



Fulton County Continuum of Care

FY 2026 CoC Competition New Project – CoC Bonus, Reallocation, Renewal Transition Local Application

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.

Eligible Applicants

Non-profit organizations, public housing authorities, and units of local government that submitted a Letter of Intent (LOI) to the Fulton County CoC before the LOI submission deadline are eligible to apply for FY 2026 HUD CoC funding. These organizations will receive a direct invitation to apply in the FY 2026 CoC Local Project Competition

Application Submission Process

All LOI organizations submitting requests for new CoC funded projects are required to submit a New Project – CoC Bonus/ Reallocation, New Project – DV Bonus Local Application for each CoC project being requested. All Local Project Applications (outside of e-snaps) are required to be submitted to the CoC **on or before July 14, 2026**. Email a copy of the Application and attachments to homelessinfo@fultoncountyga.gov.

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

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

In addition to the New Project CoC Bonus Local Applications required by the CoC, organizations submitting for new CoC 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 2025 CoC New Project Applications will available in e-snaps in the near future. E-snap applications will be due to the CoC by **5:00 PM EST, August 17, 2026**.

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 Fulton County CoC website: <https://www.fultoncountyga.gov/inside-fulton-county/fulton-county-departments/community-development/homeless-services/continuum-of-care>.

NOFO Applicant Meeting

All LOI applicants applying for funds through the local competition are highly encouraged to attend the applicant meeting on **June 17, 2026, at 10:00 AM EST**. The meeting will consist of a brief overview of the FY 2026 CoC NOFO, the local competition timeline, application process, and a question-and-answer period. The meeting link will be distributed via email. If needed, please email homelessinfo@fultoncountyga.gov for the meeting link.



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Section I – Applicant Information

Project Name: Enter Project Name

Organization Name: Enter Organization Name

Type of Applicant: Nonprofit (501(c)(3)) Government Entity (State, County, Local)
 Public Housing Authority

Organization SAM Registration Expiration Date: Enter Expiration Date

Organization UEI Number: Enter Organization UEI Number

Application Contact Name: Click or tap here to enter text

Application Contact Phone Number: Click or tap here to enter text

Application Contact Email Address: Click or tap here to enter text

Secondary Contact Name: Click or tap here to enter text

Secondary Contact Phone Number: Click or tap here to enter text

Secondary Contact Email Address: Click or tap here to enter text

Subrecipient Organization (Leave blank if not applicable): Enter Subrecipient Name

Subrecipient UEI Number: Enter Subrecipient UEI #

Organization SAM Registration Expiration Date (Leave blank if not applicable): Enter Subrecipient Expiration Date

Section II – 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 (including Street Outreach) 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.**

Is this New Project Application part of a “Transition Grant”? *To apply for a Transition Grant the recipient of the reallocated renewal project must also be the applicant in this New Project Application.*

Yes No

Only complete the remaining questions in this section if you selected “Yes” to the question above.

Renewal Project Name (as listed on 2026 GIW) being requested to be transitioned: Click or tap here to enter text

Renewal Grant Number (as listed on 2026 GIW): Click or tap here to enter text

What project type is the renewal project being transitioned? Click or tap here to enter text

Section III – Application Information

Project Type: *(select one; if the organization has multiple projects, complete a separate application for each)*

- Transitional Housing Supportive Service Only Supportive Service Only-Street Outreach
 Permanent Supportive Housing Rapid Rehousing

Estimated Project Start Date Click or tap to enter a date

Estimated Project End Date Click or tap to enter a date

Amount of Funding Requested (cannot exceed CoC Bonus and/or reallocation amounts): Enter \$

Section IV – CoC Threshold Requirements

1. **Total amount of match committed (documented commitment letters and/ or MOUs will be required to be provided to HUD before grant execution):** Click or tap here to enter text.
2. **Does the project currently have staff who are trained on the Homeless Management Information System (HMIS)?** Yes No
 - a. **If yes, provide the name(s) of the staff who are trained.** Click or tap here to enter text
 - b. **If No, are you planning on having staff complete a HMIS training in the near future?**
 Yes No
3. **Does the organization currently participate in the CoC’s Coordinated Entry System?** Yes No
 - a. **If so, please note for which program or project.** Click or tap here to enter text
 - b. **If not, please describe the plan for quickly moving to full participation in Coordinated Entry.** Click or tap here to enter text
4. **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)?** Yes No
5. **Number of CoC General Membership meetings attended by a staff member of the applicant?**
Enter # and name of staff member(s) that attended

Section V – 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:

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

Click or tap here to enter text

- 7. 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.**

Click or tap here to enter text

- 8. 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).**

Click or tap here to enter text

- 9. 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.**

Click or tap here to enter text

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

Click or tap here to enter text

Rapid Rehousing Projects Only:

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

Click or tap here to enter text

- 12. 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.**

Click or tap here to enter text

- 13. 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.** Click or tap here to enter text

- 14. 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.**

Click or tap here to enter text

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

Click or tap here to enter text

Transitional Housing Projects Only:

- 16. 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.

