

Informational Workshop

2019 Emergency Solutions Grants and HOPWA Grants Application Process



February 2019

Office of Homeless and Special Needs

Workshop Content



- Organizational Documents
 - Heather Smith
- ESG Application process & Introduction to HSONline
 - Marion Goulbourne
- HOPWA Application process
 - Harvinder Makkar

Organizational Documents



February 2019

Christy Walker

Objective



- The requirements for fully completing the HSONline Organizational Information of the 2019 ESG and HOPWA Application

Background

□ Why do we collect this information?

Title 50. State Government

Chapter 20. Relations with Nonprofit Contractors

§50-20-1. Legislative intent

The General Assembly finds that the state has a right and a duty to monitor nonprofit organizations which contract with the state to ensure that their activities are in the public interest and to ensure that the public funds are used for proper purposes.

Background

□ Why do we collect this information?

§ 50-20-3. Requirements from nonprofit contractors; audits; political activities

(a) Before entering into a financial agreement with a nonprofit organization, the head of the contracting state organization shall require the nonprofit organization to furnish financial and such other information as he or she may deem necessary to establish whether or not the nonprofit organization is financially viable and capable of providing services contemplated in the contract and that the agreement does not violate Chapter 10 of Title 45 related to conflicts of interest. Such information may include financial statements, Internal Revenue Service exempt status determination letters, Internal Revenue Service exempt organization information returns, and other related materials.

Background

□ § 50-20-2. Definitions

(5) "Nonprofit organization" means any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized primarily for profit; and uses its net proceeds to maintain, improve, or expand its operations. The term nonprofit organization includes nonprofit institutions of higher education and hospitals. For financial reporting purposes guidelines issued by the American Institute of Certified Public Accountants should be followed in determining nonprofit status.

Section 6: Organizations – Capacity Considerations

DCA is required by state law to perform due diligence around organizational capacity before making awards to nonprofit organizations. Funding decisions for non-profit agencies will be based, in part, on a review of the following:

- ❑ The complexity or nature of the request;
- ❑ Organizational structure, operating processes and capacity;
- ❑ The extent to which the organization operates under the authority of a diversified, involved, volunteer, community-based board of directors;
- ❑ Professional management;
- ❑ The consistency of the organization's identity or its mission to the provision of homeless or HIV (as applicable) services;

Section 6: Organizations – Capacity Considerations

- ❑ The extent to which the organization utilizes networks to avoid duplication of housing and services;
- ❑ Participation in appropriate provider groups and Continuums of Care;
- ❑ Sound operating procedures, accounting policy and controls;
- ❑ The presence and accuracy of financial management systems, accounts, funds, reports, tax returns, etc.;
- ❑ Unrestricted financial resources available to the agency; and
- ❑ Organizational and financial policy, controls, stability and capacity.

Organizational Documents Requested



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Org_ID 4525

NOI_ID 5540

Organizational Document Update Panel

Welcome HSTester1

Update Document Online

	Update Document	Document	Date Submitted
Organizational Narrative	<input type="button" value="Online"/>	<input type="text"/>	<input type="text"/>
Contact Information	<input type="button" value="Online"/>	<input type="text"/>	<input type="text"/>
List of Board Members	<input type="button" value="Online"/>	<input type="text"/>	<input type="text"/>

Update Documents with Upload

Articles of Incorporation	<input type="button" value="Upload"/>	<input type="text"/>	<input type="text"/>
Certificate of Incorporation	<input type="button" value="Upload"/>	<input type="text"/>	<input type="text"/>
501c3 Ruling	<input type="button" value="Upload"/>	<input type="text"/>	<input type="text"/>
Financial Procedures Manual	<input type="button" value="Upload"/>	<input type="text"/>	<input type="text"/>
Minutes of Last 3 Board Meetings	<input type="button" value="Upload"/>	<input type="text"/>	<input type="text"/>
List of Organizational Staff	<input type="button" value="Upload"/>	<input type="text"/>	<input type="text"/>
Staff Job Descriptions	<input type="button" value="Upload"/>	<input type="text"/>	<input type="text"/>
IRS Form 990	<input type="button" value="Upload"/>	<input type="text"/>	<input type="text"/>
Financial Statement	<input type="button" value="Upload"/>	<input type="text"/>	<input type="text"/>

Organizational Narrative

- ❑ Complete the narrative for questions 1-5.
- ❑ Please read the questions carefully and answer all aspects of each question.
- ❑ This is your opportunity to provide brief but clear summaries about your organization and the work you do!

Organizational Narrative

HSTester1
HSTester1@email.com

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Organizational Narrative

4525

1 Summarize the applicant agency's history, organizational background and experience in providing housing and/or service for persons experiencing homelessness. What is the mission of your organization? When was the mission adopted? (Limit to 5000 words or less)

2 Of your agency's total work, how much directly relates to persons specifically identified as "homeless?" Very briefly describe the work of your organization that is not directly related to persons experiencing homelessness (Limit to 5000 words or less)

Organizational Narrative Cont'd

3 Does your agency have a recent strategic plan that was approved by the Board of Directors? If yes, describe Board, staff and community involvement. Provide some examples of the primary features of this plan. (Limit to 5000 words or less)

AAAAAAAAA

4 Describe agency's executive leadership, Board of Directors and program staff. Describe –

- How your governing authority (typically a board of directors) is representative of your community;
- Key responsibilities of your Board members (fundraising, governance, strategic planning, etc) and divisions of responsibility;
- The qualifications of your executive leadership;
- The qualifications and experience of program staff

Note that providing a simple list of directors and staff is insufficient to answer this question.

AAAAAAAAA

Organizational Narrative Cont'd

5 Furnish the name and title of the person assigned to maintain the organization's financial records; include the address and telephone number if outside person or business is used.

AAAAAAAAA

Contact Information

[Log out](#)

2018 Organizational & Contact Information

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dave.totten@dca.ga.gov 4518

Please review and update any information where required.
If existing information is correct, simply click "Save."

Organization Information

DUNS Number: EIN Number:

Preferred Address (P. O. Box if Suppressed):

 GA

Street Address:

 GA

Website:

Contact Information

Mr:Ms: <input type="text"/>	FN: <input type="text"/>	LN: <input type="text"/>	Remove this contact: <input type="radio"/> YES <input type="radio"/> NO
Title: <input type="text"/>			Application Contact <input type="checkbox"/> YES
Email: <input type="text" value="dave.totten@dca.ga.gov"/>			Primary Contact <input type="checkbox"/> YES
Phone: <input type="text"/>			Senior Contact <input type="checkbox"/> YES
Fax: <input type="text"/>			HMIS Contact <input type="checkbox"/> YES
Mr:Ms: <input type="text"/>	FN: <input type="text"/>	LN: <input type="text"/>	Remove this contact: <input type="radio"/> YES <input type="radio"/> NO
Title: <input type="text"/>			Application Contact <input type="checkbox"/> YES
Email: <input type="text"/>			Primary Contact <input type="checkbox"/> YES
Phone: <input type="text"/>			Senior Contact <input type="checkbox"/> YES
Fax: <input type="text"/>			HMIS Contact <input type="checkbox"/> YES

Organizational and Contact Information

- ❑ Complete all fields
- ❑ DUNS (format xxx-xxx-xxx) and EIN (format xx-xxxxxxx) are different!
- ❑ Contact information should be complete as this information is used to contact the appropriate persons when disseminating information
- ❑ DV Agencies, please note information regarding street address/P.O. Box

Board Members

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Welcome

HSTester1@email.com 4525

Enter the following Organizational Documentation:

Complete list of organization's current Board or governing members (officers identified). Information must include name, address, office held, term of office, compensation, profession, qualification, race, gender, ethnicity and homeless/formerly homeless status.

