



DeKalb County
G E O R G I A

DeKalb Community Development Department

FY 2023

Continuum of Care Program Competition

This program is funded by the
United States Department of Housing and Urban Development (HUD)

2023 DeKalb Application for Renewal Projects

Release Date: August 3, 2023

NOFO Application Information Meeting: August 3, 2023 - 2:00 pm.

Deadline for Electronic Submission

August 18, 2023 @ 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
2023 DeKalb CoC Application for Renewal Projects

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

A. Applicant Information – 25 points

1. Applicant (Agency Name) _____

2. Project Information

a. Project Name as Shown on GIW	
b. Current Project Grant #	
c. Grant Amount	
c. Start and End Date of Current CoC Award	<input type="text"/> To <input type="text"/>
d. Are you requesting a change in funding level for the 2023 cycle	<input type="checkbox"/> Yes, due to unused funding <input type="checkbox"/> No <input type="checkbox"/> Yes, due to expansion <input type="checkbox"/> No <i>Note: If applying for an expansion a new project application may also be required</i>
e. Are you requesting to transition to another project type for the 2023 cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <i>Note: To be eligible to receive a transition grant, the renewal project applicant must have the consent of the DeKalb CoC Collaborative Applicant.</i> 	

3. (a) Please provide a clear and concise project description of the renewal project as currently operated. (b) The description should include the project type, target population(s) served, and outcomes achieved to date (i.e. # currently served, housed, etc.). (c) Include information on housing barriers faced by target population, particularly persons of different races and ethnicities, and (d) what steps have or will be taken to address or mitigate the identified barriers.
4. (a) Did you expend all funds allocated in the FY2021 CoC Competition award? Yes No
 If not, please explain. (b) Were any funds recaptured by HUD from the most recently expired grant term related to this renewal project? Yes No
 If yes, indicate the amount of recaptured funds? _____ Please explain.
 (c) Do you expect to expend all funds allocated in the 2022 CoC Competition Award? Yes No
 (d) What amount of funds are available for reallocation in the FY23 Competition \$ _____
 Would outcomes and level of service be affected with adjusted funding level? Please explain if applicable.
5. In the chart below, please indicate (a) the total grant award for each CoC Competition Year and (b) the amount of funds expended at the expiration of each grant period. Please attach copies of your program grant's ELOCCS for each year (**Exhibit E**).

NOFO Competition Year	Amount Awarded	Amount Expended	% Expended
FY2021			
FY2020			
FY2019			

6. (a) 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, and corrective action documentation, if applicable. (**Exhibit F**).
 (b) Please attach most recent (1) HUD Grant Agreement, (2) Amendments and (3) Technical Submission which fully describe your current project (**Exhibit H**)
7. 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	Date Remediation Completed	Date Accepted by HUD/Funder

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

a. Attended CoC Meetings

Representative Name	Date of CoC Meeting

b. Participated in the CoC's 2023 Point in Time Count Yes No

Representative Name	January 26, 2023

c. Participated in the CoC's 2023 HIC Count Yes No

Date(s) HIC Data Submitted to CoC

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

Representative Name	CoC Board/Committee/Workgroup

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

Representative Name	CoC Activity	Date Attended

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

10. (a) Describe how your organization participates in the DeKalb CoC Coordinated Entry System? Answer may include referrals, enrollment, etc. (b) are there any barriers to CE participation?

11. All applicants must submit a copy of the most recent audit your agency has received, including the management letter (**Exhibit C**). If the letter identifies any findings or concerns, provide any copies of any subsequent correspondence and/or explain agency plan of action to address these items. If your agency does not have an audit, please provide the most recent financial statement.
12. If the audit in **Exhibit C** is older than 12 months, provide an explanation of delays in audit and date when pending current audit is expected to be issued.
13. Has your agency been required to repay Federal Funds within the last three years?
 Yes No If yes, please explain.
14. Does the agency have any current outstanding federal debt? No Yes
 If yes, please explain.

B. Project Information - 40 Points

1. Project Type - Include information based on the most recent APR

Check Type Housing	Housing Type	Check Pop Served	Population Served	Check all subpop that apply	Subpopulations	% 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				Mentally Ill	
					HIV/Aids	
					Households with Children	
					Veterans	
					Unaccompanied Youth	
					Other – Specify	

4. Is the project 100% dedicated to serving the chronically homeless or DedicatedPlus ?

5. Indicate whether any of the following approaches 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 of 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. Describe Agency methods used to monitor/ensure Housing First compliance.

9. Describe how people with lived experience are currently engaged in renewal project service delivery and decision making? Provide specific detail on the following activities: (a) leadership roles, (b) professional development and/or employment opportunities, (c) feedback on program assistance

and/or challenges faced. (d) Based on feedback shared, what steps or actions have or will be taken to address challenges faced by people with lived experience?

