

## Application III, Supportive Services

### General Information – Funding Limitations!

Applicants are limited to one service project request ranging from \$30,000 - \$ 40,000 per application. A project is defined by DCA to be a distinct initiative undertaken by an Applicant to provide supportive services **directly** to “homeless” persons (by HUD definition) who are directly connected to a housing project.

Applicants for ESG Supportive Services funds must demonstrate that projects are not available through the mainstream. Services should be collaborative and available to a network of identified homeless service agencies in the service area.

DCA’s expectation is that each project has a distinct operations policy, an identifiable budget, and identifiable personnel. Successful applicants are required to collect HMIS data including universal and project level data elements for each household served.

*\*Emergency Shelter and Transitional Housing projects should apply for services funding through Emergency Shelter and Transitional Housing applications.*

*\*Aftercare case management services cannot be utilized for Homelessness Prevention or Rapid Re-Housing project participants.*

*\*Service projects to support persons residing in permanent supportive housing are ineligible.*

### Project Information and Background

Applicant (Agency) Legal Name

HMIS Agency Key

Contact Person

Contact Person Phone

Contact Person Email

\*(Current) HMIS Project Name

\*(Current) HMIS Project Key

\*Please note that project name and key referenced here will be used by DCA in all future correspondence if grant is awarded. If this is a new project please indicate by entering “new” for the Project Key.

List Primary Site Name(s) to be Utilized for Project:

Name:

Name:

Name:

HUD Local Consolidated Plan Certification of Consistency for this project attached from:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Albany           | <input type="checkbox"/> Cobb County<br>(including Marietta)   | <input type="checkbox"/> Gainesville       | <input type="checkbox"/> Sandy Springs                        |
| <input type="checkbox"/> Athens-Clarke    | <input type="checkbox"/> Columbus-Muscogee                     | <input type="checkbox"/> Gwinnett County   | <input type="checkbox"/> Savannah                             |
| <input type="checkbox"/> Atlanta          | <input type="checkbox"/> Dalton                                | <input type="checkbox"/> Henry County      | <input type="checkbox"/> Valdosta                             |
| <input type="checkbox"/> Augusta-Richmond | <input type="checkbox"/> DeKalb County                         | <input type="checkbox"/> Hinesville        | <input type="checkbox"/> Warner Robins                        |
| <input type="checkbox"/> Brunswick        | <input type="checkbox"/> Fulton County                         | <input type="checkbox"/> Johns Creek       |   |
| <input type="checkbox"/> Cherokee County  | <input type="checkbox"/> Clayton County<br>(including Roswell) | <input type="checkbox"/> Macon-Bibb County | <input type="checkbox"/> Not Applicable –<br>Balance of State |
| <input type="checkbox"/> Clayton County   |  | <input type="checkbox"/> Rome              |   |

Check all the counties that will have access to services offered by this project:

