Atlanta Continuum of Care

Introduction

Partners for HOME ("PfH"), on behalf of the Atlanta Continuum of Care, is releasing this Request for Proposals (RFP) to identify qualified nonprofit provider(s) to operate The Support Hub as part of the Atlanta Rising Initiative. Selected provider(s) will deliver Navigation Center, Pallet Shelter, Safe Haven, and Site Management services to provide low barrier shelter, stabilization, housing navigation, behavioral health coordination, and campus operations for individuals experiencing homelessness. PfH is a nonprofit organization that serves as the Collaborative Applicant for the Atlanta Continuum of Care (CoC) — a Housing and Urban Development (HUD) program that promotes community-wide commitment to the goal of ending homelessness and provides funding for efforts by nonprofit providers and state and local governments to quickly rehouse people impacted by homelessness. Its mission is to coordinate a comprehensive crisis response system to end homelessness in the City of Atlanta. Partners for HOME does not discriminate based on race, color, religion, gender, sexual orientation, national origin, age, or disabilities in hiring practices or service provision.

Project Overview

The Support Hub - Safe Haven:

This opportunity seeks an experienced nonprofit provider to operate the Safe Haven at The Support Hub, a low barrier shelter campus developed as part of the Atlanta Rising Initiative. The Safe Haven will provide a non congregate, low barrier shelter for individuals experiencing homelessness in a safe, stable, and trauma informed environment.

The Safe Haven is designed as a 50 bed non congregate shelter serving individuals experiencing severe and persistent mental illness. The selected provider must be a Tier 1 State Department eligible Community Service Board (CSB) or another eligible provider capable of providing the required clinical services.

The selected provider will oversee day to day Safe Haven operations and provide clinical, client centered, trauma informed services in a psychologically safe environment. Responsibilities will include client engagement, behavioral health support, coordination of shelter operations, coordinated access to meals, 24/7 access to shelter and navigation services, maintaining a pet inclusive program, and collaboration with community partners to connect participants to appropriate housing and community resources while ensuring good neighbor engagement and preventing camping on or around the property.

Anticipated Award

Respondents are expected to operate the 50 bed non congregate Safe Haven at The Support Hub. Providers should submit a budget proposal that reflects the staffing and all other costs necessary to operate the program, including clinical services, behavioral health support, shelter operations, coordinated access to meals, client engagement, and all required supportive services. Providers should also demonstrate their ability to provide a low barrier, pet inclusive, client centered, and trauma informed program.

General Information

This section will be reviewed by internal and external reviewers.

This **Non-congregate Shelter SSO** funding opportunity is part of the Atlanta CoC homeless response plan. The following documents will be uploaded as part of the application:

- FY25 organizational budget
- Two years of audited financials *or* internal financial statements to include a State of Financial Position (Balance Sheet), Statement of Activities(Profit & Loss)
- Financial Policies and Procedures (organizations funded by PfH in the past 12 months do not need to submit)
- Data Quality Submission report for the period of Jan 1 - Mar 31, 2026

* 1. **Organization and Contact Information**. Provide the information below for the application's point of contact.

Name of Organization	
Organization Tax ID (EIN)	
Organization Founding Year	
Application Contact Name	
Application Contact Email	

Threshold Section

2. **Eligibility:** Is your organization a Tier 1 State Department eligible Community Service Board (CSB), or another eligible provider capable of providing the required clinical services? This is a required eligibility criterion for this funding opportunity.

- ◯ Yes
- ◯ No

3. **Operations**: Does your organization agree to operate a pet inclusive shelter that accepts service animals, emotional support animals, and companion pets?

- ◯ Yes
- ◯ No

4. **Operations**: Does your organization agree to operate using a Housing First and low barrier approach, including 24 hour access to shelter and navigation services, as applicable to the awarded program?

- ◯ Yes
- ◯ No

* 5. **Conflicts of Interest**. Does your agency have any conflicts of interest to disclose? If yes, please detail it here. If no, please enter N/A.

* 6. **HMIS**: Will your organization use the homeless management information system ClientTrack for this project?

- ◯ We currently use ClientTrack and will use it for this project.
- ◯ We do not currently use ClientTrack but will use it for this project.
- ◯ We do not currently use ClientTrack and will not use it for this project.

Experience Section (30 points total)

* 7. **Length of Experience**. How long has the organization provided homeless services in the below CoCs?

Atlanta CoC	
Balance of State	
Cobb CoC	
DeKalb CoC	
Fulton CoC	
Other CoC (Please share name and years)	

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

- [ ] Domestic Violence
- [ ] Youth
- [ ] LGBTQ+
- [ ] Veterans
- [ ] Families
- [ ] Chronic

* 9. **Team Contacts**. List the name and title of staff contacts in the following areas:

Administration (person responsible for organization management)	
Finance (person responsible for grants management and submitting expenses)	
Programs (person responsible for leading and managing project implementation)	
Performance (person responsible for monitoring HMIS data, project outcomes and submitting performance reports)	

* 10. **Housing First.** Give a specific example of how your agency incorporates Housing First when working with clients. If your agency does not currently incorporate Housing First with clients, how will you incorporate this practice model in the proposed project? (1,000 character limit)

* 11. **Cultural and Linguistic Competencies.** Give a specific example of how your agency incorporates cultural and linguistic competencies when working with clients. If your agency does not currently incorporate cultural and linguistic competencies with clients, how will you incorporate this practice model in the proposed project? (1,000 character limit)

* 12. **Trauma-Informed Care.** Give a specific example of how your agency incorporates trauma-informed care when working with clients. If your agency does not currently incorporate trauma-informed care competencies with clients, how will you incorporate this practice model in the proposed project? (1,000 character limit)

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

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

Board	
Staff Leadership	
Program Staff	

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

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

Board	
Staff Leadership	
Program Staff	

* 17. **Financial Management**. Describe your organization's ability to manage grant funds. Include software used to aid in isolating grant expenses and revenues as well as procedures for reporting financial updates to funders. (1,000 character limit)

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

- [ ] Yes. Please answer questions 19 and 20 and write N/A for 21.
- [ ] No. Please answer question 21.

