DeKalb Community Development Department

FY 2022

Continuum of Care Program Competition

This program is funded by the

United States Department of Housing and Urban Development (HUD)

2021 DeKalb Application for Renewal Projects

Release Date: August 12, 2022

NOFO Information Meeting: August 12, 2022 - 1:00 pm.

Deadline for Electronic Submission

August 29, 2022 @ 5:00 p.m.

No applications will be accepted after the deadline.

Michael Thurmond, CEO

BOARD OF COMMISSIONERS

Robert Patrick, District 1; Jeff Rader, District 2;

Larry Johnson, District 3; Steve Bradshaw, District 4; Mereda Johnson, District 5;

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DeKalb County
GEORGIA

HUD Continuum of Care Program Competition

2022 DeKalb Application for Renewal CoC Projects

Project Type: PSH ☐   S+C ☐   RRH ☐   RRH-DV ☐   Joint TH + RRH ☐

SSO ☐   HMIS ☐

A.   Applicant Information – 25 points

1. **Applicant (Agency Name)** ____ _____

   a. Applicant DUNS Number
   b. Applicant SAM Registration Date
   c. Applicant Address   Address Line 1:

                                 Line 2:

                                 Line 3:

   d. Applicant Contact Name
   e. Applicant Contact Title

2. **Contact Name for this Application** _____
   a. Contact Title
   b. Telephone Number (Direct)
   c. Email Address
   d. FAX Number

3. **Project Information**

a. Project Name as Shown on GIW	
b. Project Grant #	
c. Start and End Date of Most Recent CoC Award	☐ to ☐

| d. Are you requesting a change in funding level | ☐ Yes, due to unused funding | ☐ No |
| | ☐ Yes, due to expansion | ☐ No |

Does the applicant have a current IRS 501(c)(3) status? Please attach a copy of the 501(c)(3) Certificate from IRS (**Exhibit A)**	Yes ☐	
	No ☐	

4. Please provide a clear and concise project description of the scope of the renewal project. The description should include the community need, target population(s) to be served, and expected outcomes. Include information on barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and (d) what steps will/have be taken to eliminate the identified barriers.

5. Do you anticipate expending all funds allocated in your current CoC award? Yes ☐ No ☐
   If not, please explain.

6. Have any funds been recaptured by HUD for the most recently expired grant term related to this renewal program? Yes ☐ No ☐
   If yes, what was the amount of recaptured funds? _____. In the blanks below, please indicate the amount of funds that were not expended at the expiration of your each grant period. Please attach copies of your program grant's ELOCCS for each year (**Exhibit C)**.

   2021 _____
   2020 _____
   2019 _____

7. What was the date of your most recent HUD monitoring visit?_____. If applicable, please attach a copy of your most recent monitoring report, along with any responses, documentation on corrective action, and any other associated documents (**Exhibit E**).
   Please attach most recent HUD Grant Agreement, Amendments and Technical Submission which fully describe your current project **(Exhibit D)**

8. Does the applicant have open (unresolved) monitoring findings or concerns from any governmental or foundation funder? ☐ Yes ☐ No
If yes, list findings or concerns and remediation activities.

Finding/Concern	Remediation Activities

9. List the names of representatives from your organization who participated in CoC activities as shown below:

   a. Attended Quarterly CoC Meetings

Representative Name	Date of CoC Meeting

   b. Participated in the CoC's 2021 HIC Count   Yes ☐   No ☐

Representative Name	Date(s) HIC Data Submitted to CoC

   c. Served on a CoC Board or Committee (provide the reps name and the name of the Committee)

Representative Name	CoC Board/Committee

   d. Participated in other CoC activities (provide the name of the representative and the date of the activity including Case Managers Meetings and CoC Trainings

Representative Name	CoC Activity	Date Attended

10. If your organization was not represented in the above CoC activities, please explain why?

11. Describe how your organization participates in the DeKalb CoC Coordinated Entry System? Answer may include enrollment, referrals, etc.

