PARTNERS FOR HOME

FY 2026 Atlanta CoC New Project Local Application - CoC Bonus, Reallocation, Renewal Transition & Expansion (CPD-2600-DC-0025)

Introduction and Background
The U.S. Department of Housing and Urban Development (HUD) released the Fiscal Year 2026 Continuum of Care (CoC) Competition and Youth Homelessness Demonstration Program (YHDP) Grants Notice of Funding Opportunity (NOFO) on June 1, 2026. The purpose of the funding is to promote a community-wide commitment to the goal of ending homelessness and to provide funding for efforts by nonprofit providers, states, local governments, and Indian Tribes or tribally designated housing entities to quickly rehouse homeless individuals, families, youth, persons fleeing domestic violence, dating violence, sexual assault, and stalking while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families, and to optimize self-sufficiency.

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

- $1.3 billion set-aside for new Transitional Housing and Supportive Service Only projects
- Treatment and recovery-oriented programming
- Shift away from Housing First, with a focus on service participation requirements for program participants to promote self-sufficiency
- Reducing unsheltered homelessness and encampments
- Reducing returns to homelessness
- Increasing competition for grants in order to improve system efficiencies
- Increasing participants earned income and long-term stability
- Increasing exits to permanent housing without subsidy
- Advancing public safety through partnerships with law enforcement and first responders

This NOFO provides funding opportunities for Permanent Supportive Housing, Rapid Rehousing, Homeless Management Information System, Coordinated Entry with a focus on supportive services, street outreach, and standalone transitional housing projects, encouraging CoCs to evaluate project effectiveness and ensure participation from diverse community partners, including faith-based organizations. Tier 1 is equal to 60% of the CoC's Annual Renewal Demand meaning more competition at the local and national level. More information about the FY 2026 CoC NOFO and additional application resources can be found on the Continuum of Care Competition page on HUD's website.

Reference Only

Eligible Applicants
Non-profit organizations, Public Housing Agencies, States, and units of local government that have the capacity to administer federal funding and have experience administering programs and services that assist people experiencing homelessness and/or a housing crisis are eligible to apply for FY 2026 HUD CoC funding.

Application Submission Process
All organizations submitting a request to renew CoC funded projects are required to submit a Renewal Project Local Application. **All Local Project Applications (outside of e-snaps) are required to be submitted to the CoC on or before 11:59:59 PM ET July 13, 2026.**

e-snaps: https://esnaps.hud.gov/

In addition to the New Project Local Applications required by the CoC, organizations submitting for new CoC Bonus funded projects, if accepted by the CoC, will be required to also submit an application for each new project in e-snaps. E-snaps is the online application system HUD uses for the CoC program. The FY 2026 CoC New Project Applications will available in e-snaps in the near future. **E-snap applications will be due to the CoC by 11:59 PM PT, August 18, 2026.**

The following project types are available:

New Project – CoC Bonus/ Reallocation – Local Application:

- Transitional Housing
- Supportive Service Only
- Supportive Service Only-Street Outreach
- PSH-Permanent Supportive Housing (Participants have a qualifying disability)
- RRH-Rapid Rehousing

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.

For more information about the local application process, the CoC local competition, and HUD e-snap resources please visit the Partners for HOME HUD CoC Program Competition Page.

New & Renewal Project Application Overview Call
All applicants interested in applying for funds through the local competition are highly encouraged to attend the new and renewal project application overview call on June 16, 2026, from 1:00 - 2:30PM ET. The call will consist of a brief overview of the FY 2026 CoC NOFO, the local competition timeline, application process, and a question-and-answer period.

Click here to register for the New & Renewal Project Overview Call

Additional SurveyMonkey and Application Information

- 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 renewal 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.
- 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 term
- 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.
- 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.

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Applicant Information

*** 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

*** Applicant SAM.GOV Registration Expiration Date**

Applicant UEI Number

*** Does this Project Have a Subrecipient?**

- ◯ Yes
- ◯ No

Subrecipient Information

Name	
UEI Number	
SAM.GOV Registration Expiration	

Reference Only

*** 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**

- ◯ Standalone Transitional Housing (TH)
- ◯ Supportive Service Only (SSO)
- ◯ SSO-Street Outreach (SSO-Street Outreach)
- ◯ PH-Rapid Rehousing (RRH)
- ◯ Permanent Supportive Housing (PSH) (Participants must have a qualifying disability)

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Transition Grant

HUD's FY 2026 CoC NOFO establishes a $1.3 billion set aside for new projects in Tier 2, with a priority for Transitional Housing and Supportive Service Only projects. If any funds are available, HUD will fund renewal projects in Tier 2, based on their Tier 2 score, last. As a result, renewal projects that are not ranked in Tier 1 will be at the highest risk of not being fully funded or funded at all.

