

2021 Georgia Balance of State Continuum of Care
NEW Project Review Application

General Information

For the text fields on the first page, click on the box once and then begin typing. To enter an "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. Location of Project Site(s) [City(ies)/County(ies)]: _____

6. Total HUD 2021 Project Funding Request: _____

7. HUD Project Type

- Permanent Supportive Housing (PSH)
 100% Chronic (90% individuals / 10% youth only households and families with children based on homeless count data)
 100% DedicatedPLUS (project must dedicate beds for individuals, families with children, **and** unaccompanied youth) (Section III.B.2.g)
- Rapid Re-Housing (RRH)
 Joint Transitional-Rapid Re-Housing Component (Joint TH-RRH)
 SSO Project for Coordinated Entry (152-county CoC-wide effort ONLY, under DV Bonus)

Project categories (can include more than one category/CoC may elect to utilize reallocated funds if available):

- Regular Permanent Housing Bonus Project
 New Domestic Violence (DV) Bonus project (RRH, Joint TH-RRH, or DV Coordinated Entry)
 Expansion Project
 Expansion Project Domestic Violence (DV) Bonus project

Threshold Information

Please check the applicable components of your agency and/or project below. If any are not applicable, please explain.

- Applicant can provide proof of a 501c3 tax-exempt status (also required for nonprofit subrecipient(s)), if applicable. (Please attach to application submission.)
- Applicant can provide a list of board members, if applicable. (Please attach to application submission.)
- Applicant has an accounting system and can provide their most recent independent financial audit, or equivalent financial statement, to assist in determining financial capacity. (Please attach to application submission.)
- Applicant can provide a current 990 IRS Form: Return of Organization Exempt from Income Tax, if applicable. (Please attach to application submission.)
- Applicant understands that if funded:
 - Permanent Supportive Housing (PSH) projects must serve 100% chronically homeless individuals and families or be 100% DedicatedPLUS as defined in Section III.B.2.g of the NOFO (to serve individuals, households with children, and unaccompanied youth).
 - Rapid Re-Housing (RRH) projects may serve persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3.
 - Joint TH-RRH Component (Joint TH-RRH) projects may serve persons who qualify as homeless under paragraphs (1), (2), or (4) of 24 CFR 578.3.
 - Domestic Violence (DV) Bonus projects must:
 - RRH projects must demonstrate trauma-informed, victim-centered approaches
 - Joint TH and PH-RRH component projects as defined in Section III.C.2.n of the NOFO must demonstrate trauma-informed, victim-centered approaches
 - SSO Projects for Coordinated Entry (SSO-CE) projects must equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, and sexual assault, or stalking (i.e. implement policies, procedures and practices that are trauma-informed, client-centered or to better coordinated referrals between the CoC's coordinated entry and the victim service providers coordinated entry system) in the CoC's entire 152-county coverage area.
- Applicant is prepared to utilize ClientTrack HMIS (or an approved family violence HMIS alternative) to capture client-level data on all clients in the project.
- Applicant is prepared to participate in coordinated entry, and selection of program participants must be consistent with CoC's Coordinated Entry process.
- Applicant can demonstrate adequate match and leverage.
- Project proposal limits administrative costs to 10% or less.
- Project has Low Barriers to Entry and prioritizes rapid placement and stabilization in permanent housing
- Proposed project has a specific plan to coordinate and integrate with other mainstream health, social, 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, early childhood education).

Explanation (if applicable):

Proposed Project Information

Please respond to the following questions, as completely as possible. Please note that several of these are taken directly from the *e-snaps* application. In those instances, please copy and paste the same answers for both applications; there is no need to recreate new responses. Other questions, however, may relate to the *e-snaps* questions, but may vary slightly. Please be certain to fully answer each question.

