



DeKalb Community Development Department

FY 2021

Continuum of Care Program Competition

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

2021 DeKalb Application for New Projects

Release Date: September 9, 2021

Information Meeting: September 9, 2021 1:00 pm.

Deadline for Electronic Submission

September 30, 2021

3:00 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;

Ted Terry, District 6; Lorraine Cochran Johnson, Super District 7

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Continuum of Care for Homeless Programs

HUD Continuum of Care Program Competition

2021 DeKalb Application for New CoC Projects

Project Type: PSH RRH TH+RRH SSO HMIS
 DV Bonus
 Transition Consolidation Expansion

A. Applicant Information

1. Applicant (Agency Legal Name)

- a. DUNS Number
- b. SAM Registration Date
- c. Applicant Physical Address
- d. Applicant Contact Name
- e. Applicant Contact Title

2. Contact Name for this Application*

- a. Contact Title
- b. Telephone Number
- c. Email Address
- d. FAX Number

- *The name and contact information of the person within the organization who has the authority to act of the organization's behalf as it relates to carrying out actions contracted by your organization.*

3. Project Information - 25 Points

| | |
|--|--|
| a. Project Name | |
| b. GIW (Trans/Consol/Expan) only | |
| c. Requested Amount | |
| If new, 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) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | |

4. Provide a concise and clear description of the proposed project, including role of subrecipient, if applicable. Include information of the following: (a) specific homeless population(s) to be served, (b) the number of clients to be served, (c) any 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 be taken to eliminate the identified barriers.

5. Describe recent relevant experience that the applicant or any subrecipient has in effectively utilizing federal, state, or local funds and performing the activities proposed in the application.

6. Is the applicant currently or recently funded by other federal state or local grants that assist the homeless? Specify funding source, including CAREs or American Rescue Act funding, award period and amount (s). Is the agency in compliance with all grant or contract requirements? If not please explain.

7. Has the applicant or subrecipient ever been required to repay Federal Funds?
 Yes No If yes, please explain.

Has the applicant or subrecipient ever had funds recaptured by HUD?
 Yes No If yes, please explain.

Does the applicant or subrecipient have any current outstanding federal debt?
 Yes No If yes, please explain.

8. Does the applicant have open (unresolved) monitoring findings or concerns from any governmental or foundation funder? Yes No

If yes, please list findings, concerns and status of remediation activities.

| Date of Monitoring Finding/Concern | Remediation Activity and Current Status |
|------------------------------------|---|
| | |
| | |
| | |
| | |
| | |

9. Does your organization currently use the ClientTrack Homeless Management Information System? How is data collection and quality ensured? If the applicant or subrecipient is a Victim Service Provider, does the organization use a comparable database? How is data collection and quality ensured? How are client outcomes tracked?

10. Does the applicant or subrecipient currently participate in the activities of the DeKalb CoC?

11. If yes, please list the names of representative from your organization that participated in the activities listed below:

a. Attended CoC Meetings

| Representative Name | Date of CoC Meeting |
|---------------------|---------------------|
| | |
| | |
| | |

b. Served on a CoC Committee (please provide the representative name and the name of the CoC Board, Committee or workgroup, i.e. Governance, Planning, Veterans, etc.)

| Representative Name | CoC Committee |
|---------------------|---------------|
| | |
| | |
| | |

- c. Participated in other CoC activities (provide the name of the representative and the name and date of the activity (i.e. case managers meetings, HMIS user groups, trainings, special homeless initiatives, etc.)

| Representative Name | CoC Activity | Date |
|---------------------|--------------|------|
| | | |
| | | |
| | | |

12. If your agencies was not represented in the above CoC activities, please explain why.

13. Does your organization currently participate in the DeKalb CoC Coordinated Entry System? Describe participation.

14. Please submit (**Exhibit B**) the following information regarding your Board of Directors.

- a. Board Structure
- b. List of board members, include contact information for the Board Chair and Secretary)
- c. Board meeting schedule for the past 12 months and the next six months
- d. Minutes from previous 4 board meetings

15. 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 copies of any subsequent correspondence and/or agency plan of action to address these items. If your agency does not have an audit, please provide a financial statement.

16. 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.