12. All applicants must submit a copy of the most recent audit your agency has received, including the management letter (**Exhibit A**). If the letter identifies any findings or concerns, provide any copies of any subsequent correspondence and/or explain agency's plan of action to address these items. If your agency does not have an audit, please provide a financial statement.

13. If the audit in **Exhibit C** is older than 12 months, provide explanation of delays in audit and date when pending current audit is expected to be issued.

14. Is your agency currently or recently funded by other federal, state or local grants that assist the homeless? Please provide a description, including funding source, award period and amount (s), include CARES ACT and American Rescue Plan funding if applicable. Is the agency in compliance with all grant or contract requirements? If not, please explain.

15. Has your agency ever been required to repay Federal Funds? ☐ Yes ☐ No. If yes, please explain. Does the applicant have any current outstanding federal debt? No ☐ Yes ☐ If yes, please explain.

B. Project Information - 25 Points

1. Project Type

Check Type Housing	Housing Type		Check Pop Served	Population Served (Based on most recent APR)	Check all subpop that apply	Subpopulations	Indicate % of clients served in each category
	Permanent Supportive Housing			Individuals		Chronic Homeless	
		Facility Based		Households with Children		DV Survivors	
		Scattered Site		Unaccompanied Youth		Trafficking Victims	
	Rapid Rehousing			Veterans		Substance Abuse	
	Joint Transitional Housing/Rapid Rehousing			Seniors		Mentally Ill	
						HIV/Aids	
						Households with Children	
						Veterans	
						Unaccompanied Youth	
						Other – Specify	

2. Please describe agency experience providing housing and/or services to the homeless population (s) during COVID 19. Please attach a copy of Agency Policies and Procedures related to the CoC renewal project that specifically address agency Emergency Preparedness/Covid safety protocols and Non-Discrimination policies. **(Exhibit G)**

3. If applicable, please describe agency experience providing transitional or bridge housing to the homeless population.

4. If your project dedicated to serving the chronically homeless? Yes ☐   No ☐ If not, does your project prioritize the chronically homeless for "roll over beds"?   Yes ☐   No ☐

5. Does this project follow a Housing First service approach?   Yes ☐   No ☐   If yes, please describe the process for accepting new clients into the program? (2) what is the criteria for eligibility? If not, please explain.

6. Indicate whether any of the following apply to your project

Housing First/Low Barrier Approach	Answer		Comments
	Yes	No	
a. Does the project accept all clients regardless of current substance use or history of use?			
b. Does the project accept clients who are diagnosed with or show symptoms of mental illness			
c. Does the project accept clients regardless of criminal history?			
d. Does the project accept clients regardless of income or financial resources?			
e. Does the project use a harm-reduction model for drugs and/or alcohol use/treatment			

7. Indicate whether any of the following apply to your project

Will the project terminate clients from housing under the following circumstances?	Answer	
	Yes	No
f. Failure to participate in supportive services?		
g. Failure to make progress on a service plan?		
h. Loss or income or failure to gain/increase income?		
i. Being a victim of domestic violence?		
j. Any other activity not typically covered in a lease agreement?		

8. Under what circumstances can/will a client be terminated from the program?

9. What services, if any, will you require clients to receive in order to stay in the housing program?

10. What happens if a client relapses or fails to make progress while in the program?

11. If you project serves homeless households with children, please answer the following questions:

    a.   How many employees act as the educational liaison? _____

    b.   What are their titles? _____

    c.   What are the employees' responsibilities?

12. Give examples of how you ensure that homeless individuals and families are informed of their eligibility for and receive access to educational services.

13. Provide examples of steps you take to ensure that children are enrolled in school, connected to Head Start, Part C of the Disabilities education, and/or McKinney Vento education services?

14. (a) Describe the specific actions taken to coordinated and integrate program services with other mainstream health, healthcare organizations, social services and employment programs to ensure that program participants are assist to obtain benefits from the mainstream programs for which they may be eligible (e.g. Health Insurance, Medicare, Medicaid, SSI, Food Stamps, local workforce agency, child care and early childhood education). (b) provide specific examples of how these actions/strategies are implemented. Identify collaborative mainstream, public or private partners in your example(s).