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

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

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

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

* 22. **Grant Management**. Has your organization previously lost funding from the Atlanta Continuum of Care (CoC)? If yes, describe the circumstances that led to the loss of funding and any corrective actions taken. If no, describe your organization's approach to maintaining compliance and meeting program requirements to ensure successful grant performance.
Partners for HOME reserves the right to verify the information provided.

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

Grantor 1 Name	
Grantor 1 Point of Contact	
Point of Contact 1 Email	
Point of Contact 1 Phone	
Amount of Grant 1	
Purpose of Grant 1	
Grantor 2 Name	
Grantor 2 Point of Contact	
Point of Contact 2 Email	
Point of Contact 2 Phone	
Amount of Grant 2	
Purpose of Grant 2	

Project Details and Reporting

This section references project components from the Atlanta CoC's Data Quality Plan. This section will be reviewed by internal and external reviewers.

Project Section (35 points total)

* 24. **Supportive Services.** Describe the agency's plan for implementing the program components listed below. Please provide a detailed explanation with examples of how your agency will:

1. Conduct intake and eligibility screening, including how you will incorporate clinical oversight (RN/LPN or licensed clinical partner) to assess participant needs and support intake decision making.

2. Create and implement client centered stabilization plans within a defined timeframe and update them based on participant progress.

3. Coordinate with healthcare providers, including hospitals, clinics, and behavioral health providers, and describe how clinical oversight (RN/LPN or licensed clinical partner) will support ongoing care coordination.

4. Assist participants with obtaining key documents (ID, Birth Certificate, Social Security card, disability verification, etc.) and uploading documentation into HMIS, as applicable.

5. Support participants through housing navigation and transition planning, including placement into permanent supportive housing or other appropriate housing resources.

6. Provide consistent on site engagement, including structured programming, peer support, and regular interaction with participants.

7. Provide coordinated access to meals and describe how meal services will be provided, either directly or through a partnership with a food service provider.

8. Operate a low barrier, pet inclusive program that provides 24/7 access to shelter and navigation services while maintaining client centered, trauma informed, and psychologically safe spaces.

9: **Good Neighbor Practices:** Describe how your agency will maintain positive relationships with neighboring businesses and residents, including strategies to ensure good neighbor engagement and prevent camping on or around the property.

25. **Project Ramp Up**. How long will it take the agency to ramp up for this project after grant execution (e.g. hire and train staff, provide coverage for current staff, etc.)

- ◯ 1-30 days
- ◯ 31-60 days
- ◯ 61-90 days

* 26. **Project Ramp Up**. Provide a detailed timeline of how the agency will ramp up after grant execution. Include details about filling vacant staff roles, training of new staff and staff coverage during the ramp up period.

* 27. **Project Outcomes.** Describe the organization's internal processes for reaching the below project outcomes. Please provide a detailed explanation with examples of how your agency will reach the following goals:

1. All clients will be assessed for and connected to Coordinated Entry, where applicable, within 24–48 hours of program enrollment.

2. All clients will have a completed Individualized Service Plan (ISP) within 72 hours of program enrollment.

3. Exit at least 60–75% of participants to permanent housing destinations, including PSH, RRH, or other permanent housing solutions.

4. 100% of participants will receive coordination with healthcare and behavioral health providers, including follow up care and service linkages, as applicable.

5. 100% of participants will receive housing navigation and transition planning throughout program enrollment to support successful exits to permanent housing.

* 28. **Data Quality**. Does your agency have a Non-Congregate Shelter Data Quality Report with clients enrolled for the period of Jan 1 - Mar 31, 2026?

- [ ] Yes. Please upload report in question 29 to be scored.
- [ ] No. Please answer question 30.

29. Upload your Non-Congregate Shelter Data Quality Report for the period of Jan 1 - Mar 31, 2026. **Name this document "Data Quality Report."**

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

Choose File Choose File No file chosen

30. **Data Quality**. If your organization ***does not have*** a Non-Congregate Shelter Data Quality Report for the period of Jan 1 - Mar 31, 2026, explain how you will adhere to the following Atlanta CoC Data Quality Plan components. (250 character limit)

Having an error rate of less than 5% for data elements.	
Enrolling clients into project within 48 operating hours.	

Financials

Please attach the following financial documents as part of your application. This section will be reviewed internally by the Partners for HOME Finance team.

Financial Review Section (35 points total)

* 31. Upload your Board-approved, current fiscal year organization budget. **Name this document "Organization Budget."**

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

Choose File Choose File No file chosen

32. Upload the two most recent years of audited financials. **Name this document "Audited Financials."** If an audit was **not completed within the last two years**, please provide the most recent financial statements, including a Statement of Financial Position and a Statement of Activities.

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

Choose File Choose File No file chosen

33. **If Question 32 was not answered**, upload internal financial statements to include a Balance Sheet and Profit & Loss Statement if you do not have audited financials or a Statement of Financial Position and Statement of Activities. **Name this document "Internal Financials."**

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

Choose File Choose File No file chosen

* 34. Upload your financial policies and procedures manual. **Name this document "Financial Policies and Procedures."**

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

Choose File Choose File No file chosen

* 35. Please upload your **Supportive Services** project budget using the provided budget template. The budget will serve as your agency's cost proposal and should reflect the proposed staffing structure and all other costs necessary to operate the proposed program during the initial grant year.

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

Choose File Choose File No file chosen