**2017 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:**
2. Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Organization Type

Non-profit 501 (c)(3)  Unit of Government  Public Housing Authority (PHA)

Other: Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Sub-Recipient / Sponsor Organization (if applicable):**
2. Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Organization Type

Non-profit 501 (c)(3)  Unit of Government  Public Housing Authority (PHA)

Other: Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Contact person for this application:**
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **County (ies) where project is located:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **HUD Project Type:**

Permanent Supportive Housing  Rapid Re-housing

Facility-Based

Scattered Site

Supportive Services Only  HMIS

1. **HUD 2017 Project Funding Requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Are any of the following changes proposed to the project grant:**

Reduction to grant proposed due to underutilization?

General reduction to the grant for other reasons?

If any changes are proposed, please provide an explanation.

**Program Overview and Priority Alignment**

Projects awarded the first time under the 2016 NOFA should discuss how they propose to meet these objectives with their program where narrative explanations are requested. Data is not required from these projects.

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 from the HUD APR or Data Quality Report from HMIS covering the period of 5/1/2016-4/30/2017.

***Objective 1-A: Increase Progress towards Ending Chronic Homelessness***

1. Does the project prioritize client selection based on duration of homelessness and vulnerability?

Yes  No

**Please explain**:

1. Does the project accept all clients regardless of substance use history, or current use?

Yes  No

**Please explain**:

1. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?

Yes  No

**Please explain**:

1. Does the project accept clients regardless of criminal history?

Yes  No

**Please explain**:

1. Does the project accept clients regardless of income or financial resources?

Yes  No

**Please explain**:

1. Does the project use a harm-reduction model for drugs and/or alcohol use?

Yes  No

**Please explain**:

1. Does the project include mandatory case management as a condition of remaining in the program?

Yes  No

**Please explain**:

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

***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 indicate which of the following criteria are used to terminate clients from this project.

Failure to participate in supportive services

Failure to make progress on a service plan

Loss of income or failure to improve income

Domestic violence

Any other activity not covered in a lease agreement typically found in the project's geographic area (Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

None of the above

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

***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 HUD APR for CoC Grant-Funded Programs from HMIS or APRICOT/ALICE on clients served between 5/1/2016-4/30/2017?

PSH/RRH projects –

APR Q36, Measure 1 or Q29 (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 HUD APR for Grant-Funded Programs from HMIS or APRICOT/ALICE on clients served between 5/1/2016-4/30/2017?

1. APR Q24a Total Adult Leavers (bottom row, “adult” column): \_\_\_\_\_\_\_\_
2. APR Q24a Adults with Only Earned Income – Leavers (last column): \_\_\_\_\_\_\_\_

Percentage of Adults with Only Earned Income (b/a x 100 = %): \_\_\_\_\_\_\_\_

1. APR Q24a Adults with Only Other Income – Leavers (last column): \_\_\_\_\_\_\_\_

Percentage of Adults with Only Earned Income (c/a x 100 = %): \_\_\_\_\_\_\_\_

1. 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 HUD APR for CoC Grant-Funded Programs from HMIS or APRICOT/ALICE on clients served between 5/1/2016-4/30/2017?

1. APR Q26a2 of Total 1+Source(s): \_\_\_\_\_\_\_\_\_
2. APR Q24a 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).*

**Financial & Project Information**

1. Start and end date of your HUD award from the 2015 competition: \_\_\_\_\_\_\_ 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? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you had unexpended HUD funds at the expiration of grant terms in the past 3 years?

Yes  No If yes, how much? 2014 CoC Competition $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2013 CoC Competition $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2012 CoC Competition $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a first-time renewal project?  Yes  No

Have there been extenuating circumstances in drawing down funds related to a change in the grant year or execution of the contract?  Yes  No

If “Yes,” please explain (identifying grant years impacted):

1. 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? \_\_\_\_\_\_\_\_\_\_

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)

1. 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).*

1. 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).

1. 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).*
2. Project Utilization - Participants Served

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contracted # of Participants/ Households to be served (From HUD Project Application)** | **Actual Annual # of Participants / Households Served (From HUD APR from HMIS)** | **Number of participants enrolled on 4/30/17** |
| **Number of Households With Children (Families)** |  |  |  |
| 1. Number of Households |  |  |  |
| 1. Number of Adults 25+ |  |  |  |
| 1. Number of Adults 18-24 |  |  |  |
| 1. Number of Children |  |  |  |
| **Number of Households without Children**  **(Individuals, Couples w/no children)** |  |  |  |
| 1. Number of Adults 25+ |  |  |  |
| 1. Number of Adults 18-24 |  |  |  |
| **Number of Households with ONLY Children (unaccompanied youth 17 yrs. or younger)** |  |  |  |
| 1. Number of unaccompanied youth 17 yrs. or younger |  |  |  |
| **Total** |  |  |  |

1. Project Utilization (Housing Programs Only)
2. Number of contracted beds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Number of bed dedicated to people who are chronically homeless: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of beds not dedicated to people who are chronically

homeless, but that will be prioritized for the chronically homeless: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Total number of units under contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total number of units being utilized on April 30, 2017: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Sub-Populations (ALL Programs)

|  |  |
| --- | --- |
| **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 |  |
| Youth Family Households with Children (where no adult parent or guardian over the age of 24 is in the household) |  |
| Youth Households without Children (where no adult parent or guardian over the age of 24 is in the household) |  |
| Developmental Disabilities |  |
| Physical/Chronic Health Issues |  |

1. 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. Projects awarded the first time under the 2016 NOFA should report the amount of match and leveraging committed for the project.

**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) in the past 12 months.

|  |  |
| --- | --- |
| **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) in the past 12 months.

|  |  |
| --- | --- |
| **Source** | **Dollar Equivalent of Committed Resource** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**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).

|  |  |
| --- | --- |
| 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 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. (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 renewal projects are not required to be supported by written documentation with this application. However, HUD may require match documentation to be submitted in e-snaps at the time of application. Each applicant is responsible to understand what is required of the electronic submission of the formal application in e-snaps.

Match resources for new 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 (above and beyond match) is 125% of the grant amount (match and leveraging should total 150%. For this section, please only report leveraged resources outside of the match resources listed above to ensure no duplication.