1. Agency Experience (*e-snaps* 2B)

- a. Describe the experience of the applicant and potential subrecipients (if any) in effectively administering federal funding. *(3000 character maximum)*

- b. Describe your organization’s (and subrecipient(s) if applicable) financial management structure, and include evidence of internal and external coordination and an adequate financial accounting system. *(2000 character maximum)*

- c. Describe the experience of the applicant and potential subrecipients (if any) in working with homeless persons. Applicants should describe previous work of a similar nature, especially as it relates to working with homeless persons, and the project’s target population. *(2000 character maximum)*
 - PSH applicants should also describe experience managing Permanent Supportive Housing projects.
 - RRH applicants should also describe experience managing Rapid Rehousing projects.
 - Joint TH-RRH applicants should also describe experience managing Transitional Housing and Rapid Rehousing projects.

- d. Describe the experience of the applicant and potential subrecipients (if any) as it relates to leasing units, administering rental assistance, providing supportive services, and implementing HMIS, as applicable to the proposed project. *(1000 character maximum)*

- e. Does the agency have any open (unresolved) monitoring findings or concerns from HUD, DCA, or any other governmental or foundation funder? If yes, please identify the finding or concern and explain a corrective plan of action *(500 characters maximum)*.
 Yes
 No
Explanation (if applicable):

- f. Does Applicant have any outstanding delinquent Federal debts? If so, Applicant must provide an explanation of debt owed and repayment arrangements *(500 characters maximum)*.
 Yes
 No
Explanation (if applicable):

2. General Description (*e-snaps* 3B)

- a. Provide a description that addresses the entire scope of the proposed project*. Describe the community needs, target population(s) to be served, plan for addressing the identified housing and

supportive service needs, and coordination with other source(s)/partner(s). (3000 character maximum)

- b. **NEW Question If Applicable:** Please describe how this **PSH or RRH project** will utilize housing subsidies or subsidized housing units not funded through ESG or COC.

If you plan to leverage housing resources do you anticipate 25% of participants to be served in Non-CoC, Non-ESG units

- c. **NEW Question If Applicable:** Please describe how this **PSH or RRH project** through a written commitment from a health care organization will utilize healthcare resources to help participants.

If you plan to leverage healthcare resources do you anticipate the value of those healthcare services provided to equal at least 25% of total funding request?

In cases where the proposed project is expanding an existing **PSH or RRH project**, document, when applicable, how the requested funds will supplement existing services and resources, and/or increase participants served.

*Applicants of **PSH and Joint TH-RRH component projects** must demonstrate how this program will target and prioritize people experiencing homelessness with higher needs and who are most vulnerable.

- d. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.
- e. Describe the agency's understanding of, and experience in utilizing, the Housing First model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold), and how it plans to implement this model in the new project. Include how the design of the program meets the definition of "housing first," as provided in the NOFO.
- f. Will the project enroll program participants who have the following barriers? Please select all barriers that apply, **where a participant can have that barrier and still be admitted into the project.**

- Having too little or little income
- Active history of substance abuse
- Having a criminal record with exceptions for state/federal-mandated restrictions
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse)
- None of the above
- Other requirements based on "housing readiness"

If you did NOT select one or more of the first four barriers (showing that participants with those barriers were NOT allowed to be admitted into project), please describe related project entry

requirements to barrier(s) not selected. If you selected “none of the above” or other requirements based on “housing readiness,” please describe related requirements.

- g. Will the project prevent program participant termination from the project for the following reasons? Please select all that apply, where the item would **NOT** cause a client to be terminated from the project.

- Failure to participate in supportive services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area
- None of the above (see below)

If you did NOT select one or more of the four items (showing that participants would be terminated from a project for that reason), please describe program policies/practices that would be cause for termination. If you selected “none of the above,” please describe rule violations that would cause a client to be terminated.

- h. Determinations by project type:

- **PSH applicants** should describe how the agency plans to determine the severity of need for people who are chronically homeless, the process it will use to prioritize persons with the most severe need, and the outreach process used to engage chronically homeless persons living on the streets and in shelter.
- **RRH applicants** should describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Please also describe the availability of the proposed unit size and configuration.
- **Joint TH-RRH component applicants** should describe the method for determining the type, amount, and duration of assistance that participants can receive for both the TH and RRH segments. Please also describe the availability of the proposed unit sizes and configurations.

