



DeKalb County
G E O R G I A

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 Renewal Projects

Release Date: September 9, 2021

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

REVISED

Deadline for Electronic Submission

September 30 @ 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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DeKalb County
GEORGIA

HUD Continuum of Care Program Competition

2021 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	<input type="text"/> to <input type="text"/>

d. Are you requesting a change in funding level	<input type="checkbox"/> Yes, due to unused funding	<input type="checkbox"/> No
	<input type="checkbox"/> Yes, due to expansion	<input type="checkbox"/> 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 <input type="checkbox"/>
	No <input type="checkbox"/>

4. **Revised:** 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).

2020 _____
2019 _____
2018 _____

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 2020 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, HMIS User Groups 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 addresses agency Covid safety protocols and strategies, including use of COVID CoC waivers. **(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 no, 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 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. 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 your project serves homeless households with children, please answer the following questions:
- How many employees act as the educational liaison? _____
 - What are their titles? _____
 - 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 coordinate and integrate program services 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 agency, child care and early childhood education). (b) Provide specific examples of how these actions/strategies are implemented. Identify collaborative mainstream 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 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

REVISED: 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.

	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 Rehousing/ RRH-DV				
	b. How many exited				
	c. How many exited to Permanent Housing				
	d. Percentage of Successful Exits (Calculate c/a)				

	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
Increased Income	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 9/30/20 _____
- 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 (<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>
		\$	\$	\$

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.

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

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
2021 Renewal Project Application Objective Review and Rating Criteria**

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

DATA SOURCE	MEASURE	SCORING	POINT RANGE
<i>Applicant Information</i>			
App Q4	Clear and concise description of scope of renewal project ...Community Need ...Target Population and Barriers(s) ...Number to be Served ...Expected Outcome(s) ...Steps to eliminate barriers		1 point 1 point 1 point 1 point 1 point
App Q5 eLOCCS Grant Detail 2020	Anticipated Expenditure of Funds by the Expiration of Current Contract (2020) (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 2019, 2018	Unexpended Funds in the Previous 3 Grant Years (2020, 2019, 2018) (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 2020 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 (max 25 points)
Project Information			
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 2 point 1 point 1 points 2 points 1 points 2 points
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, and the provision of necessary supports to maintain housing and prevent a return to homelessness, which may include participant requirements.	Yes No	1 point 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 full points, answer must include (b) specific and appropriate examples of collaboration with employment organizations and (c) identify specific collaborative partners.	Yes No	2 points 0 points
		Total Points Application Section B (max 25 points)	
System Performance and Service Capacity			
App Q1 (TH, Jt TH/RRH)	Answer from Chart for: 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 Q1A and Q1B. 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 Q1 RRH	Answer from Chart for: 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)	
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	
TOTAL – RENEWAL APPLICATION SECTIONS A, B AND C + APR/CE REVIEW			
Maximum Score 150 points			