



**FY 2021**

**GA-502 Fulton County Continuum of Care Program**

**Competition for New Projects**

**Release Date: September 21, 2021**

**Deadline for Submission**

**October 18, 2021**

**5:00 pm**

## I. BEFORE YOU BEGIN

Much of the information collected is similar to the FY19 competition year. This is a competitive process. Please make sure to answer each question. The Rank and Review Committee can only score based on the information provided.

For each New Project, an agency must:

1. Submit this application to [Homelessinfo@fultoncountyga.gov](mailto:Homelessinfo@fultoncountyga.gov). Subject COC FY 2021 New Applicant
2. Complete all project documentation. This will vary from project to project and will not necessarily be limited to, but should include:
  - Evidence of nonprofit status (if applicable);
  - Most recent independent audit (if applicable);
  - Any audit/monitoring documentation since July 1, 2019;
  - Any other documentation as requested in the review process;
  - Completed MOU between Fulton County (CoC Lead Agency) and applicant. (see attached)
3. Submitted Applications will be reviewed by the CoC's Ranking and Review Committee/Peer Reviewers and recommended to the CoC Board for inclusion in the CoC application.
4. **ACCEPTED APPLICANTS** will complete the project application, with all updated forms, in e-snaps, **no later than November 1, 2021 at noon**. The e-snaps application is what will be submitted with the CoC Consolidated application to HUD.

Please know that 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. Any other documentation requested in the review process will be to help clarify your application.

The submission deadline for all **LOCAL COMPETITION** new review applications, and all required documents, is **October 18, 2021 at noon**. An application may be considered incomplete if it does not include all required documents.

The deadline for **ACCEPTED PROJECT** e-snaps application, and all required updated attachments is **November 1, 2021 at noon**. An e-snaps application may be considered incomplete if all required attachments, with the correct updated information, are not uploaded. Failure to submit an e-snaps application, with the required attachments, may result in your application being not scored.

No late applications or attachments will be accepted

**I. Applicant Information**

1. Name of Organization

2. Organization Type

- Nonprofit 501 c 3                       Government Unit                       Public Housing  
 Other (Please

specify): \_\_\_\_\_

3. Name of Subrecipient/Sponsor Organization (enter N/A if not applicable)

4. Subrecipient/ Sponsor Organization Type (enter N/A if not applicable)

- N/A  
 Nonprofit 501(c)(3)  
 Government Unit  
 Public Housing Authority

Other (please specify)

5. Contact Person for Application

Name and Title

Phone Number

Email Address

6. Organization Employer/Tax ID

7. Organization Address

Street

City

Zip Code

8. DUNS Number

9. SAM Registration Expiration Date

10. HUD Project Name

11. HUD Project Funding/Type

- CoC Bonus Funding - Permanent Supportive Housing
- CoC Bonus Funding - Rapid Rehousing
- DV Bonus Funding

12. Total HUD 2021 Funding Request

II. Threshold Review

There are certain threshold requirements that all projects must meet in order to be considered eligible for funding. Based upon a review of your entire application and supporting materials, the Rank and Review Committee will assign your application one point for each of the following criterion met and zero points for each criterion not met. **Projects must score a minimum of 3 out of 4 points to be further reviewed by the CoC.** Please note these points are used only for threshold purposes and do not count toward overall project competitive scoring. Please keep following in mind when completing your application:

1. The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants (e.g., two or more bedrooms for families).
2. The type of supportive services that will be offered to program participants will ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source.
3. The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply meets the needs of program participants (e.g., Medicare, Medicaid, SSI,

Food Stamps, local Workforce office, early childhood education).

4. Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing).

The following questions will also not be included in the overall score, but the responses will help to determine eligibility:

13. **HMIS Participation:** Will this project participate in the Fulton County CoC HMIS (or a comparable database if you are a victim services agency) in the event that the project is funded?  Yes  No

14. **Coordinated Entry:** Will this project participate in the Fulton County CoC Coordinated Entry system in the event that the project is funded?  Yes  No

15. **Housing First:** Will this project follow a Housing First approach as defined in HUD guidance?  Yes  No

16. **Match:** Will the project provide 25% cash or in-kind match for all HUD funding except Leasing?  Yes  No

### III. Applicant Experience

17. **Experience with Project Activities:** Describe the experience of the applicant and potential partners (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. **(2,000 character limit. Add explanation as an attachment, and label it Question 17)**

