



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)

REVISED

2021 DeKalb Application for New Projects

Release Date: September 9, 2021

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

REVISED

Deadline for Electronic Submission

October 5, 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

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. **Revised:** Provide a clear and concise description of the proposed new project, **including the role of subrecipient, DV or health partner**, if applicable. Include information on the following: (a) the community need or gap that will be addressed by the project (b) target population(s) and number to be served (c) **barriers faced by the target population, particularly persons of different races and ethnicities who are overrepresented in the local homeless population and (d) what steps will be taken to address or eliminate identified barriers to participation**, and (e) expected client outcomes.

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 (HMIS)? 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, prior point in time counts, 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 (Renewals Projects
Only) _____

TRANSITION _____ CONSOLIDATION _____ EXPANSION _____

2. Please describe the agencies current or previous experience operating a similar project, specify number of years. (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 **new** permanent housing proposed
 - a. include the number and configuration of units.
 - b. 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).
 - c. If applicable, indicate the duration of housing assistance to be provided to ensure program participants rapid move to sustainable permanent housing.
4. Describe the project applicant or subrecipient experience in utilizing evidence-based approaches to improve housing outcomes, increase self-sufficiency and reduce homelessness.
 - a. Indicate the degree to which you are currently implementing these practices and how they will be implemented if funded.
 - b. 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. (a) 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). (b) 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.

6. 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.

7. 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.

8. 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.

9. 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?		

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

11. 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?		

12. 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?

13. 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?

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

15. 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?
16. **Revised:** (a) Describe the specific project plan to coordinate with training and employment programs to assist participants in obtaining or increasing earned income? (b) Give specific examples of how this plan will be implemented. Identify specific collaborative partners and their roles in your example. (c) **Describe agency past performance in increasing participant earned/cash income.**
17. 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).
- a. Give specific examples of how this plan is implemented.
 - b. Identify specific collaborative partners and their roles in your example.
18. (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.
19. 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.)
20. **New:** If applying for the PH Bonus (RRH or PSH) (a) describe how the project will utilize housing subsidies or housing units funded through sources other than CoC programs to obtain permanent housing for participants (i.e. HUD 811, PHA Emergency Housing Vouchers, State PSH Vouchers) (b) describe formal coordination with health and /or behavioral healthcare providers to meet the range of supportive services needed by participants.

C. System Performance and Service Capacity - 50 Points

1. **Revised:** Please complete the chart below showing existing client exists to permanent housing using data from HMIS, a comparable data base for victim service providers or your internal data collection from existing projects. Exits to permanent housing is also a metric used by the CoC to measure improved safety for survivors of domestic violence.

Describe how outcome data is collected, what tool is used, etc. Are the outcome(s) tracked in HMIS? If not, why? Are outcomes tracked through a comparable database? If so which? Please provide an explanation if project did not meet established targets.

Emergency Shelter Transitional Housing	Category	Target	Number or %	Explanation
	How many clients were served in emergency shelter/safe shelter or transitional housing			
	How many exited emergency/safe shelter or transitional housing			
	How many exited to permanent housing (PH)	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)			

2. Revised: Give specific examples of the strategies the new project 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

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
	Section B - 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, role of subrecipient, if applicable target population, number to be served, barriers faced/steps to eliminate and expected outcomes.	Yes Partial No	6 points 4 points 0 points
	<u>Score only one of the Types of projects below</u>		
	<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	Yes No	5 points 0 points

	services to homeless individuals and families, including persons fleeing or attempting to flee domestic violence?		
	<u>New Expansion</u> : Does the project expand current operations of an eligible CoC renewal project by adding units, beds, or persons served? If applying for a <u>DV Bonus for Expansion</u> , 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
App Q11a	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 Q11b	Served on a CoC committee in the past year (e.g. CoC Board, Committees, Subcommittees, Workgroups, etc.)	Yes No	3 points 0 points
App Q11c	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)	
	Section B – New Project Information		
App Q2	Applicant has demonstrated experience providing housing and/or services to the homeless population, including victims of Domestic Violence or Human Trafficking?	2 years + 0 -2 years	5 points 3 points
App Q3	Does the type, scale and location of the proposed housing fit the needs of the clients to be served?	Yes No	2 points 0 points
App Q5b	Are the types of supportive services proposed appropriate to meet the needs of clients to be served? If applying for the <u>DV Bonus</u> , are services appropriate to meet the unique service and safety needs of DV survivors?	Yes No	3 points 0 points
App Q7	Project serves or prioritizes the chronically homeless	Yes No	3 points 0 points
App Q8	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 point 0 points
App Q9a	Project accepts all clients regardless of substance abuse / use	Yes No	1 point 0 points
App Q9b	Project accepts clients who are diagnosed with / show symptoms of mental illness	Yes No	1 point 0 points

App Q9c	Project accepts clients regardless of criminal history	Yes No	1 point 0 points
App Q9d	Project accepts clients regardless of income or financial resources	Yes No	1 point 0 points
App Q9e	Project uses harm-reduction model for drugs and/or alcohol use	Yes No	1 point 0 points
App Q13	Project has dedicated staff to ensure homeless children are enrolled in school and receive educational services.	Yes No	1 point 0 points
App Q17	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 Q17a	Provides specific and appropriate examples	Yes No	2 points 0 points
App Q17b	Identifies specific collaborative partners	Yes No	2 point 0 points
App Q18	Project facilitates mainstream employment	Yes No	2 point 0 points
App Q19	Project facilitates health insurance enrollment	Yes No	2 point 0 points
		Total Points Application Section B (max 25 pts)	
	Section C – System Performance and Service Capacity		
	<u>Score only one of the Types of projects below for Q1</u>		
App Q1 TH	Successful Exits from Emergency Shelter or Transitional Housing to Permanent 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 to Permanent Housing	80 to 100% 60 to 79% 50 to 59% <50%	10 points 8 points 5 points 0 points
App Q1 RRH	Successful Exits from Rapid Rehousing to Permanent Housing	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