- i. All projects funded through the CoC must participate in coordinated entry, and selection of program participants must be consistent with the CoC’s Coordinated Entry process. Applicant is required to participate in the coordinated entry assessment system and therefore subject to compliance with the Coordinated Entry Written Standards, Policies, and Procedures as outlined and developed by the GA BoS CoC. Further, applicant will be required to receive clients to be served by the project from a centralized intake and referral system, as applicable, based on local implementation availability. In the interim, agencies outside of local implementation sites are required to assess all clients using the VI-SPDAT and prioritize assistance in accordance with the Balance of State CoC Written Standards in order to target people with the highest needs and longest histories of homelessness.

Please explain how agency plans to assess clients using the VI-SPDAT, or participate in a local Coordinated Entry implementation, as it relates to assessment. Please also describe how the project will work to ensure it is prioritizing people with the highest needs or accepting clients through the coordinated entry process. Response should include a description of clients that will be served as it

relates to HUD eligibility requirements around homelessness and disability (as applicable for PSH).
(2000 character maximum)

3. Project Expansion Information

- a. If this new project is an expansion of an eligible renewal project of the same type, describe how the project will increase the number of people served, provide additional supportive services to homeless persons, or replace the loss of non-renewable funding - private, federal, other (excluding state/local government). If this is an expansion of a non-CoC funded project of the to add to a current homeless project that is funded from sources other than CoC Program funds, describe how the project will increase the number of people served, provide additional supportive services to homeless persons. Expansion projects for non-CoC projects are prohibited from using CoC Program funds to replace state and local funds, and narratives for this project type must provide assurances that this will not happen. Expansions utilizing the DV Bonus, must also describe how units, beds, persons served, or services will be exclusively dedicated for serving survivors of domestic violence, dating violence, sexual assault, or stalking that meet the category 4 definition of homelessness. (3000 character maximum)

4. Supportive Services for Participants (*e-snaps* 4A)

- a. What is the job title of the person in the program who acts as the educational liaison? What are the responsibilities of this position? How will this person ensure that children are enrolled in school, connected to Head Start, Part C of the Disabilities Education Act, and the McKinney-Vento education services? How will this person ensure that families with children or unaccompanied youth who are homeless understand the implications of this policy, and their decision-making rights under it? (2000 character maximum if applicable or enter N/A if project does not serve households with children)
- b. Describe how participants will be assisted to obtain and remain in permanent housing. This should include a description of plans to move participants from the streets and/or emergency shelters into permanent housing, as well as plans to ensure that participants stabilize in permanent housing. (A good response will acknowledge needs of the target population, include a description of proposed services, availability and accessibility of supportive services through primary health services, mental health services, educational services, employment services, life skills, and/or childcare services.) (3000 character maximum)

The description should include**

- how you will determine the right type of housing that fit the needs of program participants;
- if you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges;
- the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management; housing counseling, employment resources); and
- how you will work with program participants to set goals towards successful retention of permanent housing.

*If this project will exclusively assist victims of domestic violence, the description must include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing.

- c. Describe how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. Responses should address the needs of the target population, the required supportive services, the availability and accessibility of those supportive services, and any coordination with other homeless services providers and mainstream systems (2000 character maximum).

c-1. Describe the applicant’s specific plan to coordinate and integrate with other mainstream health, social, 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, early childhood education). (2000 character maximum)

Response should also include what activities are in place to identify and enroll all Medicaid-eligible participants. Describe how the project will include Medicaid-financed services, and indicate whether these will be provided by the recipient receiving Medicaid coverage payments for services or through formal partnerships with Medicaid billable providers. If there are barriers to including Medicaid-financed services in the project, please explain and describe how the project will leverage non-Medicaid resources available. (2000 character maximum)

- d. Using the table below, indicate yes or no for all supportive services that will be available to participants. Indicate who will provide them, and how often they will be provided.

