GEORGIA DEPARTMENT
of **COMMUNITY AFFAIRS**

DRAFT
Notice of Funding Opportunity (NOFO)
For Supportive Services Application

Profile (Person Applying)

_____

Organization Name

_____

Application/Project Title

_____

The American Rescue Plan Act of 2021 created the HOME American Rescue Plan (HOME-ARP) based on the HOME annual program, with added flexibility, waivers, and regulations for new activities. The Georgia Department of Community Affairs (DCA) was granted over $85 million to be spent by September 2030 in HOME American Rescue Plan (HOME-ARP) funds in a one-time allocation from the U.S. Department of Housing and Urban Development (HUD).

The program is designed to serve specific populations called qualifying populations (QPs). These include:

- Households that are experiencing homelessness, per 24 CFR 91.5 (https://www.ecfr.gov/current/title-24/subtitle-A/part-91#91.5);
- Households at risk of homelessness, per 24 CFR 91.5;
- Households with at-risk of homelessness criteria, with waiver to allow for income up to 50% AMI, per HUD CPD Notice 21-10
- (https://www.hud.gov/sites/dfiles/OCHCO/documents/2021-10cpdn.pdf);
- Households fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking, per HUD 24 CFR 5.2003 (https://www.ecfr.gov/current/title-24/subtitle-A/part-5/subpart-L/section-5.2003);
- Households with 30% AMI with severe housing cost burden defined as paying more than 50% of monthly household income toward housing costs, per HUD CPD Notice 21-10; (e.g., when the majority of a paycheck goes toward rent or mortgage and it makes it hard to afford doctor visits, groceries, utilities, childcare, etc.) and

- Households who have qualified as homeless previously, are currently housed with temporary/emergency assistance and who need additional housing assistance or supportive services to avoid a return to homelessness, per HUD CPD Notice 21-10.

Veterans (and their families) that meet one of the above definitions are also eligible for the services that are funded by HOME-ARP.

The list of Supportive Services that HOME-ARP can fund can be found here.

APPLICANT
Contact Person/Title:

_____

Contact Person Direct Phone:

_____

Contact Person Email:

_____

PROJECT INFORMATION
Is this a New Project?

_____

Street, City, Zip:

_____

Name of CoC (Location of Project)

_____

Currently Receives DCA ESG Funding?

_____

Suppress Address (for DV Applicants only)

_____

Number of Sites

_____

Site Information Form

_____

HOME-ARP Amount Requested:

_____

Matching/Leveraged Funds (Optional):

_____

HUD LOCAL CONSOLIDATED PLAN CERTIFICATION OF CONSISTENCY

HUD Local Consolidated Plan Certification of Consistency for this program attached form (e.g., A-F for Athens-Clarke)

_____

ACCESS TO SERVICES

Check all the counties that will have access to services offered by this project. Only select counties where services will be delivered to project participants. Do not include counties participants stayed the night before. Only counties this project serves.

AP-CHA   CHE-EV   FA-JEF   JEN-OCO   OLG-TER   THO-WOR

HUD Local Consolidated Plan Certification of Consistency

_____

How many individuals do you project serving from each of the checked counties above?

County	Number Served

What is the average length (days) of participation for this project?

_____

Based on your agency's policy and procedures, what is the maximum length (days) of participation for this project?

_____

Are 100% of services reserved exclusively for Qualifying Populations (QP) by HUD's HOME-ARP definition? (If "No", consult DCA)

_____

Is this service currently provided by the applicant?

_____

PERSONS SERVED

Projected Persons and Families to be Served

How many individuals do you project to serve from October 1, 2025, through September 30, 2026?

_____

How many families do you project to serve from October 1, 2025, through September 30, 2026?

_____

Persons and Families Served

If this is a new project, type "N/A" in text box. Please note: This number should be obtained from the CAPER.

How many individuals did you serve from October 1, 2024, through March 31, 2025?

_____

How many families did you serve from October 1, 2024, through March 31, 2025?

