Provide a detailed description of the full scope of the project including the project type; the target population(s) to be served; the household types to be served; the proposed beds, units, and people served at any given point and annually; a project plan for addressing the identified housing and supportive service needs' anticipated project outcome(s) - focusing on housing stability, increased income, connection to mainstream benefits and healthcare, etc.), specific coordination with other organizations (e.g., federal, state, nonprofit); and how the CoC Program funding will be used. Additionally, if your project implements service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented. Lastly, if this is an application a TH-RRH project, please be sure to address both components of the project in each element of the question, as applicable.) (Language edited from HUD Detailed Instructions) (3000 character max)

* **5. Enter the <u>number of days</u> from the execution of the grant agreement that each of the following milestones will occur.** (Estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Enter 'n/a' if the field is nonapplicable.) (Language edited from HUD Detailed Instructions)

Begin hiring staff or expending funds

[   ]

Begin program participant enrollment

[   ]

Program participants occupy leased or rental assistance units or structure(s), or supportive services begin

[   ]

Leased or rental assistance units or structure, and supportive services near 100% capacity

[   ]

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Budget Request

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6. Using **this linked excel document**, enter the budget for your proposed project. This budget should include the entire amount that you are requesting from HUD for this grant proposal. Once you complete the excel document, use those figures to enter the subtotals for each category below. The amounts should match the amounts entered in the excel document. For more details on the allowable budget line items, **please refer here**.

Once you complete the excel document and submit your application, you MUST email your completed excel budget to **Partners for HOME**.
Failure to complete and that document may result in your application being considered incomplete.

Leasing	
Rental Assistance	
Operating	
Supportive Services	
Admin	
VAWA	
TOTAL REQUEST	

* 7. Please indicate your sources of match. For each source, please note the source, whether cash or in-kind, and the amount. The total amount needs to equal 25% of your total grant request (minus leasing dollars).

Source, Cash or In-kind, Amount	
Source, Cash or In-kind, Amount	
Source, Cash or In-kind, Amount	
Source, Cash or In-kind, Amount	
Source, Cash or In-kind, Amount	

* 8. Please upload match documentation, understanding that if HUD funding is awarded, documentation may need to be updated (due to timing). If the match is documentation is pending, please upload a placeholder indicating as such. If you have more than one source of match, please combine into one pdf.

Please name this: HUD Project Name_match. Upload in pdf format. Maximum file size is 16MB.

Choose File   Choose File   No file chosen

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Program Participants

9. These next questions capture program participant information that includes the number of persons for each household type, as applicable. When determining the number to enter, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. (Language from HUD Detailed Instructions) (**Note - The questions are in sets. The first asks about the number of households; the second asks about the persons in those households.)

* **Households with at Least One Adult and One Child**

Number of Households

_____

* **Persons in Households with at Least One Adult and One Child**

Persons over age 24

_____

Persons ages 18 - 24

_____

Accompanied Children under age 18

_____

* **Adults Households without Children**

Number of Households

_____

* **Adult Persons in Households without Children**

Persons over age 24

_____

Persons ages 18 - 24

_____

* **Households with Only Children**

Number of Households

[   ]

* <u>**Persons in Households**</u> **with Only Children**

Accompanied Children under age 18

[   ]

Unaccompanied Children under age 18

[   ]

* **10. Check the appropriate boxes if this project will have a specific subpopulation focus. Select all that apply.** (Language from HUD Detailed Instructions)

☐ Chronic Homelessness

☐ Persons living with disabilities

☐ Families

☐ Seniors

☐ HIV/AIDS

☐ Mental Illness

☐ Substance Use Disorders

☐ Survivors

☐ Veterans

☐ Youth (under age 25)

☐ N/A - Project Serves All Subpopulations

☐ Other (please specify)

[   ]

* 11. Is the primary purpose of the project to provide substance abuse treatment services for people experiencing homelessness in which program participants are required to take part in such services as a condition of continued participation? This must be clearly described in the detailed project description in questions 4 and 10

◯ Yes

◯ No

11.1 If yes to question 11, upload contracts, occupancy agreement, lease, or equivalent that demonstrates this requirement.

Please name this document: HUD Project Name_Required Substance Abuse Treatment. Upload this document in PDF format. Maximum file size is 16MB.

| Choose File | Choose File | No file chosen |

* 12. Are substance use treatment services available on-site to all program participants? On-site is defined as services provided in the participant's housing unit, at the housing project location, or at the applicant's office with transportation provided to and from the service location.