B. New Project Information - 25 Points

1. Indicate the type of new project proposed

CoC BONUS PROJECT (Indicate Project Type Below)

Permanent Housing PSH _____ RRH _____ Joint TH/RRH _____
SSO-CE _____ HMIS (HMIS Lead Only) _____

DV BONUS (Indicate Project Type Below)

PH-RRH _____ Joint TH/RRH _____ SSO-CE _____ DV Expansion (Renewal Projects
Only) _____

TRANSITION _____ CONSOLIDATION _____ EXPANSION _____

2. Please describe the agencies current or previous experience operating a similar project. (a) if applying for the DV Bonus, please describe the applicant and/or subrecipient experience serving survivors of Domestic Violence or Human Trafficking.
3. Indicate the type of permanent housing proposed, including the number and configuration of units. Describe how the type of housing, number and configuration of units will fit the needs of proposed program participants (e.g. two or more bedrooms for families). If applicable, indicate the duration of housing assistance to be provided to ensure program participants rapid move to sustainable permanent housing.
4. (a) Describe the project applicant or subrecipient experience in utilizing evidence-based approaches to improve housing outcomes, increase self-sufficiency and reduce homelessness. (b) Indicate the degree to which you are currently implementing these practices and how they will be implemented if funded. (c) If applying for the DV Bonus, describe your experience utilizing trauma-informed, victim centered approaches to meet the safety and needs of DV survivors.

5. Describe how program participants, including those fleeing domestic violence are assisted to obtain and remaining in permanent housing in a manner that fits their needs (e.g. transportation to access needed services, safety planning/emergency transfer, case management, additional client-centered assistance to ensure retention of permanent housing). Describe the type(s) of supportive services that will be offered to help program participants successfully retain permanent housing, regardless of funding source. If applying for the DV Bonus, describe how the project meets the unique safety/services needs of DV survivors experiencing homelessness. Indicate the specific services that will be offered. If applying for the SSO-CE/DV, describe the policies, procedures and practices that will equip the CoCs coordinated entry to better meet the needs of survivors of domestic violence, dating violence, or stalking.

6. Is the proposed project 100% dedicated to serving the chronically homeless? Yes or No
If not, does your project prioritize the chronically homeless for “roll over beds” Yes or No.

7. Does this project currently follow a housing first service approach? Yes or No. If yes, please describe (1) the process for accepting a new client into the program? (what are the eligibility criteria? If no, please explain.

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

| Housing First/Low Barrier Approach | Answer | |
|--|--------|----|
| | Yes | No |
| (a) Does the project accept all clients regardless of current substance use or history or 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? | | |

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

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

| Will program terminate clients from the program under the following circumstances | Answer | |
|---|--------|----|
| | Yes | No |
| (a) Failure to participate in supportive services? | | |
| (b) Failure to make progress on a service plan? | | |
| (c) Loss of income or failure to increase income? | | |
| (d) Being a victim of domestic violence | | |
| (e) Any other activity not typically covered in a lease agreement? | | |

11. What services, if any, will you required clients to receive in order to stay in the housing program? What will happen if client relapses or fails to make progress while in the program?

12. If your 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 employee’s responsibilities?

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

14. Please provide examples of steps you take to ensure that children are enrolled in school, connect to Head Start, Part C of the Disabilities Education Act, and/or McKinney Vento education services?

15. Describe the specific project plan to coordinate with other mainstream health, social services and employment programs to ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g. Medicare, Medicaid, SSI, Food Stamps, local workforce office, child care and early childhood education). (b) Give specific examples of how this plan is implemented. Identify specific collaborative partners and their roles in your example.

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

17. List organizations that you collaborate with to facilitate health insurance enrollment. For each collaboration, provide specific outcomes. Please describe how clients are assisted to use the health insurance benefits available to them. For example, do you provide in-person training, transportation to medical appointments, etc.)

