



Fulton County Continuum of Care FY 2026 CoC Competition Renewal Project 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

Local Project Applications

All LOI organizations submitting a request to renew CoC funded projects are required to submit a Renewal Local Project Application for each CoC project being requested for renewal. 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.

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

In addition to the Renewal Project Local Applications required by the CoC, organizations submitting applications for CoC funded projects, if accepted by the CoC, will be required to also submit an application for each project in e-snaps. E-snaps is the online application system HUD uses for the CoC program. CoC Project Applications will be 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.

Transition Grants

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 Rank and Review 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.**

If the organization would like to submit a New Project Transition Grant use the New Project Local Application found on the [Fulton County CoC Website](#).



**Fulton County Continuum of Care
FY 2026 CoC Competition New Project – Renewal Project
Local Application**

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

Is the organization a Victim Service Provider (VSP): Yes No

Applicant SAM Registration Expiration Date: Enter Expiration Date

Applicant 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

Will this project have a subrecipient? Yes No

If yes, to the question above:

Subrecipient SAM Registration Expiration Date: Enter Expiration Date

Subrecipient UEI Number: Enter Organization UEI Number

Section II – Project Description

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

Permanent Supportive Housing Transitional Housing Rapid Rehousing Joint TH/RRH

Supportive Services Only Supportive Services Only – Street Outreach

Estimated Project Start Date Click or tap to enter a date

Estimated Project End Date Click or tap to enter a date

1. **Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.** Click or tap here to enter text.
2. **How many individuals or families does the renewal application project serve during the operating year?**
 - a. **Number of individuals** Click or tap here to enter text.
Of those, how many would be chronically homeless? Enter #
 - b. **Number of families** Click or tap here to enter text.
Of those, how many would be chronically homeless? Enter #
3. **Amount of Funding Requested (cannot exceed FY 2025 renewal award amount):** Enter \$

Section III - Threshold Requirements

4. **Total amount of match documented with commitment letters attached to the renewal application in e-snaps:** Enter \$
5. **Does the project currently have staff who are trained on the Homeless Management Information System (HMIS) or if a VSP a comparable database?** 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
6. **How many referrals did this project receive from Coordinated Entry from May 1, 2025 to April 30, 2026?** Enter #
 - a. **Of those referrals, how many clients were accepted into the project?** Enter #
 - b. **Of those referrals, how many were denied due to a reason other than the project not having available openings, not being able to locate the household, or not being eligible based on the federal eligibility guidelines?** Enter #
7. **For PSH, RRH, and TH/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
8. **Number of CoC General Membership meetings attended by a staff member of the applicant?**
Enter # and name of staff member(s) that attended

Section IV – Local Criteria

Program Design

9. **Provide a detailed description of the scope of the project including the project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.**

Click or tap here to enter text

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

- a. **RRH or TH project that exclusively serves families with children experiencing homelessness.** Yes No
- b. **Provides specialized support services for homeless individuals with a high level of medical needs.** Yes No
- c. **Serves aging and elderly individuals experiencing homelessness such as with a provider of residential care, assisted living, or medical respite services.** Yes No

11. **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.** Click or tap here to enter text

12. **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

13. **If yes to question 12, 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

14. **Does the project provide access to peer recovery support or other forms of peer support and recovery navigation?** Yes No

15. **If yes to question 14, 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

16. **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

17. **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

18. **If yes to question 17, describe the partnerships with these agencies and programs.**

Click or tap here to enter text

19. 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

20. **DV Dedicated Renewal Projects Only.** explain how your agency and this project meets the needs of survivors of domestic violence. Provide examples.

a. How are staff trained, specifically, to work with clients who are survivors of domestic violence? Click or tap here to enter text

b. How do project staff ensure clients have access to mainstream services and supports, whether provided by agency or community partners?

Click or tap here to enter text

Financial Information

21. 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 project? How many months do you estimate this funding will support the uninterrupted operations of the project?

Click or tap here to enter text

22. Estimate the percentage of funding that will be expended by the end of your grant term for the current CoC grant in operation (Based on the eLOCES report and any unreported draw request) If it is anticipated that funds will be unexpended at the end of the grant term estimate the amount that will be returned back to HUD: Enter Percentage and \$ amount (if any)

23. Describe any challenges the organization has faced in executing and implementing the most recent CoC grant and if applicable, steps taken or plan to address those challenges.

Click or tap here to enter text

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

Service Population

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

N/A – Project Serves All Subpopulations

Chronically Homeless Dedicated PLUS)

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

26. 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 Youth/ Parenting Youth age 18-24 years.** *Briefly describe your service approach to participants with this need/ vulnerability.*
Click or tap here to enter text

27. 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

28. 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

29. 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

30. 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-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.

31. 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

Lived Experience

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

33. 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](#)

Section V – Project Performance

For this section the CoC will use the Annual Performance Report (APR) from the most recently completed grant period in SAGE.

The CoC will review this report and score the project for information related to HUD’s System Performance Measures and locally developed project performance metrics, which include but are not limited to:

- Clients remaining in PSH and/or exiting to permanent housing destinations
- Returns to homelessness within 6 months of successful exit
- Connection and growth in employment income
- Connection and growth in any income
- Connection and growth to mainstream benefits
- Connection to health insurance
- Length of participation in project before housing move-in

34. Describe any program improvements in the past year that have had a positive effect on the project’s overall performance. [Click or tap here to enter text](#)

Section VI – HUD Initiative Preference Points

35. 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

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, 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, 2024, and December 31, 2024.

- Summary page from eLOCCS showing the dates and amounts of drawdowns from the last fully completed grant year for the project**

Instructions for creating an eLOCCS drawdown summary page for the project: 1. Log into eLOCCS. 2. Select Line of Credit Control System (eLOCCS) under Systems. 3. Select SNAP under Program Area. 4. The first section in the Main menu is Queries - under this section, click on Project Portfolio (SNAP) which will bring up a list of your agency's grants. 5. Click on the project's grant number. 6. Click on the vouchers tab (the third tab over) 7. Right click your mouse and select "Print" to print the summary page. 8. Scan and save the summary page or print to pdf.

- Match Documentation (Provide explanation if pending)**
- Most recent HUD monitoring letter, if received in the last 24 months**
- If 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.**

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 disclosed any violations of Federal criminal law - Applicants must disclose in a timely manner, in writing to HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.338, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds.

Yes **No** 8. Applicant has demonstrated the population to be served meets program eligibility requirements as described in the Act, and project application clearly establishes eligibility of project applicants. This includes any additional eligibility criteria for certain types of projects contained in the NOFA.

Yes **No** 9. 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** 10. Applicant has met HUD Expectations - When considering renewal projects for award, HUD will review information in eLOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants. HUD will also assess renewal projects using the following performance standards in relation to the project's prior grants:

- (a) Whether the project applicant's performance met the plans and goals established in the initial application, as amended;
- (b) Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;
- (c) The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; and,
- (d) Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.

Yes **No** 11. Applicant has met HUD financial expectations – If a project applicant has previously received HUD grants, the organization must have demonstrated its ability to meet HUD’s financial expectations. If any of the following have occurred, the project applicant would NOT meet this threshold criteria:

- (a) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
- (b) Audit finding(s) for which a response is overdue or unsatisfactory;
- (c) History of inadequate financial management accounting practices;
- (d) Evidence of untimely expenditures on prior award;
- (e) History of other major capacity issues that have significantly affected the operation of the project and its performance;
- (f) History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and
- (g) History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

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: _____