



DeKalb County
G E O R G I A

DeKalb Community Development Department

FY 2019

Continuum of Care Program Competition

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

2019 DeKalb Application for New Projects

Release Date: July 23, 2019

Information Meeting: July 23, 2019 1:00 p.m.

Deadline for Submission

August 5, 2019

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; Lorraine Cochran Johnson, District 7

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DeKalb County
GEORGIA

CONTINUUM OF CARE FOR HOMELESS PROGRAMS

HUD Continuum of Care Program Competition

2019 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	
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. Please provide a concise and clear description of the proposed project, including role of subrecipient, if applicable. Include information on the following: (a) Specific homeless population(s) to be served, (b) the number of clients to be served, and (c) expected outcomes.
5. Describe any 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 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.
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.
Has the applicant or subrecipient have any outstanding federal debt? No Yes If yes, explain.
8. Does the applicant have open (unresolved) monitoring findings or concerns from any governmental or foundation funder? No Yes If yes, list findings, concerns and status of remediation activities.

Date of Monitoring Finding/Concern	Remediation Activity and Current Status

9. Does your organization use the ClientTrack Homeless Management Information System? 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, list the names of representatives from your organization who participated in the activities as shown below:
 - a. Attended CoC meetings

Representative Name	Date of CoC Meeting

b. Participated in the 2019 Point-In-Time Count (January 24, 2019) Yes No

Representative Name	Role	Site

c.

d. 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

e. Participated in other CoC activities (provide the name of the representative and the name and date of the activity (e.g. case managers meetings, HMIS user groups, special initiatives, etc))

Representative Name	CoC Activity	Date of Activity

12. If your organization 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 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 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.

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

1. Indicate the type of new project proposed

CoC BONUS PROJECT (Indicate Project Type Below)

Permanent Supportive Housing *Rapid Rehousing* *Joint Transitional Housing/Rapid Rehousing* *SSO-CE* *HMIS (HMIS Lead Only)*

DV BONUS (Indicated Project Type Below)

PH-RRH *Joint TH/RRH* *SSO Coordinated Entry* *DV Expansion*

TRANSITION **CONSOLIDATION** **EXPANSION**

2. Please describe the agency current or previous experience operating a similar program.

(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 permanent housing proposed, including the number and configuration of units. 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). If applicable, indicate the duration of housing assistance to be provided to ensure program participants rapidly move to sustainable permanent housing.

4. (a) Describe the project applicant or subrecipient experience in utilizing evidence-based approaches to improve housing outcomes, increase self-sufficiency and reduce homelessness. (b) Indicate the degree to which you are currently implementing these practices and how they will be implemented if funded. (c) If applying for the DV Bonus, describe your experience utilizing trauma-informed, victim centered approaches to meet the needs of DV survivors.

5. Describe how program participants, including those fleeing domestic violence are assisted to obtain and remain 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). 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 service/safety needs of DV survivors experiencing homelessness. Indicate the specific services that will be offered. If applying for the SSO-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.

6. Is the proposed project 100% dedicated to serving the chronically homeless? Yes No
If not, does your project prioritize the chronically homeless for "roll over beds" Yes No

7. Does this project currently follow a housing first service approach? Yes No
 If yes, please describe (1) the process for accepting a new client into the program? (2) what are the eligibility criteria? If no, please explain.
8. 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 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?		

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

10. Indicate whether any of the following apply to your project

Will program terminate clients from the program 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 increase income?		
i) Being a victim of domestic violence?		
j) Any other activity not typically covered in a lease agreement?		

11. What services, if any, will you require 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?

12. 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?

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

14. 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?

15. (a) Describe the specific project plan to coordinate and integrate 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). (b) Give specific examples of how this plan is implemented. Identify collaborative partners in your example.

16. (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.

17. List organizations that you collaborate with to facilitate health insurance enrollment. For each collaboration, provide specific outcomes. Please describe how clients assisted 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 client 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 % 10/1/2017– 9/30/2018	Explanation
ES/TH	How many clients were served in Emergency Shelter/Safe Shelter or Transitional Housing			
	How many exited Emergency or 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)		%	

D. Budget

1. OPERATING BUDGET

To be completed only if requesting operating funds

Eligible Costs		Quantity (limit 400 characters)	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)	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	FY2019 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	FY2019 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>
		\$	\$	\$

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.

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. Project applicants that intend to use program income as match must provide an estimate of how much program income will be used for match. 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 _____	_____
	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 _____	_____
	TOTAL

Program Income – Project applicants that intend to use program income as match must provide an estimate of how much program income will be used for match.

<i>SOURCE:</i>	<i>12 Mo. \$ Value</i>	<i>%</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: _____