

## GA 502 - Fulton County Continuum of Care 2016 HUD NOFA Application

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Submitting this application does not guarantee that it will be included in the final 2016 Continuum of Care Application.

Applications may receive a threshold denial for any of the following reasons:

- Agency does not meet HUD's eligibility criteria
  - Agency lacks adequate capacity to carry out grant
  - Proposes ineligible costs or activities
  - Does not show required match or insufficient commitments for leveraging
  - Compliance of performance issues on current projects
  - Project does not demonstrate adequate impact or cost effectiveness
  - Other, as may be identified by Ranking and Reviewing Team
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- **Application Packages are due no later than 1:00 pm, August 9, 2016** and should be sent electronically to [ann.isaac@fultoncountyga.gov](mailto:ann.isaac@fultoncountyga.gov). Applications submitted after the deadline will be considered late. Late applications will be deemed ineligible and will not be considered for funding.
  
  - For each **Renewal Project**, Applicant package must include:
    1. This Application
    2. The Most Recent HUD monitoring documentation (and all relevant documentation)
    3. Matching and Leveraging Documentation
    4. Most recent grant agreement
    5. Most recent APR (HUD)
    6. Any other documentation requested in the Review Process
  
  - For each **New PSH or RR project** being proposed, applicants must submit a complete application package to include information mentioned in the threshold requirements:
    1. This Application
    2. Match/Leverage Documentation
    3. Any other documentation requested in the Review Process

## 2016 Threshold Requirements for New Applicants

All new applicants must meet the following threshold requirements to be eligible for consideration in the local Continuum process.

1. Agency should be a participant in the Fulton County Continuum of Care Collaborative Meetings.
2. Agency has had an active 501c3 status for a minimum of two (2) years.
3. Agency has an active, all-volunteer board, where no voting member of the board receives any financial or in-kind remuneration from the organization and meets a minimum of four (4) times per year.
4. Agency has provided homeless assistance services or housing for at least two (2) years.
5. Agency must have had an outside audit by a CPA within the last twelve (12) months.
6. Agency must obtain local approval and consolidated plan certification. (Certificate of Consistency)

Permanent Housing Initiative Bonus or other housing projects (new projects only):

1. All new projects must be Shelter + Care (S+C) projects or Supportive Housing Program (SHP) projects with 80% of funding costs (HUD allows up to 20% for cash match).
2. All new projects must provide permanent housing exclusively to the chronically homeless, youth, families and homeless veterans in accordance with HUD priorities and definitions.
3. If there are additional dollars, all new projects must be permanent housing for the homeless in accordance with Fulton County's CoC priorities and needs.

**Fulton County Continuum of Care**

**2016 HUD NOFA Project Application**

**A. Project Identification**

**1. Project Applicant Information:**

- a. Name of Organization: \_\_\_\_\_
- b. Organization Type
  - Non-profit 501 (c)(3)     Unit of Government
  - Other: Describe: \_\_\_\_\_

**2. Sub-Recipient / Sponsor Organization (if applicable):**

- c. Name of Organization: \_\_\_\_\_
- d. Organization Type
  - Non-profit 501 (c)(3)     Unit of Government
  - Other: Describe: \_\_\_\_\_

**3. Contact person for this application:**

- a. Name: \_\_\_\_\_
- b. Title: \_\_\_\_\_
- c. Phone: \_\_\_\_\_
- d. Email: \_\_\_\_\_

**4. Project Name:** \_\_\_\_\_

**5. Project Location (s):** \_\_\_\_\_  
\_\_\_\_\_

**6. HUD Project Type:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Rapid Re-housing |
| <input type="checkbox"/> Facility-based               | <input type="checkbox"/> Facility-based       | <input type="checkbox"/> HMIS             |
| <input type="checkbox"/> Scattered Site               | <input type="checkbox"/> Scattered Site       |   |

**7. Renewal  or New**

- |   |   |
|---|---|
| <input type="checkbox"/> Permanent Supportive Housing | <input type="checkbox"/> Rapid Re-housing |
| <input type="checkbox"/> Facility-based               |   |
| <input type="checkbox"/> Scattered Site               |   |

8. HUD 2016 Total Project Funding Requested: \$ \_\_\_\_\_  
 (Amount of Admin Requested: \$ \_\_\_\_\_ / \_\_\_\_% of Total Project Funding Request)

9. Are any of the following changes proposed to the grant?  YES  No

- Reduction to grant proposed due to underutilization?
- Change current project type to RRH or PSH through the CoC's competitive reallocation process, and submit a new application in the competition?

