



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 Renewal Projects**

**Release Date: July 3, 2019**

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

**Deadline for Submission**

**July 31, 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;

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CONTINUUM OF CARE FOR HOMELESS PROGRAMS

*HUD Continuum of Care Program Competition*

**2019 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

a. Project Name as Shown in GIW	
b. Project Grant #	
c. 2018 Funded Amount	
d. Start and End Dates of Most Recent HUD CoC Award	<input type="text"/> To <input type="text"/>
e. 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 ( <b>Exhibit A</b> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. 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.
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**).
- 2018 \_\_\_\_\_
- 2017 \_\_\_\_\_
- 2016 \_\_\_\_\_
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? 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 2019 Point-In-Time Count    Yes  No

c. Served on a CoC Board or Committee (provide the reps name and the name of the CoC Committee)

Representative Name	CoC Board/Committee

d. Participated in other CoC activities (provide the name of the representative and the name and date of the activity including Case Managers Meetings and Coordinated Entry Meetings)

Representative Name	CoC Activity	Date of Activity

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 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 – Check all that apply; Indicate the % of clients served in each category as reflected in the most recent APR Submitted to HUD)
<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 yes, please describe (1) the process for accepting a new client 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 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. 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?		

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 will happen if 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:
  - a. How many employees act as the educational liaison? \_\_\_\_\_
  - b. What are their titles? \_\_\_\_\_
  - c. 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. 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?
14. (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.
15. (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.
16. List organizations that you collaborate with to facilitate health insurance enrollment. For each collaboration, provide specific outcomes.
17. 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 the data reflected in the most recent APR submitted to HUD , 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 submitted to HUD (**Exhibit B**). Renewal Applicants must include data reflected in the most recent APR submitted to HUD.

2. Please select a project type and complete the chart below showing housing stability achieved through exits to permanent housing, increased income and coordination with mainstream benefits. Please provide an explanation if there are significant changes between the previous and most recent APR submitted to HUD.

	<b>Metric</b>	<b>Number or % reflected in the <u>previous</u> APR Submitted to HUD</b>	<b>Number or % reflected in the <u>most</u> <u>recent</u> APR Submitted to HUD</b>	<b>% Change</b>	<b>Explanation</b>
<b>Housing Stability</b>	<b>Transitional Housing</b>				
	How many clients were served in Transitional Housing				
	How many exited Transitional Housing				
	How many exited to Permanent Housing				
	Successful Exits (Exited to PH/Total Exits for the Period				
	<b>Permanent Supportive Housing</b>				
	How many clients were served in Permanent Supportive Housing				
	How many exited				
	How many remained				
	How many exited to other permanent housing				
	Successful Exits/Retention (Exited to PH + Remains /Total Served for the Period				
	<b>Rapid Rehousing</b>				
	How many clients were served in Rapid Re-Housing				
	How many exited Rapid Re-Housing				
	How many exited to Permanent Housing				
	Successful Exits (Exited to PH/Total Exits for the Period				

	<b>Metric</b>	<b>Number or % reflected in the <u>previous</u> APR Submitted to HUD</b>	<b>Number or % (As reflected in the most recent APR Submitted to HUD)</b>	<b>% Change</b>	<b>Explanation</b>
<b>Income</b>	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				
<b>Mainstream</b>	# of participants that obtained non-cash program benefits from program entry date to exit date.				

<b>Beds Units (Residential Programs Only)</b>	<b>Contracted # of Beds</b>	<b>Actual Annual # of Participants (Most Recent APR)</b>
<b># Beds for Households with Children &lt; 18 yrs. old</b>		
a. Number of Households		
b. Number of Adults		
c. Number of Children		
<b># Beds for Households without Children:</b> Individuals, Couples with no children, Parent or Guardian with adult children (18 yrs. or older)		
a. Number of Adults		
<b># Beds for Number of Households with ONLY Children</b> (unaccompanied youth 17 yrs. or younger)		
a. Number of unaccompanied youth 17 yrs. or younger		
<b>Total</b>		
*Explanation if necessary:		

# Beds Dedicated to Chronically Homeless:

Total Number of Units under Contract:

Total Number of Units being utilized on 9/30/2018:

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		
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	FY2019 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	FY2019 FMR	One Year Leasing Budget	Total Leasing Request
0		\$	\$	\$
1		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	
<b>Unit Rental Assistance Subtotal</b>				

**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 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. 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 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