- |  |                                    |                                     |                                     |                                     |
|--|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Appling       | <input type="checkbox"/> Cobb      | <input type="checkbox"/> Grady      | <input type="checkbox"/> McDuffie   | <input type="checkbox"/> Sumter     |
| <input type="checkbox"/> Atkinson      | <input type="checkbox"/> Coffee    | <input type="checkbox"/> Greene     | <input type="checkbox"/> McIntosh   | <input type="checkbox"/> Talbot     |
| <input type="checkbox"/> Bacon         | <input type="checkbox"/> Colquitt  | <input type="checkbox"/> Gwinnett   | <input type="checkbox"/> Meriwether | <input type="checkbox"/> Taliaferro |
| <input type="checkbox"/> Baker         | <input type="checkbox"/> Columbia  | <input type="checkbox"/> Habersham  | <input type="checkbox"/> Miller     | <input type="checkbox"/> Tattall    |
| <input type="checkbox"/> Baldwin       | <input type="checkbox"/> Cook      | <input type="checkbox"/> Hall       | <input type="checkbox"/> Mitchell   | <input type="checkbox"/> Taylor     |
| <input type="checkbox"/> Banks         | <input type="checkbox"/> Coweta    | <input type="checkbox"/> Hancock    | <input type="checkbox"/> Monroe     | <input type="checkbox"/> Telfair    |
| <input type="checkbox"/> Barrow        | <input type="checkbox"/> Crawford  | <input type="checkbox"/> Haralson   | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Terrell    |
| <input type="checkbox"/> Bartow        | <input type="checkbox"/> Crisp     | <input type="checkbox"/> Harris     | <input type="checkbox"/> Morgan     | <input type="checkbox"/> Thomas     |
| <input type="checkbox"/> Ben Hill      | <input type="checkbox"/> Dade      | <input type="checkbox"/> Hart       | <input type="checkbox"/> Murray     | <input type="checkbox"/> Tift       |
| <input type="checkbox"/> Berrien       | <input type="checkbox"/> Dawson    | <input type="checkbox"/> Heard      | <input type="checkbox"/> Muscogee   | <input type="checkbox"/> Toombs     |
| <input type="checkbox"/> Bibb          | <input type="checkbox"/> Decatur   | <input type="checkbox"/> Henry      | <input type="checkbox"/> Newton     | <input type="checkbox"/> Towns      |
| <input type="checkbox"/> Bleckley      | <input type="checkbox"/> DeKalb    | <input type="checkbox"/> Houston    | <input type="checkbox"/> Oconee     | <input type="checkbox"/> Treutlen   |
| <input type="checkbox"/> Brantley      | <input type="checkbox"/> Dodge     | <input type="checkbox"/> Irwin      | <input type="checkbox"/> Oglethorpe | <input type="checkbox"/> Troup      |
| <input type="checkbox"/> Brooks        | <input type="checkbox"/> Dooly     | <input type="checkbox"/> Jackson    | <input type="checkbox"/> Paulding   | <input type="checkbox"/> Turner     |
| <input type="checkbox"/> Bryan         | <input type="checkbox"/> Dougherty | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Peach      | <input type="checkbox"/> Twiggs     |
| <input type="checkbox"/> Bulloch       | <input type="checkbox"/> Douglas   | <input type="checkbox"/> Jeff Davis | <input type="checkbox"/> Pickens    | <input type="checkbox"/> Union      |
| <input type="checkbox"/> Burke         | <input type="checkbox"/> Early     | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Pierce     | <input type="checkbox"/> Upson      |
| <input type="checkbox"/> Butts         | <input type="checkbox"/> Echols    | <input type="checkbox"/> Jenkins    | <input type="checkbox"/> Pike       | <input type="checkbox"/> Walker     |
| <input type="checkbox"/> Calhoun       | <input type="checkbox"/> Effingham | <input type="checkbox"/> Johnson    | <input type="checkbox"/> Polk       | <input type="checkbox"/> Walton     |
| <input type="checkbox"/> Camden        | <input type="checkbox"/> Elbert    | <input type="checkbox"/> Jones      | <input type="checkbox"/> Pulaski    | <input type="checkbox"/> Ware       |
| <input type="checkbox"/> Candler       | <input type="checkbox"/> Emanuel   | <input type="checkbox"/> Lamar      | <input type="checkbox"/> Putnam     | <input type="checkbox"/> Warren     |
| <input type="checkbox"/> Carroll       | <input type="checkbox"/> Evans     | <input type="checkbox"/> Lanier     | <input type="checkbox"/> Quitman    | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Catoosa       | <input type="checkbox"/> Fannin    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Rabun      | <input type="checkbox"/> Wayne      |
| <input type="checkbox"/> Charlton      | <input type="checkbox"/> Fayette   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Randolph   | <input type="checkbox"/> Webster    |
| <input type="checkbox"/> Chatham       | <input type="checkbox"/> Floyd     | <input type="checkbox"/> Liberty    | <input type="checkbox"/> Richmond   | <input type="checkbox"/> Wheeler    |
| <input type="checkbox"/> Chattahoochee | <input type="checkbox"/> Forsyth   | <input type="checkbox"/> Lincoln    | <input type="checkbox"/> Rockdale   | <input type="checkbox"/> White      |
| <input type="checkbox"/> Chattooga     | <input type="checkbox"/> Franklin  | <input type="checkbox"/> Long       | <input type="checkbox"/> Schley     | <input type="checkbox"/> Whitfield  |
| <input type="checkbox"/> Cherokee      | <input type="checkbox"/> Fulton    | <input type="checkbox"/> Lowndes    | <input type="checkbox"/> Screven    | <input type="checkbox"/> Wilcox     |
| <input type="checkbox"/> Clarke        | <input type="checkbox"/> Gilmer    | <input type="checkbox"/> Lumpkin    | <input type="checkbox"/> Seminole   | <input type="checkbox"/> Wilkes     |
| <input type="checkbox"/> Clay          | <input type="checkbox"/> Glascock  | <input type="checkbox"/> Macon      | <input type="checkbox"/> Spalding   | <input type="checkbox"/> Wilkinson  |
| <input type="checkbox"/> Clayton       | <input type="checkbox"/> Glynn     | <input type="checkbox"/> Madison    | <input type="checkbox"/> Stephens   | <input type="checkbox"/> Worth      |
| <input type="checkbox"/> Clinch        | <input type="checkbox"/> Gordon    | <input type="checkbox"/> Marion     | <input type="checkbox"/> Stewart    |                                     |