*Mr./Ms.	First Name	Last Name	Office Held
*Term of Office	Compensation	Profession	
Qualification	Race	Gender	Ethnicity
Street	City	Zip	Homeless / Formerly Homeless <input type="radio"/> YE <input type="radio"/> NO
*Mr./Ms.	First Name	Last Name	Office Held
*Term of Office	Compensation	Profession	
Qualification	Race	Gender	Ethnicity
Street	City	Zip	Homeless / Formerly Homeless <input type="radio"/> YE <input type="radio"/> NO

List of Board Members

□ Complete each field –

- *"Term of office" is not length of service but rather the stated term in the Articles of Incorporation or the organization's By-Laws for the Board Member
- *"Qualification" may include advocacy or expertise related to the Board Member's profession or in the non-profit/homeless arena. An example might be an Educator that is/has been the liaison for homeless children/families in a school system
- *"Ethnicity" for this purpose will be Hispanic or non-Hispanic
- * Board member list will accept more than one board member
- *"Homeless/Formely Homeless" - see requirements on next slide

Homeless Participation on the Board of Directors or other equivalent policy making entity

- ❑ **§ 576.405 Homeless participation.**
- ❑ (a) Unless the recipient is a State, the recipient must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient, to the extent that the entity considers and makes policies and decisions regarding any facilities, services, or other assistance that receive funding under Emergency Solutions Grant (ESG).
- ❑ (b) If the recipient is unable to meet requirement under paragraph (a), it must instead develop and implement a plan to consult with homeless or formerly homeless individuals in considering and making policies and decisions regarding any facilities, services, or other assistance that receive funding under Emergency Solutions Grant (ESG). The plan must be included in the annual action plan required under 24 CFR 91.220.
- ❑ (c) To the maximum extent practicable, the recipient or sub-recipient must involve homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under ESG, in providing services assisted under ESG, and in providing services for occupants of facilities assisted under ESG. This involvement may include employment or volunteer services.

Articles of Incorporation

- ❑ Original Articles of Incorporation as submitted to the Secretary of State's Office at the time of Incorporation (should be stamped by the SoS office with date).
- ❑ Articles of Incorporation may be "Re-Stated" if the organization has changed its name or some component of the Original Articles of Incorporation (should also be stamped by the SoS office with date).
- ❑ ONLY Articles of Incorporation should be uploaded to the category.

***Not applicable for units of local government, quasi-state organizations**

Certificate of Incorporation

- ❑ This document is issued by the Secretary of State at the time of incorporation, certifying that an organization “has been duly incorporated under the laws of the State of Georgia on the effective date....by the filing of Articles of Incorporation in the office of the Secretary of State”
- ❑ ONLY Certificate of Incorporation should be uploaded to the category.
- ❑ This is also called “Certificate of Existence.” You purchase thru Secretary of State website for a \$10 fee. Please refer to this link <https://ecorp.sos.ga.gov/>

***Not applicable for units of local government, quasi-state organizations**

***Not the same as the Annual Registration with the Secretary of State’s office (we will confirm current status with the registration and no action is necessary by the applicant)**

501(c)3 Determination Letter

□ This is a “threshold” determinant - without this **final determination** (with the exception below, local governments and quasi-state organizations) organizations will not be considered for funding.

***Not applicable for units of local government, quasi-state organizations**

Financial Procedures Manual

- At a minimum, this policy manual should include information regarding –
 - Internal Controls/Financial Oversight
 - Accounts Payable procedures
 - Accounts Receivable procedures
 - Procurement
 - Basis of Accounting and Financial Statement preparation
 - Budgeting
 - Grants Management

Do NOT submit a Personnel Manual or Employee Handbook

Minutes of Last 3 Board Meetings

- ❑ Should be recent and in accordance with a schedule specified in the Articles of Incorporation or organization's By-Laws (monthly, quarterly, etc)
- ❑ Gives a snapshot of the participation of the Board Members as well as how business is conducted
- ❑ Three sets of minutes are required! *Meetings should have taken place in calendar year 2018 or early 2019.*

List of Organizational Staff



- ❑ Include list of current program staff, support staff (might include financial staff), as well as, the upward chain of management
- ❑ Must include both name and position
- ❑ Do NOT send an organizational chart

Staff Job Descriptions

- ❑ Must include Position Job Description
- ❑ Time Distribution Analysis – percentage of time spent in support of activities
- ❑ Level of Compensation

*Complete ONLY if requesting DCA funding to support staff positions

IRS Form 990

- ❑ All other non-profit organizations (as required) must submit Form 990 by the 15th day of the 5th month following the end of the fiscal year.
 - Example 1 – fiscal year end 12/31 – due May 15
 - Example 2 – fiscal year end 6/30 - due November 15
 - Example 3 – fiscal year end 9/30 – due February 15

For Part 1 submission purposes, using the above examples, Examples 2 and 3 Forms 990 for the period ending 6/30/18 and 9/30/18 should be available for upload. Form 990 for Example 1 may or may not be available as it is not due until May 15, 2019. If not available, Form 990 for the period ending 12/31/17 is appropriate for upload.

***Not applicable for local governments, certain religious organizations, quasi-state organizations**

Required Financial Statements

(Read Georgia Code (O.C.G.A.), Title 50, Chapter 20)

- ❑ Organizations that expend greater than \$100,000 in state funds must submit (independently) audited financial statements

Required Financial Statements

Organizations that expend less than \$100,000 in state funds must (at a minimum) submit the following –

1. Statement of Financial Position
2. Statement of Activities (including an analysis of sources of revenue)
3. Statement of Cash Flows
4. Schedule of State Awards Expended
5. If annual financial statements are reported upon by a public accountant, the accountant's report must accompany them. If not, the annual financial statements must be accompanied by the statement of the president or person responsible for the nonprofit organization's financial statements:
 - (A) Stating the president's or other person's belief as to whether the statements were prepared on the basis of generally accepted accounting principles and, if not, describing the basis of preparation; and
 - (B) Describing any respects in which the statements were not prepared on a basis consistent with the statements prepared for the preceding year.

Organizational Documentation

- ❑ If you can't advance from the Registration to the confirmation page, it means that some fields still need to be entered.
- ❑ If you need to update the Registration after initial submission, you can do so via the Org Doc home page.
- ❑ ALL organizational documents MUST be completed in their entirety.

Document Orientation

- Please ensure that uploaded documents are “oriented” properly, not upside-down, not sideways. View your upload and if not “oriented” properly, delete, and reload correctly.

Thank You

- Thank you for your attention and participation!

Please visit our website at:

<https://dca.ga.gov/safe-affordable-housing/homeless-special-needs-housing>

for additional information about the Emergency Solutions Grant and HOPWA Programs

2019-2020 EMERGENCY SOLUTIONS GRANT PROGRAM



February 2019

Marion Goulbourne

Emergency Solutions Grant (ESG)



Application Process

ESG Program Purpose

- The revised Emergency Solutions Grants (ESG) program and regulation:

“...maintains support for a crisis response system through emergency shelters, but places an emphasis on identifying and preventing homelessness and returning those who experience homelessness back into the community as quickly as possible.”