_____

COMPLIANCE
Coordinated Entry

All HOME-ARP grantees are required to use the common assessment as designated by their Continuum of Care. Do you agree to implement use of coordinated entry for use with all potential HOME-ARP project participants once it is created?

_____

HMIS

All HOME-ARP sub-grantees are required to use the Homeless Management Information System (HMIS) designated by DCA. Do you agree to use this system with all potential HOME-ARP project participants once it is created?

_____

Equal Access Family Definition

Family includes, but is not limited to, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether or not a member of the household has a disability, regardless of marital status, actual or perceived sexual orientation, or gender identity. Any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served together as such. While it is acceptable for a shelter or housing program to limit assistance to households with children, it may not limit assistance to only women with children. Will you comply with this requirement?

_____

If Yes, describe arrangements made in the project(s) in order to accommodate families regardless of composition. (500 Character Limit).

_____

McKinney-Vento Education Requirements

If your project services families, please describe how you ensure all children are connected with McKinney services within their school. Select N/A if your project does not serve minors. (500 Character Limit)

Equal Access in Accordance with Gender Identity

HOME-ARP grantees are prohibited from considering a person's marital status, sexual orientation, or gender identity in making eligibility determinations for housing. HOME-ARP grantees, must grant equal access to shelters, other buildings and facilities, benefits, accommodations, and services to individuals in accordance with the individual's gender identity and in a manner that affords equal access to the individual's family. Providers that operate single-sex projects using funds awarded through the Office of Community Planning and Development (CPD) are required by the rule to provide all individuals, including transgender individuals and other individuals who do not identify with the sex they were assigned at birth, with access to programs, benefits, services, and accommodations in accordance with their gender identity without being subjected to intrusive questioning or being asked to provide documentation. Will you agree to comply with these requirements?

Homeless Involvement

Does the organization involve persons with lived experience in carrying out this project?

Please describe the involvement of persons with lived experience for this project. (1000 Character Limit)

Fair Housing

HOME-ARP grantees shall not on account of race, color, sex, religion, national origin, family status, disability or age deny any family or individual the opportunity to apply for or receive assistance under the HOME-ARP Program. Will you comply with this requirement?

Limited English Proficiency

HOME-ARP grantees must ensure meaningful access by persons with Limited English Proficiency (LEP) to programs and services. Will you comply with this requirement? An executed form is required to be submitted with the application.

LEP Acknowledgement Form

VAWA Final Rule

The final rule implementing the VAWA Reauthorization Act of 2013 requires that recipients and subrecipients of federal funds not deny assistance, evict, or terminate assistance to an applicant or participant based on the fact that such person is a victim of domestic violence, dating violence, sexual assault or stalking. In addition, 24 CFR part 5, subpart L and the HOME-ARP specific regulations require affirmative acts of compliance by recipients and subrecipients including but not limited to the development and implementation of an emergency transfer plan, the inclusion of VAWA protections in leases and rental assistance agreements, and the distribution of HUD forms to applicants and participants at specified times. Will you agree to comply with these requirements**?**

PROJECT DESIGN
<u>Homeless Need</u>

Describe unmet need for the four Qualifying Populations in your geographic service area for each project. Describe how your agency has identified this need. When using quantitative information, identify the information sources (e.g. DCA Homeless Count Report, Continuum of Care bed data, etc.). (1000 Character Limit)

<u>Targeted Populations</u>

Describe populations targeted (based on the HOME-ARP service requested, not the agency populations) and how your organization will reach these populations. Describe how each project will address the needs of the identified Qualifying Populations in the proposed service area. (1000 Character Limit)

<u>Housing First</u>
Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold. Additional information regarding Housing First may be found at the HUD Exchange (www.hudexchange.info) and the National Alliance to End Homelessness (https://endhomelessness.org/resouces/housing-first/). The DCA HOME-ARP Program, in line with HUD and USICH, encourages projects to adopt this service model. Please note that projects indicating a Housing First approach here will be evaluated on this during a routine compliance monitoring.