C. System Performance and Service Capacity - 50 Points

1. Exits to Permanent Housing Destinations. Please complete the chart below showing client exists to permanent housing using data from HMIS or based on your internal data collection. Describe how outcome data is collected, what tool is used, etc. Is the outcome(s) tracked in HMIS? If not, why? Re outcomes tracked through a comparable database? If so which? Please provide an explanation if project did not meet the established targets.

| Emergency Shelter Transition | Category | Target | Number or % | Explanation |
|------------------------------|--|--------|-------------|-------------|
| | How many clients were served in emergency shelter/safe shelter or transitional housing | | | |

| | | | | |
|-------------------------------------|--|---------------|--------------------|--------------------|
| | How many exited emergency or transitional housing | | | |
| | How many exited to permanent housing | 70% | | |
| | Successful exits (exited to PH/Total Exits for the period) | | | |
| Permanent Supportive Housing | Category | Target | Number or % | Explanation |
| | How many clients were served Permanent Supportive Housing | | | |
| | How many exited or retained permanent housing | | | |
| | How many exited to or retained permanent housing | 70% | | |
| | Successful exits (exited to PH/Total Exits for the period) | | | |
| Rapid Re-Housing | Category | Target | Number or % | Explanation |
| | How many clients were served in Rapid Rehousing | | | |
| | How many exited Rapid Rehousing | | | |
| | How many exited to permanent housing | 70% | | |
| | Successful exits (exited to PH/Total Exits for the period) | | | |
| | | | | |

A. 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 | v | |
| 3 | Replacement Reserve | | |
| 4 | Building security | | |
| 5 | Electricity, gas, water | | |
| 6 | Furniture | | |
| 7 | Equipment (<i>lease/buy</i>) | | |
| 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 | <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> |
| | | \$ | \$ | \$ |

B. 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.

- 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 |

- 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 |

C. 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 in e-snaps 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 reflected 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) or comparable database if Victim Services Provider.
- 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
2021 New Project Application
Objective Review and Rating Criteria**

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

| DATA SOURCE | MEASURE | SCORING | POINT RANGE |
|-------------|--|----------------------|----------------------------------|
| | Eligible New Projects | | |
| App Q4, Q5 | Description of the project is clear and leaves no unanswered questions about the type and services to be provided, target population, number to be served and barriers faced by overrepresented populations and ways project will address. | Yes Partial No | 6 points 4 points 0 points |
| | <u>New Rapid Rehousing Projects:</u> Will the project serve homeless individuals, families or unaccompanied youth living on the streets, in emergency shelter, or persons fleeing domestic violence? <u>If applying for the DV Bonus</u> , is the project dedicated to serving homeless survivors of domestic violence, dating violence, stalking or human trafficking? | Yes No | 5 points 0 points |
| | <u>New Permanent Supportive Housing Projects:</u> Will the project serve exclusively (100%) chronically homeless individuals and families? | Yes No | 5 points 0 points |
| | <u>New DV Bonus Projects:</u> Is the new project dedicated to serving homeless survivors of domestic violence, dating violence, stalking or human trafficking? Does the applicant demonstrate experience and use of trauma informed, victim centered approaches? | Yes No | 5 points 0 points |
| | <u>New Services Only Projects:</u> Will the project support the development or operation of centralized or coordinated assessment system designed to conduct outreach to sheltered and unsheltered homeless persons and families, including persons fleeing DV, link clients with housing or other necessary services, and provide ongoing support? If applying for a <u>DV-SSO Project for Coordinated Entry</u> , will the project enhance system capacity to coordinate referrals or housing assistance for survivors of DV? | Yes No | 5 points 0 points |
| | <u>New HMIS Projects:</u> Will the project be conducted by the Homeless Management Information System (HMIS) lead for leasing a structure in which the HMIS operates, for operating the structure in which the HMIS is housed, and/or for covering other costs related to establishing, operating, and customizing the CoC's HMIS. | Yes No | 5 points 0 points |
| | <u>New Joint TH /PH-RRH Projects:</u> Does the project have demonstrated capacity to provide both transitional housing and rapid rehousing services to homeless individuals and families, including persons fleeing or attempting to flee domestic violence? | Yes No | 5 points 0 points |

