2015 Georgia Balance of State Continuum of Care Review Application
Renewal Projects ONLY

General Information

To enter a "x" in the boxes on the form, please click on the box twice and then select "Checked."

1. **Project Applicant Information:**
   a. Name of Organization: _____
   b. Organization Type
      ☐ Non-profit 501 (c)(3)   ☐ Unit of Government   ☐ Public Housing Authority (PHA)
      ☐ Other: Describe: _____

   DUNS Number: _____

2. **Sub-Recipient / Sponsor Organization (if applicable):**
   a. Name of Organization: _____
   b. Organization Type
      ☐ Non-profit 501 (c)(3)   ☐ Unit of Government   ☐ Public Housing Authority (PHA)
      ☐ Other: Describe: _____

   DUNS Number: _____

3. **Contact person for this application:**
   a. Name: _____

   b. Title: _____

   c. Phone: _____

   d. Email: _____

4. **Project Name:** _____

5. **County (ies) where project is located:** _____

   _____

6. **HUD Project Type:**
   ☐ Permanent Supportive Housing   ☐ Transitional Housing   ☐ Rapid Re-housing
      ☐ Facility-based   ☐ Facility-based
      ☐ Scattered Site   ☐ Scattered Site
   ☐ Supportive Services Only   ☐ HMIS

7. **HUD 2015 Project Funding Requested:** _____

8. **Are any of the following changes proposed to the project grant:**
   ☐ Reduction to grant proposed due to underutilization?
   ☐ Change current project type to Rapid Re-Housing through CoC's competitive reallocation process, and submit a new application in the competition?

   If any changes are proposed, please provide an explanation.

2015 Georgia Balance of State CoC

Program Overview and Priority Alignment

1. Please provide a brief, but complete, summary of your project. *(750 characters maximum)*

2. As specified in the Governance Charter, the BoS CoC has aligned itself with the HUD Strategic Plan, as well as with the USICH "Opening Doors" plan. While much of the scored information will be taken from agency and program APRs and HMIS, please respond to the following questions, addressing the various objectives of the CoC. For questions that reference project performance, please include the applicable project performance data that was submitted for the most recent APR.

   Objective 1-A: Increase Progress towards Ending Chronic Homelessness

   a. Does the project prioritize client selection based on duration of homelessness and vulnerability?
   ☐ Yes   ☐ No

   Please explain:

   b. Does the project accept all clients regardless of substance use history, or current use?
   ☐ Yes   ☐ No

   Please explain:

   c. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?
   ☐ Yes   ☐ No

   Please explain:

   d. Does the project accept clients regardless of criminal history?
   ☐ Yes   ☐ No

   Please explain:

   e. Does the project accept clients regardless of income or financial resources?
   ☐ Yes   ☐ No

   Please explain:

   f. Does the project use a harm-reduction model for drugs and/or alcohol use?
   ☐ Yes   ☐ No

   Please explain:

   g. Does the project include mandatory case management as a condition of remaining in the program?
   ☐ Yes   ☐ No

   Please explain:

Objective 1-B: Serving People with the Highest Barriers to Housing (&/or Special Needs)

In addition to prioritizing people experiencing chronic homelessness, as developed, the coordinated entry process will prioritize people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. CoC-funded projects frequently work with families or individuals who have severe barriers to finding and maintaining housing, and it's important for the system of care to be responsive to those needs. For the purpose of the following question, High Barriers consist of family or individual households who are homeless and have two or more of the following: (1) no income; (2) recent history of substance abuse or actively using drugs or alcohol; (3) serious health problems/conditions; and (4) criminal background (that includes one or more felonies). And Extreme Barriers consist of individuals with severe mental illness and/or substance abuse problems, are living on the street (or entered project from the street), and have been unable or unwilling to participate in supportive services.

Please explain the extent that clients with High Barriers and/or Extreme Barriers to housing are accepted and directly served by this project. *(1,000 characters maximum, per explanation*)

Please indicate which of the following criteria is required for clients to be accepted into this project.