Yes/No	Supportive Services	Who will provide? (Applicant, Subrecipient, Partner or Non-partner)	Frequency of Service
	Assessment of Service Needs		
	Assistance with Moving Costs		
	Case Management		
	Child Care		
	Education Services		
	Employment Assistance and Job Training		
	Food		
	Housing Search and Counseling Services		
	Legal Services		
	Life Skills Training		
	Mental Health Services		
	Outpatient Health Services		
	Outreach Services		
	Substance Abuse Treatment Services		
	Transportation		
	Utility Deposits		

- e. Please indicate any additional supportive services will be available through this program, and indicate who will provide the services, and the level of frequency.

f. Using the table below, please identify whether the project will include the following activities.

Supportive Services	Yes/No
Transportation Assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	
Annual follow-up with program participants to ensure mainstream benefits are received and renewed?	
Will the project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
Has the staff person providing the technical assistance completed SOAR training in the past 24 months?	

5. Housing Type and Location (e-snaps 4B) and Project Participants (e-snaps 5)

- a. Please re-list the counties that this proposed project will serve (Leasing/Rental Assistance budgets will need to be broken out for each county where units will be located, using each county FMR).
- b. Please complete the tables below with the proposed/anticipated numbers.

Total Units	
Total Beds	
Total Dedicated Beds for Chronically Homeless (PSH only/100% required) OR	
Total Dedicated Beds for DedicatedPLUS (PSH only/100% required)	

1. Households With Children (Families)	
a. Number of Households	
b. Number of Adults over age 24	
c. Number of Adults 18-24	
d. Accompanied Children under age 18	
2. Households Without Children (Individuals/Adults Only)	
a. Number of Households	
b. Number of Adults over age 24	
c. Number of Adults 18-24	
3. Households with ONLY Children (unaccompanied youth 17 yrs. or younger)	
a. Number of unaccompanied youth under age 18	
Total Number of Households (1a + 2a + 3a)	
Total Number of People (1b + 1c + 1d + 2b + 2c + 3a)	

Estimated Percentage of Veterans to be Served (Total should add to 100%)	Percentage Served
Households with at least one Veteran	
Households with no Veterans	

Estimated Percentage of Chronically Homeless People to be Served (Total should add to 100%)	Percentage Served
Chronically Homeless Individual Households (HUD-defined chronically homeless)	
Chronically Homeless Family Households (HUD-defined chronically homeless)	
Households with NO Chronically Homeless Individuals or Families	

Estimated Percentage of Youth (ages 18-24) to be Served (Total should add to 100%)	Percentage Served
Youth headed households (individuals &/or families where head of household is a youth aged 18-24)	
Non-youth headed households (individuals &/or families where head of household is 25 or older)	

- c. If project proposes to target Veterans or Unaccompanied Youth and will permanently dedicate 30% or more of the units/beds for either, please describe how this population will be targeted, current partnerships related to appropriate referrals, and the need of a program for target population (please submit data as necessary). Applicants must adequately demonstrate the need of a targeted population program in the county where project is being proposed. Please note that if awarded funds, projects are required to serve the % of targeted special population as committed in the application (at a minimum).

Estimated Percentages Served for Each Sub-population (These are not mutually exclusive- the total need not add up to 100%)	Projected Percentage Served
Chronically Homeless Persons (HUD-defined chronically homeless)	
Chronically Homeless Households (HUD-defined chronically homeless)	
Mental Health Problem	
Substance Abuse	
Veteran	
Chronic Health Condition	
Persons with HIV/AIDS	
Developmental Disabilities	
Physical Disability	
Domestic Violence History	
Fleeing Domestic Violence (at the time of project entry)	
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)	
Persons Not Represented by an Identified Subpopulation (Identify):	

- d. **NEW Question:** Please identify steps applicant will take to identify barriers to participation in this project (e.g. lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population, and what steps will be taken to eliminate the identified barriers. **(1000 characters maximum)**

6. Proposed Performance Measures

- a. The performance measure for housing stability, (the proposed number of persons who will remain in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year is 85% or higher.

