



## 2025 Atlanta CoC Local New Project DV Bonus Application

Thank you for your interest in the 2025 Atlanta CoC HUD New Project DV Bonus Application process. The application process is 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 DV Bonus funding opportunities for transitional housing standalone 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 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**

- ☐ [PH-Rapid Rehousing \(RRH\)](#)
- ☐ [Transitional Housing – TH](#)
- ☐ [SSO - Coordinated Entry](#) (expansion only)

**\* [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.

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

- ☐ Yes
- ☐ No





## 2025 Atlanta CoC Local New Project DV Bonus Application Expansion Project

\* What is the eligible renewal grant HUD project name?

\* What type of expansion project is this?

☐ RRH

☐ SSO-CE

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

☐ Yes

☐ No

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\* **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)

\* **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  
additional persons

Number of  
additional units

Number of  
additional beds

\* **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)**

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

☐ Yes

☐ No

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**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.

**\* Please provide more detail regarding the expansion request, including a justification for this expansion, local quantitative data to support the request and relevant case management ratios. (2000 character max)**



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\* Is your organization a [Victim Service Provider \(VSP\)](#)?

- ☐ Yes, our organization is a VSP
- ☐ No, but a formal subrecipient of the project is a VSP
- ☐ No, there is no VSP identified to work with this project

If your organization is not a VSP, but a subrecipient is, please identify the VSP partner and describe the partnership. Please include how it was set up and how the organization will support this project. (2000 characters)

\* Will this project have other subrecipients?

- ☐ No
- ☐ Yes (please name; if not yet identified, please indicate as such)

If yes, subrecipient [Organization SAM Registration](#) Expiration Date

If yes, Subrecipient [Organization UEI Number](#)

## 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 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)

**\* 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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## 2025 Atlanta CoC Local New Project DV Bonus Application

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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. Please include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing. (Language edited from HUD Detailed Instructions) (3000 character max)

A large, empty rectangular box with a thin black border, intended for the applicant to provide a detailed description of the proposed project. A large, light gray "DRAFT" watermark is visible diagonally across the page, passing over this box.

\* **5. Enter the number of days 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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## 2025 Atlanta CoC Local New Project DV Bonus Application

### Budget Request

\*

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	<input type="text"/>
Rental Assistance	<input type="text"/>
Operating	<input type="text"/>
Supportive Services	<input type="text"/>
Admin	<input type="text"/>
VAWA	<input type="text"/>
TOTAL REQUEST	<input type="text"/>

\* 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**

\* **Persons in Households 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. For DV Bonus Projects Applicant must at least select Survivors** (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. 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

**11.1 If yes to question 11, 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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**\* 12. Describe how program participants will be assisted to obtain and remain in permanent housing.** (An acceptable response will acknowledge the needs of survivors of domestic violence and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. Additionally, if you coordinate with other partners, include their role in meeting this criterion.

The description should include:

- \* how you will determine the right type of housing that fits the needs of program participants;
- \* if you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges;
- \* the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management, housing counseling, employment resources), and
- \* how you will work with program participants to set goals towards successful retention of permanent housing.
- \* For Rapid Rehousing projects, describe how the provision of tenant based rental assistance will help individuals and families achieve self-sufficiency within 3 months or up to 24 months.

Include your organization's experience providing housing to individuals and families fleeing domestic violence and helping them obtain and maintain permanent housing. Include experience related to safety planning addressing the needs of this population towards meeting the goal of obtaining and maintaining permanent housing, using trauma-informed, victim-centered approaches. Please be specific and give examples. (Language edited from HUD Detailed Instructions) (3000 characters max)



## 2025 Atlanta CoC Local New Project DV Bonus Application

### Mainstream Benefits and Support Services

\*

**13. 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 survivors of domestic violence 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:

- \* your organization's experience in 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 edited from HUD Detailed Instructions) (2000 characters max)

A large, empty rectangular box with a thin black border, intended for the applicant to provide their response to question 13.

**\* 14. 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assessment of Service Needs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Assistance with Moving Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child Care	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Assistance and Job Training	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housing Search and Counseling Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life Skills Training	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental Health Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outpatient Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outreach Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Substance Abuse Treatment Services	<input type="text"/>	<input type="text"/>	<input type="text"/>

Transportation

Utility Deposits

**\* 15. 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

**15.1 If yes to question 15, upload the supportive service agreement (contract, occupancy agreement, lease, or equivalent).**

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

Choose File

Choose File

No file chosen

**\* 16. Will the project include transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?**

☐ Yes

☐ No

**\* 17. Will the project include annual follow-ups with program participants to ensure mainstream benefits are received and renewed?**

☐ Yes

☐ No

**\* 18. Will program participants have access to SSI/SSDI technical assistance provided by this project - whether the applicant, a subrecipient, or partner agency?**

☐ Yes

☐ No

**\* 19. 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.

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**20. 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)

**\* 21. Does the project have a written formal partnership with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), or similar facility?**

☐ Yes

☐ No

**21.1 If yes to question 21, 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 16M

Choose File

Choose File

No file chosen

\*

### Lived Experience Involvement - Domestic Violence Specific

**22. Describe how your agency, with at least two concrete and recent examples, provides for meaningful involvement of people who are survivors of domestic violence 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)

\*

**23. Upload documentation 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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**24. 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)



## 2025 Atlanta CoC Local New Project DV Bonus Application

### 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](#).

\* 25. 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.



26. 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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## 2025 Atlanta CoC Local New Project DV Bonus Application

### DV Bonus Specific Questions

#### \* 27. Organization Experience

\* Describe the organization's experience working with survivors of domestic violence dating violence, sexual assault, and stalking.

\* Describe the organization's protocols addressing the safety needs of survivors of domestic violence dating violence, sexual assault, and stalking.

(3000 characters max)

#### \* 28. Based on the experience of your organization, describe how this project will:

\* ensure DV survivors experiencing homelessness are assisted to quickly move into safe and affordable housing;

\* prioritize survivors using Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;

\* connect survivors to supportive services; and

\* move clients from assisted housing to housing they could sustain-address housing stability after the housing subsidy ends. (2000 characters max)

**\* 29. Describe how your project will ensure the safety of survivors of domestic violence.** Details may include examples of:

- \* training staff on safety planning;
- \* adjusting intake space to better ensure a private conversation;
- \* working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
- \* taking additional security measures for units to support safety and location confidentiality; and
- \* keeping the location confidential for dedicated units and/or congregate living spaces set aside solely for use by survivors.

Include how your organization has evaluated its ability to ensure the safety of DV survivors served in your programs, including any areas identified for improvement. (3000 characters max)



**\* 30. Based on experience, describe how your organization will use a trauma-informed, victim-centered approaches to meet the needs of survivors of domestic violence.** Please include how the project will:

- \* prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
- \* establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
- \* provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
- \* emphasize program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
- \* center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
- \* provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
- \* offer support for parenting, e.g., parenting classes, childcare.

(5000 characters max)





## 2025 Atlanta CoC Local New Project DV Bonus Application

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### Bonus - Atlanta CoC Involvement

#### **31. 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

\* **32. 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)



## 2025 Atlanta CoC Local New Project DV Bonus Application

### HUD Policy Initiative Preference Points

\* 33. 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](https://www.opportunityzones.gov).

☐ Yes

☐ No

33.1 If yes to question 33, 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

34. 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

34.1 If yes to question 34, 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



## 2025 Atlanta CoC Local New Project DV Bonus Application

### 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



## 2025 Atlanta CoC Local New Project DV Bonus 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