**COMPLIANCE**

**1. McKinney-Vento Education Requirements**

If your project services families, please describe how you ensure all children are connected with McKinney services within their school. Write N/A if your project does not serve minors.

**1. Coordinated Entry**

All ESG grantees are required by the HEARTH Act to use the common assessment as designated by their Continuum of Care. Do you agree to implement use of the centralized intake and assessment for use with all potential ESG project participants once it is created?

Yes    No

**PROJECT DESIGN**

**2. Homeless Need**

Describe **HOMELESS** need in your area. Utilize DCA Homeless Count Report and Continuum of Care bed data, including the number of sheltered and unsheltered homeless families and individuals.

What steps do you take, if any, to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons and persons with disabilities?

### 3. Targeted Populations

Describe how you will identify participants for this project, including any partnerships with other agencies. Are there subpopulations that your project targets such as chronically homeless, veterans, etc.?

Any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served together as such.

- N/A, this project does not serve families.
- Yes, applicant assures that its projects are in compliance with this HEARTH Act provision.

If Yes, describe arrangements made in the project in order to accommodate families regardless of composition.

#### 4. Homeless Involvement

**Describe the involvement of homeless persons in carrying out this project:** Note that by ESG regulation, and “to the maximum extent practicable, the applicant must involve homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under ESG, in providing services assisted under ESG, and in providing services for occupants of facilities assisted under ESG. This involvement may include employment or volunteer services.”

#### 5. Non-Duplication and Service Need

Describe need for this particular service in your area. Use credible data regarding incidence of issue to be resolved, why the proposed service does not exist in the service area or does not meet the need in your service area (county, city, or neighborhood). Provide relevant data and cite source.  
(This data should not just include inquiries for assistance made to your agency).

**6. Service Type**

For which type of supportive services project are you applying? CHOOSE ONLY ONE.  
List any fees charged to participants for service.

- |  |                              |                              |
|--|------------------------------|------------------------------|
| <input type="checkbox"/> Employment Assistance and Training  | <input type="checkbox"/> Fee | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Transportation  | <input type="checkbox"/> Fee | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Aftercare Case Management for<br>Successfully Housed Former Shelter Residents | <input type="checkbox"/> Fee | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Child Care  | <input type="checkbox"/> Fee | <input type="checkbox"/> N/A |
| <input type="checkbox"/> SSI/SSDI Outreach and Recovery benefits<br>services (SOAR)                    | <input type="checkbox"/> Fee | <input type="checkbox"/> N/A |

Describe relevant fees:

How many total households will this project serve from July 1, 2016 – June 30, 2017?