The CoC program 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 2026 by HUD funds must fully convert to the new project type by the end of the one-year grant term, and may only apply for renewal in the next CoC Program Competition under the project type that was transitioned to. Additional information about Transition Grants is provided in Section II.B.3.k of the FY 2026 CoC NOFO.

Transitioning from Permanent Housing to Transitional Housing

When considering submitting a Transition Grant from a permanent housing (PSH or RRH) to a transitional housing project type please note the following:

- **Eligibility of current PH residents for new TH** - Program participants residing in CoC funded RRH and PSH are housed and are not homeless. Program participants in these project types maintain eligibility for the purposes of a transfer into PSH only (42 USC 11383(f)). As HUD noted in its recent guidance, current program participants in RRH or PSH could be eligible for TH if the program participant has been referred by the CoC's coordinated entry and one of the following is true:
    - the program participant is fleeing or attempting to flee domestic violence, does not have another residence, and does not have the resources or support networks needed to obtain other permanent housing;
    - the program participant's lease expires within 14 days, does not have another residence, and does not have the resources or support networks needed to obtain other permanent housing; or,
    - an eviction process has been initiated for the program participant in their current housing, and they must vacate the unit within 14 days.
- **Administration of rental assistance in TH** - Nonprofit organizations are not authorized to administer rental assistance in CoC-funded transitional housing. The recipient of a TH project that uses rental assistance to pay for rental costs must be a unit of state or local government or a Public Housing Authority. Nonprofit organizations may either use leasing dollars in a TH project or enter into a contract or subrecipient agreement with an eligible entity that can administer the rental assistance.

The CoC encourages renewal project applicants to seriously consider the implications of HUD's funding process and coordinate with other renewal project applicants to determine if you will submit a New Project Transition Application. If an applicant submits a New Project Transition Application, the Rating and Ranking Committee will not consider the applicants previously awarded FY 2025 project for funding and will only review and score the New Project Transition Application for potential inclusion on the CoC Priority Listing submitted to HUD.

Reference Only

*** Is this a "Project Transition" of an Eligible Renewal Project?**

- ◯ Yes
- ◯ No

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Transition Grant Details

Renewal Grant Number (as listed on 2026 GIW):

Renewal Project Name (as listed on 2026 GIW) being requested to be transitioned:

What project type is the renewal project being transitioned to?

- ◯ Transitional Housing
- ◯ Supportive Services Only
- ◯ Supportive Services Only - Street Outreach

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Expansion Grant

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

- ◯ Yes
- ◯ No

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Expansion Project Details

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

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

- ◯ Yes
- ◯ No

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)

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 additional persons

Number of additional units

Number of additional beds

Reference Only

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)

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

- ◯ Yes
- ◯ No

If yes to the question above, 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.

If yes to the question above, 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)

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

- ◯ Yes
- ◯ No

If yes to the question above, 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)

Reference Only

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Threshold Requirements

*** 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 (minus funds for leasing).
- ☐ **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.
- ☐ **For TH, PSH and RRH projects only.** Will the housing project require program participants to take part in supportive services (e.g. case management, employment training, substance use treatment, etc.) as a condition of continued participation in the program in line with 24 CFR 578.75(h)?
- ☐ None of the above.

Reference Only

HUD Project Quality Threshold Criteria

All New Projects, including Transition Projects must meet the project eligibility and project quality thresholds in V.A.4.c(4) of the FY 2026 CoC NOFO.

Permanent Supportive Housing Projects Only:

Demonstrate how the housing proposed, including the number and configuration of units, will fit the needs of the program participants.

Demonstrate how the proposed supportive services and assistance that will be offered to program participants will ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs (e.g. transportation, safety planning, enhanced case management). Demonstrate how supportive services provided to program participants are being expanded, including where appropriate, on-site supportive services.

Demonstrate how the project is designed to serve homeless individuals or families with a disability in accordance with 24 CFR 578.37(a)(1)(i).