Please describe any exceptions to the Housing First approach that are present in your design for this project. (500 Character Limit)

Please describe how your project will focus on moving participants to permanent housing as quickly as possible. Include a description of any permanent housing resources available to your agency, and how you will connect participants with those resources. (1000 Character Limit)

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. The DCA HOME-ARP Program, in line with HUD and USICH, encourages projects to adopt this service model. Please note that projects indicating a low barriers housing approach here will be evaluated on this during routine compliance monitoring.

Please describe how your project will operate as a low barrier housing approach such as not requiring ID, alcohol/drug screening, background check, client fee, etc. (1000 Character Limit)

Improving Participant Income

Does this project provide employment assistance?

What support does the Applicant provide to participants for improving income through employment? (1000 Character Limit)

Mainstream Benefits

Does this project assist with mainstream benefits?

Describe the efforts your project makes to connect participants with mainstream benefits. If benefits support is provided by a third party, please describe. (1000 Character Limit)

List the mainstream benefits projects with which participants in this project receive application assistance (TANF, SSI/SSDI, etc.). (500 Character Limit)

Post Discharge Care

Does this project complete Post Discharge Follow Up?

Describe how this project will provide ongoing support for participants after discharge from the project in order to ensure housing stability and avoid future episodes of instability. Include time intervals, methods of contact and services offered after discharge keeping in mind the requirements for this project. (1000 Character Limit**)**

Non-Duplication and Service Need

Describe need for this particular service in your area. Use credible data regarding incidence of issue to be resolved, why the proposed service does not exist in the service area or does not meet the need in your service area (county, city, or neighborhood). Provide relevant data and cite source. (This data should not just include inquiries for assistance made to your agency). (1000 Character Limit)

Service Type

For which type of supportive services activity are you applying?

Will fees be charged for this service?

Service Delivery

Explain how the methodology employed by this project utilizes nationally recognized best practices for implementation. Best practices should be specific to the service project type for which you are requesting funds. Cite source or model of best practice, including any agencies that created or required these standards. (1000 Character Limit)

Verification of Homelessness

Describe how your organization will verify housing status. Describe how this project will avoid serving general members of the community or other non-homeless individuals. Briefly describe intake process. (1000 Character Limit)

Other Project Information

Provide a brief description on the following written items that your agency has currently. New agencies write "N/A" if not currently in place. (1000 Character Limit for each item)

Organizational Policies and Procedures:

Policies and procedures specific to the project in this application:

_____

Formal termination/eviction process for participants:

_____

Grievance procedure for participants:

_____

Appeal procedures for termination/eviction and grievance decisions:

_____

Does the agency agree to create any of the items listed above, which it currently does not have, upon the award of this application and before receiving a contract for such an award?

_____

Housing Support Standards

If awarded funding, do you agree to integrate the elements of the Housing Support Standards into your case management structure?

_____

If your project received DCA funding in the past year, describe any exceptions to the Housing Support Standards in your service delivery model. (500 Character Limit)

_____

Goals and Projections

Describe how services are administered by your project. Provide goals and projected outcomes for project participants based on the relevant service activity. (1000 Character Limit)

_____

Case Management

Describe the services provided by your agency for this service. (1000 Character Limit)

_____

Staffing

What is the total staff and/or volunteers utilized for this project?

_____

Among the total staff and/or volunteers listed above, how many specifically serve as case managers?

Program Staffing Worksheet

HOMELESS MANAGEMENT INFORMATION SYSTEMS OR COMPARABLE DATABASE

DV Comparable Database

Are you currently using the Georgia DV Comparable Database to track participants served by this project?

Homeless Management Information System (HMIS)

Does your agency currently use GA HMIS?

Note: Please be advised that upon receipt of DCA HOME-ARP Funds, DV agencies must use the Georgia DV Comparable Database, whereas Non-DV agencies must utilize the GA HMIS.

Average Score

BUDGET WORKSHEET

View Budget Worksheet

View Application Goals

# of Reviews

# of Denials