◯ Yes

◯ No

12.1 If yes to question 12, upload agreement or letters of commitment that demonstrate that substance use treatment services are available on-site.

Please name this document: HUD Project Name_On-site Substance Use Services. Upload this document in PDF format. Maximum file size is 16MB.

| Choose File | Choose File | No file chosen |

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Mainstream Benefits and Support Services

*

14. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. (Describe how this project will help program participants obtain the benefits for which they are eligible. Additionally, if you coordinate with other partners, include their role in meeting this criterion. The description should include:
* assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities),
* the type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI, SSDI, Food Stamps, Veterans benefits),
* the type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education), and
* access to healthcare benefits and resources (e.g., Medicaid, Medicare, healthcare for the homeless, FQHCs). (Language from HUD Detailed Instructions) (2000 characters max)

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* **15. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.** (From the list of supportive services provided, select the service(s) provided by your project to program participants from, your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

If more than one 'Provider' or 'Frequency' is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the
provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non Partner.

Provider: For the supportive services listed, select one of the following as applicable:

* 'Applicant' indicates your organization will provide the supportive service,
* 'Subrecipient' indicates the subrecipient(s) listed earlier in the application. Project Subrecipients will provide the service,
* 'Partner' indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service, or
* 'Non-Partner' indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

Frequency: For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common select weekly).

	Will this service be made available to participants?	If yes, who will offer this service? (if no, select n/a)	What frequency will this service be offered? (if not offered, select n/a)
Supportive Services	⬍	⬍	⬍
Assessment of Service Needs	⬍	⬍	⬍
Assistance with Moving Costs	⬍	⬍	⬍
Case Management	⬍	⬍	⬍
Child Care	⬍	⬍	⬍
Education Services	⬍	⬍	⬍
Employment Assistance and Job Training	⬍	⬍	⬍
Food	⬍	⬍	⬍
Housing Search and Counseling Services	⬍	⬍	⬍
Legal Services	⬍	⬍	⬍
Life Skills Training	⬍	⬍	⬍
Mental Health Services	⬍	⬍	⬍
Outpatient Services	⬍	⬍	⬍
Outreach Services	⬍	⬍	⬍
Substance Abuse Treatment Services	⬍	⬍	⬍

| Transportation | ⬍ | ⬍ | ⬍ |
| Utility Deposits | ⬍ | ⬍ | ⬍ |

* 16. Will the project require program participant to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h)?

◯ Yes

◯ No

16.1 If yes to question 16, upload the supportive service agreement (contract, occupancy agreement, lease, or equivalent).

Please name this document: HUD Project Name_Supporitve Service Agreement. Upload this document in PDF format. Maximum file size is 16MB

[Choose File] [Choose File]   No file chosen

* 17. Will the project include transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?

◯ Yes

◯ No

* 18. Will the project include annual follow-ups with program participants to ensure mainstream benefits are received and renewed?

◯ Yes

◯ No

* 19. Will program participants have access to SSI/SSDI technical assistance provided by this project - whether the applicant, a subrecipient, or partner agency?

◯ Yes

◯ No

* **20. If yes, has the staff person providing the technical assistance completed SOAR training in the past 24 months.**

○ Yes

○ No

○ N/A - Participants will not have access to SSI/SSDI technical assistance.

21. Transitional Housing Projects Only. Describe the organization's program design and plan to provide 40 hours per week of customized services for participant (e.g., case management, employment training, substance use treatment, mental health treatment, basic life skills, financial literacy, etc.). Please note that the 40 hours per week may be reduced proportionately for participants who are employed. Additionally, the 40 hours per week does not apply to participants over age 62 or who have a physical disability/impairment or a developmental disability (24 CFR 582.5) not including substance use disorder. (3000 characters max)

[text input box]

22. Street Outreach Projects Only. Does the organization agree to cooperate, assist, and not interfere or impeded with law enforcement to enforce local laws such as public camping and public drug use laws?

○ Yes

○ No

* **23. Does the project have a written formal partnership with a Certified Community Behavioral Health Clink (CCBHC), Community Mental Health Center (CMHC), or similar facility?**

○ Yes

○ No

23.1 If yes to question 23, upload documentation of the written formal partnership (contract, Memorandum of Understanding or Agreement).

