

2025 Atlanta CoC Local Renewal Project Application

The 2025 Atlanta CoC local renewal application process is an online process, with a requirement for applicants to upload documents. Please read each question carefully and ensure all required attachments have been included.

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 to promote selfsufficiency
- 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 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.

Same as last year, most of the performance data information will be calculated and provided to renewal agencies. Since all data calculations need to be verified anyway, the results will be calculated and provided to each agency, along with the sources used to compute the results. This should reduce the amount of time needed to complete your application. Even though the calculations will be provided, agencies are encouraged to review and check the numbers independently. More information about the data documents will be provided with the documents.

Due to the significant changes to the CoC NOFO, there may be additional information that is requested either after the release of this application or during the review process. It is expected that if additional information is requested, it will be provided in a timely manner.

The scoring for this process will again be data driven. Therefore, some of the questions that allow for narratives may be for informational purposes only.

Below is some additional guidance for this online application:

- This application must be completed in one sitting. If you would like to start the application and return to it later, <u>please email</u> 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 <u>PFH HUD CoC Program Competition webpage</u>.
- 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.
- This application has documents that are required to be uploaded. 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 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 we have been unable to fix; our 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.

, ,,	Organization Name		
			\$
1 Subrecipient o	r Sponsor Organization, if	applicable (Leave bla	ink if not applicable)
		• •	

* 2. Application Co	ontact Information
Application Contact Name	
Application Contact Phone Number	
Application Contact Email Address	
Secondary Applicant Contact Name (optional)	
Secondary Applicant Contact Phone Number (optional)	
Secondary Applicant Contact Email Address (optional)	
* 3. HUD Projec	t Name (please make sure this matches the 2025 GIW)
* 3.1. HMIS Project	Name
* 4. HUD FY24 Aw	ard Grant Number (please make sure this matches the 2025 GIW)

* 5. HUD Project Type		
HMIS	Supportive Service Only (SSO)	
SSO-Coordinated Entry (SSO-CE)	SSO-Street Outreach (SSO-Street Outreach)	
Transitional Housing (TH)	PH-Rapid Rehousing (RRH)	
Transitional Housing and Rapid Rehousing Joint Component Project (Joint TH/RRH)	PH-Permanent Supportive Housing (PSH)	
* Current HUD Award Amount (please make sure this matches the 2025 GIW)		
* Transition Grant section is Transition	Grant	

* Transition Grant section is subject to change.

HUD's FY 2025 CoC NOFO establishes a new requirement limiting the amount of funding a CoC may request for Permanent Housing projects, including PSH, RRH, and Joint TH/RRH, to no more than 30 percent of the CoC's Annual Renewal Demand (ARD). Based on the FY 2025 Estimated ARD of \$13,856,689 for the Atlanta CoC, the maximum amount that may be requested for permanent housing projects in this competition is \$4,157,007. This will require the CoC to reallocate approximately two thirds of the CoC's permanent housing renewal funding in this competition. As a result, most permanent housing renewal projects will need to transition to another eligible project type or be eliminated entirely through reallocation.

The FY 2025 CoC NOFO allows renewal projects to be reallocated directly to a new project, administered by the same grantee, 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. of the FY 2025 CoC NOFO.

The CoC encourages all permanent housing renewal project applicants to submit a New Project Transition Application in conjunction with a Renewal Project Application during the local competition. This allows the Rank and Review Committee to evaluate and score the New Project Transition Application for potential inclusion on the CoC Priority Listing submitted to HUD. Applicants may also choose to submit only a New Project Transition Application during the local competition. If an applicant submits only a New Project Transition Application, the CoC will interpret this as an indication that the applicant does not want the Renewal Project Application to be considered.