ESG Policy Requirements

- ❑ A greater level of collaboration between ESG entitlements and Continua of Care (CoCs).
- ❑ A results-oriented approach with a greater emphasis on the Housing First approach.
- ❑ A minimum of 40% of DCA ESG funds must be spent for homelessness prevention and rapid re-housing.
- ❑ If you serve families, you must serve ALL families!
- ❑ No Federal funding is available for Transitional Housing projects.
- ❑ Continua of Care must establish and enforce performance criteria for ESG projects.
- ❑ **All ESG** projects must utilize the coordinated entry system designated by the CoC for the geographic location of each project.

Eligible Applicants

- ❑ Local or regional entities; including nonprofits (secular and faith-based), local governments, local government entities (community service boards, etc.) and authorities, community action agencies.
- ❑ Nonprofit applicants for emergency shelter must receive approval of local government(s) where the project is located.
- ❑ Nonprofit applicants, including religious organizations, must have 501(c)(3), provide programs in a manner free from religious influences, and meet threshold and ongoing viability standards established by DCA (as required by state law).

Minimum and Maximum Funding Awards by Project Type

Type of Funding	Minimum – Maximum Award Amounts
Emergency Shelter	No minimum- \$60,000
Supportive Services	No minimum - \$25,000
Prevention	\$30,000 – no limit
Rapid Re-Housing	\$30,000 – no limit
Street Outreach	\$30,000 - \$50,000
Hotel/Motel	No minimum - \$60,000
HMIS	No minimum - \$40,000

Minimum and maximum award amounts are subject to change from year to year.

Who is Homeless?

4 CATEGORIES:

- (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter, or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- (2) individuals and families who will imminently lose their primary nighttime residence (within 14 days);

Who is Homeless? (cont.)

- (3) unaccompanied youth and families with children and youth who are defined as homeless **under other federal statutes** who do not otherwise qualify as homeless under this definition; but who meet the following criteria:

Who is Homeless? (cont.)

Category 3 (continued)

- ❑ Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- ❑ Have experienced persistent instability as measured by 2 moves or more during the 60-day period immediately preceding the date of application; **AND**
- ❑ Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.
- ❑ NOT APPLICABLE IN THE STATE OF GEORGIA

Who is Homeless? (cont.)

- (4) individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.”

Who is Chronically Homeless?

An “individual” or “family” that is ...

- ❑ is currently homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ❑ has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for **at least 1 year OR on at least 4 separate occasions in the last 3 years**, as long as the **combined occasions equal at least 12 months** and each break in homelessness separating the occasions is at least 7 consecutive nights of not living as described in paragraph (1) ; and
- ❑ has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability [as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)], post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions

Persons who were chronically homeless at entry remain chronically homeless at exit, if an institutional stay is less than 90 days.

Who is At-Risk of Homelessness?

- (1) The household has income below 30 percent of area median income (AMI) for the geographic area;
AND
- (2) the individual or family has insufficient resources immediately available to attain housing stability.
 - ❑ sufficient resources or support networks are: family, friends, or faith-based or other social networks immediately available to prevent them from moving to a shelter or living outside

Who is At-Risk of Homelessness? (cont.)

AND:

- Meets one or more of following:
 1. Moved frequently for economic reasons
 2. Living with others due to economic hardship
 3. Notice of eviction (within 21 days)
 4. Living in hotel/motel (at own cost)
 5. Living in overcrowded housing (as defined by HUD)
 6. Exiting an institution
 7. Otherwise lives in housing that is unstable (as defined by DCA)
- Families with children, and youth defined as homeless under other Federal statutes.

Applications Will Not Be Considered

- ❑ The deadline is missed.
- ❑ HMIS or DV comparable database non-participation.
- ❑ Application substantially incomplete.
- ❑ Ineligible applicant – such as lacks 501(c)(3) or Housing Authorities
- ❑ New organizations should have been in business and fully operational for 2 years and able to produce minimum financial statements and filings with the IRS for that period, financial policies and procedures, program policies and procedures.
- ❑ Failure to obtain Local Approval or Certification of Consistency, as applicable.
- ❑ Serving ineligible populations (not homeless by HUD definition and verification standard).

Applications Will Not Be Considered

- Insufficient or ineligible match amount or source.
- Non-compliance with coordinated entry.
- Use of projected project income or client fees as a match source.
- Inability to keep families intact for service.
- Inability to abide by all Equal Access and LEP requirements.

***See Application Guidelines for complete information.**

Scoring and Award Factors

Poor performance in any of these areas negatively affects scores and awards amounts:

- ❑ Completeness of the grant application
- ❑ Use of reputable data to describe need (homeless counts), clients served, local coordination, goals, outputs, outcomes, etc.
- ❑ CoC or ESG Entitlement priorities
- ❑ Efficient and effective use of HMIS, adherence to HMIS policy and procedures, and ability to deliver data of high quality
- ❑ Adherence to DCA Housing Support Standards
- ❑ Staffing and match levels promote ability to serve number of participants projected
- ❑ Organizational experience, capacity, and stability, including
 - ❑ Capacity and oversight of Board of Directors
 - ❑ Budgeting and financial reporting

***See Application Guidelines for complete information.**

Scoring and Award Factors

- ❑ Agency participation in:
 - ❑ CoC Planning
 - ❑ Homeless Count
 - ❑ DCA-sponsored trainings for current ESG subgrantees
- ❑ Ability to design and successfully manage project under current regulations and priorities for the overall ESG program
- ❑ Project and agency performance including --
 - ❑ Monitoring compliance
 - ❑ Compliance with HMIS or DV comparable database policies and procedures
 - ❑ Ability to meet project requirements and goals successfully
 - ❑ Ability to spend past grant awards in timely manner
 - ❑ Increases in income and benefits during project enrollment
 - ❑ Exits to permanent destinations
 - ❑ Returns to homelessness

Application Scoring-DCA Database

2016 ESG PROGRAM REQUESTS - REVIEW SUMMARY

Applicant / Org ID	Program Name / HMIS Program Key / Program Type	Org's Programs Exclusively DV / This Program DV	Requested / Match / Total	Approving Gov't / CoC for This Program / Counties Served	Funded 2015? / SFY15 Award / SFY15 Balance	Organization Threshold Denial? / Comments	Program Threshold Denial? / Comments	Organization
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Services Type	<input type="text"/>	RECOMMENDED AMT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SCORING -

Scheme Calculation:

Review Status (Calculated) -- Use "Find" to locate "Complete" vs. "Incomplete":

1. CoC or ESG Priority (Always Applicable)

High Medium Low

Weighted Score: of

2. Monitoring Performance

N/A

Score: /5 Weighted Score: of

3. HMIS Data Quality

N/A

a. Universal:	<input type="text"/>	/2	<input type="text"/>	
b. Program Specific:	<input type="text"/>	/2	<input type="text"/>	
c. Unaccompanied Youth:	<input type="text"/>	/1	<input type="text"/>	<input type="checkbox"/> N/A
d. Appropriate Length of Stay:	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/> N/A
e. Bed Utilization:	<input type="text"/>	/1	<input type="text"/>	<input type="checkbox"/> N/A
f. Transitional Hsng Special Need:	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/> N/A