C. System Performance & Service Capacity – 25 Points

1. Please select a project type and complete the charts 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.**

System Performance - Housing Stability	Metric	Number reflected in the previous APR Submitted to HUD	Number reflected in the most recent APR Submitted to HUD	% Change	Comment/Explanation	
	COMPLETE Q1-CHART BELOW FOR RENEWAL PROJECT TYPE (TH,PSH,RRH,JT/RRH)					
	Q1 - Transitional Housing					
	# of Clients Contracted to Serve					
	a. # clients served in Transitional Housing					
	b. # served that exited Transitional Housing					
	c. How many exited to Permanent Housing					
	Percentage of Successful Exits (Calculate: c divided by a)					
	Q1 - Permanent Supportive Housing					
	# of Clients Contracted to Serve					
a. # clients 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 PSH Exits/Retention						

	(Calculate: # Exited to PH plus # Remains divided by Total Exits for the Period)				
	Q1 - Rapid Rehousing/ RRH-DV				
	Metric	Number reflected in the previous APR Submitted to HUD	Number reflected in the most recent APR Submitted to HUD	% Change	Comment/Explanation
	# of Clients Contracted to Serve				
	a. # clients served in Rapid Re-Housing or 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 reflected in the previous APR Submitted to HUD	Number reflected in the most recent APR Submitted to HUD	% Change	Comment/Explanation
	All Project Types: Transitional Housing, Permanent Supportive Housing and Rapid ReHousing, RRH-DV, Joint TH/RRH				
	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				

	Metric	Number reflected in the previous APR Submitted to HUD	Number reflected in the most recent APR Submitted to HUD	% Change	Comment/Explanation
Mainstream	# of participants that obtained noncash program benefits from program entry date to exit date. (SNAPS, TANF, Insurance, etc.)				

2. Bed/Unit Inventory and Utilization

- a. # Beds Dedicated to Chronically Homeless (HIC) _____
Beds Dedicated to Youth _____
Bed Dedicated to Veterans _____
- b. Total Number of Units/Beds under Contract (HIC): _____
- c. Total Number of Units being utilized on January 26, 2023 (Point in Time Count Night)
- d. If utilization rate is below 80%, please explain.

3. Give specific examples of the strategies your new project proposal will employ to support achievement of the following CoC- wide performance objectives

- a. Reduce recurring episodes of homelessness
- b. Reduction in length of time persons remain homeless
- c. Increase percentage of persons who obtain and retain permanent housing
- d. Increase in percent of adults who gain or increase employment or non-employment cash income

Budget

1. OPERATING BUDGET

To be completed only if requesting operating funds

Eligible Costs		Quantity/Description	1 year request	Match (Cash or InKind Value)
1	Maintenance/Repair			
2	Property taxes and insurance			
3	Replacement Reserve			
4	Building security			
5	Electricity, gas, water			
6	Furniture			
7	Equipment (<i>lease/buy</i>)			
Total Request				
Total Cash / In Kind Match				
Total Operating Budget				

2. SUPPORTIVE SERVICES BUDGET

To be completed only if requesting supportive services funds

Eligible Costs		Quantity /Description (limit 400 characters)	1 year request	Match (Cash or InKind Value)
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			
17	VAWA Costs (NEW)*			
Total service dollars requested				
Cash / In kind Match				
Total Supportive Services Budget				

***Renewal Project Applicants wishing to utilize the new VAWA Cost Budget Line Item (BLI) may request to add funds to this line from an existing line item. Applicants may also request to expand existing renewal grant budgets to add new funding to this BLI.**

Purpose: To facilitate and coordinate activities to ensure compliance with the emergency transfer plan requirement in 34 USC 12491(c) and monitoring compliance with confidentiality requirements.

3. LEASING

Unit type (bedroom #)	Number of Units	FY2023 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			\$	\$
Leasing Total			\$	\$

4. RENTAL ASSISTANCE

Unit type (bedroom #)	Number of Units	FY2023 FMR	One Year Leasing Budget	Total Leasing Request
0		\$	\$	\$
1		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	
Unit Rental Assistance Subtotal				

1. 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	<i>(Subtotal lines 1 – 4)</i>	\$		
5	CoC Request	\$		
6	Administrative Costs <i>(Up to 10% of line 5)*</i>	\$		
		Total CoC Request <i>(Total lines 5 and 6):</i>	Total Cash/In-kind Match:	Total Budget <i>(Total CoC Request + Total Cash Match):</i>
		\$	\$	\$

Project Type _____
Number of Units _____
Number of Clients _____
Average Cost per Client /year \$ _____

A. MATCH

Project applicants are required to provide match 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.

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. If applicable, leveraged housing or healthcare resources must equal at least 25% of the total requested HUD funding, including project and administrative costs.