 Yes No Not Applicable *7. Organization SAM Registration Expiration Date Program Description *8. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. (5000 characters max) *9. Describe the supportive service program design that will be offered to program participants, including services provided directly by your staff, through MOUs or contracted providers, or by referral. (1500 characters maximum) *9.1 Will your project require program participants 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 	* 6. If your organization is submitting a Renewal Project Application for a PSH, RRH, or Joint TH/RRH project, and the project cannot be fully funded or funded at all because of the 30 percent permanent housing cap, please indicate whether your organization is also submitting a New Project Transition Application to convert the permanent housing project to a Transitional Housing project type or another project type eligible under the FY 2025 HUD CoC NOFO. Please note that New Project Transition Applications will still compete with all other project application proposals.
* 7. Organization SAM Registration Expiration Date Program Description * 8. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. (5000 characters max) * 9. Describe the supportive service program design that will be offered to program participants, including services provided directly by your staff, through MOUs or contracted providers, or by referral. (1500 characters maximum) * 9.1 Will your project require program participants 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	○ Yes
*7. Organization SAM Registration Expiration Date Program Description *8. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. (5000 characters max) *9. Describe the supportive service program design that will be offered to program participants, including services provided directly by your staff, through MOUs or contracted providers, or by referral. (1500 characters maximum) *9.1 Will your project require program participants 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
* 9. Describe the supportive service program design that will be offered to program participants, including services provided directly by your staff, through MOUs or contracted providers, or by referral. (1500 characters maximum) * 9.1 Will your project require program participants 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	O Not Applicable
* 8. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. (5000 characters max) * 9. Describe the supportive service program design that will be offered to program participants, including services provided directly by your staff, through MOUs or contracted providers, or by referral. (1500 characters maximum) * 9.1 Will your project require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h)? O Yes	* 7. Organization SAM Registration Expiration Date
population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. (5000 characters max) * 9. Describe the supportive service program design that will be offered to program participants, including services provided directly by your staff, through MOUs or contracted providers, or by referral. (1500 characters maximum) * 9.1 Will your project require program participants 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	Program Description
* 9.1 Will your project require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h)?	population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be
(e.g. case management, employment training, substance use treatment, etc.) in line with 24 CFR 578.75(h)? Yes	participants, including services provided directly by your staff, through MOUs or
	(e.g. case management, employment training, substance use treatment, etc.) in line with
○ No	○ Yes
	○ No

9.2 If yes to question 9.1, 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
* 10. 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 question 8.
○ Yes
○ No
10.1 If yes to question 10, 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
* 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

* 12. 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
12.1 If yes to question 12, 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
* 13. Number of referrals from Coordinated Entry that were denied. (Data Document)
* 14. 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)
<u>Project Performance</u>
The following questions relate to APR data from the period of October 1, 2024 through September

The following questions relate to APR data from the period of October 1, 2024 through September 30, 2025. Please refer to the Data Document that was provided specifically for each project for the calculations for the responses. While the calculations have been computed, agencies are encouraged to double check to confirm!

* 15. Housing Stab	oility		
RRH and Joint TH/RRH - % of exiting participants who exited to PH destinations (Data Document)			
PSH - % of stayers who remained in PSH or leavers who exited to other PH (Data Document)			
* 16. Housing Stab	oility		
% of adults who return to homelessness within 6 months of exiting to PH destination (Data Document)			
16dv. DV Dedicate	ed Projects Only - Meetin	g the Needs of Survivors	
Please explain how your agency and this project meets the needs of survivors of domestic violence. Please give examples. A. How are staff trained, specifically, to work with clients who are survivors of violence? B. How do project staff ensure clients have access to mainstream services and supports, whether provided by agency or community partners? (1500 characters max)			
* 17. Length of Tin	ne from Project Start Dat	e to Housing Move-In Date	
Average number of days from project start date to movein date? (Data Document)			

* 18. Participants	with Any Income	
% of adults with 1+ source of any income at exit or annual assessment (for leavers and stayers) (Data Document)		
* 20. Employment	Income	
% of adults who increased income (from Earned Income) measured from entry to exit or annual assessment (for leavers and stayers) (Data Document)		
* 20.1 All Income S	Sources	
% of adults who increased income (from any source) measured from entry to exit or annual assessment (for leavers and stayers) (Data Document)		
* 21. Participants Connected to Mainstream Benefits		
% of adults with 1+ source of non-cash benefits (from any source) measured from entry to exit or annual assessment (for leavers and stayers) (Data Document)		

* 22. Participants Connected to Health Insurance		
% of adults with 1+ source of health insurance measured from entry to exit or annual assessment (for leavers and stayers) (Data Document)		
23. If you have any comments on your responses for the "Project Performance" section, you may provide an explanation below for consideration. (1500 characters max)		
Severity of Need & HUD Priorities		
The following questions relate to APR data from the period of October 1, 2024 through September 30, 2025. Please refer to the Data Document that was provided specifically for each project for the calculations for the responses. While the calculations have been computed, agencies are encouraged to double check to confirm!		
* 24. Severity of Need - Age (youth 12-24 or adults 55+)		
Ratio of participants who are unaccompanied or parenting youth 12-24 years of age or 55+ years of age at entry (percent * 2points) (Data Document)		
* 25. Severity of Need - Lack of Income		
Ratio of adults with zero income at entry (percent * 2points) (Data Document)		

* 26. Lived Experience Involvement

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

* 27. Persons with Lived Experience

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. (2000 character max)

28. If you have any comments on your responses for the "HUD Priorities" section, you
may provide an explanation below for consideration. (1500 characters max)
·

HUD Policy Initiative Preference Points

* 29. Does the project provide housing and/ or supportive services within an Opportun	ity
Zone? To find designated qualified opportunity zones use the OZ map on	
<u>opportunityzones.gov</u> .	