18. **Experience Leveraging Other Sources:** Describe the experience of the applicant and partners (if any) in leveraging other Federal, State, local, and private sector funds. If the applicant has no experience leveraging other funds, please include the phrase, "No experience leveraging other federal, state, local or private sector funds." **(1,000 character limit. Add explanation as an attachment, and label it Question 18)**

19. **Management Structure:** Describe the basic organization and management structure of the applicant and partners (if any). Include evidence of internal and external coordination and an adequate financial accounting system. **(3,000 character limit. Add explanation as an attachment, and label it Question 19)**

20. **Monitoring/Audit Findings:** Has the agency had any site visits/monitoring from ANY funder (private or government, including HUD ESG) since July 1, 2019 (past two years) or ANY outstanding monitoring or audit findings or concerns, even visits (including any concerns/findings and letters addressing such) to the end of this application.  Yes  No

21. Please attach all site visits/monitoring since July 1, 2019. (Enter N/A if not applicable.) **(Add explanation as an attachment, and label it Question 21)**

22. **Securing Units:** Please explain your experiencing working with landlords, Realtors, and other housers and helping clients to lease and move into housing quickly. **(1,000 character limit. Add explanation as an attachment, and label it Question 22)**

#### IV. Quality of Proposed Project

23. Under the CoC Interim Rule, new grant funding cannot replace state or local funds. That is, this project application must be for the creation of new PSH units. Please confirm that this application will be used to create new PSH units (and not replace lost funding).  Yes  No

24. **Project Description:** Provide a description that addresses the entire scope of the proposed project.

**(3,000 character limit. Add explanation as an attachment and label it Question 24)**

25. **Estimated Schedule:** Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work. **(1,000 character limit. Add explanation as an attachment and label it Question 25)**

26. **Clients to be Served/Needs:** Please describe a description of the characteristics and needs of the homeless population to be served by this project. Include if the proposed project will have a specific population focus. **(1,000 character limit. Add explanation as an attachment and label it Question 26)**

#### V. Housing First

The Fulton County CoC works to align itself with HUD priorities, and the Five Year Consolidated Plan, which outlines the principles and priorities for the CoC. Please respond to the following questions, addressing the various priorities of the CoC. Please provide a brief explanation for each of the subparts, if requested.

27. Describe how the project will implement a Housing First model, throughout the duration of a person's participation. **(1,000 character limit. Add explanation as an attachment and label it Question 27)**

28. Will the project drug test prior to move in and/or during program participation?  Yes  No

29. Please briefly explain your response from Q28. **(500 characters maximum. Add explanation as an attachment and label it Question 29)**

30. Will the project enforce compliance with or enrollment in mental health treatment either at move-in or at any time during program participation?  Yes  No

31. Please briefly explain your response from Q30. **(500 characters maximum. Add explanation as an attachment and label it Question 31)**

32. Will the project screen clients out due to criminal history?  Yes  No

33. Please briefly explain your response from Q32. **(500 characters maximum. Add explanation as an attachment and label it Question 33)**

34. Will the project require clients to have income or other financial resources, either at move-in or at any time during program participation?  Yes  No

35. Please briefly explain your response from Q34. **(500 characters maximum. Add explanation as an attachment and label it Question 35)**

36. Will the project use a harm-reduction model for drugs and/or alcohol use?  Yes  No

37. Please briefly explain your response from Q36. **(500 characters maximum. Add explanation as an attachment and label it Question 37)**

38. Will the project include mandatory case management and/or home visits as a condition of remaining in the program?  Yes  No

39. Please briefly explain your response from Q38. **(500 characters maximum. Add explanation as an attachment and label it Question 39)**

40. Will the project require participants to live in a particular structure at any point during program participation?

Yes  No

41. Please briefly explain your response from Q40. **(500 characters maximum. Add explanation as an attachment and label it Question 41)**

## VI. Highest Barriers to Housing

In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process will prioritize people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. CoC funded projects frequently work with families or individuals who have severe barriers to finding and maintaining housing, and it's important for the system of care to be responsive to those needs.

42. Please indicate which of the following will be required for clients to be accepted into this project.

(Check all that apply.)