Totals & Weighted Scores by Scheme: / of

4. Program Design, Feasibility, and Strategy (Always Applicable)

Score: /4 Weighted Score: of

5. Performance Measures

N/A

a. Hard to Serve and Recidivism (Tier 1):	<input type="text"/>	/3	<input type="text"/>	<input type="checkbox"/> N/A
b. Income Increase (Tier 1):	<input type="text"/>	/3	<input type="text"/>	<input type="checkbox"/> N/A
c. Outreach to Shelter (Tier 1):	<input type="text"/>	/3	<input type="text"/>	<input type="checkbox"/> N/A
d. Outreach to Perm Housing (Tier 1):	<input type="text"/>	/3	<input type="text"/>	<input type="checkbox"/> N/A
e. Financial Progress (Tier 2):	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/> N/A
f. Projected Served (Tier 3):	<input type="text"/>	/1	<input type="text"/>	<input type="checkbox"/> N/A
g. Timely Reimbursements (Tier 3):	<input type="text"/>	/1	<input type="text"/>	<input type="checkbox"/> N/A

Totals & Weighted Scores by Scheme: / of

Median Scores Entered? Yes

6. Organizational Documentation (Always Applicable)

7. Participation

N/A Calculated Value =

Score, Training:	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/> N/A
Score, Continuum of Care:	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/> N/A
Score, Homeless Counts:	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/> N/A
Score, Coalitions:	<input type="text"/>	/2	<input type="text"/>	<input type="checkbox"/> N/A

Weighted Score by Scheme: of

SCORING TOTAL of

Bonus Points:

Veterans Registry Participation:

Within DCA ESG Entitlement:

Reviewing Staff General Comments for Management Consideration

Match Requirements

- ❑ All applicants must provide at least a 100% match consisting of documented non-McKinney resources.
- ❑ Is PROJECT-specific, must benefit recipients of project in application.
- ❑ In addition to cash, match may include the value of any lease on a building, the actual value of professional services, any salary paid to staff to carry out the project, and the value of volunteer hours. The latter should equal the cost necessary to provide the services in question.

HUD Consolidated Plan Consistency

- All applicants proposing projects located within the 22 local HUD Consolidated Plan jurisdictions must obtain “Certification of Consistency” with local plans from local government officials.
- Local Consolidated Planning jurisdictions include the cities of Albany, Atlanta, Brunswick, Dalton, Gainesville, Hinesville, Johns Creek, Macon, Rome, Sandy Springs, Savannah, Valdosta and Warner Robins, the counties of Cherokee, Clayton, Cobb (including Marietta), DeKalb, Fulton (including Roswell), Gwinnett and Henry, and the consolidated governments of Athens-Clarke, Augusta-Richmond and Columbus-Muscogee.
- Forms will be posted on ESG webpage.

Deadlines- Important Dates

- ❑ Online application system opens Friday, March 1
- ❑ System registration closes Tuesday, March 26 at 5:00 pm
- ❑ All content is due on Tuesday, April 2 at 12:00 pm
- ❑ The link to Housing Solutions Online will be sent to the DCA list serve, and posted on the ESG website on Friday, March 1, 2019.
 - ❑ Links and Supporting materials will be posted on ESG main webpage:
 - <https://dca.ga.gov/safe-affordable-housing/homeless-special-needs-housing/emergency-solutions-grants>
 - Paper submissions will NOT be accepted.

2019 Applications

- There are 6 applications:
 - I. Emergency Shelter
 - II. Supportive/Essential Services
 - III. Homelessness Prevention
 - IV. Rapid Re-Housing
 - V. Street Outreach
 - VI. Hotel/Motel Vouchers

Note: HMIS is not a separate application this year. Request can be made in the Shelter and Rapid Rehousing applications.

General Instructions – All Applications

- ❑ Include organization's legal name and contact information.
- ❑ Include project name – this **MUST** be consistent with HMIS or DV Comparable Database.
- ❑ List sites consistent with sites from organizational submissions.
- ❑ Name local approving and consolidated planning jurisdictions, as applicable.
- ❑ Read manual (Application Guidelines) for details on projects, process, requirements.
- ❑ Be sure to answer all (sub)questions of application questions.

Application I-Emergency Shelter

- Focus on ensuring a positive housing outcome to permanent housing.
- Ensure high bed utilization by eliminating barriers/requirements to entry.
- Shelters that serve families must serve all eligible families and may not refuse services based on the age of children, size of the family, marital status, or family composition.
- May apply for up to \$60,000 per project.

Emergency Shelter

Shelter Operations

Costs to operate and maintain emergency shelters and also provide other emergency lodging when appropriate.

Rent

Food

Furnishings

Security

Fuel

Insurance

Utilities

Equipment

Maintenance

Hotel or motel voucher

Emergency Shelter

Shelter Services

Services provided to shelter program participants.

Case Management

Child Care

Life Skills

Substance Abuse Treatment

Legal Services

Services

Mental Health Services

Services for Special Populations

Education Services

Outpatient Health Services

Transportation

Employment Assistance and Job
Training

Application II-Supportive Services

- ❑ Service projects must be directly connected to projects moving clients into permanent housing.
- ❑ **ONLY** proscribed types of services are eligible for funding.
- ❑ Must follow all ESG requirements:
 - ❑ Utilize the coordinated entry instrument established by the Continuum of Care.
 - ❑ Required to enroll participants into projects in HMIS.
- ❑ Up to \$25,000 per project.
- ❑ Limit 1 Service application per agency.
- ❑ Only 1 Service type per application allowed.

Supportive Services



Eligible activities are limited to:

- Case management
- Transportation
- Child care

(Applications must clearly identify the activity requested for funding.)

Applications III and IV

Prevention and Rapid Re-Housing

Financial Assistance

- Moving costs
- Rent application fees
- Security deposit
- Last month's rent
- Utility deposit
- Utility payments
- Rental assistance

Housing Relocation and Stabilization Services

- Housing Search & Placement
- Housing Stability Case Management
- Mediation
- Legal Services
- Credit repair

Rapid Re-Housing and Prevention

- ❑ Participants can be assisted for up to 1 year. Length of stay to be determined based on household need.
- ❑ Agencies are required to:
 - ❑ provide case management services to participants at least monthly
 - ❑ re-certify participant eligibility at least every 90 days (for Prevention)
 - ❑ establish a formal plan for long-term stability for each participant at discharge, and
 - ❑ follow up post discharge
- ❑ Proposed budgets should include a reasonable ratio of client financial assistance to housing relocation and stabilization services.
- ❑ Applications should include reasonable ratio of households served to funding amount requested.
- ❑ The minimum award amount will be \$30,000.

Application III-Rapid Re-Housing

Housing is not the end of the process... it's the beginning.

- ❑ Provide services to move literally homeless participants into permanent housing to remain there for the long term.
- ❑ RRH providers should be attached to Street Outreach efforts, Emergency Shelters, and other community supports and services to identify participants.
- ❑ Case management and consistent follow up are essential.
- ❑ Can be a regional or local implementation.

Application IV-Homelessness Prevention

- ❑ Follow HEARTH definition of “at risk” for eligibility
- ❑ Or CATEGORY 2 of homeless definition
 - ❑ persons who will imminently lose their primary nighttime residence within 14 days
- ❑ Services to households facing eviction from housing they rent.
- ❑ Client must have lease in name.
- ❑ Stabilize households in existing homes and ensure that participants can remain in their housing for the longer term.
- ❑ If remaining in existing home is not possible, relocation assistance to appropriate housing can be provided.
- ❑ DCA will not fund duplicative efforts.

Application V- Street Outreach

Eligible activities may include:

- Engagement
- Case Management
- Emergency Health Services
- Emergency Mental Health Services
- Transportation
- Services to Special Populations (Essential Services during outreach)

Street Outreach

- ❑ Use unsheltered homeless data for your county from Georgia's 2017 Point-In-Time Count.
- ❑ Describe specific street populations you intend to serve, including the geographic locations where Outreach teams will engage clients.
- ❑ Outreach should use housing-first approach -
 - ❑ Focused on moves into permanent housing, rather than alleviating the difficult conditions they experience on the street. (This is not a mobile feeding program.)
- ❑ The bulk of the funding will be for engagement and case management, rather than provide emergency services.
- ❑ Funding will be prioritized to areas where PATH teams do not exist.