O Yes

O No

29.1 If yes to question 29, 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 No file chosen * 30. 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 O No O Not Applicable, recipient is a government entity **30.1** If yes to question 30, 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 **Data Quality** The following questions relate to DQ data from the period of October 1, 2024 through September 30, 2025. Please refer to the Data Document that was provided specifically for each project for the calculations for the responses. While the calculations have been computed, agencies are encouraged to double check to confirm!

% of Issue Rate for Personally Identifiable Information (PII), Universal Data Elements (UDE), and Income and Housing Data Quality (Data Document)		
a. Name		
b. SSN		
c. Date of Birth		
d. Race/Ethnicity		
e. Gender		
f. Veteran Status		
g. Disabling Condition		
h. Destination		
* 32. Data Timeli	ness	
a. % of entry records entered within 3 days (Data Document)		
b. % of exit records entered within 3 days (Data Document)		
33. If you have any comments on your responses for the "Data Quality" section, you may provide an explanation below for consideration. (1500 characters max)		
CoC Participation		

* 31. Error Rate

The following questions relate to participation in the CoC. For the 2025 funding cycle, many of these will be bonus points, but may be assessed as scored criteria in the future.

a. September 10, 2024	
b. November 12, 2024	
c. January 14, 2025	
d. March 11, 2025	
e. May 13, 2025	
f. July 8, 2025	
g. September 9, 2025	
Name of person(s	ttee and/or Workgroup Participation - bonus, since not mandatory s) with active and meaningful participation on CoC groups (list up to four) (if no one participates, indicate n/a)
Name, Committee/Workgr oup	
Name, Committee/Workgr oup	
Name, Committee/Workgr oup	
Name, Committee/Workgr oup	
Name of person(s	n-Time Count Participation - bonus, since not mandatory s) with active and meaningful participation in CoC PIT Count (list up to articipated, indicate n/a)
Name, Role, Shift	
Name, Role, Shift	
Name, Role, Shift	

Name of person(s)) in attendance at training (if no one attended, indicate n/a)
Mental Health First Aid Training (July 30, 2024)	
Training on Promoting Stable Housing Through Responsive, Person-Centered Support (August 15, 2024)	
Recognizing and Managing Secondary Traumatic Stress Training (September 4, 2024)	
Mental Health First Aid Training (September 19, 2024)	
Recognizing and Managing Secondary Traumatic Stress Training (December 16, 2024)	
Trauma-Informed Customer (TIC) Service (February 20, 2025)	
Trauma-Informed Care Peer Learning Session (February 24, 2025)	
Trauma-Informed Customer Service (March 27, 2025)	
Trauma-Informed Care Peer Learning Session (March 31, 2025)	
Peer Learning Session – Street Outreach (April 28, 2024)	

PADV Panel on Working w. Survivors of Domestic Violence (May 23, 2025)	
Mental Health Series Kick off (May 29, 2025)	
Mental Health Series Session 2 (June 5, 2025)	
Mental Health Series Session 3 (June 12, 2025)	
Mental Health Series Session 4 (June 26, 2025)	
De-Escalation Training (August 13, 2025)	
De-Escalation Peer to Peer Learning Session (August 26, 2025)	
Housing First & Trauma-Informed Care Training (October 29, 2025)	
38. If you have any comments on your responses for the "CoC Participation" section, may provide an explanation below for consideration. (1500 characters max)	you
Utilization, Draws, Spend Down, and APR Submission	
The following questions refer to the most recently expired grant year as well as the current grayear.	.nt
* 39. Utilization Rate Average utilization rate for the most recently due APR (Data Document)	

* 40. Quarterly Draws
Were draws from eLOCCs made at least quarterly for the most recently completed grant? (eLOCCS from most recently completed grant)
Yes
□No
* 41. Grant Spend Down
Amount of grant left unspent at the end of the most recently completed grant (eLOCCS from most recently completed grant)
* Upload a <u>summary page from ELOCCS</u> showing the dates and amounts of the drawdowns for the last fully completed grant year for this project. (Directions for creating a summary page are below)
Please name this document: HUD Project Name_CompletedGranteLOCCS. Upload this document in PDF format. Maximum file size is 16MB. Instructions for creating an eLOCCS drawdown summary page for the project: 1. Log into eLOCCS. 2. Select Line of Credit Control System (eLOCCS) under Systems. 3. Select SNAP under Program Area. 4. The first section in the Main menu is Queries - under this section, click on Project Portfolio (SNAP) which will bring up a list of your agency's grants. 5. Click on the project's grant number. 6. Click on the vouchers tab (the third tab over) 7. Right click your mouse and select "Print" to print the summary page. 8. Scan and save the summary page or print to pdf.
Choose File Choose File No file chosen
* 42. Do you anticipate you will have <u>unspent funds</u> at the expiration date of this current grant contract?
Yes
□No
42.1 If yes, how much do you anticipate to have unspent and why?