**B1. Project Information**

1. **Project Description:** Provide a concise but complete summary of your project. *Limit to 300 words*

**2. Service Capacity / Utilization**

- a. Number of Beds\* \_\_\_\_ b. Number of Housing Units \_\_\_\_
- c. Number of Dedicated CH Beds \_\_\_\_
- c. Number of beds not dedicated to CH, but will prioritized for CH \_\_\_\_
- d. Housing Type:
  - Dormitory, Shared or Private Rooms
  - Shared Self-contained Housing Unit  
If shared units, how many persons share a unit? \_\_\_\_\_
  - Clustered Apartments (multiple units in same complex)  
If Clustered Apartment, How many units are for special-needs/homeless? \_\_\_\_\_  
How many for general population? \_\_\_\_\_
- e. Average length of stay, for clients in residence in past 12 months \_\_\_\_\_
- f. Total number of units under contract NA (PSH)
- g. Total number of units being utilized on September 30, 2015 NA (PSH)

3. **Population(s) Served:** Indicate the numbers of each population served annually.

Sub-Populations	Number / Percentage Served
<b>What percentages of current clients served fall into the sub-populations below?</b>	
Chronically Homeless Single Adult Males	
Chronically Homeless Single Adult Females	
Chronically Homeless Families	
Households with Children	
Unaccompanied Youth (less than 18 years old)	
Veterans	
Severely Mentally Ill	
Chronic Substance Abuse	

Co-occurring (mental illness and addiction)	
Victims of Domestic Violence	
Persons with HIV/AIDS	
Physical/Chronic Health Issues	
Developmental Disabilities	

**4. Program Entry**

**a. Entrance Criteria**

- |   |  |
|---|--|
| <input type="checkbox"/> Income (Amount _____)                    | <input type="checkbox"/> Insurance                               |
| <input type="checkbox"/> Current Employment                       | <input type="checkbox"/> GED/Literacy (What level? _____)        |
| <input type="checkbox"/> Any Financial Resources                  | <input type="checkbox"/> Medication (How many days? _____)       |
| <input type="checkbox"/> State Issued Photo ID                    | <input type="checkbox"/> Social Security Card                    |
| <input type="checkbox"/> Homeless Verification                    | <input type="checkbox"/> No Criminal History                     |
| <input type="checkbox"/> Sobriety (Number of days <u>30</u> )     | <input type="checkbox"/> No Felony                               |
| <input type="checkbox"/> No Presenting Symptoms of Mental Illness | <input type="checkbox"/> Disabling Condition (MH, SA, HIV/AIDSs) |

**5. Project Performance Measurement** *(limit responses to 300 words or less)*

- a. Outcomes:** List the desired project outcomes for your clients. Include specific performance targets.
- b. Activities:** Briefly describe project activities and services that directly influence the desired outcomes. If partner agencies, volunteer services, or in-kind support are necessary to outcome achievement, include these in the description.
- c. Project Challenges:** If project did not meet projected performance targets, please explain why and describe the improvement plan to work toward meeting the targets. N/A
- d. Tracking:** Are the outcome(s) tracked in HMIS?  Yes  No \_\_\_\_  
If no, describe how outcome data is collected?

Specific Performance Outcomes	Number/Percentage
Maximum <u>daily</u> capacity, total # of persons (Max Daily #)	
Average # persons served <u>daily</u> , during past 12 months (Avg Daily #)	
Average duration of service, for clients served in past 12 months (Avg # Days)	
Housing Stability for clients served in past 12 months (as follows):	
a. % of <b>TH</b> persons that exited to permanent housing	
b. % of <b>PH</b> persons that maintained housing (those in program on last day of operating year) or exited to permanent housing	
c. % of exiting <b>PH</b> participants that either remained in program over 6 months (181+ days)	
Number / Percentage of exiting participants that increased income from employment (earned income).	
Number / Percentage of exiting participants that increased income from sources other than employment.	
Number / Percentage of exiting participants that obtained non-cash mainstream benefits.	
Number / Percentage of participants with zero cash income at exit.	
Number / Percentage of participants with zero non-cash mainstream benefits at exit.	

**6. HUD Performance Measures and Best Practices** *(Please limit responses to 300 words or less/question)*

**Transitional Housing Projects:**

1. Describe how your agency specifically contributes to the placement of individuals and families into permanent housing.
  
2. Does your program model include after care to assist with housing sustainability?  
Yes  No   
If so, please describe.
  