- ☐ Income (Amount ____)
- ☐ Current Employment
- ☐ State Issued Photo ID
- ☐ Sobriety (drugs or alcohol) (Number of days ____)
- ☐ No Presenting Symptoms of Mental Illness
- ☐ Transportation
- ☐ Disabling Condition (MH, SA, HIV/AIDS)
- ☐ Medication (How many days? ____)
- ☐ Victim of Domestic Violence
- ☐ Other _____

Please explain and discuss program entry requirements and restrictions for homeless persons to access and be accepted into this program. *(500 characters maximum)*

Objective 2: Increase Housing Stability

What was the project performance regarding housing stability (APR Q36 for PSH or TH & SSO use APR Q29 Permanent Destination/# Leavers), in your last submitted APR? Agencies who have not had an APR due to HUD yet (new project/newly transferred project), please use data from HMIS or APRICOT/ALICE on clients served between 4/1/2014 and 3/31/2015.

PSH projects –
APR Q36, Measure 1 (Percent of persons who accomplished this measure): _____

TH & SSO projects -
APR Q29a1 plus Q29a2 Permanent Destination / Total # Leavers (Percent of persons who accomplished this measure): _____

Please briefly explain how your agency plans to improve, or maintain, the housing stability of project participants *(500 characters maximum)*.

Objective 3: Increase Project Participant Income

What was the project performance regarding income (APR Q24), in your last submitted APR? Agencies who have not had an APR due to HUD yet (new project/newly transferred project), please use data from HMIS or APRICOT/ALICE on clients served between 4/1/2014 and 3/31/2015.

a. APR Q22a2 Total Adult Leavers (bottom row, "adult" column):   _____

b. APR Q24a Adults with Only Earned Income – Leavers (last column):   _____
Percentage of Adults with Only Earned Income (b/a x 100 = %):   _____

c. APR Q24a Adults with Only Other Income – Leavers (last column):   _____
Percentage of Adults with Only Earned Income (c/a x 100 = %):   _____

d. APR Q24a Adults with Both Earned Income & Other Income – Leavers (last column): _____
Percentage of Adults with Both (d/a x 100 = %):   _____

Please briefly explain what steps your agency has in place to assist participants in increasing their income. *(500 characters maximum)*

Objective 4: Increase the Number of Participants Obtaining Mainstream Benefits

What was the project performance regarding mainstream benefits (APR Q26), in your last submitted APR? Agencies who have not had an APR due to HUD yet (new project/newly transferred project), please use data from HMIS or APRICOT/ALICE on clients served between 4/1/2014 and 3/31/2015.

a. APR Q26a2 of Total 1+Source(s):   _____

b. APR Q7 of Total number of Leavers: _____

Please briefly describe how your agency plans to increase the percentage of participants who access mainstream benefits (*500 characters maximum).*

Objective 5: Using Rapid Re-Housing as a Method to Reduce Family Homelessness (New Projects Only)

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Financial & Project Information

1. Start and end date of your current HUD award: _____ to _____

2. Total amount of award: $ _____

3. Amount of funds not yet drawn down: $ _____

4. Do you anticipate you will have unexpended funds at the expiration date of your current contract?
   ☐ Yes   ☐ No If yes, how much? $_____

5. Have you had unexpended HUD funds at the expiration of grant terms in the past 3 years?
   ☐ Yes   ☐ No If yes, how much?   2013 $_____

   2012 $_____

   2011 $_____

6. What was the Total Annual Budget for this project, for the most recently completed operating year (please include all resources for this project)? _____

   ALL projects -
   How many households were served during that operating year? _____

   Transitional Housing or Rapid Re-Housing projects ONLY -
   How many households exited this project during that operating year? _____

   What was the average cost per exit for the number of households exiting? _____
   (Please divide the total number exiting by the Total Annual Budget.)

   How many households exited to permanent housing during that operating year? _____

   What was the average cost per exit for the households exiting to permanent housing? _____
   (Please divide the number exiting to permanent housing by the Total Annual Budget)

7. Does the applicant have any outstanding federal debt?
   ☐ Yes   ☐ No If yes, please provide an explanation of debt owed and repayment arrangements
   (250 characters maximum).

8. When was your most recent **HUD** monitoring visit (if applicable)? _____

   Please submit a copy of your most recent HUD monitoring report with your application (along with any response, corrective action, or other related documents).