- Current employment
- Income
- State-issued identification
- Sobriety (alcohol or drugs)
- No presenting of symptoms of mental illness
- Transportation
- Specific disabling condition (mental health, substance abuse, HIV/AIDS)
- Medication compliance
- Order of protection, police involvement or specified time separated from abuser for victims/survivors of domestic violence
- None of the above

Other (please specify)

43. Please list and discuss all program entry requirements and restrictions for homeless persons to access and be accepted into this project. Include how this project works with those families and individuals with high barriers to accessing and remaining in housing. **(2,000 characters maximum.**

**Attach explanation and label it Question 43)**

## VII. Services for Participants

44. Describe how participants will be assisted to obtain and remain in permanent housing. Include the plan to help participants locate housing, move in to housing, and maintain housing. **(1,000 characters.**

**Attach explanation and label it Question 44)**

45. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs? **(1,000 characters. Attach explanation and label it Question 45)**

For all supportive services available to participants, indicate if the specific service will be made available, who will provide it (Applicant, Subrecipient, Partner, or Non-Partner), and the frequency of the service. Please be realistic and do not over commit!

46. Assessment of Service Needs

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

47. Assistance with Moving Costs

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

48. Case Management. Will it be made available?  Yes or  No

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_
- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

49. Child Care

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

50. Education Services

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner

- What is the frequency of the service? \_\_\_\_\_

51. Employment Assistance Job Training

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

53. Food

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

53. Housing Search/Counseling Services

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

54. Legal Services

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

55. Life Skills Training

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

56. Mental Health Services

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

57. Outpatient Health Services

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

58. Outreach Services

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

59. Substance Abuse Treatment Services

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

60. Transportation

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

61. Utility Deposits

- Will a specific service be made available  Yes or  No
- Who will provide the Service?  Applicant  Subrecipient  Partner  Non-Partner
- What is the frequency of the service? \_\_\_\_\_

62. Employment and Income: Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. **(2,000 character limit. Attach explanation and label it Question 62.)**

63. Improving Service Access: Will the project include the following activities. Check all that apply.

- Transportation assistance to clients to enable them to attend mainstream benefit appointments, employment training, or jobs.
- Follow-up at least annually with participants to ensure mainstream benefits are received and renewed.
- Access to SSI/SSDI technical assistance provided by the applicant or a partner agency

64. If the last box in Q63, regarding access to SSI/SSDI technical assistance was checked, select one of the below:

- Enter the full date that the person providing the technical assistance last completed SOAR training
- Never completed training
- This question is not applicable

**VIII. Housing and Project Population**

65. Total Number of Proposed Units? \_\_\_\_\_

66. Total Number of Proposed Beds? \_\_\_\_\_

67. Populations Served.

- Households without children (individual and couples with no children)
- Households with children
- Households with only children

68. Households without children.

\_\_\_ Number of Households

\_\_\_ Number of Adults

69. Households with children

\_\_\_ Number of Households

\_\_\_ Number of Adults

\_\_\_ Number of Children

70. Households with children (Unaccompanied youth 17 years or younger)

\_\_\_ Number of Children

71. Total Projected to be Serve

\_\_\_ Total Number of Households

\_\_\_ Total Number of People

72. Projected Percentage of Veterans Served

\_\_\_ Households with at least one Veteran

\_\_\_ Households with no Veterans

73. Projected Percentage of Youth (ages 18-24) Serve

\_\_\_ Youth head households (individuals or families, if head of household is a youth)

\_\_\_ Non-youth headed households (individuals or families, with head of household 25 or older)

74. If project proposes to target youth (ages 18-24), please describe how this population will be targeted, current partnerships related to appropriate referrals, and the need of a program for this target population(Please submit data as necessary) **(2,000 character limit. Attach response and label it Question 74)**

75. What is the estimated percentage of clients served from each of the sub-populations below?  
(These are not mutually exclusive and do not need to add up to 100%)

- Mental Illness: \_\_\_\_\_
- Alcohol Abuse: \_\_\_\_\_
- Drug Abuse: \_\_\_\_\_
- Chronic health condition: \_\_\_\_\_
- HIV/AIDS and related disorder: \_\_\_\_\_
- Developmental disability: \_\_\_\_\_
- Physical disability: \_\_\_\_\_
- Victim/survivor of domestic abuse: \_\_\_\_\_
- Veteran: \_\_\_\_\_
- Youth Households: \_\_\_\_\_
- Not represented by any subpopulations: \_\_\_\_\_

**VIII. Performance Measures**

Indicate the proposed number of persons who will remain in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.

Count every participant who is anticipated to continue residing in the project, or the number of participants who are anticipated to exit the project and move into another permanent housing situation.

1. Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.
2. Target (#): Enter the number of applicable persons who are expected to achieve the measure within the operating year from universe of total persons. The Target is the total number of persons from the pool that are affected.