* 43. APR Su Was the APR ending? (SAG	for last completed grant submitted to SAGE within 90 days of grant (E)
Yes	
No	
Down, and APR	any comments on your responses for the "Utilization, Draws, Spend Submission" section, you may provide an explanation below for 1500 characters max)
	Sustainability, SOAR, and Monitoring
In the event this agency would e would look to w	vility Plan s project is not renewed, or only partially renewed, please explain how the ither financially sustain funding for the plan or, if needed, the agency ork with the CoC to transition clients from the project into another that
In the event this agency would e would look to w meets the clien	ility Plan s project is not renewed, or only partially renewed, please explain how the ither financially sustain funding for the plan or, if needed, the agency ork with the CoC to transition clients from the project into another that its needs. (1500 characters max)
In the event this agency would e would look to we meets the client * 46. SOAR Tra il Name of person	ility Plan s project is not renewed, or only partially renewed, please explain how the ither financially sustain funding for the plan or, if needed, the agency ork with the CoC to transition clients from the project into another that its needs. (1500 characters max) ined Staff - bonus, since not mandatory n(s) who is SOAR trained, and year of training (list up to four) (if no one is
n the event this agency would e would look to we meets the client the client that the client t	ility Plan s project is not renewed, or only partially renewed, please explain how the ither financially sustain funding for the plan or, if needed, the agency ork with the CoC to transition clients from the project into another that its needs. (1500 characters max) ined Staff - bonus, since not mandatory n(s) who is SOAR trained, and year of training (list up to four) (if no one is
n the event this agency would e would look to we meets the client of the client of person trained, indicate Name, Year	ility Plan s project is not renewed, or only partially renewed, please explain how the ither financially sustain funding for the plan or, if needed, the agency ork with the CoC to transition clients from the project into another that its needs. (1500 characters max) ined Staff - bonus, since not mandatory n(s) who is SOAR trained, and year of training (list up to four) (if no one is
agency would e would look to w meets the client	ility Plan s project is not renewed, or only partially renewed, please explain how the ither financially sustain funding for the plan or, if needed, the agency ork with the CoC to transition clients from the project into another that its needs. (1500 characters max) ined Staff - bonus, since not mandatory n(s) who is SOAR trained, and year of training (list up to four) (if no one is

* 47. HUD Monitorin	ng	
	Yes	N/A
a. Has this project been monitored by HUD since October 2025?		
b. Were there any findings or concerns?		
c. Were the findings or concerns addressed/resolved?		
or are, being address Please name this docu format. Maximum file s	ıment: HUD Project Name_HUDMonito	oring. Upload this document in PDF
Choose File Choose	e File No file chosen	
	comments on your responses for the ovide an explanation below for con	



2025 Atlanta CoC Local Renewal Project 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 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 §200.338, 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
* 8. Applicant has submitted the required certifications as specified in the NOFA.
○ Yes
○ No

* 9. Applicant has demonstrated the population to be served meets program eligibility requirements as described in the Act, and project application clearly establishes eligibility of project applicants. This includes any additional eligibility criteria for certain types of projects contained in the NOFA.
○ Yes
○ No
* 10. Applicant has agreed to 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
* 11. Applicant has met HUD Expectations - When considering renewal projects for award, HUD will review information in eLOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants. HUD will also assess renewal projects using the following performance standards in relation to the project's prior grants:
(a) Whether the project applicant's performance met the plans and goals established in the initial application, as amended;
(b) Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;
(c) The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; and,
(d) Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.
○ Yes
○ No

- * 12. Applicant has met HUD financial expectations If a project applicant has previously received HUD grants, the organization must have demonstrated its ability to meet HUD's financial expectations. If any of the following have occurred, the project applicant would NOT meet this threshold criteria:
- (a) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
- (b) Audit finding(s) for which a response is overdue or unsatisfactory;
- (c) History of inadequate financial management accounting practices;
- (d) Evidence of untimely expenditures on prior award;
- (e) History of other major capacity issues that have significantly affected the operation of the project and its performance;
- (f) History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and
- (g) History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

O 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 Renewal 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 Ackn	owledgement
Name and Title	
Date	