Please explain the plan to reach the housing stability target:

- b. The performance measure for project participant adults to have an increase in total income (all cash sources, public and private) during the operating year is 54% or higher. (this measure is not applicable for children and youth below the age of 18).

Please explain the plan to reach the income targets:

7. Budget (e-snaps 6)

For the following budget related questions, please pay careful attention to the HUD budget guidelines, as certain budget line items are only applicable for certain project types. Please be sure to include only allowable expenses, based on the project type being applied for. More information is available in the CoC Program Interim Rule (regulations) on the HUD Exchange at:

<https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>.

Proposed Project Type:

- Permanent Supportive Housing (PSH)
- Rapid Re-Housing (RRH)
- Joint Transitional-Rapid Re-Housing Component (TH-RRH)
- SSO Project for Coordinated Entry (152-county CoC-wide effort ONLY, under DV Bonus)

Costs for which funding is being requested:

- Leasing
- Rental Assistance
- Supportive Services
- Operating
- HMIS

a. Proposed Project Summary Budget

- i. Enter the amount requested for each allowed activity. Please note that match (Lines 7-8) must equal or exceed 25% of the total request amount, excluding leasing.

Activities	Total Assistance Requested for 1 Year
1. Leased Units	
1b. Leased Structures	
2. Rental Assistance	
3. Supportive Services	
4. Operating	
5. HMIS	
6. Sub-total Costs Requested	
7. Administrative costs (Up to 10% of total <u>before</u> admin costs)	

8. TOTAL AMOUNT OF REQUEST (including admin)	
9. Cash Match	
10. In-kind Match	
11. Total Match	
12. Total Budget ("Total Amount of Request" + "Total Match")	

ii. Please specifically explain the rationale for the amount requested each of the activities listed above.

b. Leasing Budget (Leased Units)

- i. If you are requesting leasing funds for units, please explain why you are using this activity as opposed to rental assistance.

- ii. Enter number of units by unit type and the applicable rent* (2019 FMR for each county located at: <https://www.huduser.gov/portal/datasets/fmr.html>). Multiply the number of units by the rent amount, and multiply that number by 12 (1 year grant= 12 months) and enter totals. If utilities are not provided by the landlord, these are operating costs and should be budgeted in the operating budget. The information below should include ALL counties for proposed project. Please duplicate the table below as needed to add counties with different FMR amounts (required to determine exact amount of Leasing):

*Add as many tables as needed to show the counties with different FMRs to be served:

Metropolitan or non-metropolitan fair market rent area:				
Unit Size	No. of Units	Rent*	Term (months)	Total
Efficiency		\$	12	
1 Bedroom		\$	12	
2 Bedroom		\$	12	
3 Bedroom		\$	12	
4 Bedroom		\$	12	
5 Bedroom		\$	12	
Total				

* Cannot exceed FY2021 Fair Market Rent

Metropolitan or non-metropolitan fair market rent area:				
Unit Size	No. of Units	Rent*	Term (months)	Total
Efficiency		\$	12	
1 Bedroom		\$	12	
2 Bedroom		\$	12	
3 Bedroom		\$	12	
4 Bedroom		\$	12	
5 Bedroom		\$	12	
Total				

* Cannot exceed FY2021 Fair Market Rent

c. Leased Structure Budget

i. Leased Structure Details:

Name: _____
 Address 1: _____
 Address 2: _____
 City: _____
 State: _____
 Zip Code: _____
 HUD Paid Rent (per month) _____
 Total Request (monthly amount x 12) _____

d. Rental Assistance Budget Summary

i. Indicate the quantity and total budget for each allowable type of rental assistance. The totals in this table should summarize the amounts in the combined Rental Assistance tables in "ii" below.

Rental Assistance	Quantity Description	Annual Assistance Requested (should match combined Rental Assistance Budgets)
Short Term		
Medium Term		
Long Term		
Total		

ii. Enter number of units by unit type and the applicable Fair Market Rent (FMR) level* (2021 FMR for each county located at: <https://www.huduser.gov/portal/datasets/fmr.html>). Multiply the number of units by FMR, and multiply that number by 12 (1 year grant = 12 months) and enter totals. The information below should include ALL counties for proposed project. Please duplicate the table below as needed to add counties with different FMR amounts (required to determine exact amount of Rental Assistance).