1. **Cash Match** - Primary Sources of Match Funds (to equal 25% of total costs minus leasing amounts)

<i>SOURCE</i>	<i>AMOUNT</i>
A _____	_____
B _____	_____
C _____	_____
D _____	_____
E _____	_____
F _____	_____
	TOTAL

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

<i>SOURCE</i>	<i>12 Mo. \$ Value</i>
A _____	_____
B _____	_____
C _____	_____
D _____	_____
E _____	_____
	TOTAL

3. **Leverage** - Primary Sources of Leveraged Housing and/or Healthcare Resources (to equal 25% of total costs minus leasing)

<i>SOURCE</i>	<i>12 Mo. \$ Value</i>
A _____	_____
B _____	_____
C _____	_____
D _____	_____
E _____	_____
	TOTAL

Cerrtification

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:

- The applicant acknowledges that this application is submitted as a requirement of the local CoC NOFO Competition for FY23. All applications will be reviewed, rated and ranked using objective scoring criteria.
- The applicant agrees to participate fully in the DeKalb CoC coordinated entry system.
- The applicant agrees to participate fully with this community's Homeless Management Information System (HMIS) (ClientTrack).
- The applicant agrees to comply with all Administrative, National and Department Policy Requirements and Terms for HUD Financial Assistance Awards

Please Print or Type

Name: _____

Title: _____

Phone: _____

Email: _____

Original Signature of Authorized Representative:

Date

**DeKalb County Homeless Collaborative Continuum of Care
2023 Renewal Project Application Objective Review and Rating Criteria**

Applicant Name/Renewal Project # : _____ **Reviewer** _____
Score _____

DATA SOURCE	MEASURE	SCORING	POINT RANGE
Section A App Q3	Clear and concise description of scope of renewal project ...Project Type ...Target Population and Outcomes Achieved ...Barriers and Strategies to address	Yes No	2 0 1 1 1
App Q5 eLOCCS Grant Detail; Q Spending Rpt	Expenditure of Funds by the Expiration of most recent Grant Period (FY 2021) (Scoring: expend 100% of funds – receive 5 points, 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 Q5 eLOCCS Grant Detail 2020	Unexpended Funds in the Previous Grant Years (2020) (Scoring: Unexpended funds represent 20% or less of total award = 5 points 70% = 2 points, 50% or less = 0)	20% or less 30% 40% 50% or more	5 points 3 points 2 points 0 points
App Q7	Agency has open monitoring findings or concerns	No Yes	2 points 0 points
App Q8	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 Q8c	Participated in CoC’s 2023 HIC count (Response includes representative and submission date)	Yes No	1 point 0 points
App Q8d	Served on a CoC committee in the past year (e.g., CoC Board, Committees, Subcommittees, Workgroups, etc.)	Yes No	1 point 0 points
App Q8e	Participated in other CoC activities (e.g., Case Managers Meetings, Training, Homeless Initiatives)	Yes No	1 point 0 points
App Q10	Project participated in coordinated entry in compliance with the CoCs Coordinated Entry policies and procedures;	Yes No	1 point 0 points
Section A: Applicant Information		Total Points Section A (max 25 points)	

Section B App Q1	Subpopulations Served (Max 13 points)	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)	Yes No	2 points 0 points
App Q5	Project is using Housing First principles including no preconditions or barriers to entry except as required by regulation or funding source	Yes No	5 points 0 points
App Q5a	Project accepts all clients regardless of substance abuse / use	Yes No	1 point 0 points
App Q5b	Project accepts clients who are diagnosed with / show symptoms of mental illness	Yes No	1 point 0 points
App Q5c	Project accepts clients regardless of criminal history	Yes No	1 point 0 points
App Q5d	Project accepts clients regardless of income or financial resources	Yes No	1 point 0 points
App Q5e	Project uses evidence based/harm-reduction model for drugs and/or alcohol use	Yes No	1 point 0 points
App Q8	Project monitors to ensure Housing First compliance	Yes No	5 points 0 points
App Q9	Clear and specific description of current engagement of persons with lived experience ...Leadership/Employment ...Feedback ...Challenges and Strategies to address	Yes No	2 0 1 1 1
Section B – Project Information		Total Points Section B (max 35 points)	

	RATE ONLY ONE PROJECT TYPE		
Section C App Q1 TH (TH, and Jt TH/RRH) Rate Q1c	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 Q1 PSH Rate Q1d and Q2B. 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 % _____ 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 % _____	80 to 100% 60 to 79% 50 to 59% <50%	10 points 8 points 5 points 0 points
App Q1 RRH and RRH -DV Rate Q1c	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 Q3	Provides specific examples of strategies to achieve system wide performance objectives -Reduce repeat homelessness -Reduction in length of time homeless -Obtain and retain permanent housing - Gain or increase earned or non-employment income	Yes No	1 0 1 1 1 1
Section C: System Performance and Service Capacity		Total Points Section C (max 15 pts)	
SUBTOTAL – PRE- 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%	5 points 3 points 1 point
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	<u>Rapid Rehousing Projects Only</u> 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
TOTAL – RENEWAL APPLICATION SECTIONS A, B AND C + APR/CE REVIEW Maximum Score 150 points			