15. Describe the project strategy to collaborate with mainstream employment organizations to assist homeless individuals and families to gain or increase earned income? (b) Please list organizations and provide specific examples of collaboration. If no, please explain.

16. List organizations that you collaborate with to facilitate insurance enrollment and health care for project participants. For each collaboration, provide specific partner role and expected outcomes.

17. Describe how clients are assisted to use the health insurance benefits available to them. For example, does the project provide in-person training, transportation to medical appointments, etc.)?

C. System Performance & Service Capacity – 25 Points

<u>Please select a project type and complete the charts</u> below **showing housing stability achieved through exits to permanent housing, increased income and coordination with mainstream benefits**. These same objective performance measures are also utilized as a metric that correlates to improved safety for survivors of domestic violence. Please provide an explanation if there are significant changes between the previous and most recent APR submitted to HUD or data generated from a comparable database.

	Metric	Number or % reflected in the previous APR Submitted to HUD	Number or % reflected in the most recent APR Submitted to HUD	% Change	Comment/Explanation
System Performance - Housing Stability	**Q1 - Transitional Housing**				
	a. How many clients were served in Transitional Housing				
	b. How many exited Transitional Housing				
	c. How many exited to Permanent Housing				
	Percentage of Successful Exits (Calculate: c/a)				
	Q1 - Permanent Supportive Housing				
	a. How many clients were served in Permanent Supportive Housing				
	b. How many exited (Leavers)				
	c. How many exited to other Permanent Housing				
	d. How many remained (Stayers)				
	Percentage of Successful Exits/Retention (Exited to PH+ Remains/Total Exits for the Period)				
	Q1 - Rapid Rehousing/ RRH-DV				
	a. How many clients were served in Rapid Re-Housing/ RRH-DV				
	b. How many exited				
	c. How many exited to Permanent Housing				
	d. Percentage of Successful Exits				

	(Calculate c/a)				
Increased Income	**Metric**	**Number or % reflected in the previous APR Submitted to HUD**	**Number or % reflected in the most recent APR Submitted to HUD**	**% Change**	**Comment/Explanation**
	Transitional Housing, Permanent Supportive Housing and Rapid ReHousing/RRH-DV				
	Of those who exited, # of participants that increased their income from employment from entry date to program exit date				
	Of those who exited, # of participants that increased their income from sources other than employment from entry date to program exit date				
	Of those who exited the program, # with zero income from any source				
Mainstream	# of participants that obtained noncash program benefits from program entry date to exit date.				

Bed Units (Residential Programs Only)	Contracted # of Beds	Actual Annual # of Participants (Most recent APR or Comparable database)
# Beds for Households with Children < 18yrs. Old		
a. Number of Households		
b. Number of Adults		
c. c. Number of Children		
# Beds for Households without Children: Individuals, Couples with no children, Parent or Guardian with adult children (18 yrs or older)		
a. Number of Adults		
# Beds for Number of Households with ONLY Children (unaccompanied youth 17 yrs or younger)		
a. Number of unaccompanied youth 17 yrs or younger		
Total		
Explanation if necessary:		

2.   **Bed/Unit Inventory and Utilization**

       a.   # Beds Dedicated to Chronically Homeless (HIC)_____

       b.   Total Number of Units under Contract (HIC):_____

       c.   Total Number of Units being utilized on 9/30/21 _____

       d.   Average Length of Stay, for clients in residence in past 12 months: _____

3.   Give specific examples of the strategies your project employs to support achievement of CoC- wide performance objectives, including length of time homeless, % exit to PH and % with increased income
     Q3a. Reduction in length of time persons remain homeless in project (TH only)
     Q3b. Increase in percent of persons who exit to or retain permanent housing
     Q3c. Increase in percent of adults who gain or increase employment or non-employment cash income

4. Are there any other project specific outcome(s) or successes you would like to share? Yes   No

    a. What was the projected measurable outcome?

    b. What was the actual measurable outcome?

        c. Is the outcome(s) tracked in HMIS or comparable database? Yes _____ No _____

        d. If no, describe how outcome data is collected, what tool is used, etc.