*Add as many tables as needed to show the counties with different FMRs to be served:

Metropolitan or non-metropolitan fair market rent area:				
Unit Size	No. of Units	FMR*	Term (months)	Total
Efficiency		\$	12	
1 Bedroom		\$	12	
2 Bedroom		\$	12	
3 Bedroom		\$	12	
4 Bedroom		\$	12	
5 Bedroom		\$	12	
Total				

*Cannot exceed FY2021 Fair Market Rent

Metropolitan or non-metropolitan fair market rent area:				
Unit Size	No. of Units	FMR*	Term (months)	Total
Efficiency		\$	12	
1 Bedroom		\$	12	

2 Bedroom		\$	12	
3 Bedroom		\$	12	
4 Bedroom		\$	12	
5 Bedroom		\$	12	
Total				

*Cannot exceed FY2021 Fair Market Rent

e. Supportive Services Budget

- i. Enter the quantity (AND Description) and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

Eligible Costs	Quantity AND Description (400 character maximum)	Annual Assistance Requested
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		
17. Operating Costs*		
Total Annual Assistance Requested		

*Operating Costs in the supportive services budget are only eligible if costs are for a facility that is used to provide supportive services for program participants.

f. Operating Budget

- i. Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of operations.

Eligible Costs	Quantity and Description (400 character maximum)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		

5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		

g. Homeless Management Information Systems (HMIS) Budget

- i. Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

Eligible Costs	Quantity AND Description (200 character maximum)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Service		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested		

h. What additional funding sources are committed to this project?

8. Match and Leveraging

- a. Match (Match documentation should be submitted with project application, and submitted to HUD as required). Match can be cash or in-kind, but needs to total, between the two, 25% of the total amount requested.

- i. **Cash Match:** Please list the primary sources of match funds, amount to be committed for this project, source type, date of written commitment, and funding amount committed. Please add additional rows, as necessary.

Source	Identify Source as (G) Government or (P) Private	Date of Written Commitment	Funding Amount
Total			\$

- ii. **In-Kind Match*:** Please list the primary sources of in-kind match resources, source type, date of written commitment, and cash value of the in-kind resource. Please add additional rows, as necessary. *Please note that applications indicating third-party In-Kind Match will be required to submit MOU(s) documentation confirming In-Kind Match commitments to HUD.

Source	Identify Source as (G) Government or (P) Private	Date of Written Commitment	Funding Amount Value

		Total	\$

- b. Leverage: Leverage is above and beyond Match. Please identify all possible leveraged resources: construction/rehabilitation, other services received by project participants, cash grants, donated and in-kind services. **Please DO NOT include match commitments in the leveraging chart. The CoC is looking for project applicant(s) to have a combined match and leveraging ratio of 100% or higher of the total HUD request and where the project applicant(s) have attached commitment letters and those letters are dated July 1, 2021 or later.**

Leverage is the non-match cash or non-match in-kind resources committed to making a CoC Program project fully operational. This includes all resources in excess of the required 25 percent match for CoC Program funds as well as other resources that are used on costs that may not be eligible as match in the CoC Program.

Leverage funds may be used for program related costs, even if the costs are not budgeted or not eligible under the CoC Program. Leverage may be used to support activities within the project provided by the recipient or subrecipient.

Please identify all possible leveraged resources: construction/rehabilitation, other services received by project participants, cash grants, donated and in-kind services. **Please DO NOT include match commitments in the leveraging chart. The CoC is looking for project applicant(s) to have a combined match and leveraging ratio of 100% or higher of the total HUD request and where the project applicant(s) have attached commitment letters and those letters are dated July 1, 2021 or later.**

Identify Type of Contribution: Cash or In-kind	Name the Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Cash</i>	CDBG	G	7/1/18	\$10,000
*Government sources are appropriated dollars.			TOTAL:	\$

Note on Leveraging:

Provide information *only* for contributions for which you will have a **written commitment in hand at the time of NOFO submission dated July 1, 2021 or later (more recent) and please submit those written commitments with the project review application.** A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are **one-time only** and cannot be claimed by more

than one project (e.g., the full value of donated land, buildings or equipment claimed in prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions). The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated **and** in your possession prior to the deadline for submitting your application, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available. If you **do not** have a written agreement in hand at the time of application submission, **do not** enter the contribution.