3. Does your model include follow-up to ascertain whether the individual/families are still housed at 3-month, 6-month, etc. intervals?  
Yes  No   
If so, please describe.
  
4. HUD requires every CoC to implement a coordinated intake and assessment system. A coordinated intake and assessment system is used to ensure that all homeless individuals and families have a coordinated entry point into the system, are assessed using a standard assessment tool, matched to the most appropriate services and housing based on need (with the most vulnerable of the chronically homeless being prioritized for PSH). The Fulton County Continuum kicked off its planning for a Coordinated Intake and Assessment System in the fall of 2014?
  - a. Has your agency participated in any Coordinated Assessment work sessions since then?

Yes  No

- b. Describe how your agency will transition to the CoC's Coordinated Assessment system process and what your intended role will be in that process.

In general, we are internally prepared to continue our role of a service provider with extensive assessment and programming experience.

5. Describe how your project supports achievement of system wide outcomes; i.e. – reducing recurring episodes of homelessness (recidivism), reducing lengths of stay in homeless system, etc.

**Permanent Housing Projects:**

1. Describe how your agency contributes to the housing *sustainability* of homeless individuals in permanent housing (case management services, community integration, and skill building classes – services that increase their ability to stay housed).
2. Does this program follow a *Housing First* model? If so, briefly explain how you've instituted the *Housing First* model. If not, what steps is your agency currently taking to move from criteria focused model to more of a *Housing First* model?
3. Describe how your project supports achievement of system wide outcomes; i.e. – reducing recurring episodes of homelessness (recidivism), reducing lengths of stay in homeless system, connecting participants to mainstream resources, etc.

***(For New Projects)***

1. Briefly describe the agency's experience in providing housing for the homeless population proposed to be served and experience administering federally funded grants.
2. Explain how the project will reach full operational capacity. Include a discussion of any agreements (e.g., with local landlords, housing locator specialists, public housing authority, other partner organizations) needed for the achievement of project operation.
3. Describe how your project ensures that participants will gain access to mainstream resources; i.e. TANF, SSI/SSD, Food Stamps, Medicare/Medicaid, services, etc.

**C. Financial Information**

**1. Fiscal Accountability (All Projects)**

**a. Outstanding Debt:**

Does the applicant have any outstanding federal debt?

No  Yes

If yes, provide explanation of debt owed and arrangements made to repay.

**b. Outstanding Findings/Concerns**

Does the applicant have any open (unresolved) monitoring findings or concerns from any governmental or foundation funder?

No  Yes

If yes, identify the finding or concern, and explain plan of corrective action.

**2. Project Expenditures (Renewal Projects Only)**

**a. Start and end date of your most recent HUD award (current contract year):**

**b. Total amount of award: \$**

**c. Amount of funds not drawn down: \$**

**d. Do you anticipate you will have unexpended funds at the expiration date of your current contract?**

a.  Yes  No If yes, how much? \$\_\_\_\_\_

**e. Have you had unexpended HUD funds at the expiration of grant terms in the past 3 years?**

a.  Yes, If yes, how much?  No

2013	\$_____
2014	\$_____
2015	\$_____

**f. Please submit a copy of your most recent HUD monitoring report with your application (along with any response, corrective action, or other related documents)**

**3. Budget (All Projects)**

Provide the project budget, using the appropriate sub-budget(s) and Summary Budget below. (Sub-budgets that do not apply to the project may be omitted from your submission.)

**Leased Units Budget**

<b>Total Assistance Requested</b>	
<b>Total # Units</b>	

Unit Size	# Units		FMR	HUD Rent Pd.		12 MOs	=	Total Request
SRO		x			x	12	=	
1 BR		x			x	12	=	
2 BR		x			x	12		
3 BR		x			x	12		
4 BR		x			x	12		
5 BR		x			x	12		
6 BR		x			x	12		
7 BR		x			x	12		
8 BR		x			x	12		
9 BR		x			x	12		

**Leased Structures Budget**

<b>HUD-Paid Rent per Month</b>	
<b>x 12 Months</b>	x 12
<b>Total Annual Assistance Requested</b>	

**Long Term Rental Assistance Budget**

<b>Total Annual Assistance Requested</b>	
<b>Total # Units</b>	

Unit Size	# Units		FMR		12 MOs	=	Total Request
SRO		x		x	12	=	
1 BR		x		x	12	=	
2 BR		x		x	12		
3 BR		x		x	12		
4 BR		x		x	12		
5 BR		x		x	12		
6 BR		x		x	12		
7 BR		x		x	12		
8 BR		x		x	12		
9 BR		x		x	12		

