**2023 Georgia Balance of State Continuum of Care**

**Youth Homelessness Demonstration Program**

 **Project Review Application**

**General Information**

Please open in the word desktop app for full functionality. For the text fields, 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:**
2. Name of Organization:
3. Organization Type

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

[ ]  Other: Describe:

Unique Entity Identifier (UEI) 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:

Unique Entity Identifier (UEI) Number:

1. **Contact person for this application:**
2. Name:
3. Title:
4. Phone:
5. Email:
6. **Project Name:**
7. **Location of Project Site(s) [City(ies)/County(ies)]:**

1. **Total YHDP 2023 Project Funding Request:**
2. **HUD Project Type**

[ ]  New Joint Transitional-Rapid Re-Housing Component (Joint TH-RRH)

[ ]  New Rapid Re-Housing (RRH)

[ ]  New Supportive Service Only (SSO) Project

 [ ]  Diversion

 [ ]  Drop In Centers

 [ ]  Navigation

 [ ]  Outreach

[ ]  New Permanent Supportive Housing (PSH) projects dedicated to youth and young adults

(singles &youth families) with a diagnosed disability.

**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 and subrecipients have 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:

* + Funds awarded under the YHDP must only be used to serve youth aged 24 or younger, including unaccompanied and pregnant or parenting youth, including as necessary to reunite youth aged 24 or younger with family members (please note heads of household must be under the age of 25 at the time of enrollment); and
	+ All youth must initially qualify as homeless under paragraph (1), (2), or (4) of the homeless definition in 24 CFR 578.3, except as stated in I.C.5 and I.C.6 of Appendix A
	+ PSH project eligibility includes documentation of a disability. According to 24 CFR 583.5, disability means:
		- A condition that:
			* Is expected to be long-continuing or of indefinite duration;
			* Substantially impedes the individual’s ability to live independently;
			* Could be improved by the provision of suitable housing conditions; and
			* Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
		- A developmental disability, as defined by 24 CFR 583.5
		- The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agency for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

[ ]  Applicant and potential subrecipient(s) are prepared to utilize ClientTrack HMIS (or an approved family violence HMIS alternative) to capture client-level data on all clients in the project.

[ ]  Applicant and potential subrecipient(s) are prepared to participate in coordinated entry, and selection of program participants must be consistent with CoC’s Coordinated Entry process.

[ ]  Proposed project is in alignment with the GA BoS Coordinated Community Plan (CCP).

[ ]  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).

[ ]  Project has a specific plan to incorporate Positive Youth Development and Trauma Informed Care models of housing and service delivery

Explanation (if applicable):

**Proposed Project Information**

Please respond to the following questions, as completely as possible. Please be certain to fully answer each question.

1. **Agency Experience (*e-snaps* 2B)**
2. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application given funding and time limitations. (*3000 character maximum*)

1. Describe why your organization’s (and subrecipient(s) if applicable) are the appropriate entities to receive funding. (*2000 character maximum*)

1. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local, and private sector funds. (*2000 character maximum*)

1. 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*)

1. 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 Youth and Young adults. (*2000 character maximum*)
* Provide concrete examples of work with Youth and Young Adults to address their identified housing and service needs
* Concrete examples of developed and implemented relevant program systems and/or services

1. 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*)

1. 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):

1. 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):

1. Does your agency currently have an active youth action board or youth advisory board?

[ ]  Yes

[ ]  No

If yes, please provide details of how this board is integrated into the work of your agency

1. **General Description (*e-snaps* 3B)**
2. Provide a description that addresses the entire scope of the proposed project\*. The project description should address the entire scope of the project including:
	1. A clear picture of how Youth & Young Adults will be served,
	2. The plan for addressing the identified housing and supportive service needs,
	3. Anticipated program outcome(s)
	4. Coordination with other organizations (e.g. federal, state, nonprofit)
	5. How will the YHDP program funding be used

The narrative is expected to describe the project at full operational capacity. The information in this description must align with the information entered in other screens of the application. Additionally, if your project will implement service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented. (*3000 character maximum*)