D. BUDGET

1. OPERATING BUDGET
To be completed only if requesting operating funds

	Eligible Costs	Quantity (limit 400 characters)	SHP Request 1 Year
1	Maintenance/Repair		
2	Property taxes and insurance		
3	Replacement Reserve		
4	Building security		
5	Electricity, gas, water		
6	Furniture		
7	Equipment *(lease/buy)*		
Total Request			
Cash / In Kind Match			
Total Operating Budget			

2. SUPPORTIVE SERVICES BUDGET

To be completed only if requesting supportive services funds (new project limited to case management up to 20%)

	Eligible Costs	Quantity (limit 400 characters)	SHP Request 1 year
1	Assessment of Service Needs		
2	Assistance with Moving Costs		
3	Case Management		
4	Child Care		
5	Education Services		
6	Employment Assistance		
7	Food		
8	Housing/Counseling Services		
9	Legal Services		
10	Life Skills		
11	Mental Health Services		
12	Outpatient Health Services		
13	Outreach Services		
14	Substance Abuse Treatment Services		
15	Transportation		
16	Utility Deposits		
Total service dollars requested		███████████	
Cash / In kind Match		███████████	
Total Supportive Services Budget		███████████	

3. LEASING

Number of Years in Grant Term				
Unit type (bedroom #)	Number of Units	FY2022 FMR	One Year Leasing Budget	Total Leasing Request
0		$	$	$
1		$	$	$
2		$	$	$
3		$	$	$
4		$	$	
Leasing Assistance Subtotal				
For facility or office rental, enter one year budget			$	$
SHP Leasing Total			$	$

4. RENTAL ASSISTANCE

Number of Years in Grant Term				
Unit type (bedroom #)	Number of Units	FY2022 FMR	One Year Leasing Budget	Total Leasing Request
0		$	$	$
1		$	$	$
2		$	$	$
3		$	$	$
4		$	$	
Unit Rental Assistance Subtotal				

5. BUDGET SUMMARY

	PROGRAM SUMMARY BUDGET (Activities)	CoC Request	Cash / In-kind Match	Totals
1	Real Property Leasing from Leasing Budget Chart	$		
2	Supportive Services from Supportive Services Budget Chart	$		
3	Operations from Operations Budget Chart	$		
4.	Rental Assistance	$		
5	(Subtotal lines 1 – 4)	$		
5	CoC Request	$		
6	Administrative Costs (Up to 10% of line 5)*	$		
		Total CoC Request *(Total lines 5 and 6):* $	Total Cash/In-kind Match: $	Total Budget *(Total CoC Request + Total Cash Match):* $

A. MATCH

Project applicants are required to provide matching funds for each project.   Projects without sufficient match shall be determined ineligible.   (Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. §§ 1001, 1010, 1012, 31 U.S.C. §§ 3729, 3802). Information on Match requirements can be found in the CoC Interim Rule at 24 CFR 578.72.

I.   Match (Cash or In-Kind Resources)

Except for leasing, match resources must equal to at least 25% of the total requested HUD funding, including project and administrative costs. Please note, Cash and In-Kind Match must qualify as eligible program expenses under the CoC Interim Rule.

All projects must have a written commitment letter or (MOU) to document the required match. Copies of these commitment documents must be submitted with the approved ESNAPS submission. A written commitment may include signed letters (on letterhead), memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, in-kind, child care, case management, etc.), the value of the contribution, the date that the contribution will be available, and the source of funds. The written commitment must include the project name and be addressed to the project applicant or non-profit. The same provisions apply if the project applicant is leveraging other housing or healthcare resources.

Cash Match - Primary Sources of Match Funds (to equal 25% of total costs <u>minus</u> leasing amounts).

	SOURCE	*AMOUNT*
A		
B		
C		
D		
E		
F		
		TOTAL

In-Kind Match - Primary Sources of Match In-Kind Resources (to equal 25% of total costs minus leasing).