Click or tap here to enter text

- 17. 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.**

Click or tap here to enter text

- 18. 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.)**

Click or tap here to enter text

- 19. 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.** Click or tap here to enter text

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

Click or tap here to enter text

- 21. 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;**
- **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.**

Click or tap here to enter text

Supportive Services Only Projects Only:

- 22. 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.**

Click or tap here to enter text

- 23. 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.**

Click or tap here to enter text

- 24. 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.**

Click or tap here to enter text

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

Click or tap here to enter text

Supportive Services Only – Street Outreach Projects Ony:

- 26. 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.**

Click or tap here to enter text

- 27. 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.**

Click or tap here to enter text

- 28. 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.**

Click or tap here to enter text

- 29. 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.**

Click or tap here to enter text

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

Click or tap here to enter text

Section VI – Experience of Applicant, Subrecipient(s), and Other Partners

- 31. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.** (Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:

- a. working with and addressing the target population(s) identified housing and supportive service needs,
- b. developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation,
- c. identifying and securing matching funds from a variety of sources, and
- d. managing basic organization operations including financial accounting systems.

Response: [Click or tap here to enter text](#)

32. 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'. [Click or tap here to enter text](#)

33. Does the organization's board of directors include representation from someone with lived experience of homelessness? Yes No

34. Does the organization have a process for receiving and incorporating feedback from persons with lived experience? Yes No

a. **If yes, how?** [Click or tap here to enter text](#)

b. **If no, describe your plan to create this process.** [Click or tap here to enter text](#)

35. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? Yes No

36. 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). [Click or tap here to enter text](#)

Section VII – Program Description & Design

37. 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.

Response: [Click or tap here to enter text](#)

38. 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.

Response: Click or tap here to enter text

39. Does the project meet any of the following HUD priority projects and populations:
- RRH or TH project that exclusively serves families with children experiencing homelessness. Yes No
 - Provides specialized support services for homeless individuals with a high level of medical needs. Yes No
 - Serves aging and elderly individuals experiencing homelessness such as with a provider of residential care, assisted living, or medical respite services. Yes No
40. 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.)
- Begin hiring staff or expending funds: Enter # of Days
 - Begin program participant enrollment: Enter # of Days
 - Program participants occupy leased or rental assistance units or structure(s), or supportive Services begin: Enter # of Days
 - Leased or rental assistance units or structure, and supportive services near 100% capacity: Enter # of Days
41. 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.).
- Click or tap here to enter text
42. Describe how the organization addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends.
- Click or tap here to enter text
43. 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.
- Click or tap here to enter text
44. Describe the process and criteria for exiting clients. Click or tap here to enter text
45. Describe the proposed process to address clients' situations that may jeopardize housing or project assistance. Click or tap here to enter text
46. Describe the agency's plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.
- Click or tap here to enter text
47. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently without subsidy.

Click or tap here to enter text.

48. 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
49. If yes to question above, describe the specific types of outpatient treatment and services provided. Include if the services are provided directly, contracted, or through referral.
Click or tap here to enter text
50. Does the project provide access to peer recovery support or other forms of peer support and recovery navigation? Yes No
51. If yes to question above, describe how participants are connected to peer support. Include if the services are provided directly, contracted, or through referral.
Click or tap here to enter text
52. 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. If yes, provide a MOU, MOA, letters of commitment, or other equivalent documentation as evidence.
 Yes No
53. 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
54. If yes to question above, describe the partnerships with these agencies and programs.
Click or tap here to enter text
55. 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? If yes, provide a MOU, MOA, letters of commitment, or other equivalent documentation as evidence.
 Yes No

Section VIII – Budget Request & Financial Information

Budget Request

Using the New Project Budget Template found on the [Fulton County CoC FY 2025 NOFO Page](#), enter the budget for your proposed project. This budget should include the entire amount that you are requesting from HUD for this grant proposal. Submit the completed New Project Budget Form as an attachment to your project application. For more details on the allowable budget line items, please refer to 24 CFR Part 578.

Financial Information

56. HUD grant agreements are often delayed; the organization should have a minimum of three months of operating reserve for each CoC project. How much funding does the organization have in reserve to support the operations for this proposed project? How many months do you estimate this funding will support the uninterrupted operations of the proposed project?