Street Outreach projects can apply for \$30,000 - \$50,000 per project.

Application VI-Hotel/Motel Vouchers

- ❑ Exclusively for homeless clients who need immediate housing and NO APPROPRIATE shelter is available.
 - ❑ Will have to provide evidence/justification about shelter availability
- ❑ Intended primarily for clients served by RRH and outreach projects.
- ❑ Can be used for challenges such as:
 - ❑ Time of placement
 - ❑ Households with special needs
 - ❑ High barrier clients that will be turned away from current shelters
 - ❑ No shelter available for participants who have been through coordinated assessment
- ❑ Short stays until preferred housing option becomes available; no longer than 30 days.
- ❑ Case management service dollars available.
- ❑ Up to \$60,000

HMIS Information

- ❑ Costs of contributing data to Eccovia ClientTrack or DV comparable database (designated by DCA).
- ❑ Eligible costs may include: Data Entry. Cost to attend relevant training can be requested
- ❑ Reserved for BoS CoC or DCA ESG Entitlement areas.
 - ❑ For Emergency Shelters or Rapid Re-housing projects.
 - ❑ Projects with large implementations; those serving a high volume of clients, etc.
- ❑ Up to \$40,000

HMIS Requirements

- ❑ Increased importance placed on HMIS in application review process AND performance measurements of successful applicants.
- ❑ If you want to have a competitive application this year, make certain your data is accurate and complete. It will also be used to evaluate performance!
 - ❑ A lack of data will also hurt your application
- ❑ Data will be taken directly from HMIS by DCA and data can also be requested from the agencies.
- ❑ If your agency or project names in HMIS are inconsistent with what you provided in your application, we may not find it or fund it.
- ❑ Domestic violence agencies currently receiving ESG funds must submit HUD Data Quality from 7/1/2018 through 2/28/2019 for scoring.

Housing First

- The Housing First approach prioritizes placement in permanent housing over therapeutic outcomes.
- Housing First projects will have low barriers to entry and participation.
- Housing First projects will focus on permanent housing placement as quickly as possible.
- Projects demonstrating a commitment to the Housing First approach will be prioritized.

Housing Support Standards

- Ensure that quality case management takes place and include (among other requirements):
 - Common assessment
 - Establish and track client progress and goals
 - Post-discharge follow-up contacts
 - ALL ESG subgrantees, (including service only projects), must adhere to.
- Many related activities and outcomes are tracked in ClientTrack.

Required Training

- ❑ Current ESG subgrantees are required to participate in DCA-sponsored training.
- ❑ Failure to comply will affect application scores.
- ❑ Includes topics such as, but not limited to:
 - ❑ ESG Implementation and Administration
 - ❑ Coordinated Entry
 - ❑ Georgia Housing Search
 - ❑ Training specific to program type

Housing Solutions Online (HSO)

- An email will be sent to the DCA list serve when HSO is open. The link to HSO will also be posted on the ESG website.
- You will have until **Tuesday, March 26, 2019** to request log-in information.
- You will have about 4 weeks to complete and upload all required documents, including completed applications.
- After each session, click “log out” instead of simply closing the window. Otherwise, you might have technical difficulties when you log in next time and you will slow the system down for other users.

Housing Solutions Online (HSO) (cont.)

- All applications will be completed in HSONline system.
- Users will be able to save work and log back in later to complete an application.
- It will be more important than ever to log out when session is complete.
- Multiple simultaneous users may create technical challenges.

Hints

- ❑ DO NOT wait until the last minute.
 - ❑ It can take up to 24 hours to receive your login and password via email.
 - ❑ Users will also receive a pop-up message with login and password.
- ❑ The system can become very slow when many applicants are logged on at the same time.
- ❑ Add HSOnline@dca.ga.gov to your address book so that the login email isn't flagged as spam.

More Hints



- Required documents are uploaded *individually*.
- This gives applicants another chance to verify they have all the correct documents uploaded before submitting.
- Certification of Consistency and Local Approval forms will be uploaded into the upload panel of HSONline.

Housing Solutions Online Application System



HSOnline 2019 Registration & Login

If your Organization has not yet Registered:

[Click Here to Register](#)

Application Timeline

Registration begins Friday, March 01, 2019 (8:00am)
Apply Online begins Friday, March 01, 2019 (8:00am)
Registration Deadline: Tuesday, March 26, 2019 (5:00pm)
Application Submission Deadline: Tuesday, April 02, 2019 (noon)

login:

password:

Sign In

Thank you for using Housing Solutions Online.

Registration

6002



Registration

Registration will close at 5pm March 26, 2019
Please allow up until the next business day to receive your Login and Password
All applications and supporting materials will be due at noon on April 2, 2019

Agency (Legal Organization Name)*	<input type="text"/>
9-Digit DUNS #	<input type="text"/> - <input type="text"/> - <input type="text"/> Example: 123-456-789
9-Digit EIN #	<input type="text"/> - <input type="text"/> Example: 12-3456789
Application Contact Name	<input type="text"/>
Application Contact Email	<input type="text"/>
Application Contact Phone	<input type="text"/>
Is this a domestic violence (DV) agency?	<input type="radio"/> YES <input type="radio"/> NO
Are you applying to be funded for staff costs?	<input type="radio"/> YES <input type="radio"/> NO
Has this agency ever received funding from DCA?	<input type="radio"/> YES <input type="radio"/> NO
Is this agency a unit of local government or a public community service board?	<input type="radio"/> YES <input type="radio"/> NO

Once you submit this registration, you will receive a Confirmation online with your login credentials. DCA needs to ensure that your online organizational file and contact information is complete. If your email and EIN# are already in DCA's organization contact database you will be able to login and begin the application process immediately. If we do not already have your email and EIN# on file you will need to notify us by email and allow 24 hours to update our database

Submit and Advance to Confirmation Page

Your registration must be completed by 5pm March 26, 2019

Your application must be completed by noon on April 2, 2019

(If the "Submit" button does not take you to the confirmation page, then you are missing information on your Registration. Please correct the form and try again.)

HSONline@dca.ga.gov

Registration Confirmed



[Log out](#)
[Home Page](#)

Submitted on 02/26/2018 08:07:31 AM

Registration Confirmed 5555

Applicants are able to request log-in information until 7 pm on 7, April 7, 2018.
All applications and supporting materials will be due on 7, April 7, 2018 at Noon.

Account Name: Jimmy@email.com

Password: lprultmz

Copy your Account Name and Password in a secure location.

[Click here to Complete Application.](#)

Contact us: HSONline@dca.ga.gov

All applications and supporting materials will be due on Tuesday, April 5, 2016 at Noon.

Agency (Legal Organization Name)*	ABC Agency
9-Digit DUNS #	000 - 555 - 444 Example: 123-456-789
9-Digit EIN #	55 - 5555554 Example: 12-3456789
Application Contact Name	Jimmy
Application Contact Email	Jimmy@email.com
Application Contact Phone	555-5555
Is this a domestic violence (DV) agency?	<input type="radio"/> YES <input checked="" type="radio"/> NO
Are you applying to be funded for staff costs?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Has this agency ever received funding from DCA?	<input checked="" type="radio"/> YES <input type="radio"/> NO
Is this agency a unit of local government or a public community service board?	<input type="radio"/> YES <input checked="" type="radio"/> NO

Thank you for registering for Housing Solutions Online. Your Login and Password are listed above. You will use these credentials to log into Housing Solutions Online and complete your application. For security reasons it may take 24 hours to initialize login if your organization's contact information is not currently stored in the DCA Contacts database. After 24 hours you may contact support at:

All sections of the Application must be completed by April 7, 2018.