Demonstrate how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

Demonstrate how the project services provided are cost-effective consistent with 2 CFR 200.404.

Rapid Rehousing Projects Only:

Describe how the provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months.

Describe how the type of supportive services that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness.

Describe whether your organization has previously operated or currently operates a homelessness projects where, or has a plan in place to have, 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 or another data system used by the applicant, or has a plan in place to ensure this.

Reference Only

Demonstrate how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

Demonstrate how the project services provided are cost-effective consistent with 2 CFR 200.404.

Transitional Housing Projects Only:

Demonstrate the organization’s prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or describe the plan in place to ensure homeless individuals and families will exit homelessness within 24 months.

Demonstrate the organization’s previous or current with operating transitional housing or another homelessness project where at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant. If no previous or current experience describe the plan in place to accomplish this goal.

Demonstrates that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.)

Demonstrate how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

Reference Only

Demonstrate how the project services provided are cost-effective consistent with 2 CFR 200.404.

Describe how the proposed project will:

- assess the service needs of program participants, **AND**
- provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3 (examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

Indicate that the proposed project will create service plans for each program participant that include:

- the services to be provided, when and how often services will be provided, by whom all services will be provided; **AND**
- program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency.

Supportive Services Only Projects:

Describe how the Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency and the recipient will conduct an annual assessment of the service needs of the program participants.

Describe the strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

Reference Only

Demonstrate how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

Demonstrate how the project services provided are cost-effective consistent with 2 CFR 200.404.

Supportive Service Only - Street Outreach Projects:

Describe the strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

Demonstrate that the organization has a history of, or a plan for, 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. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.

Demonstrate the organizations experience providing outreach services consistent with the activity description at 24 CFR 578.53(e)(13) and has a plan for or has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.

Demonstrate how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

Reference Only

Demonstrate how the project services provided are cost-effective consistent with 2 CFR 200.404.

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

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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 how your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds and performed the proposed activities 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)

*** 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

Reference Only

4. If yes to the question above, 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)

Lived Experience Involvement

*

5. Upload documentation 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

*** 6. Process for receiving and incorporating feedback from 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)

Reference Only

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Project Description and Design

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7. 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. (Language edited from HUD Detailed Instructions) (3000 character max)

* **8. 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	

Reference Only

*** 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.**

*** 10. Does the project fall into any of the following categories:**

- [ ] RRH or TH project that exclusively serves families with children experiencing homelessness
- [ ] Provides specialized support services for homeless individuals with a high level of medical needs
- [ ] Serves aging and elderly individuals experiencing homelessness such as with a provider of residential care, assisted living, or medical respite services
- [ ] None of the above

*** 11. Describe how the organization addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends.**

*** 12. Describe the process and criteria for exiting clients.**

*** 13. Describe the proposed process to address clients' situations that may jeopardize housing or project assistance.**

*** 14. Describe the agency's plan to assist clients to rapidly secure and maintain housing that is safe, affordable, accessible, and acceptable to their needs.**

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Budget Request & Financial Information

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15. 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	

Reference Only

*** 16. 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	

*** 17. 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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Housing Type & Program Participants

18. 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.)

Reference Only

* 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

*** 19. 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)

20. Beds & Units (TH, PSH, RRH Only):

Total Number of Units:

Total Number of Beds

21. Housing Type:

PSH and RRH

- ◯ Clustered Apartments
- ◯ Scattered-Site Apartments
- ◯ Single Family Homes/ Townhouses

Transitional Housing

- ◯ Dormitory
- ◯ Single Room Occupancy
- ◯ Clustered Apartments
- ◯ Scattered-site Apartments
- ◯ Single Family Homes/ Townhouses

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Mainstream Benefits & Supportive Services

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22. 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)

*** 23. 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

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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			

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*** 24. 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

24.1 If yes to question above, 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

*** 25. Describe how the organization will promote access to employment opportunities with private employers and private employment organizations (such as holding job fairs, outreach to employers, and partnering with staffing agencies) and is providing education and training, on-the-job training, internships, and employment opportunities for program participants.**

*** 26. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently without subsidy.**

*** 27. Does the project provide outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports?**

- ◯ Yes
- ◯ No

27.1 If yes to the question above, describe the specific types of outpatient treatment and services provided. Include if the services are provided directly, contracted, or through referral.