How many total individuals will this project serve from July 1, 2016 – June 30, 2017?

Are 100% of services reserved exclusively for persons who are “homeless” by HUD definition? If “No,” consult DCA.

Is this project currently provided by the Applicant?

What is the average length of participation for this project?

What is the maximum length of participation for this project?

Which subpopulations will this project serve? (check all that apply)

- Families
- Adults

## **7. Service Delivery**

Explain how the methodology employed by this project utilizes nationally recognized best practices for implementation. Best practices should be specific to the services project type for which you are requesting funds. Cite source or model of best practice, including any agencies that created or require these standards.

## **8. Entry/Eligibility Requirements**

- a. Describe how your organization will verify homeless housing status. Describe how this project will avoid serving general members of the community or other non-homeless individuals. Briefly describe intake process.

**b. Describe requirements for clients upon entering project, etc.**

**c. Does the project ensure that participants are not screened out for service?**  Yes  No  
**Describe policy.**

**d. Are participants required to have income for entry?**  Yes  No  
**Describe your policy supporting this.**

**e. Are participants screened out for active substance abuse?**  Yes  No  
**Describe your policy supporting this.**

**i. Do you conduct drug or alcohol testing at entry?**      Yes      No

**ii. Does a positive drug or alcohol test keep a participant out of the program?**      Yes      No

f. Are participants required to have a criminal background check for entry?  Yes  No  
Describe policy:

g. Does having a criminal record (with exceptions for state-mandated restrictions) prohibit a referral from entering the project?  Yes  No  
Describe your policy supporting this.

h. Does a history of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement) prohibit someone from entering the project?  
 Yes  No  
Describe your policy supporting this.

i. Does the project ensure that participants are not terminated from the program for the following reasons? (check all that apply)

- Failure to participate in supportive services
- Failure to follow the individual service plan
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Being a victim of domestic violence

## **9. Project Requirements**

Briefly discuss reasons for dismissal or termination processes. Include explanation of appeals procedures available to participants.

**CASE MANAGEMENT AND STABLE HOUSING**

**10. Housing Support Standards**

If awarded funding, do you agree to incorporate the elements of the Housing Support Standards in your case management structure?  Yes  No

Do you agree to conduct the Barriers to Housing Stability Assessment for heads of households for EACH household served by this project?  
 Yes  No

If no, please explain.

If your project received DCA funding in the past year, describe how your agency is implementing the Housing Support Standards:

**11. Housing Stability**

Describe how your agency ensures that all project participants are connected to permanent housing. Describe partnerships utilized to fulfill this requirement, including agency name, project name and if there is a formal Memorandum of Agreement in place.

**12. Goals and Projections - Describe how services are administered by your project. Provide goals and projected outcomes for project participants based on the relevant service project type.**

**A. Employment Assistance**

Describe the services provided by your agency for this project.

**B. Aftercare Case Management for Successfully Housed Former Shelter Residents**

Describe how this project will provide ongoing support for participants after successful discharge from shelter in order to ensure housing stability and avoid returns to homelessness. Include time intervals, methods of contact and services offered.

What percentage of households served by this project will remain stably housed?

**C. SSI/SSDI Outreach and Recovery Benefit Services**

Describe the efforts your project makes to connect participants with mainstream benefits and services. Describe staffing and community partnerships in implementing this project.

What percentage of participants will complete applications for benefits while in project?

What percentage will be approved?

What is the average household income expected to be recovered?

**D. Child Care – Please attach proof of licensure by relevant jurisdiction attached to this application.**

How many households will receive this service?

How many children will benefit from this service?

Other than state licensure, list other accreditations or qualifications of this program.

### 13. Staffing

What is the TOTAL number of staff and/or volunteers utilized for this project?