USE THE PRINT FUNCTION ON YOUR BROWSER TO SAVE THIS CONFIRMATION AND LOGIN CREDENTIALS AS A HARD COPY PRINT OUT FOR YOUR FILES

Home Page



[Log out](#)

4519

Applicant Home Page

Welcome

What would you like to do?

[View My Registration](#)

[Complete My Organizational Documentation](#)

[Apply for Grants Online](#)

[Upload Supplemental Documentation](#)

[Final Submission and Summary Page](#)

[PDF of Submitted Applications](#)

Note:

Please be advised that the online system will time out after 15 minutes of inactivity. Therefore save your work often by clicking Save, clicking Submit, or going to another page. We recommend that for online forms and documents (like the Narrative), you work off-line in a word processor, then copy and paste each section of your work into HOUSING SOLUTIONS ONLINE

Application Timeline

Tuesday March 26, 2019 (12 noon) — Deadline for Registration

Tuesday April 2, 2019 (5PM) — Deadline for Application Submission

General Information

Home	General Information (page 1 of 17)	Next >
Applicant		
Applicant (Agency) Legal Name	<input type="text"/>	
Contact Person	<input type="text"/>	
Contact Person Email	<input type="text"/>	
Contact Person Phone	<input type="text"/>	
Person to contact for referral purpose		
Name	<input type="text"/>	
Email Address	<input type="text"/>	
Phone Number	<input type="text"/>	
ESG Project(s) Applying for:		

- Emergency Shelter (s)
- Homeless Prevention
- Hotel Motel Voucher
- Rapid Rehousing
- Street Outreach
- Supportive Services

General Information

<Back	General Information (page 2 of 17)	Next >
COMPLIANCE		
1. Coordinated Entry		
<p>All ESG subgrantees 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 ESG project participants once it is created?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>		
2. HMIS or Comparable Database		
<p>All ESG subgrantees are required to use the Homeless Management Information System (HMIS) designated by DCA. Victim Service Providers are required to use the HMIS comparable database designated by DCA. Do you agree to use the HMIS or comparable database designated by DCA?</p> <p><input type="radio"/> YES <input type="radio"/> NO</p>		

General Information

<Back	General Information (page 3 of 17)	Next >
3. Equal Access Family Definition		
<p>Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, 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. 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. Check All That Apply.</p>		
Emergency Shelter		
<input type="checkbox"/> N/A, this project does not serve families.		
<input type="checkbox"/> Yes, applicant assures that its projects are in		
<input type="checkbox"/> No, the applicant is unable to comply with this HUD		
Hotel Motel Voucher		
<input type="checkbox"/> N/A, this project does not serve families.		
<input type="checkbox"/> Yes, applicant assures that its projects are in		
<input type="checkbox"/> No, the applicant is unable to comply with this HUD		
Rapid ReHousing		
<input type="checkbox"/> N/A, this project does not serve families.		
<input type="checkbox"/> Yes, applicant assures that its projects are in		
<input type="checkbox"/> No, the applicant is unable to comply with this HUD		
Homeless Prevention		
<input type="checkbox"/> N/A, this project does not serve families.		
<input type="checkbox"/> Yes, applicant assures that its projects are in		
<input type="checkbox"/> No, the applicant is unable to comply with this HUD		
Street Outreachr		
<input type="checkbox"/> N/A, this project does not serve families.		
<input type="checkbox"/> Yes, applicant assures that its projects are in		
<input type="checkbox"/> No, the applicant is unable to comply with this HUD		
Supportive Services		
<input type="checkbox"/> N/A, this project does not serve families.		
<input type="checkbox"/> Yes, applicant assures that its projects are in		
<input type="checkbox"/> No, the applicant is unable to comply with this HUD		
Home Page		

General Information

<Back	General Information (page 4 of 17)	Next >
3. Equal Access Family Definition (Continued)		
If Yes, describe arrangements made in the project(s) in order to accommodate families regardless of composition <i>(500 character limit)</i>		
<div style="border: 1px solid #ccc; padding: 10px; min-height: 150px;">500 Character Limit</div>		

General Information

<Back

General Information (page 5 of 17)

Next >

4. 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)

500 Character Limit

Check All Project Types that Apply

- N/A, this project does not serve minors
- Emergency Shelter
- Hotel Motel Voucher
- Rapid ReHousing
- Homeless Prevention
- Street Outreach
- Supportive Services

General Information

<Back	General Information (page 6 of 17)	Next >
5. Equal Access In Accordance with Gender Identity		
<p>ESG subgrantees are prohibited from considering a person's marital status, sexual orientation, or gender identity in making eligibility determinations for housing. ESG subgrantees, 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.</p>		
<p><input type="radio"/> Yes, applicant assures that its projects are in compliance with this HUD provision</p> <p><input type="radio"/> No, the applicant is unable to comply with this HUD provision.</p>		
6. Homeless Involvement		
<p>Does the organization involve homeless persons in carrying out this project? Note that by ESG regulation, and "to the maximum extent practicable, the applicant must involve homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under ESG, in providing services assisted under ESG, and in providing services for occupants of facilities assisted under ESG. This involvement may include employment or volunteer services."</p>		
<p><input type="radio"/> Yes, applicant assures that its projects are in compliance with this HUD provision</p> <p><input type="radio"/> No, the applicant is unable to comply with this HUD provision.</p>		
<p>Check All applicable projects and provide a description</p>		
<p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Hotel Motel Voucher</p> <p><input type="checkbox"/> Rapid ReHousing</p> <p><input type="checkbox"/> Homeless Prevention</p> <p><input type="checkbox"/> Street Outreach</p> <p><input type="checkbox"/> Supportive Services</p>		

General Information

6. Homeless Involvement (Continued)

Please describe homeless involvement for each Project Type checked. (1000 character limit)

Applications Online



Georgia Department of
Community Affairs

HOUSING SOLUTIONS ONLINE **Applications Online 2019**

[Log out](#)
[Home Page](#)

Welcome

Apply Online	Update Document	Date Submitted
General Information*	<input type="button" value="Online"/>	<input type="text"/>
Emergency Shelter A	<input type="button" value="Online"/>	<input type="text"/>
Emergency Shelter Application I B	<input type="button" value="Online"/>	<input type="text"/>
Emergency Shelter Application I C	<input type="button" value="Online"/>	<input type="text"/>
Supportive Services	<input type="button" value="Online"/>	<input type="text"/>
Prevention	<input type="button" value="Online"/>	<input type="text"/>
Rapid Re-Housing	<input type="button" value="Online"/>	<input type="text"/>
Street Outreach	<input type="button" value="Online"/>	<input type="text"/>
Hotel - Motel Voucher	<input type="button" value="Online"/>	<input type="text"/>
HOPWA Application X	<input type="button" value="Online"/>	<input type="text"/>

* General Information is new in HSONline 2019 to reduce the amount of redundant information required in each of the project applications.