28. Does the project provide access to peer recovery support or other forms of peer support and recovery navigation?

- ◯ Yes
- ◯ No

28.1 If yes to the question above, describe how participants are connected to peer support. Include if the services are provided directly, contracted, or through referral.

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*** 29. 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

29.1 If yes to the question above, 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

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

- ◯ Yes
- ◯ No

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

- ◯ Yes
- ◯ No

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

- ◯ Yes
- ◯ No

*** 32.1. If yes to the question above, 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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*** 33. Does the project have any partnerships with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation Agency?**

- ◯ Yes
- ◯ No

33.1 If yes to the question above, describe the partnerships with these agencies and programs.

*** 34. Does the project have a written formal partnership with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Project for Assistance in Transition (PATH) provider, Grants for the Benefit of Homeless Individuals (GHBI) provider, or similar facility/ provider?**

- ◯ Yes
- ◯ No

34.1 If yes to the question above, 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

35. SSO- Street Outreach Only: Describe how street outreach will be conducted and tailored to persons experiencing homelessness who are least likely to request assistance. In your answer, please indicate how frequently street outreach will be conducted (e.g., monthly, weekly, when identified by community members, etc.).

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Sustainability Plan

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36. 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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Collaboration & Coordination

37. If the project actively partners with providers and entities that provide services in connection with Drug Courts and other specialty courts, describe the partnership.

38. If the project actively partners with local crisis systems of care (988 and crisis contact centers, mobile crises and outreach services, crisis stabilization services), describe the partnership.

39. If the project actively partners with child protective services/ foster care, describe the partnership.

40. If the project actively partners with health care providers, describe the partnership.

41. If the project actively partners with agencies and programs that serve aging and elderly individuals experiencing homelessness such as a provider of residential care, assisted living, or medical respite, describe the partnership.

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42. If the project actively partners with mental and behavioral health care providers, describe the partnership.

43. If the project actively partners with justice system re-entry programs, describe the partnership.

44. If the project partners with agencies and programs that provide specialized supportive services for homeless individuals with a high level of medical needs, describe the partnership.

45. Only for Projects that serve households with children. Describe how the organization partners with youth education providers, local education agencies, and school districts to support the educational needs of youth experiencing homelessness.

46. Only for projects that serve households with children. Describe how the organization partners with education supports and services for children ages 0-5, such as Public Pre-K, Head Start, Child Care, or home visiting (Maternal, Infant and Early Childhood Home and Visiting, MIECHV).

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HUD Initiative Preference Points

*** 47. 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

47.1 If yes to the question above, 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

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*

Bonus - Atlanta CoC Involvement

48. How has your agency been involved in the Atlanta CoC from May 2025 - May 2026?

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	

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Other Application Attachments

Most recent audit and management letter (if any) or 12-month financial statements.

Submit a recent copy of the agency/program audit (within the past three years) conducted by a Certified Public Accountant. Audits must be for fiscal year review periods between January 1, 2024 and December 31, 2025, and must contain at least one full year (12 months) of financial records within the review periods. This must be a full, signed audit that includes an Independent Auditor's Report expressing an opinion regarding all pertinent material aspects of the agency's finances. (Independent is defined as a third-party auditor submitting a report on the auditing agency's letterhead.)

OR

Submit a recent copy of the agency/program financial statements containing at least one full year (12 months) of financial records between January 1, 2025, and December 31, 2025.

Upload this document in PDF format. Maximum file size is 16MB. Please name this document: HUD Project Name_Audit-Financial Statement.

Choose File Choose File No file chosen

Other MOUs, MOAs, contracts, other application support documents

Upload document in PDF format. Maximum file size is 16MB. Please name this document: HUD Project Name_Other 1

Choose File Choose File No file chosen

Other MOUs, MOAs, contracts, other application support documents

Upload document in PDF format. Maximum file size is 16MB. Please name this document: HUD Project Name_Other 2

Choose File Choose File No file chosen

Other MOUs, MOAs, contracts, other application support documents

Upload document in PDF format. Maximum file size is 16MB. Please name this document: HUD Project Name_Other 3

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 illegal racial discrimination consistent with the requirements of 2 CFR 200.200(a).

- ◯ Yes
- ◯ No

* 2. The applicant will not operate drug injection sites or "safe consumption sites," in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863.

- ◯ 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

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* 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 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

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* 11. 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

* 12. 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

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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 administered 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

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