### Supportive Services Budget

Eligible Costs	Quantity Description	Annual HUD \$ Req'd
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>		
<b>3. Case Management</b>		
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>		
<b>9. Legal Services</b>		
<b>10. Life Skills</b>		
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>		
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>		
<b>16. Utility Deposits</b>		
<b>17. Operating Costs</b>		
<b>Sub-Total Annual HUD \$s Req'd</b>		

### Operating Budget

Eligible Costs	Quantity Description	Annual HUD \$s Req'd
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
<b>Sub-Total Annual HUD \$s Req'd</b>		

### HMIS Budget

Eligible Costs	Quantity Description	Annual HUD \$ Req'd
1. Equipment		
2. Software		
3. Services		
4. Personnel		
5. Space & Operations		
<b>Sub-Total Annual HUD \$s Req'd</b>		

**Summary Budget**

<b>Eligible Costs</b>	<b>Annual HUD \$s Req'd</b>
<b>1a. Leased Units</b>	
<b>1b. Leased Structures</b>	
<b>2. Housing Relocation and Stabilization</b>	
<b>3. Short-term/Medium-term Assistance</b>	
<b>4. Long-term Rental Assistance</b>	
<b>5. Supportive Services</b>	
<b>6. Operating</b>	
<b>7. HMIS</b>	
<b>8. Sub-total Costs Requested</b>	
<b>9. Admin</b>	
<b>10. Total HUD Assistance plus Admin Requested</b>	
<b>11. Cash Match</b>	
<b>12. In-Kind Match</b>	
<b>13. Total Match</b>	
<b>14. Total Budget</b>	

**4. Matching and Leveraging (All Projects)**

**Matching:** Match resources must equal to at least 25% of the total requested HUD funding, including project and administrative costs.

Match resources for new projects must have a written commitment in-hand at time of application, and copies of these commitment documents must be submitted with this application. A written commitment may include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated, within 60 days of the CoC application deadline, by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and the date that the contribution will be available. The written commitment must include the project name and be addressed to the project applicant or non-profit.

Note: Cash and In-Kind Match must qualify as eligible program expenses under the CoC interim rule.

Primary Sources of Match Funds (up to 6 sources, to equal 25% of total costs), and Funding Amounts Committed

<i>SOURCE:</i>	<i>\$ Amount of Committed Funding</i>
A _____	_____
B _____	_____
C _____	_____
D _____	_____
E _____	_____
F _____	_____
TOTAL	_____

Primary Sources of Match In-Kind Resources (up to 6 sources, to equal 25% of total costs), and Equivalent Cash Value of Resources Committed

<i>SOURCE:</i>	<i>\$ Equivalent of Committed Resource</i>
A _____	_____
B _____	_____
C _____	_____
D _____	_____
E _____	_____
F _____	_____
TOTAL	_____

**Leveraging (Cash or In-Kind Resources)**

The CoC goal for all leveraged resources (including match) is 150% of the grant amount. For this section, please only report leveraged resources outside of the match resources listed above to ensure no duplication, Also, include only those leverage resources that commitment letters on file that are dated within *60 days of the CoC application deadline* . If necessary, add or attach additional lines.

**Leveraging (cash):** Primary Sources of Leveraged Funds, and Funding Amounts Committed

	<i>SOURCE:</i>	<i>\$ Amount of Committed Funding</i>
A	_____	_____
B	_____	_____
C	_____	_____
D	_____	_____
E	_____	_____
F	_____	_____
	TOTAL	_____

**Leveraging (In-Kind):** Primary Sources of Leveraged In-Kind Resources, and Equivalent Cash Value of Resources Committed

	<i>SOURCE:</i>	<i>\$ Equivalent of Committed Resource</i>
A	_____	_____
B	_____	_____
C	_____	_____
D	_____	_____
E	_____	_____
F	_____	_____
	TOTAL	_____

**Assurances**

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

- Applicant will complete the HUD Project Application forms with the same information as contained in this application unless the CoC Project Review Scoring Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant.
- Applicant agrees to participate fully with this community’s Homeless Management Information System (HMIS) (Pathways Community Network or Domestic Violence Monitoring System).

<b>Name:</b>  (please type)	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	
Signature of Authorized Representative:          <input type="checkbox"/> “X” indicates electronic signature submitted	
<b>Date:</b>	