9. Does the agency have any open (unresolved) monitoring findings or concerns from any governmental or foundation funder? If yes, please identify the finding or concern and explain a corrective plan of action *(500 characters maximum).*

10. Project Utilization - Participants Served

	Contracted # of Participants/ Households to be served (From HUD Project Application)	Actual Annual # of Participants / Households Served (From most recent APR submitted to HUD)	Number of participants enrolled on 2/28/15
Number of Households With Children (Families)			
a. Number of Households			
b. Number of Adults			
c. Number of Children			
Number of Households without Children (Individuals, Couples w/no children)			
a. Number of Adults			
Number of Households with ONLY Children (unaccompanied youth 17 yrs. or younger)			
a. Number of unaccompanied youth 17 yrs. or younger			
Total			

11. Project Utilization (<u>Housing Programs Only</u>)

    a. Number of contracted beds: _____

    b. Number of bed dedicated to people who are chronically homeless: _____

    c. Number of beds not dedicated to people who are chronically homeless, but that will be prioritized for the chronically homeless: _____

    d. Total number of units under contract: _____

    e. Total number of units being utilized on February 28, 2015:   _____

12. Sub-Populations (<u>ALL Programs</u>)

What percentages of total current clients being served fall into the sub-populations below? (Clients may fall into multiple categories.)	Percentage Served
Chronically Homeless Individuals (HUD-defined chronically homeless)	
Chronically Homeless Families (HUD-defined chronically homeless)	
Severely Mentally Ill	
Chronic Substance Abuse	
Veterans	
Persons with HIV/AIDS	
Victims of Domestic Violence	
Households with Children	
Unaccompanied Youth (17 yrs. or younger)	
Developmental Disabilities	
Physical/Chronic Health Issues	

13. Does your project use Energy Star equipment/appliances and/or plan for the purchasing of Energy Star products for new or replacement equipment/appliances?
☐ Yes ☐ No

Match and Leveraging

Using the guidelines included with this application, please complete the applicable match and leveraging charts. Please add additional rows, as necessary.

Cash Match: Please list the primary sources of match funds (to equal 25% of total costs minus leasing), funding amounts received in the past 12 months, and the beginning year of continuous history of funding from each source.

Source	Funding Received Since (the Year)	Amount Received in the Past 12 Months
Total		

In-Kind Match: Please list the primary sources of in-kind match resources (to equal 25% of total costs minus leasing), equivalent cash value received in the past 12 months, and the beginning year of continuous support from each source.

Source	Support Received Since (the Year)	Value Received in the Past 12 Months
Total		

Leveraging (cash): Please list the primary sources of leveraged funds, and the funding amounts committed (outside of listed match).

Source	Dollar Amount of Committed Funding
Total	

Leveraging (in-kind): Please list the primary sources of leveraged in-kind resources, and the equivalent cash value of the resources committed (outside of listed match).

Source	Dollar Equivalent of Committed Resource
Total	

2015 Georgia Balance of State CoC

ASSURANCES

To the best of my knowledge and belief, 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 made 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 with this community's Homeless Management Information System (HMIS) (Pathways Community Network or APRICOT/ALICE).

Name: (please type)	
Title:	
Phone:	
Email:	
Signature of Authorized Representative: ☐ "X" indicates electronic signature submitted	
Date:	

MATCH and LEVERAGING

Project applicants are requested to report match and leveraging for each project. For the CoC Competition, HUD guidelines request projects to report match and leveraging where there are commitment letters on file that are dated within 60 days of the CoC application deadline. Projects without sufficient match and/or leveraging may be determined ineligible. New PSH project applications must submit written commitments of match and leverage within each application package by the deadline (date pending).   (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.

Match resources for <u>new</u> projects must have a written commitment in-hand at time of application, and copies of these commitment documents must be submitted with this Review Application. A written commitment may include signed letters, 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, child care, case management, etc.), the value of the contribution, and the date that the contribution will be available. The written commitment must include the project name and be addressed to the project applicant or non-profit.

Leveraging (Cash or In-Kind Resources)
The CoC goal for all leveraged resources (including match) is 150% of the grant amount. For this section, please only report leveraged resources outside of the match resources listed above to ensure no duplication.