DeKalb Community Development Department

FY 2017

Continuum of Care Program Competition

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

2017 DeKalb Application for New Projects

**Release Date: June 2, 2017
Information Meeting: June 2, 2017 1:00 p.m.**

**Deadline for Submission
June 16, 2017
3:00 p.m.
3486 Covington Highway, 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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DeKalb County
GEORGIA

CONTINUUM OF CARE FOR HOMELESS PROGRAMS

HUD Continuum of Care Program Competition

2017 DeKalb Application for New CoC Projects

Project Type: ☐ *PSH* ☐ *RRH* ☐ *TH +RRH* ☐ *SSO* ☐ *HMIS*

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 (**Exhibit A**).	☐ Yes ☐ No

4. Please provide a **brief** description of your project (include information on the population to be served, the number of clients you expect to serve, and 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	Remediation Activity

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 2017 Point-In-Time Count   Yes ☐   No ☐

   c. Served on a CoC committee (please provide the representative name and the name of the CoC Committee, 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?

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. 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 ☐

4. 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?

5. 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?			

6. 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 employees' responsibilities?

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

8. 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?

9. Describe 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.

10. 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.

11. List organizations that you collaborate with to facilitate health insurance enrollment. For each collaboration, provide specific outcomes.

12. 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

1. 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?
Please provide an explanation if your project did not meet the established targets.

	Category	Target	Number or % 10/1/2015 – 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 <u>specific examples</u> 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, 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 *(lease/buy)*		
Total Request			
Cash / In Kind Match			
Total Operating Budget			

2. SUPPORTIVE SERVICES BUDGET

To be completed only if requesting supportive services funds (new projects 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. Summary

PROGRAM SUMMARY BUDGET (Activities)	SHP Dollars Request	Cash / In-kind Match	Totals
1 Real Property Leasing	From Leasing Budget Chart	Match Not required	
2 Supportive Services	From Supportive Services Budget Chart		
3 Operations	From Operating Budget Chart		
4 HMIS			
5 SHP Request	*(Subtotal lines 1 – 4)*		
6 Administrative Costs			
	Total SHP Request *(Total lines 5 and 6):* $	Total Cash/In-kind Match: $	Total Budget *(Total CoC Request + Total Cash Match):* $

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)

	SOURCE	AMOUNT
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)

	SOURCE	12 Mo. $ Value
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).

Name (please type)   _____

Title: _____

Phone: _____

Email: _____

Original Signature of Authorized Representative:

_____

Date: _____