	SOURCE:	*12 Mo. $ Value*
A		
B		
C		
D		
E		
		TOTAL

E.Certification

All information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:
- Applicant will complete the HUD Project Application forms with the same information as contained in this application unless the CoC Project Review Scoring Committee has requested adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant.
- Applicant agrees to participate fully in the DeKalb CoC coordinated entry system.
- Applicant agrees to participate fully with this community's Homeless Management Information System (HMIS) (ClientTrack).
- Applicant agrees to comply with all Administrative, National and Department Policy Requirements and Terms for HUD Financial Assistance Awards

Name:		_____
(please type)
Title:		_____
Phone:		_____
Email:
Original Signature of Authorized Representative:

_____

_____

Date

DeKalb County Homeless Collaborative Continuum of Care
2022 Renewal Project Application Objective Review and Rating Criteria

Applicant Name/Project # : _____Reviewer _____   Score _____

DATA SOURCE	MEASURE		POINT RANGE
App Q4	Clear and concise description of scope of renewal project …Community Need …Target Population and Barriers Faced …Strategies to address barriers and Expected Outcomes	Yes No	2 0 1 1 1
App Q5 eLOCCS Grant Detail 2021	Anticipated Expenditure of Funds by the Expiration of Current Contract (2021) (Scoring: expend 80% of funds, receive 3 points; 70% = 2 points, 50% or less = 0)	100% 80% 70% 50% or less	5 points 3 points 2 points 0 points
App Q6 eLOCCS Grant Detail 2020, 2019	Unexpended Funds in the Previous 2 Grant Years (2020, 2019) (Scoring: expend 80% of funds = 3 points; 70% = 2 points, 50% or less = 0)	100% 80% 70% 50% or less	5 points 3 points 2 points 0 points
App Q8	Agency has open monitoring findings or concerns	No Yes	2 points 0 points
App Q9a	Agency representation/attendance at CoC Meetings in the past year	3 meetings 2 meetings 1 meeting 0 meetings	4 points 3 points 2 points 1 point
App Q9b	Participated in CoC's 2021 HIC count (Response includes representative and submission date)	Yes No	1 point 0 points
App Q9c	Served on a CoC committee in the past year (e.g., CoC Board, Committees, Subcommittees, Workgroups, etc.)	Yes No	1 point 0 points
App 9d	Participated in other CoC activities (e.g., Case Managers Meetings, Training, Homeless Initiatives)	Yes No	1 point 0 points
App Q11	Project participated in coordinated entry in compliance with the CoCs Coordinated Entry Policies and Procedures;	Yes No	1 point 0 points
		Total Points Application - Section A 19	

		(max 25 points)	
App Q1	Subpopulations Served (75% or more of clients served)	CH DV Substance Abuse Mentally Ill HIV/Aids HH/Children Veterans Youth	2 points 2 points 1 point 1 point 2 points 2 points 1 point 2 point
App Q4	Project is 100% dedicated to serving the chronically homeless, is Dedicated Plus or prioritizes the chronically homeless (if yes to either question award full points) points)	Yes No	2 points 0 points
App Q5 App Q9	Project is using Housing First principles including no preconditions or barriers to entry except as required by regulation or funding source, and the provision of necessary supports to maintain housing and prevent a return to homelessness, which may include participant requirements.	Yes No	1 points 0 points
App Q6a	Project accepts all clients regardless of substance abuse / use	Yes No	1 point 0 points
App Q6b	Project accepts clients who are diagnosed with / show symptoms of mental illness	Yes No	1 point 0 points
App Q6c	Project accepts clients regardless of criminal history	Yes No	1 point 0 points
App Q6d	Project accepts clients regardless of income or financial resources	Yes No	1 point 0 points
App Q6e	Project uses evidence based/harm-reduction model for drugs and/or alcohol use	Yes No	1 point 0 points
App Q14	Clearly describes (a)project strategies to ensure participants gain access to mainstream services. (To receive full points, answer must include (b) specific and appropriate examples of implementation and (c) identify specific collaborative partners.	Yes No	2 point 0 points
App Q15	Clearly describes (a)project strategies to ensure participants gain or increase earned income. (To receive	Yes No	2 points 0 points