Emergency Shelter page 1 of 26

Home	Emergency Shelter Application (1A) (page 1 of 26)	Next >
Applicant		
Applicant (Agency) Legal Name		
Contact Person		
Contact Person Email		
Contact Person Phone		
Project Information		
HMIS Project Name		
Street		
City		
Zip		
Number of Sites		
Currently Receives Funding	<input type="radio"/> YES <input type="radio"/> NO	ESG Amount Requested: <input type="text"/>
Suppress Address	<input type="radio"/> YES <input type="radio"/> NO	Matching Funds: <input type="text"/>
		Total Budget: <input type="text"/>
<p>* Please Note that Project Name should be EXACTLY as it appears in the HMIS system. It will be used by DCA to identify the project for scoring purposes, and in all future correspondence if a grant is awarded. If this is a new project, please enter the project name EXACTLY as you want it to appear in the HMIS system.</p>		
List Primary Site Name(s) to be Utilized for Program:	Local Approval(s) for This Project Submitted From:	
Name: <input type="text"/>	Name(s): <input type="text"/>	
Name: <input type="text"/>	<input type="checkbox"/> Local Approval is Not Required for My Agency	
Name: <input type="text"/>		
<p>From the ESG regulations, "emergency shelter means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements." In limited cases emergency shelter may include hotel/motel vouchers. Shelter stays should be avoided, if possible, and when not possible, limited to the shortest time necessary to help participants regain permanent housing. Emergency shelter projects should be closely linked to an array of projects within the community in order to accomplish this goal of stable permanent housing including, but not limited to, rapid re-housing, transitional housing, affordable housing placement, and employment. Linkages should also be made to applicable mainstream projects such as SOAR, SNAP, TANF, etc</p> <p>May apply for up to \$60,000 in funding.</p>		
Applications Online		

Emergency Shelter page 1 of 26

Home	Application I, Emergency Shelter (page 1 of 26)	Next >
Applicant		
Applicant (Agency) Legal Name	HSTester1	
Contact Person Email	HSTester1@email.com	
Contact Person	HS Tester1	
Contact Person Phone	444-4440	
Project Information		
HMIS Project Name	HSTester1 ES	
Street	100 main	
City	atlanta	
Zip	30099	
Number of Sites		
Currently Receives Funding	<input checked="" type="radio"/> YES <input type="radio"/> NO	* Please Note that Project Name should be EXACTLY as it appears in the HMIS system. It will be used by DCA to identify the project for scoring purposes, and in all future correspondence
Suppress	<input type="radio"/> YES <input checked="" type="radio"/> NO	
List Primary Site Name(s) to be Utilized for Program:	Local Approval(s) for This Project Submitted From:	
Name: Tester1 Site1	Name(s)	
Name:		
Name:		
<p>From the ESG regulations, "emergency shelter means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements." In limited cases emergency shelter may include hotel/motel vouchers. Shelter stays should be avoided, if possible, and when not possible, limited to the shortest time necessary to help participants regain permanent housing. Emergency shelter projects should be closely linked to an array of projects within the community in order to accomplish this goal of stable permanent housing including, but not limited to, rapid re-housing, transitional housing, affordable housing placement, and employment. Linkages should also be made to applicable mainstream projects such as SOAR, SNAP, TANF, etc.</p> <p>Applicants may apply for \$30,000 - \$60,000 in funding.</p>		
Home Page		

Emergency Shelter page 1 of 26

<Back	Emergency Shelter Application (1A) (page 4 of 26)	Next >
PERSONS SERVED		
3a. Total Clients Served Annually (PROJECTED)		
Number of Project Participants served from January 1, 2019 thru December 31, 2019 (Please note: If funded, this number will be referenced later to determine project progress.)		
<i>Example: If you plan to serve: 2 single individuals, 3 families, and each family has 4 members, the chart would contain the following:</i>		
		<i>Single individuals: 2 Number of families: 3 Average family size: 4 Number of persons in families: 12 (3 families x average family size 4) Total unduplicated persons: 14 Total households assisted 5</i>
Single Individuals	<input type="text" value="60"/>	Projected Cost per Person Served Total Projected Expenses / Projected # Served <input type="text" value="\$32,000"/> / <input type="text" value="100"/> Projected Cost per Person Served: <input type="text" value="\$320.00"/>
Number of families	<input type="text" value="10"/>	
Average family size	<input type="text" value="4"/>	
Total households assisted	<input type="text" value="70"/>	
Number of persons in families	<input type="text" value="40"/>	
Total unduplicated persons (12 months)	<input type="text" value="100"/>	
3b. Total Clients SERVED (in 2018)		
Total Clients SERVED in Project from January 1, 2018 thru December 31, 2018 <input type="checkbox"/> Check if New Agency (Please note: This number should be obtained from ClientTrack report.)		
Single Individuals	<input type="text" value="35"/>	2018 Cost per Person Served 2018 Expenses / # Served in 2018 <input type="text" value="\$25000"/> / <input type="text" value="75"/> 2018 Cost per Person Served: <input type="text" value="\$333.33"/>
Number of families	<input type="text" value="10"/>	
Number of persons in families	<input type="text" value="40"/>	
Total unduplicated persons served (12 months)	<input type="text" value="75"/>	

Emergency Shelter Submit Page

< Back		Application I, Emergency Shelter (page 26 of 26)		Home	
Application Submission Page					
Applicant (Agency) Legal Name		HSTester1			
Contact Person Email		HSTester1@email.com			
Contact Person		HS Tester1			
Contact Person Phone		444-4440			
HMIS Project Name		HSTester1 ES			
Funds Requested:		\$44			
<input type="button" value="SUBMIT"/>					
02/05/2018 10:53:07 AM					

Supplemental Documents Upload

The screenshot displays the Georgia Department of Community Affairs Housing Solutions Online interface. At the top left is the logo for Georgia Department of Community Affairs. To the right are links for 'Log out' and 'Home Page', and the number '4525'. Below the logo, it says 'HOUSING SOLUTIONS ONLINE' and 'Welcome HSTester1'. The main heading is 'Application Supplemental Documents Upload Page' in orange. Below this is the instruction 'Click on a document below to view it in a web viewer'. There is an 'Add Document' button and a table with six empty rows. A 'Document Setup' dialog box is open, showing a list of document types: 'Certification of Consistency' (highlighted), 'Habitability Standards', 'Local Approval', 'Memorandum of Understanding (MOU)', 'Prevention/RRH Projections', 'ESG Shelter and Housing Standards (Cert)', 'Site Information Form', '15 Month Projections', and 'Other'. A 'Save' button is at the bottom of the dialog. The dialog also contains the text '1: Choose the type of document to add' and '3: Click the button below to save the document'.