| | | | |
|------------|--|---|---|
| | New Expansion: Does the project expand current operations of an eligible CoC renewal project by adding units, beds, or persons served? If applying for a DV Bonus for Expansion , does the project expand an existing renewal project to add units, beds or services dedicated to persons eligible to be served with DV bonus funding? | Yes No | 5 points 0 points |
| App Q8 | Applicant has no unresolved monitoring findings | Yes No | 3 points 0 points |
| | CoC Participation | | |
| App Q11 | Agency representation/attendance at CoC Meetings in the past year | 4 meetings 3 meetings 2 meetings 1 meeting 0 meetings | 5 points 4 points 3 points 2 point 0 points |
| App Q6b | Participated in CoC's 2020 HIC count | Yes No | 3 points 0 points |
| App Q6c | Served on a CoC committee in the past year (e.g. CoC Board, Committees, Subcommittees, Workgroups, etc.) | Yes No | 3 points 0 points |
| App 6d | Participates in other CoC activities (e.g., Case Mangers Meetings and Coordinated Entry Meetings/Training) | Yes No | 3 points 0 points |
| | | Total Points Application Section A (max 25 points) | |
| | Subpopulation | | |
| App Q2, Q4 | Applicant has demonstrated experience providing housing and/or services to the homeless population, including victims of Domestic Violence or Human Trafficking? If applying for the DV Bonus, does the applicant have experience utilizing trauma informed, victim centered approaches? | 2 years + 0 -2 years | 5 points 3 points |
| App Q3, Q5 | Does the type, scale and location of the proposed housing fit the needs of the clients to be served? Are the types of supportive services proposed appropriate to meet the needs of clients to be served? If applying for the DV Bonus , are services appropriate to meet the unique service and safety needs of DV survivors? | Yes No | 5 points 0 points |
| App Q6 | Project serves or prioritizes the chronically homeless | Yes No | 3 points 0 points |

| Housing First Approach | | | |
|---------------------------------------|--|--|---|
| App Q7 | Project follows a housing first /low barrier approach including no preconditions or barriers to entry except as required by regulation or funding source. | Yes No | 1 points 0 points |
| App Q7a | Project accepts all clients regardless of substance abuse / use | Yes No | 1 point 0 points |
| App Q7b | Project accepts clients who are diagnosed with / show symptoms of mental illness | Yes No | 1 point 0 points |
| App Q7c | Project accepts clients regardless of criminal history | Yes No | 1 point 0 points |
| App Q7d | Project accepts clients regardless of income or financial resources | Yes No | 1 point 0 points |
| App Q7e | Project uses harm-reduction model for drugs and/or alcohol use | Yes No | 1 point 0 points |
| Mainstream Services | | | |
| App Q6 | Project has dedicated staff to ensure homeless children are enrolled in school and receive educational services. | Yes No | 1 point 0 points |
| App Q9 | Clearly describes project plan to ensure participants gain access to mainstream services. To receive full points, answer must include specific and appropriate examples and list collaborative partners. | Yes No | 2 point 0 points |
| App Q9a | Provides specific and appropriate examples | Yes No | 2 points 0 points |
| App Q9b | Identifies specific collaborative partners | Yes No | 2 point 0 points |
| App Q10 | Project facilitates mainstream employment | Yes No | 2 point 0 points |
| App Q11 | Project facilitates health insurance enrollment | Yes No | 2 point 0 points |
| | | | |
| | | Total Points Application Section B (max 25 pts) | |
| Permanent Housing Destinations | | | |
| App C1 TH | Successful Exits from Transitional Housing | 80 to 100% 60 to 79% 50 to 59% <50% | 10 points 8 points 5 points 0 points |
| App Q1 PH | Successful Exits from Permanent Supportive Housing | 80 to 100% 60 to 79% | 10 points 8 points 5 points |

| | | | |
|---------------|--|---|---|
| | | 50 to 59% <50% | 0 points |
| App Q1 RRH | Successful Exits from Rapid Rehousing | 80 to 100% 60 to 79% 50 to 59% <50% | 10 points 8 points 5 points 0 points |
| App Q2a | Reducing recurring episodes of homelessness Provides specific and realistic examples | Yes Partial No | 10 points 5 points 0 points |
| App Q2b | Reducing lengths of stay homeless systems Provides specific and realistic examples | Yes Partial No | 10 points 5 points 0 points |
| App Q2c | Securing and stabilizing participants in PH Provides specific and realistic examples | Yes Partial No | 10 points 5 points 0 points |
| App Q2d | Increased income Provides specific and realistic examples | Yes Partial No | 10 point 5 points 0 points |
| | | Total Points Application Section C – 50 Points | |
| | Total Points Earned | 100 | |
| | New Project Bonus Points (Maximum Points – 4) | New SSO | 4 |
| | | New PSH | 3 |
| | | New JT TH/RRH | 2 |
| | | HMIS | 1 |