Click or tap here to enter text

57. Has the organization had an audit or been monitored by HUD in the last 24 months? Yes No
If so, please attach a copy of the monitoring report provided by HUD.

Section IX – Housing Type & Program Participants

Instructions: Only complete the section for the applicable project component.

Permanent Supportive Housing or Rapid Rehousing:

Total Number of Units: Click or tap here to enter text

Total Number of Beds: Click or tap here to enter text

Housing Type:

- Clustered Apartments
- Scattered-Site Apartments (including efficiencies)
- Single Family Homes/ Townhouses

Household Characteristics	Households with at Least 1 Adults & 1 Child	Adult Households without Children	Total
Persons Over 24	#	#	#
Persons age 18-24	#	#	#
Accompanied Children under age of 18	#	#	#
Total	#	#	#

What is the funding source for these units and beds?

- CoC ESG Housing Choice Voucher HUD VASH Mixed Funding Other

If Mixed Funding or Other provide details: Click or tap here to enter text

Transitional Housing:

Total Number of Units: Click or tap here to enter text

Total Number of Beds: Click or tap here to enter text

Housing Type:

- Dormitory
- Single Room Occupancy
- Clustered Apartments
- Scattered-Site Apartments (including efficiencies)

Single Family Homes/ Townhouses

Household Characteristics	Households with at Least 1 Adults & 1 Child	Adult Households without Children	Total
Persons Over 24	#	#	#
Persons age 18-24	#	#	#
Accompanied Children under age of 18	#	#	#
Total	#	#	#

What is the funding source for these units and beds?

- CoC
 ESG
 Housing Choice Voucher
 HUD VASH
 Mixed Funding
 Other

If Mixed Funding or Other provide details: [Click or tap here to enter text](#)

Supportive Services Only:

Household Characteristics	Households with at Least 1 Adults & 1 Child	Adult Households without Children	Total
Persons Over 24	#	#	#
Persons age 18-24	#	#	#
Accompanied Children under age of 18	#	#	#
Total	#	#	#

58. Check all appropriate boxes if this project will have a specific subpopulation focus.

- N/A – Project Serves All Subpopulations**
- Chronically Homeless/ DedicatedPLUS**
 Persons with Disabilities
- HIV/ Aids**
 Families with Children
 Seniors
- Mental Illness**
 Substance Use Disorder
 DV Survivors
- Veterans**
 Youth (under age 25)
- Other (Please Specify):** [Click or tap here to enter text](#)

59. Please check if the project considers the severity of needs and vulnerabilities of program participants experiencing any of the following (Check all that apply and respond to the question in italics)

Low or no income. *Briefly describe your service approach to participants with this need/ vulnerability*
[Click or tap here to enter text](#)

Current or past substance use or misuse. *Briefly describe your service approach to participants with this need/ vulnerability.*
[Click or tap here to enter text](#)

Criminal record—with the exception of restrictions imposed by federal, state, or local law or ordinance. *Briefly describe your service approach to participants with this need/ vulnerability.*
[Click or tap here to enter text](#)

Chronic homelessness. *Briefly describe your service approach to participants with this need/ vulnerability.*
Click or tap here to enter text

History of victimization/abuse, domestic violence, sexual assault, childhood abuse. *Briefly describe your service approach to participants with this need/ vulnerability.*
Click or tap here to enter text

Mental Illness. *Briefly describe your service approach to participants with this need/ vulnerability*
Click or tap here to enter text

Chronic Health Conditions and/or Physical Disabilities. *Briefly describe your service approach to participants with this need/ vulnerability.*
Click or tap here to enter text

Developmental Disabilities. *Briefly describe your service approach to participants with this need/ vulnerability.*
Click or tap here to enter text

Unaccompanied Youth under age 18. *Briefly describe your service approach to participants with this need/ vulnerability.*
Click or tap here to enter text

Unaccompanied transition aged youth (TAY) age 18-24 years. *Briefly describe your service approach to participants with this need/ vulnerability.*
Click or tap here to enter text

60. Based on your knowledge, is this project the only project of its kind in the CoC's geographic area serving a special homeless population/subpopulation? Yes No
a. If yes, please specify: Click or tap here to enter text

Section X – Housing Type & Program Participants

61. 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).

Response: Click or tap here to enter text

62. For all the supportive services available to program participants, indicate who will provide them and how often they will be provided

Eligible Support Services

- Additional information can be found about eligible support services per 24 CFR 578.53(a)(1) or on the HUD Exchange:
<https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/supportive-services/>

Provider

- Subrecipient indicates the project applicant providing the service.
- Partner indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or
- Non-Partner indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Subrecipient, (2) Partner, and (3) Non-Partner.