Please name this document: HUD Project Name_Behavioral or Mental Health Partnership. Upload this document in PDF format. Maximum file size is 16MB.

| Choose File | Choose File | No file chosen |

24. Permanent Supportive Housing Project Only: Move on strategy. Describe how the project identifies and engages participants who no longer require intensive services and are able and willing to move out of the PSH program with a rental subsidy–to other housing assistance programs (including, but not limited to, Housing Choice Vouchers and Public Housing). (1500 characters max)

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Lived Experience Involvement

25. Describe how your agency, with at least two concrete and recent examples, provides for meaningful involvement of people who are homeless or formerly homeless in agency or project policy making. Include how you plan to incorporate persons with lived experience into the development, implementation, and evaluation of this project. (2000 character max)

*

26. Upload <u>documentation</u> to to demonstrate that the agency meets HUD's requirement to provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided in the CoC project. Documentation may be a list of board members or other policy making entity with a notation regarding which member(s) meet this requirement.

Upload this document in PDF format. Maximum file size is 16MB. Please name this document: HUD Project Name_PWLE_Board

[Choose File] [Choose File]   No file chosen

Sustainability Plan

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27. In the event this project is selected for partial funding, please explain if, and how, the agency would financially sustain to implement the project. (1500 characters max)

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Housing and Healthcare Leverage

HUD is looking for CoCs to partner with other housing and healthcare agencies to leverage these mainstream resources. Please indicate if your project will have a commitment of other housing or healthcare resources equal to the value of 25% of the funding being requested, and if so, respond to the following questions. Please note, that any agency that indicates that they will have this commitment will need to provide a specific letter when submitting your application to HUD, if selected. A template of the letter will be posted on the PFH HUD CoC Program Competition webpage.

* 28. Will this project be leveraged with housing or healthcare subsidies?

○ Yes, we will have a housing commitment that will be at least 25% of the total units or program participants to be served and we understand that a specific letter of commitment will be required.

○ Yes, we will have a housing commitment but it will be less than 25% of the total units or program participants to be served and we understand that a specific letter of commitment will be required.

○ Yes, we will have a healthcare resource commitment that will be valued at at least 25% of the funding requested and we understand that a specific letter of commitment will be required.

○ Yes, we will have a healthcare resource commitment but it will be valued at less than 25% of the funding requested and we understand that a specific letter of commitment will be required.

○ No, there will not be any housing or healthcare leverage paired with this project.

* 29. If you indicated that there will be a housing or healthcare commitment leveraged for this project, please describe in detail.

For housing leverage, please include, where the housing is from and who the housing partner is. How will it be structured? What resources will be leveraged? Is this an existing or new partnership?

For healthcare leverage, please include the type of services to be provided (physical health, mental health, substance abuse). Who the partner will be and how the project's needs will be met through this partnership.

If this project will not leverage any healthcare or housing, please indicate 'n/a'.

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Bonus - Atlanta CoC Involvement

30. How has your agency been involved in the Atlanta CoC in 2025?

Attended CoC meetings (dates and names)

Participated in Point in Time Count (shifts and names)

Refers clients to Coordinated Entry

Accepts clients from Coordinated Entry

Committee/Workgroup Member (which and name)

Other (please specify)

None of the above

* 31. Bonus - Did someone from your agency attend the New and Renewal Project Application Overview Call? If so, who from your organization attended? (If not, enter n/a)

Tuesday, December 8, 2025 (Name)

HUD Policy Initiative Preference Points

* 32. Does the project provide housing and/ or supportive services within an Opportunity Zone? To find designated qualified opportunity zones use the OZ map on opportunityzones.gov.

◯ Yes

◯ No

32.1 If yes to question 32, upload a completed and signed HUD-2996 Form. Click here for the download the form.

Upload this document in PDF format. Maximum file size is 16MB. Please name this document: HUD Project Name_HUD-2966.

Choose File   Choose File   No file chosen

33. If the applicant of the project is a non-profit charitable organization, will the project voluntarily, thoroughly, and demonstrably facilitate immigration status verification before distribution of benefits to any program applicants using SAVE directly or in coordination with a government entity.

◯ Yes

◯ No

◯ Not Applicable, recipient is a government entity

33.1 If yes to question 33, upload a letter certifying that the recipient will facilitate immigration status verification before distribution of benefits to any program applicants. The letter must be signed by an Authorized Representative of the organization.

Upload this document in PDF format. Maximum file size is 16MB. Please name this document: HUD Project Name_Immigration Status Verification.

