



DeKalb County  
G E O R G I A

**DeKalb Community Development Department**

**FY 2018**

# **Continuum of Care Program Competition**

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

## **2018 DeKalb Application for New Projects**

**Release Date: July 9, 2018**

**Information Meeting: July 9, 2018 1:00 p.m.**

**Deadline for Submission**

**July 25, 2018**

**3:00 p.m.**

**750 Commerce Drive, Suite 401, Decatur GA 30032**

**No applications will be accepted after the deadline.**

**Michael Thurmond, CEO**

**BOARD OF COMMISSIONERS**

Nancy Jester, District 1; Jeff Rader, District 2;

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

Kathie Gannon, District 6; Gregory Adams, District 7

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CONTINUUM OF CARE FOR HOMELESS PROGRAMS

*HUD Continuum of Care Program Competition*

***2018 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 Name) [Click here to enter text.](#)

- a. Applicant DUNS Number
- b. Applicant SAM Registration Date
- c. Applicant 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

3. Project Information

a. Project Name (GIW)	
b. Requested Amount	
Does the applicant have a current IRS 501(c)(3) status? Please attach a copy of the 501(c)(3) Certificate from IRS ( <b>Exhibit A</b> ).	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Please provide a concise and clear description of the proposed project (include information on the specific homeless population(s) to be served, the number of clients you expect to serve, and expected outcomes.
5. Does the applicant have open (unresolved) monitoring findings or concerns from any governmental or foundation funder? No  Yes  If yes, list findings or concerns and remediation activities.

Finding/Concern/Date	Remediation Activity and Status

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

a. Attended CoC meetings

Representative Name	Date of CoC Meeting

b. Participated in the CoC's 2018 Point-In-Time Count Yes  No

c. Served on a CoC committee (please provide the representative name and the name of the CoC Committee or Workgroup, i.e. Planning, Service Coordination, Veterans, etc.)

Representative Name	CoC Committee

d. Participated in other CoC activities (provide the name of the representative and the name and date of the activity)

Representative Name	CoC Activity	Date of Activity

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

8. Does your organization use the ClientTrack Homeless Management Information System? How is data collection and quality ensured? If your organization is a Victim Service Provider, does your organization use a comparable database? How is data collection and quality ensured? How are client outcomes tracked?
  
9. 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 next six months
  - d. Minutes from previous 4 board meetings
  
10. 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's plan of action to address these items. If your agency does not have an audit, please provide a financial statement.
  
11. 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.
  
12. Is your agency currently funded by other federal, state or local grants that assist the homeless? Specify funding source, award period and amount (s). Is the agency in compliance with all grant or contract requirements? If not, please explain.
  
13. Has your agency ever been required to repay Federal Funds?  Yes  No If yes, please explain. Does the applicant have any outstanding federal debt? No  Yes  If yes, explain.

## B. Project Information

1. Please describe your agency experience providing housing and/or services to the homeless population(s).
2. If applicable, please describe your agency experience providing transitional housing to the homeless population.
3. If applicable, please describe your agency experience provide Victim Services to the homeless population.
4. Indicate the type of housing proposed, including the number and configuration of units for proposed program participants.
5. Describe the type of supportive services that will be offered to program participants to ensure successful retention in or to help to obtain permanent housing, including all supportive services regardless of funding source.
6. Describe how program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g. provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing)
7. Is the proposed project dedicated to serving the chronically homeless? Yes  No  If not, does your project prioritize the chronically homeless for "roll over beds" Yes  No
8. Does this project follow a housing first service approach?  Yes  No  
If you follow a housing first model, please describe your approach. If not, why and what steps is your project taking to move toward a housing first model?
9. Indicate whether any of the following apply to your project

Housing First Approach Questions	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?			

10. 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?
11. Give examples of how you ensure that homeless individuals and families are informed of their eligibility for and receive access to educational services.
12. Please provide examples of steps you take to ensure that children are enrolled in school, connected to Head Start, Part C of the Disabilities Education Act, and/or McKinney Vento education services?
13. Describe the specific plan the proposed project has for ensuring program participants will be individually assisted to obtain the how your project ensures that participants gain access to mainstream resources (TANF, SSI/SSDI, Food Stamps, Medicare, Medicaid, etc.). Give specific examples and identify collaborative partners in your example.
14. Does your project collaborate with mainstream employment organizations to aid homeless individuals and families to increase their income?  Yes  No If yes, please list organizations and provide specific examples of collaboration. If no, please explain.
15. List organizations that you collaborate with to facilitate health insurance enrollment. For each collaboration, provide specific outcomes.

16. Please tell how you assist your clients to use the health insurance benefits available to them. For example, do you provide in-person training, transportation to medical appointments, etc.?)

## C. Performance & Service Capacity

- Exit to Permanent Housing Destinations. Please complete the chart below showing exits to permanent housing based on your internal information. Describe how outcome data is collected, what tool is used, etc. Is the outcome(s) tracked in HMIS? If not, why? Are outcomes tracked through a comparable data base? If so, which? Please provide an explanation if project did not meet the established targets.

	Category	Target	Number or % 10/1/2016 – 9/30/2016	Explanation
TH	How many clients were served in Transitional Housing			
	How many exited Transitional Housing			
	How many exited to Permanent Housing	70%		
	Successful Exits (Exited to PH/Total Exits for the Period)		%	
PSH	How many clients were served in Permanent Supportive Housing			
	How many exited to or retained Permanent Housing			
	How many exited to or retained Permanent Housing	70%		
	Successful Exits (Exited to PH/Total Exits for the Period)		%	
RR	How many clients were served in Rapid Re-Housing			
	How many exited Rapid Re-Housing			
	How many exited to Permanent Housing	70%		
	Successful Exits (Exited to PH/Total Exits for the Period)		%	



2. Give specific examples of the strategies your project employs to support achievement of CoC- wide performance outcome objectives
  - a. Reduction in length of time persons remain homeless in project (TH only)
  - b. Increase in percent of persons who exit to or retain permanent housing
  - c. Increase in percent of adults who gain or increase employment or non-employment cash income

3. Are there any additional project specific outcome(s) or measures of success 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? Yes \_\_\_\_ No \_\_\_\_
  - d. If no, is data collected in a comparable data base? 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	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	FY2018 FMR	One Year Leasing Budget	Total Leasing Request
0		\$	\$	\$
1		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	
<b>Leasing Assistance Subtotal</b>				
<b>For facility or office rental, enter one year budget</b>			\$	\$
<b>SHP Leasing Total</b>			\$	\$

### 4. RENTAL ASSISTANCE

Number of Years in Grant Term				
Unit type (bedroom #)	Number of Units	FY2018 FMR	One Year Leasing Budget	Total Leasing Request
0		\$	\$	\$
1		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	
<b>Unit Rental Assistance Subtotal</b>				

**5. BUDGET SUMMARY**

<b>PROGRAM SUMMARY BUDGET (Activities)</b>		<b>CoC Request</b>	<b>Cash / In-kind Match</b>	<b>Totals</b>
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>
		\$	\$	\$

## E. 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.

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

## F. 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.

**Name** (please type) \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Original Signature of Authorized Representative:**

\_\_\_\_\_

**Date:** \_\_\_\_\_