76. Persons remaining in permanent housing as of the end of the operating year.

Universe number: \_\_\_\_\_

Target numbers: \_\_\_\_\_

Target percent: \_\_\_\_\_

77. Please explain the plan to reach the housing stability target **(1,000 characters maximum. Attach explanation and label it Question 77)**

**IX. Performance Measures – Project Participant Income**

These measures are not applicable for children and youth below the age of 18. Total income can include all cash sources, public, and private.

1. Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.
2. Target (#): Enter the number of applicable persons who are expected to achieve the measure within the operating year from universe of total persons. The Target is the total number of persons from the pool that are affected.

78. Persons age 18 and older who maintained or increased their total income (from all sources) at the end of the operating year or program exit.

Universe number: \_\_\_\_\_

Target numbers: \_\_\_\_\_

Target percent: \_\_\_\_\_

79. Persons age 18 through 61 who maintained or increased their earned income at the end of the operating year or program exit.

Universe number: \_\_\_\_\_

Target numbers: \_\_\_\_\_

Target percent: \_\_\_\_\_

80. Please explain the plan to reach the income stability target. **(1,000 characters maximum. Attach explanation and label it Question 80)**

**X. Budget and Financials**

For the following budget related questions, please pay careful attention to the HUD budget guidelines, as certain budget line items are only applicable for certain project types. Please be sure to only include allowable expenses, based on the project type being applied for.

**Project Budget**

Please enter the general budget breakdown for requested funds in Question 81. For the budget questions that follow Question 81, please enter, more specifically, what each general category will fund.

81. For each activity listed, please enter the amount of assistance that is requested.

- Leased Units – not allowed (enter 0): \_\_\_\_\_

- Leased Structures –not allowed (enter 0): \_\_\_\_\_

- Rental Assistance: \_\_\_\_\_
- Supportive Services: \_\_\_\_\_
- Operating: \_\_\_\_\_
- Subtotal: \_\_\_\_\_
- Administrative costs (Up to 7% of subtotal): \_\_\_\_\_
- Total Amount of Request: \_\_\_\_\_

82. Multiply the number of units by unit type by the number of units by FMR (listed next to unit type) the multiply that number by 12 (1 year grant= 12 months) and enter totals. (Example: If the application is for 10 one bedroom units= 10 x \$898 X 12= 107,760 would be enter for line b.)

Efficiency (\$873): \_\_\_\_\_

One bedroom (\$898): \_\_\_\_\_

Two bedroom (\$1,031): \_\_\_\_\_

Three bedroom (\$1,344): \_\_\_\_\_

Four bedroom (\$1,651): \_\_\_\_\_

Total: \_\_\_\_\_

83. Assessment of Service Needs

Quantity and Description:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Amount Requested: \_\_\_\_\_

84. Assistance and Moving Costs

Quantity and Description:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Amount Requested: \_\_\_\_\_

85. Case Management

Quantity and Description:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Amount Requested: \_\_\_\_\_

86. Child Care

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

87. Education Services

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

88. Employment Assistance/Job Training

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

89. Food

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

90. Housing/Counseling Services

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

91. Legal Services

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

92. Life Skills

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

93. Mental Health Services

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

94. Outpatient Health Services

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

95. Outreach Services

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

96. Substance Abuse Services

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

97. Transportation

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

98. Utility Deposits

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

99. Operating Costs (only if for a facility that is used to provide services)

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

100. Total Annual Assistance Requested: \_\_\_\_\_

101. Maintenance/Repair

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

102 Property Taxes and Insurance

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

103. Replacement Reserve

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

104. Building Security

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

105. Electricity, Gas, Water

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

106. Furniture

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

107. Equipment (lease/buy)

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

108. Total annual Assistance requested.

Project Budget HMIS

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of relevant HMIS item. When including staff costs, please include title, salary and FTE. If something does not apply, please enter) or N/A.

109. Equipment

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

110. Software

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

111. Service

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

112. Personnel

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

113. Space and Operations

Quantity and Description:

---

---

---

Amount Requested: \_\_\_\_\_

114. Total Assistance Requested: \_\_\_\_\_

Cost Efficiency

115. Please briefly explain how your costs, including housing costs and service costs, are all necessary and reasonable, **(1,000 character limit. Attach explanation and label it Question 115)**

116. What additional funding sources are committed to this project? **(1,000 character limit. Attach explanation and label it Question 116)**

117. What is the projected total budget for this project (include all financial resources, excluding in-kind)? \_\_\_\_\_