1. Provide a description that addresses how this project will follow Positive Youth Development.

1. Provide a description that addresses how this project will follow Trauma Informed Care.

1. How does this project help the community met the shared vision, goals and objectives of the coordinated community plan [**(Link to final CCP**](https://www.dca.ga.gov/node/8362)**)**

1. Estimated Schedule: For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur in the following chart. Please estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank or you can enter “0” or “NA”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Milestones**  | **Days from Execution of Grant Agreement** | **Days from Execution of Grant Agreement** | **Days from Execution of Grant Agreement** | **Days from Execution of Grant Agreement** |
| **Site A** | **Site B** | **Site C** | **Site D** |
| Begin hiring staff or expending funds |  |  |  |  |
| Begin program participant enrollment |  |  |  |  |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin |  |  |  |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity |  |  |  |  |

1. 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.

Will the project quickly move participants into permanent housing? \**Check “yes” if the project will rapidly move youth & young adult program participants into permanent housing and will not require additional steps (e.g. a certain number of days of sobriety).*

[ ]  Yes

[ ]  No

1. Will the project enroll program participants who have the following barriers? Please select all that apply, **where a participant can have that barrier and still be admitted into the project**. (*checking the box next to an item listed confirms that your project does* ***not*** *have the following barriers to entering 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.

1. 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. *(checking the box next to an item listed confirms that your project does* ***not*** *terminate participants for the following reasons)*

[ ]  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.

1. Describe how you will address the issues around mental health, addiction, resistant to services, lease violations, and other things that could jeopardize a participant’s housing.

1. Describe how you will cultivate landlord relationships, will help participants find housing, and will ensure participants can access available housing options within the coalition.  This includes removing barriers.

1. Determinations by project type:
* **PSH applicants** should describe how the agency plans to determine the severity of need for people experiencing homelessness with disabilities, the process it will use to prioritize persons with the most severe need, and the outreach process used to engage 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.

* **SSO component applicants** should describe the method for determining the type, amount, and duration of supportive services that participants can receive. Please also describe the availability of the proposed services, and how they connect with housing.

Will program participants be required to live in a specific structure, unit, or locality at any time while in the program (housing projects only)? \**for RRH, you may require Youth & Young Adults to live in a specific area only for the 1st year when it is necessary for the coordination of supportive services.*

Will more than 16 persons live in a single structure (housing projects only)?

[ ]  Yes

[ ]  No

If yes, describe the local market conditions that necessitate a project of this size.

If yes, describe how the project participants will be integrated into the neighborhood.

1. All YHDP 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 ([Coordinated entry Process](https://www.dca.ga.gov/safe-affordable-housing/homeless-special-needs-housing/georgia-balance-state-continuum-care/balance)). 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.

If you are not currently connected to the coordinated entry system, do you understand that this a requirement for all newly funded YHDP projects.

[ ]  Yes

[ ]  No

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)

YHDP projects are expected to align with the CoC Written Standards; this is a requirement of the funding **(**[**link to current CoC written standards**](https://www.dca.ga.gov/node/3286)**)**. Please note that existing standards may change, and new standards may be developed as YHDP projects are added to the system.  Do you understand that this is a requirement for all newly funded YHDP projects?

[ ]  Yes

[ ]  No

1. **Youth Homeless Demonstration Projects**
2. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness?

[ ]  Yes

[ ]  No

\*All projects should have this as a component. If no, please explain:

1. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?

1. With YHDP funds, what services are provided to engage the family and youth in housing problem solving, diversion, or rapid exit?  Not Scored Question

[ ]  Family counseling

[ ]  Conflict resolution

[ ]  Parenting supports

[ ]  Relative or kinship caregiver resources

[ ]  Targeted substance abuse and mental health treatment

[ ]  Housing Search Assistance

[ ]  Landlord-Tenant mediation

[ ]  Legal Services

[ ]  Utility or Security Deposits

[ ]  One time moving assistance

[ ]  Rental Application fees

[ ]  Utility or Rental Arrears

[ ]  Other\*

\*If “other” was selected above, please explain the potential service:

1. Identify the specific populations addressed in this project Not Scored Question

[ ]  Minors

[ ]  Foster care/justice involved youth

[ ]  LGBTQ+

[ ]  Gender Non-Conforming

[ ]  Victims of Sexual Trafficking

[ ]  Other\*

\*If “other” was selected above, please explain the potential service:

1. How will the project continue to involve the Youth Action Board (YAB) in the development and implementation of the YHDP project?

