**FY2015 Georgia Balance of State CoC - Competition Certifications and Policy Addendum**

The Georgia Balance of State (BoS) Continuum of Care (CoC) is issuing this “Competition Certifications and Policy Addendum” that is a required certification that must be submitted with ALL project review applications. This document addresses the FY2015 BoS CoC policy, items related to project application scoring for Housing First and Low Barrier Housing, and assurance from applicants that all required certifications are up to date and submitted in Applicant Profile within *e-snaps*.

The certifications below must be made by a member of the organization who has been duly authorized to make such commitments. This addendum must be received by ALL project applicants no later than 2:00pm on October 13, 2015 in order for an application to be considered complete. It should be emailed to Tina Moore, CoC Coordinator (tina.moore@dca.ga.gov).

**Bed Prioritization for Chronically Homeless Policy**

The BoS CoC is prioritizing homeless individuals and families experiencing chronic homelessness consistent with Notice CPD 14-012: *Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.* Chronically homeless individuals and families should be given priority for permanent supportive housing beds not currently dedicated to this population as vacancies become available through turnover. Permanent supportive housing renewal projects serving specific disabled subpopulations (e.g., persons with mental illness or persons with substance use disorder) must continue to serve those subpopulations, as required in the current grant agreement. However, chronically homeless individuals and families within the specified subpopulation should be prioritized for entry. The full notice can be found at: <https://www.hudexchange.info/resource/3897/notice-cpd-14-012-prioritizing-persons-experiencing-chronic-homelessness-in-psh-and-recordkeeping-requirements/>.

All renewal BoS CoC Permanent Supportive Housing (PSH) projects that do not already have 100% of their beds dedicated to people who are chronically homeless are now being required to prioritize at least 85% of their non-dedicated beds to people who are chronically homeless.

All new BoS CoC Permanent Supportive Housing (PSH) projects must dedicate 100% of their beds to people who are chronically homeless are now being required to prioritize at least 85% of their non-

[ ]  **I certify that I am aware of this policy requirement for PSH projects funded through the Balance of State CoC. (RRH and TH projects, enter n/a.) (Please initial)** \_\_\_\_\_\_\_\_\_\_\_\_

**Low Barrier Housing**

Low barrier housing refers to allowing project entry to participants without any or many barriers or restrictions. This includes low or no income, current or past substance use, criminal records–with the exceptions of restrictions imposed by federal, state or local law or ordinance (e.g., restrictions on serving people who are listed on sex offender registries), and a history of domestic violence. Although not yet required, the BoS CoC, in line with HUD and USICH, encourages projects to adopt this service model.

**Select applicable response:**

[ ]  **I certify that my agency will operate this project funded through the Balance of State CoC using a Low Barrier**

**approach. (Please initial)** \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **No, my agency will not operate this project funded through the Balance of State CoC using a Low Barrier approach. (Please initial)** \_\_\_\_\_\_\_\_\_\_\_\_

**Housing First**

Housing First is a 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). Transitional housing projects can be considered to be using a Housing First model for the purposes of this NOFA if they operate with low-barriers, work to quickly move people into permanent housing, do not require participation in supportive services, and do not require any preconditions for moving into the transitional housing (e.g., sobriety or minimum income threshold). Additional information regarding Housing First is in Section II.A.6. of HUD’s FY2015 NOFA. Although not yet required, the BoS CoC, in line with HUD and USICH, encourages projects to adopt this service model.

**Select applicable response:**

[ ]  **I certify that my agency will operate this project funded through the Balance of State CoC using a Housing First model. (Please initial)** \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **No, my agency will not operate this project funded through the Balance of State CoC using a Housing First model. (Please initial)** \_\_\_\_\_\_\_\_\_\_\_\_

**Assurance that All Certifications are Current and Properly Submitted in Applicant Profile in *E-snaps***

All CoCs are being asked to ensure the accuracy of the project submissions and to confirm that all of the project recipients have all the appropriate documents attached to the appropriate Project Applicant Profile in *e-snaps,* and that they are up-to-date, accurate, complete, and signed by the correct authorizing official. This includes the following forms:

1. HUD Form 50070 - Drug Free Workplace; and
2. HUD-2880 - Applicant/Recipient Disclosure.

Additionally, DCA staff will work with applicants and the appropriate Consolidated Planning jurisdiction for the required form HUD-2991 - Certification of Consistency with the Consolidated Plan.

[ ]  **I certify that I am aware of the NOFA certification requirements, and that my agency’s Project Applicant Profile has the required current certifications and that they have been uploaded into *e-snaps*.**

**(Please initial)** \_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **N/A, my agency is a Sub-Recipient and not the entity using *e-snaps*. (Please initial)** \_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Signature of Authorized Representative[ ]  “X” indicates electronic signature submitted |
| Print Name |  |
| Title |  |
| Agency and Project Name |  |
| Date |  |