118. How many persons are projected to be served: \_\_\_\_\_

119. What is the projected total average cost per person served? \_\_\_\_\_

120. What is the total HUD request for this project? \_\_\_\_\_

121. What is the projected total average costs, of HUD funds, per person served? \_\_\_\_\_

122. How many persons are projected to either remain in permanent housing or exit the project to permanent destinations over the course of the program year? \_\_\_\_\_

123. What is the projected average cost per exit to, or maintenance of, permanent housing over the course of the program year? \_\_\_\_\_

124. What is the projected average cost, of HUD funds, per exit to, or maintenance of, permanent housing over the course of the program year? \_\_\_\_\_

125. Does the applicant have any outstanding federal debt?  Yes  No

126. If yes, please provide an explanation of debt owed and repayment arrangements: (200 characters) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Match Funds

HUD requires a 25% match (minus leasing) for this funding. This needs to be based on the current commitments at the time of project application, covering the requested grant operating period/term, and NOT based on projections. Documentation should be attached to this application and dated within 60 days of the HUD application deadline (November 16, 2021). For additional guidance on match funds, please refer to the project guides or search for “match” on the FAQs on the HUD Exchange website.

127. Total Match

Total HUD CoC funding request (minus leasing): \_\_\_\_\_

Total cash match (listed below): \_\_\_\_\_

Total in-kind match (listed below): \_\_\_\_\_

Percent of match provided: \_\_\_\_\_

128. Cash Match (List source of match and amount committed)

Source	Amount

Total Cash Match	

**XI. Program Monitoring**

129. With your organization, please describe what actions are done to evaluate project and agency performance. **(1000 character maximum. Attach explanation and label it Question 129)**

**XII. Attachments**

Please attach the following required documents as part of your application.

130. Evidence of Nonprofit status.

131. Most recent audit.

132. Intake package, including house rules and policies.

133. Match verification letters.

134. Correspondence related to site visits/monitoring (with or without concerns) that cover visits since July 1, 2019.

135. Signed MOU between Fulton County and the applicant.

136. Please upload the completed supplemental questions.

Supplemental Questions

These questions are used to supplement your local competition application and provide answers that strengthen the overall CoC application submitted to HUD. Bonus points may be permitted for answering questions.

137. Ensuring Families are not Separated: Will your project deny admission to or separate family members? **(500 characters maximum. Attach explanation and label it Question 137)**

138. Child/Youth Collaborations. Will your project have written agreements in place with educational supports for children 0-5? **(500 characters maximum. Attach explanation and label it Question 138)**

139. Racial Equity: Will your project identify barriers to participation (i.e., lack of outreach) faced by persons of different races? Briefly explain what steps you will take to identify barriers. **(1000 characters maximum. Attach explanation and label it Question 139)**

140. New PSH Projects. Will your project provide housing subsidies or subsidized housing units not currently funded through the CoC or ESG Programs for at least 25% of the units included in the project?

Please upload letters of commitment, contracts or other formal written documents that demonstrate the number of subsidies or units being provided to support all new projects. (Attach as separate page – Label as Question 140)

- Yes
- No
- N/A

141. New PSH Projects. Will your project use health care resources to help individuals and families experiencing homelessness?

Please attach any healthcare formal agreements (Attach as separate page – Label as question 141)

- Yes
- No
- N/A

142. New RRH Projects. Will your project provide housing subsidies or subsidized housing units not currently funded through the CoC or ESG Programs to serve at least 25% of program participants anticipated to be served by the project?

Yes- Please attach letters of commitment, contracts or other formal written documents that demonstrate the number of subsidies or units being provided to support all new projects. (Attach as separate page – Label as question 142)

- No
- N/A

143. New RRH Projects: Will your project use healthcare resources to help individuals and families experiencing homelessness?

Yes- Please attach healthcare formal agreements under the “Attachments” section

- No
- N/A

144. DV Bonus Projects: Please select which type of project you are applying for?

- Permanent Supportive Housing- attach DV questionnaire answers
- Rapid Rehousing – attach DV questionnaire answers
- N/A

**XIII. 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 e-snaps application form with the same information contained in this application unless adjustments have been requested by the Collaborative Applicant.

Applicant agrees to participate fully with the HMIS identified by the CoC, or alternate system for domestic violence providers.

Applicant agrees to participate fully with the CoC Coordinated Entry system.

Additionally, the governing body of this applicant understands that:

Submission of this application and the e-snaps application is not a guarantee of funding.

Inclusion in the Fulton County CoC application to HUD also does not guarantee funding, as all final decisions are made by HUD.

**145. Acknowledgement and Signature**

Print Name and Title: \_\_\_\_\_

Authorizing Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_