1. Will your project offer any specialized services for youth living with HIV/AIDS?

[ ]  Yes

[ ]  No

If yes, please provide details of those services

1. With YHDP funds, is this YHDP Project requesting a special YHDP Activity? (check all that apply)  Not a Scored Question

[ ]  Leases under 12 months (minimum 1 month)

[ ]  Use of Leasing, Sponsored Based Rental Assistance (SRA, Project Based Rental Assistance (PRA) in

RRH

[ ]  Project admin funds used to employ youth with lived experience for project implementation,

execution, and improvement

[ ]  Project admin funds to attend non-HUD sponsored or approved conferences (must be relevant to

youth homelessness)

[ ]  Employ youth receiving recipient services (document nature of work and no conflicts of interest)

[ ]  Use of habitability standards in 24 CFR 576.403 rather than HQS in 24 CFR 578.75 for up to 24

months of housing assistance (document standards applied to units and proof of compliance)

[ ]  Provide moving expenses more than one time to program participant

[ ]  Provide payments to families that provide housing under host homes and kinship care (up to $500

per month)

[ ]  No Special YHDP activities

1. YHDP grant funds, may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary (check all that apply) Not a Scored Question

[ ]  Security deposits (not to exceed 2 months of rent)

[ ]  Pay for damage to units (not exceed 2 months of rent)

[ ]  Costs to provide household cleaning supplies

[ ]  Housing Start-up expenses (not to exceed $300 per participant)

[ ]  Purchase cell phone and service (cost must be reasonable and housing related)

[ ]  Cost of Internet (costs must be reasonable)

[ ]  Payment of rental arrears (up to 6 months)

[ ]  Payment of utility arrears (up to 6 months)

[ ]  Payment of utilities (up to 3 months)

[ ]  Payment of gas mileage for participant personal vehicles for trips for eligible services

[ ]  Payment of legal fees

[ ]  Payment of insurance, registration and past driving fines

[ ]  No Special YHDP activities

1. Is this YHDP project requesting a special YHDP Activity Exemption? (check all that apply) Not a Scored Question

[ ]  A recipient may provide up to 36 months of RRH rental assistance to a program participant if the

recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance.

[ ]  YHDP recipients may continue providing supportive services for up to 24 months after the program

participant exits homelessness, transitional housing or after the end of housing assistance if

the recipient demonstrates: (1) the proposed length of extended services (2) the method it will use to determine whether services are still necessary and (3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant.

[ ]  YHDP recipients may continue providing supportive services to program participants for up to 36

months after the program participant exits homelessness, if the services are in connection with housing assistance, such as Foster Youth to Independence Initiative or if the recipient can demonstrate the extended supportive services ensure continuity of case workers for program participants.

[ ]  Recipients will not be required to meet the 25% match requirement if the applicant is able to show

it has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community

[ ]  Rental assistance may be combined with leasing or operating funds in the same building, provided

that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy.

[ ]  YHDP recipients may provide payments of up to $1000 per month for families that provide housing

under a host home or kinship care model provided the at the recipient can show that the additional cost is necessary to recruit hosts to the program.

[ ]  No Special YHDP exemptions requested

If exemptions are requested, please provide details of those exemptions

1. Experience working with BIPOC and LGBTQ populations.

Black, Indigenous, People of Color (BIPOC) youth and youth who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) experience higher rates of homelessness when compared to their white, cisgendered, heterosexual peers. All YHDP recipients must be equipped to serve these populations in a competent and affirming culture.

Describe your experience and potential subrecipients (if any) in providing housing and services to Black, Indigenous, People of color (BIPOC) experiencing homelessness? If you do not have this experience, describe the demographics of the service area and your efforts to ensure Diversity Equity & Inclusion (DEI) efforts.