List staff employed by your agency to work in this project by position (house managers, case managers, etc.). Check the box that describes their employment status, and describe their duties and qualifications as relevant.

Position 1:

Employment status:  **Full-time or equivalent**     **Part-time**     **Volunteer**  
Duties:

Position 2:

Employment status:  **Full-time or equivalent**     **Part-time**     **Volunteer**  
Duties:

Position 3:

Employment status:  **Full-time or equivalent**     **Part-time**     **Volunteer**  
Duties:

Position 4:

Employment status:  **Full-time or equivalent**     **Part-time**     **Volunteer**  
Duties:

Position 5:

Employment status:  **Full-time or equivalent**     **Part-time**     **Volunteer**  
Duties:

Position 6:

Employment status:  **Full-time or equivalent**     **Part-time**     **Volunteer**  
Duties:

Position 7:

Employment status:  **Full-time or equivalent**     **Part-time**     **Volunteer**  
Duties:

**HOMELESS MANAGEMENT INFORMATION SYSTEMS**

**14. DV Comparable Database (DOMESTIC VIOLENCE PROJECTS ONLY)**

Are you currently using the DV comparable database to track participants served by this project?

- Yes     No

**15. Homeless Management Information System (HMIS) (NON-DOMESTIC VIOLENCE AGENCIES)**

If you are a first-time applicant for DCA funds, please answer the following questions:

Does your agency currently use Pathways HMIS?

- Yes     No     N/A

If you are not a family violence agency and you selected “No,” explain why you aren’t currently using Pathways HMIS, and describe your plan for using Pathways to implement this project.

**MATCHING**

**16. Match Sources**

A 100% match is required. The applicant may include the value of any donated material or building, the value of any lease on a building, any salary paid to staff to carry out the project of the recipient, and the value of the time and services contributed by volunteers to carry out the project according to guidance provided by DCA in the application guidelines. Discuss match sources.

**17. Other Cash and Matching Resources Available for Services Project**

A 100% match is required. The matching requirement may be met by one or both of the following:

(1) *Cash contributions.*

(2) *Noncash contributions.* The value of any real property, equipment, goods, or services contributed to the grantee’s ESG project, provided that if the grantee had to pay for them with grant funds, the costs would have been allowable.

Noncash contributions may also include the purchase value of any donated building.

o *Calculating the amount of non-cash contributions.*

(1) To determine the value of any donated material or building, or of any lease, the grantee must use and document a method reasonably calculated to establish the fair market value.

(2) Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the grantee’s organization. If the grantee does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.

(3) Some noncash contributions are real property, equipment, goods, or services that, if the grantee had to pay for them with grant funds, the payments would have been indirect costs. Matching credit for these contributions must be given only if the grantee has established, along with its regular indirect cost rate, a special rate for allocating to individual projects or projects the value of those contributions.

**DCA will verify these amounts for compliance!**

**Be realistic and be prepared to provide verification if funds are awarded!**

<b><u>Funds Provided for THIS PROJECT ONLY!</u></b> Funds otherwise provided to the agency may not be included!	<b><u>Project Name</u></b>	<b><u>Amount - Use * to indicate cash</u></b>
Department of Community Affairs	ESG	
Department of Housing and Urban Development	SHP	
Local Government (City)		
Local Government (County)		
GA Department of Human Services		
GA Dept. BH & DD		
Other State Agency		
United Way		
Faith Based Organizations		
Foundations		
Fundraising Events		
In-kind Professional Services		
Cash Donations		
Volunteer Services		
Donations		
Participant Fees		
Other 1 (Name):		
Other 2 (Name):		
Other 3 (Name):		
Other 4 (Name):		
Total (Include Additional Pages if Necessary)		

Provide a **COMPLETE PROJECT** budget below. Include all matching funds in Column b. **whether you are seeking DCA funding for that category or not.**