Choose File   Choose File   No file chosen

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Applicant Certifications

Please review and certify that your organization meets the following criteria. **You must check either Yes or No for each question.**

* 1. The project applicant will not engage in racial preferences or other forms of illegal discrimination.

○ Yes

○ No

* 2. The project applicant will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of "harm reduction."

○ Yes

○ No

* 3. Applicant has Active SAM registration with current information.

○ Yes

○ No

* 4. Applicant has Valid UEI number in application.

○ Yes

○ No

* 5. Applicant has no Outstanding Delinquent Federal Debts- It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds, unless:
(a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or
(b) Other arrangements satisfactory to HUD are made before the award of funds by HUD.

○ Yes

○ No

* 6. Applicant has no Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government.

○ Yes

○ No

* 7. Applicant has Accounting System - HUD will not award or disburse funds to applicants that do not have a financial management system that meets federal standards as described at 2 CFR 200.302. HUD may arrange for a survey of financial management systems for applicants selected for award who have not previously received federal financial assistance or where HUD Program officials have reason to question whether a financial management system meets federal standards, or for applicants considered high risk based on past performance or financial management findings.

○ Yes

○ No

* 8. Applicant has disclosed any violations of Federal criminal law - Applicants must disclose in a timely manner, in writing to HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.339, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds.

○ Yes

○ No

* 9. Applicant has demonstrated they are Eligible Project Applicants - Eligible project applicants for the CoC Program Competition are, under 24 CFR 578.15, nonprofit organizations, States, local governments, and instrumentalities of State and local governments. Public housing agencies, as such term is defined in 24 CFR 5.100, are eligible without limitation or exclusion. Neither for-profit entities nor Indian tribes are eligible to apply for grants or to be subrecipients of grant funds.

○ Yes

○ No

* 10. Applicant has submitted the required certifications as specified in the NOFA.

○ Yes

○ No

* 11. Applicant has demonstrated the project is cost-effective, including costs of construction, operations, and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity.

○ Yes

○ No

* 12. Applicant has demonstrated they Participate in HMIS - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards. While not prohibited from using HMIS, legal services providers may use a comparable database that complies with federal HMIS data and technical standards, if deemed necessary to protect attorney client privilege.

○ Yes

○ No

* 13. Applicant has demonstrated Project Meets Minimum Project Standards - HUD will assess all new projects for the following minimum project eligibility, capacity, timeliness, and performance standards. Please note that these are minimum threshold criteria. CoCs and project applicants should carefully review each year's NOFA to ensure they understand and have accounted for all applicable standards. To be considered as meeting project quality threshold, all new projects must meet all of the following criteria:
(a) Project applicants and potential subrecipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the SHP, S+C, or CoC Program, as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings;
(b) For expansion projects, project applicants must clearly articulate the part of the project that is being expanded. Additionally, the project applicants must clearly demonstrate that they are not replacing other funding sources; and,
(c) Project applicants must demonstrate they will be able to meet all timeliness standards per 24 CFR 578.85. Project applicants with existing projects must demonstrate that they have met all project renewal threshold requirements of this NOFA. HUD reserves the right to deny the funding request for a new project, if the request is made by an existing recipient that HUD finds to have significant issues related to capacity, performance, unresolved audit or monitoring finding related to one or more existing grants, or does not routinely draw down funds from eLOCCS at least once per quarter. Additionally, HUD reserves the right to withdraw funds if no APR is submitted on the prior grant.

○ Yes

○ No

Other Attachments

Upload most recent audit and management letter (if any) or compiled financial statements.

Please name this document: HUD Project Name_Recent Audit. Upload this document in PDF format. Maximum file size is 16MB

Choose File   Choose File   No file chosen

PARTNERS FOR HOME

2025 Atlanta CoC Local New Project Application
Electronic Verification and Submission

By typing my name below, I acknowledge that:

- I am duly authorized to submit this application, on behalf of the applicant.
- All information in this application is true and correct, to the best of my knowledge.
- Applicant will complete the HUD e-snaps application with the same information contained in this application, unless adjustments have been requested by the Collaborative Applicant.
- Applicant agrees to participate fully with the HMIS identified by the CoC or comparative database for DV providers.
- Applicant agrees to participate fully with the CoC coordinated entry system.
- Applicant understands submission of this application and the e-snaps application is not a guarantee of funding.
- Applicant understands inclusion in the Atlanta CoC application to HUD does not guarantee funding.

* Electronic Acknowledgement

Name and Title

Date