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).

Eligible Support Services	Provider (Subrecipient, partner, non-partner)	Frequency (daily, weekly, bi-weekly, monthly, quarterly, semi-annually, annually, as needed)
Assessment of Service Needs	Click or tap here to enter text	Select Frequency
Assistance with Moving Costs	Click or tap here to enter text	Select Frequency
Case Management	Click or tap here to enter text	Select Frequency
Child Care	Click or tap here to enter text	Select Frequency
Education Services	Click or tap here to enter text	Select Frequency
Employment Assistance	Click or tap here to enter text	Select Frequency

Food	Click or tap here to enter text	Select Frequency
Housing/Counseling Services	Click or tap here to enter text	Select Frequency
Legal Services	Click or tap here to enter text	Select Frequency
Life Skills	Click or tap here to enter text	Select Frequency
Mental Health Services	Click or tap here to enter text	Select Frequency
Outpatient Health Services	Click or tap here to enter text	Select Frequency
Outreach Services	Click or tap here to enter text	Select Frequency
Substance Use Treatment Services	Click or tap here to enter text	Select Frequency
Transportation	Click or tap here to enter text	Select Frequency
Utility Deposits	Click or tap here to enter text	Select Frequency

63. Will the project include transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes No

64. Will the project include annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes No

65. Will program participants have access to SSI/SSDI technical assistance provided by this project - whether the applicant, a subrecipient, or partner agency? Yes No

66. 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

67. Move on strategy (PSH and RRH Projects Only). For PSH, 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). For RRH, describe how the project assists participants to exit the program to a permanent housing destination without subsidy.

Click or tap here to enter text

Collaboration and Coordination

68. Describe any CoC, CDC, HUD, or other relevant training that CoC funded program staff have participated in during the past year. Click or tap here to enter text.

69. Does the project actively partner with the following systems of care. If yes, describe the partnership:
- a. **Providers and entities that provide services in connection with Drug Courts and other specialty courts** Yes No Click or tap here to enter text.
 - b. **Local crisis systems of care (988 and crisis contact centers, mobile crises and outreach services, crisis stabilization services)** Yes No Click or tap here to enter text.
 - c. **Child Protective Services/ Foster Care** Yes No Click or tap here to enter text.
 - d. **Health Care** Yes No Click or tap here to enter text.
 - e. **Agencies and programs that serve aging and elderly individuals experiencing homelessness such as a provider of residential care, assisted living, or medical respite** Yes No Click or tap here to enter text.
 - f. **Mental/ Behavioral Health Care** Yes No Click or tap here to enter text.
 - g. **Justice System re-re-entry programs** Yes No Click or tap here to enter text.
 - h. **Agencies and programs that provide specialized supportive services for homeless individuals with a high level of medical needs** Yes No Click or tap here to enter text.

70. **PROJECTS THAT SERVE HOUSEHOLDS WITH CHILDREN ONLY:**

- a. **Describe how the organization partners with youth education providers, local education agencies, and school districts to support the educational needs of youth experiencing homelessness.** Click or tap here to enter text
- b. **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)** Click or tap here to enter text

Section XII – HUD Initiative Preference Points

71. 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

If yes to question 1, upload a completed and signed HUD-2996 Form. [Click here for the download the form.](#)

Application Attachments

- If Nonprofit, 501(c)(3) IRS Determination Letter

Most recent audit and management letter (if any) or audited financial statements

Submit a recent copy of the agency/program audit (within the past three years) conducted by a Certified Public Accountant. Eligible audits must be for fiscal year review periods between January 1, 2021 and December 31, 2023, 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, 2023, and December 31, 2023.

New Project Budget Template

Match Documentation (Provide explanation if pending)

Most recent HUD monitoring letter, if received in the last 24 months

If TH, PSH, or RRH project is requiring participants to participate in supportive services provide a services agreement, occupancy agreement, lease, or contract that demonstrates this requirement.

Current Board roster with lived experience member clearly identified.

Formal partnership with CCBHC, CMHC, or other similar Behavioral or Mental Health Facility.

Demonstrate on-site substance abuse treatment services.

If project provides housing and/ or supportive services within an Opportunity Zone, provide signed HUD-2996 Form.

Any other MOUs, MOAs, contracts, other application support documents

Applicant Assurances

Please review and certify that your organization meets the following criteria. **You must check either Yes or No for each question; do not leave any questions blank.**

Yes **No** 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** 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 sufficient Financial Management 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 11. 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 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.

Applicant Verification and Submission

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 CoC.
- 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 Fulton County CoC application to HUD does not guarantee funding.

Name and Title: _____

Signature: _____

Date: _____