<b>18. Supportive Services Project Budget</b> <u>Item</u>	<u>a. ESG Request (Cash Only)</u>	<u>b. Other Funds(may be non-cash)</u>	<u>c. Total Budget</u>
<b>Personnel</b>			
1. Salaries			
2. Training			
3. Travel			
4. Matching, Name:			
5. Matching, Name:			
<b>Facilities</b>			
6. Rents (mortgage payments ineligible)			
7. Utilities (electricity, water, natural gas)			
8. Maintenance and janitorial			
9. Insurance (property or liability)			
10. Matching, Name:			
11. Matching, Name:			
<b>Client Assistance (appropriate for project)</b>			
12. Documents (IDs, medical documentation for SOAR, etc.)			
13. Child care			
14. Transportation (to obtain housing, and relevant services only)			
15. Employment (Clothing, materials, tools, etc.)			
16. Matching, Name:			
17. Matching, Name:			
<b>Other</b>			
18. Matching, Name:			
19. Matching, Name:			
<b>1. TOTAL EXPENSES</b>	_____	_____	_____
<i>*Note that matching funds by source must be disclosed. If this project is approved for ESG funds, DCA may, at its sole discretion, choose not to participate in all proposed cost items.</i>			

## Budget Guidance

### **Eligible project costs are as follows:**

- a. **Employment Projects** – Projects to assist homeless individuals with obtaining competitive employment. Projects should include aspects such as: job assessment; one on one job counseling; partnerships with employers; specialized job training; and job placement. Agencies should demonstrate that mainstream projects do not exist or are insufficient to meet the needs of the population to be served. Employment projects should demonstrate how they are tailored to the needs of homeless individuals specifically. Costs might include personnel, rents, utilities, salaries, insurance, IDs for participants, etc.
- b. **Transportation** – Eligible costs consist of a project participant’s travel to and from medical care, employment, child care, or other eligible essential services facilities. These costs include the following: (A) The cost of a project participant’s travel on public transportation; (B) If service workers use their own vehicles, mileage allowance for service workers to visit project participants; and (C) The travel costs of ESG subrecipient staff to accompany or assist project participants to use public transportation.
- c. **Aftercare Case Management for Successfully Housed Former Shelter Residents** – The cost of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the former project participant is eligible. Component services and activities consist of: (A) Counseling; (B) Developing, securing, and coordinating services and obtaining Federal, State, and local benefits; (C) Monitoring and evaluating project participant progress; (D) Providing information and referrals to other providers; (E) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; (F) Developing an individualized housing and service plan in order to allow participant to remain in permanent housing and (G) negotiations and interventions with landlords, family members, other services or housing project representatives, etc. in order to ensure that participant can stay in permanent housing. Case management will typically take place in the home of the former shelter resident.
- d. **Child Care** – Projects designed to serve children (generally younger than 6) of families that are currently homeless or very recently homeless and placed into housing (past 3 months) who are not enrolled in K-12 schools. Typical ESG costs would include property rents or maintenance, personnel, HMIS, insurance, food, etc., or in lieu of these costs, tuition. Project should be collaborating with other providers serving the family in order to help them obtain alternative sustainable childcare through child care vouchers, affordable providers, etc. as well as connect them with mainstream resources. More specifically, child care can include the costs of child care for project participants, including providing meals and snacks, and comprehensive and coordinated sets of appropriate developmental activities, are eligible. The children must be under the age of 13, unless they are disabled. Disabled children must be under the age of 18. The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.
- e. **SSI/SSDI Outreach And Recovery benefits services (SOAR)** – All participating staff must be formally SOAR trained. SOAR is a national project funded by the [Substance Abuse and Mental Health Services Administration](#) that is designed to increase access to SSI/SSDI for [eligible adults](#) who are [homeless](#) and have a mental illness and/or a co-occurring substance use disorder. Using a 3-pronged approach of Strategic Planning, Training, and Technical Assistance (TA), the SOAR TA Center coordinates this effort at the state and community level. Eligible SOAR costs include staff costs, travel and costs to obtain medical and other necessary documents to successfully complete applications.