



DeKalb County
G E O R G I A

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 Renewal 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 Renewal CoC Projects

Project Type: [] PSH [] RRH [] S+C [] TH +RRH [] SSO [] HMIS

A. Applicant Information

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
c. Email Address
d. FAX Number

3. Project Information

Table with 2 columns and 5 rows containing project details: Project Name as Shown in GIW, Project Grant #, 2016 Funded Amount, Start and End Dates of Most Recent HUD CoC Award, and Are you requesting a change in funding level.

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. 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 grant period. Please attach copies of your program grant's ELOCCS for each year (**Exhibit B**).

2016 _____
 2015 _____
 2014 _____

7. What was the date of your most recent CoC, HUD monitoring visit? _____. Please attach a copy of your most recent monitoring report, along with any responses, documentation on corrective action, and any other associated documents (**Exhibit C**).

8. 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

9. List the names of representatives from your organization who participated in 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 (provide the reps name and the name of the CoC Committee)

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

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

11. Please submit (**Exhibit D**) 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
- e. Agency Policies and Procedures for administration of CoC Grant

12. All applicants must submit a copy of the most recent audit your agency has received, including the management letter (**Exhibit E**). 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 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.

15. 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. Project Type

Type Housing Provided Housing Type	Population Served (Renewal-Based on most recent APR)	Subpopulations – provide the % of clients indicated in the most recent APR)
<input type="checkbox"/> Permanent Supportive Housing Facility Based <input type="checkbox"/> Scattered Site <input type="checkbox"/>	<input type="checkbox"/> Individuals	<input type="checkbox"/> Chronic Homeless ____%
<input type="checkbox"/> Rapid Re-Housing	<input type="checkbox"/> Households with Children	<input type="checkbox"/> Domestic Violence ____%
<input type="checkbox"/> Joint Transitional Housing/Rapid Re-Housing	<input type="checkbox"/> Unaccompanied Youth	<input type="checkbox"/> Trafficking Victims ____%
	<input type="checkbox"/> Veterans	<input type="checkbox"/> Substance Abuse _____%
	<input type="checkbox"/> Seniors	<input type="checkbox"/> Mentally Ill _____%
		<input type="checkbox"/> HIV Aids _____%
		<input type="checkbox"/> Households with children ____%
		<input type="checkbox"/> Veterans ____%
		<input type="checkbox"/> Unaccompanied Youth ___%
		<input type="checkbox"/> Other Indicate type _____%

2. Please describe agency experience providing housing and/or services to the homeless population (s).

3. If applicable, please describe agency experience providing transitional housing to the homeless population.

4. Is 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 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?

6. 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 client accept clients regardless of criminal history?			
d. Does the project accept clients regardless of income or financial resources?			
e. Does the client use a harm-reduction model for drugs and/or alcohol use?			

7. 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?

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

9. 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?

10. 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.

11. 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.

12. List organizations that you collaborate with to facilitate health insurance enrollment. For each collaboration, provide specific outcomes.
13. 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. Renewal programs, based on your most current APR, what is your project's average bed utilization rate (calculate average of four point-in-time bed utilization rates)? _____ Please provide a copy of your project's two most recent APRs (**Exhibit F**). Renewal Applicants must include data from the APR submitted to HUD between 10/1/2015 and 9/30/2016

2. Please complete the chart below showing stability gained through exits to permanent housing, increased income and coordination with mainstream benefits. Please provide an explanation if your project did not meet the established targets.

	Metric	Target	Number or % 10/1/2015 – 9/30/2016	Explanation
Housing Stability	Transitional Housing			
	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)			%
	Permanent Supportive Housing			
	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)			%
	Rapid Rehousing			
	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)			%

Income	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 non-cash program benefits from program entry date to exit date.			

Residential Programs – Bed Units

Beds Units (Residential Programs Only)	Contracted # of Beds	Actual Annual # of Participants (Most Recent APR)
# Beds for Households with Children < 18 yrs. old		
a. Number of Households		
b. Number of Adults		
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:		

Beds Dedicated to Chronically Homeless:

Total Number of Units under Contract: _____

Total Number of Units being utilized on 9/30/2016: _____

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
 - 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

4. Are there any 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	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. BUDGET SUMMARY

PROGRAM SUMMARY BUDGET (Activities)		SHP Dollars Request	Cash / In-kind Match	Totals
1	Real Property Leasing	From Leasing Budget Chart	Match Not required	Match Not Required
2	Supportive Services	From Supportive Services Budget Chart		
3	Operations	From Operating Budget Chart		
4	HMIS			
5	SHP Request	<i>(Subtotal lines 1 – 4)</i>		
6	Administrative Costs	<i>(Up to 10% of line 5)*</i>		
		Total SHP 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 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

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 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).

Name:

(please type)

Title:

Phone:

Email:

Original Signature of Authorized Representative:

Date