Describe specific efforts to ensure BIPOC, LGBTQ and people with disabilities experiencing homelessness will be connected to housing of their choice and supported in housing after the assistance has expired.

1. **Supportive Services for Participants (*e-snaps* 4A)**
2. Describe how youth & young adults 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\*\*

* needs of the target population;
* plan that addresses the types of assistance that will be provided by the applicant (or partners) to ensure participants move into appropriate permanent housing and remain in/move to other permanent housing once assistance is no longer needed;
* 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.

1. 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*).

b-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*)

b-2. Describe the applicant’s specific plan to assist program participants in obtaining educational goals, including high school completions (or equivalent) and higher education (if that is part of their individualized housing plan). (*2000 character maximum*)

1. How will the project allow youth the ability to choose the providers and interventions that fit their needs?

1. How will the project respond to the different needs for service type, intensity, and the length of supports for youth?

1. 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 |  |  |

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

1. 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? |  |

1. **Housing Type and Location (*e-snaps* 4B) and Project Participants (*e-snaps* 5)**
	1. 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).

* 1. Please complete the tables below with the proposed/anticipated numbers.

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

|  |  |
| --- | --- |
| **Estimated Percentage of Youth (ages 18-24) to be Served (Total should add to 100%)**  | **Percentage Served** |
| Youth headed households without children (individuals &/or families where head of household is a youth aged 18-24) |  |
| Parenting youth headed households (families where head of household is 18-24 and has minor children) |  |

|  |  |
| --- | --- |
| **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): |  |

1. **Racial and Ethnic Equity**: 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***)

1. **Proposed Performance Measures**
	1. 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:

* 1. 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:

1. **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)

 [ ]  Supportive Service Only (SSO) Project

 [ ]  Diversion

 [ ]  Drop In Centers

 [ ]  Navigation

 [ ]  Outreach

Select costs for which funding is being requested: Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

[ ]  Leased Units (24 CFR 578.49)

[ ]  Leased Structures (24 CFR 578.49)

[ ]  Rental Assistance (24 CFR 578.51)

[ ]  Supportive Services (24 CFR 578.53)

[ ]  Operating (24 CFR 578.55)

[ ]  HMIS (24 CFR 578.57)

* 1. **Proposed Project Summary Budget**
		1. Enter the amount requested for each allowed activity. Please note that match (Lines 9-10) 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 |  |
| 1. Rental Assistance
 |  |
| 1. Supportive Services
 |  |
| 1. Operating
 |  |
| 1. HMIS
 |  |
| 1. Sub-total Costs Requested
 |  |
| 1. Administrative costs

 (Up to 10% of total before admin costs) |  |
| 1. 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”) |  |

* + 1. Please specifically explain the rationale for the amount requested each of the activities listed above.
	1. **Leasing Budget (Leased Units)**
		1. If you are requesting leasing funds for units, please explain why you are using this activity as opposed to rental assistance.
		2. Enter number of units by unit type and the applicable rent**\*** (2022 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 FY2023 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 FY2023 Fair Market Rent

1. **Leased Structure Budget**
2. Leased Structure Details:

Name:

Address 1

Address 2

City

State

Zip Code

HUD Paid Rent (per month)

Total Request (monthly amount x 12)

1. **Rental Assistance Budget Summary**
2. 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** |  |  |

1. Enter number of units by unit type and the applicable Fair Market Rent (FMR) level**\*** (2022 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 FY2023 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 FY2023 Fair Market Rent

1. **Supportive Services Budget**
2. 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.

1. **Operating Budget**
2. 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 |  |  |

1. **Homeless Management Information Systems (HMIS) Budget**
2. 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 |  |  |

1. **What additional funding sources are committed to this project?**

1. **Match**
	1. 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.
		1. **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** | **$** |

* + 1. **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** | **$** |

**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 funding available and that this request is for a grant term of two (2) years. 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 amount 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:☐ “X” indicates electronic signature submitted |
| **Date:** |  |

**MATCH**

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.