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 in e-snaps 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 Notice sent to each applicant.
- Applicant agrees to participate fully with this community’s Homeless Management Information System (HMIS). However, in accordance with Section 407 of the McKinney Vento Homeless Assistance Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about a client. Victim service providers must use a comparable database that meets the needs of the local HMIS.
- Applicants understand that there is a limited amount of reallocated/bonus funding available, and that this request is for a grant term of one (1) year. If funded, it is understood that the new project would be eligible for renewal under the CoC Program Competition as allowed by HUD. Please note that to the extent additional funds are available, the review team may elect to increase the grant term of new non-DV Bonus projects on a case-by-case basis for higher scoring new projects (as increased match requirements can be met).
- Applicant is prepared to participate in the coordinated assessment system and therefore subject to complying with the Coordinated Entry Written Standards, Policies and Procedures as outlined and developed by the GA BoS CoC. Further, applicant is prepared to receive all clients for the project from a centralized intake and referral system, as applicable based on local implementation availability. In the interim, agency outside of local implementation sites agrees to assess all clients using the VI-SPDAT and prioritize assistance in accordance with the Balance of State CoC Written Standards in order to target people with the highest needs and longest histories of homelessness.
- Applicant is aware of the Georgia Balance of State Continuum of Care Written Standards and will ensure the policies and procedures of each CoC-funded project will be updated in order to meet these standards.
- Applicant will update their policies and procedures and ensure compliance with the Georgia Balance of State CoC Violence Against Women Act (VAWA) Policies and Procedures.

Name: (please type)	
Title:	
Phone:	
Email:	
Signature of Authorized Representative:	

<input type="checkbox"/> "X" indicates electronic signature submitted	
Date:	

MATCH and LEVERAGING

HUD requires a 25% match (minus leasing) for this funding. Match commitments need to be based on current commitments at the time of project application, covering the requested grant operating period/term, and NOT based on projections. Projects without sufficient match and/or leveraging may be determined ineligible. **All NEW project applications must submit written commitments of match and leverage within each application package submitted for review.** For additional guidance on match, please refer to the project guides, as well as the FAQs on the HUD Exchange website at: <https://www.hudexchange.info/e-snaps/faqs/> and search for “match.” Information on Match requirements can be found in the CoC Interim Rule at 24 CFR 578.73 (<https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/>).

Match (Cash or In-Kind Resources)

All eligible CoC program costs, except Leasing, must be matched with at least **25 percent cash or in-kind contribution**. **No match is required for Leasing.** The match requirement applies to Project Administration funds, along with the traditional program expenses—Operations, Rental Assistance, Supportive Services, and HMIS. Please note, cash and in-kind match must qualify as eligible program expenses under the CoC Interim Rule.

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, childcare, 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.

Using Cash Match: A recipient or sub-recipient may use funds from most sources, including other federal sources, as well as state, local, or private sources. However, the following sources **cannot** be used for cash match:

- Other CoC Program funds
- Sources that are statutorily prohibited from being used as match

Using In-Kind Match: A recipient or sub-recipient may also use in-kind resources to meet the match requirement, including the **annual cost** of the value of property, equipment, goods, or services contributed to the project.

To count as match, both cash funds and in-kind resources must be used for costs that would be eligible if CoC Program funds were used.

Leveraging (Cash or In-Kind Resources)

The CoC goal for all leveraged resources (above and beyond match) is an additional 75% of the grant amount (match and leveraging should total 100%). For the leveraging section, please only report leveraged resources outside of the match resources listed above to ensure no duplication.