		full points, answer must include (b) specific and appropriate examples of collaboration with employment organizations and (c) identify specific collaborative partners.		
		Total Points Application Section B (max 25 points) 21		
APR Q 23a				
App Q2 (TH, Jt TH/RRH)	Transitional Housing (TH or Joint TH-RRH) Successful exits to permanent housing	80 to 100% 60 to 79% 50 to 59% <50%	10 points 8 points 5 points 0 points
App Q2 PSH Rate Q2A and B. Enter the Highest Score for either A or B for a maximum PSH score of 10 pts.	A. Permanent Supportive Housing (PSH) Successful Retention in Permanent Supportive Housing (Divide total number retained by total number served to calculate %) Enter %_____	80 to 100% 60 to 79% 50 to 59% <50%	10 points 8 points 5 points 0 points
	B. Permanent Supportive Housing (PSH) Successful Exits to Other Permanent Housing (Divide total number exited to other permanent housing by total number exited to calculate%) Enter % _____		
App Q2 RRH	Rapid Rehousing Successful Exits to Permanent Housing	80 to 100% 60 to 79% 50 to 59% <50%	10 points 8 points 5 points 0 points
App Q3a	**Reducing lengths of stay homeless systems** Provides specific and realistic examples	Yes Partial No	5 point 2 points 0 points
App Q3b	**Securing and stabilizing participants in Permanent Housing** Provides specific and realistic examples	Yes Partial No	5 point 2 points 0 points
App Q3c	**Increased income** Provides specific and realistic examples	Yes Partial No	5 point 2 points 0 points
		Total Points Application Section C (max 25 pts) 20		
		SUBTOTAL – APPLICATION SECTIONS A, B AND C Maximum 75 points		

	Quantitative APR Performance Review (Do not Complete – To be Completed by the Collaborative Applicant) NOFO APR HMIS Data Score Card: Data Source – SAGE APR CSV v5.1			
APR DQ Sections 1, 2 and 6	**Data Quality (Accuracy, Completeness, Timeliness)** % of client data with missing elements and/or entries reflecting "don't know or refused"	0-5% 6-20% >20%	5 points 2 points 0 points	
App Q1 (Housing Inventory Count – HIC)	**Bed Utilization** Bed/Unit Utilization Rate**	90 to 100% 80 to 89% 60 to 79% <60%	5 points 3 points 1 point 0 points	
APR Q19a1	**Increased Earned Income** Stayers with increased earned income	Yes No	5 points 0 points	
APR Q19a1	**Increased Other Income** Stayers with increased other income	>20% 10-20% 1-9% 0%	5 points 3 points 1 point 0 points	
APR Q19a2	**Increased Earned Income** Leavers with increased earned income	Yes No	5 points 0 points	
APR Q19a2	**Increased Other Income** Leavers with increased other income	>21% 10-20% 1-9% 0%	5 points 3 points 1 point 0 points	
APR Q20b	**Non-Cash Benefits Sources Leavers** % 1+ sources of non-cash benefits upon exit	75 to 100% 50 to 74% <50%	5points 3 points 1 points	
APR Q20b	**Non-Cash Benefits Sources Stayers** % 1+ sources of non-cash benefits upon exit	75 to 100% 50 to 74% <50%	5 points 3 points 1 point	
APR Q22c	**Rapid Rehousing Projects Only** **Length of Time between Project Start Date and Housing Move in Date**	7 days or less 8 – 30 days 31 – 60 days 61 -90 days 91 – 180 days	5 points 3 points 2 points 1 point 0 points	
Q23a	**Successful Exits** **Total percentage of persons exiting project to positive (permanent) housing destinations**	80-100% 60-79% 59-60% 50-59% < 49.99%	5 points 3 points 2 points 1 point 0 points	
		Total APR Maximum 50 Points		

SAGE HMIS /ClientTrack	Coordinated Entry Compliance % of total new project enrollments referred through CE	80 – 100% 50 – 79% 50%>	25 points 15 points 7 points
		Total CE Maximum 25 Points	**25 Points**

<table>
<tr><td colspan="4" align="right">TOTAL – RENEWAL APPLICATION SECTIONS A, B AND C + APR/CE REVIEW

Maximum Score 150 points</td></tr>
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