Georgia[®] Department of
Community Affairs

HOUSING SOLUTIONS ONLINE

Welcome HSTester1

Application Supplemental Documents Upload Page

Click on a document below to view it in a web viewer

Add Document

Document Setup

1: Choose the type of document to add

- Certification of Consistency
- Habitability Standards
- Local Approval
- Memorandum of Understanding (MOU)
- Prevention/RRH Projections
- ESG Shelter and Housing Standards (Cert)
- Site Information Form
- 15 Month Projections
- Other

low frame

3: Click the button below to save the document

Save

Application Summary Final Submission



dave.totten@dca.ga.gov [Log out](#)

[Home Page](#)

4518

Application Summary

Welcome Dave's Test Organization

Application Deadline : Noon on Monday, April 12, 2017

Please review this Application Summary and verify that you have completed all applicable documents. [Print a Copy of this Application Summary Page for Confirmation.](#)

Applications Submitted Online	Date Submitted	Organizational Documents	Date Submitted
Emergency Shelter Application I	<input type="text" value="02/12/2018 10:40:51 AM"/>	Organizational Narrative	<input type="text" value="01/28/2018 08:29:41 PM"/>
Services Only Application III	<input type="text" value="02/20/2018 02:56 PM"/>	List of Board Members	<input type="text"/>
Prevention Application IV	<input type="text" value="02/20/2018 02:53:46 PM"/>	Articles of Incorporation	<input type="text" value="1/12/2018 8:09:45 PM"/>
Rapid Re-Housing Application V	<input type="text"/>	Certificate of Incorporation	<input type="text"/>
Street Outreach Application VI	<input type="text"/>	501c3 Ruling	<input type="text"/>
Hotel - Motel Voucher Application VII	<input type="text"/>	Financial Procedures Manual	<input type="text"/>
HMIS Application VIII	<input type="text"/>	Minutes of Last 3 Board Meetings	<input type="text"/>
HOPWA Application X	<input type="text"/>	Staff Job Descriptions	<input type="text"/>
Emergency Shelter Application I B	<input type="text"/>	IRS Form 990	<input type="text"/>
Emergency Shelter Application I C	<input type="text"/>	Financial Statement	<input type="text"/>
Total Number of Applications	3	Total Number of Organizational Docs	2

Please be sure you have uploaded all required Supplemental Documentation

Initial Here:

Final Submission

Final Submission Date

Application in PDF for Download



HSTester1@email.com [Log out](#)

[Home Page](#)

4525

5540

Applications in PDF for Download

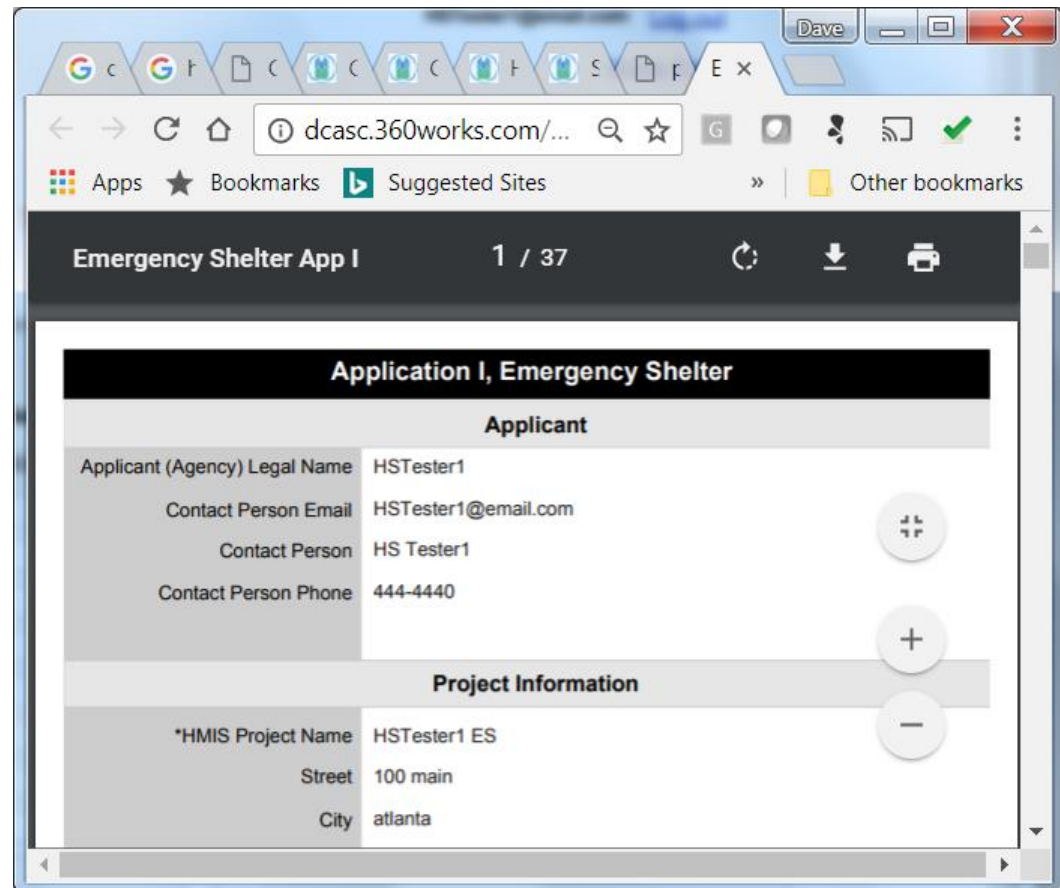
HSTester1

Use this List to Confirm and Verify Submission of each Application

Applications Submitted Online	Date Submitted	Click on PDF to Review
Emergency Shelter Application I	02/05/2018 10:53:07 AM	4525 Emergency Shelter App I
Services Only Application III	<input type="text"/>	<input type="text"/>
Prevention Application IV	<input type="text"/>	<input type="text"/>
Rapid Re-Housing Application V	<input type="text"/>	<input type="text"/>
Street Outreach Application VI	<input type="text"/>	<input type="text"/>
Hotel - Motel Voucher Application VII	<input type="text"/>	<input type="text"/>
HMIS Application VIII	<input type="text"/>	<input type="text"/>
HOPWA Application X	<input type="text"/>	<input type="text"/>
Emergency Shelter Application I B	<input type="text"/>	<input type="text"/>
Emergency Shelter Application I C	<input type="text"/>	<input type="text"/>

Total Number of Applications Submitted **1**

Please Allow 5 minutes for Rendering



Application in PDF for Download

4525_Emergency Shelter App I.pdf

Delete

The screenshot shows a web browser window displaying a PDF document. The browser's address bar shows the URL `dcasc.360works.com/...`. The PDF viewer interface includes a title bar 'Emergency Shelter App I' and a page indicator '1 / 37'. The document content is structured as follows:

Application I, Emergency Shelter	
Applicant	
Applicant (Agency) Legal Name	HSTester1
Contact Person Email	HSTester1@email.com
Contact Person	HS Tester1
Contact Person Phone	444-4440
Project Information	
*HMIS Project Name	HSTester1 ES
Street	100 main
City	atlanta

Rapid Re-Housing and Prevention 15-Month Projections

	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
A. Clients Served by Program															
Individuals															
Persons in Families															
Number of Families															
Average Family Size															
Total Indiv. & Persons in Fam.															
Households Assisted*															
Total Stable**															
Total Unstable or Terminated															
Average Cost Per Household (requested)	#DIV/0!														
B. Projected Expenses															
FINANCIAL ASSISTANCE (FA)															
Rental Application Fees															
Rental Security Deposits															
Last Month's Rent															
Utility Deposits															
Utility Payments															
Moving Costs															
Rental Assistance															
Subtotal Financial Assistance:	\$0														

Do Not Submit

This will be the last year that the Rapid Rehousing and Prevention projects will be on a 15 month grant cycle. Beginning in 2020, they will be on the 12 month grant cycle along with the other ESG Project Types.

DCA Application Technical Assistance Webinars

Applications and Organizational Documentation

DCA will conduct an application workshop via webinar.

- Thursday, February 28, 9:00 am – 12:00 pm

Application Q&A

DCA will conduct webinars to answer questions concerning the applications.

Webinar registration will be available on the ESG webpage.

DCA ESG Guidelines

- ❑ ESG Application Guideline Manual will be emailed and placed on the ESG Page on the DCA website
- ❑ DCA ESG is 1 of 10 ESG Entitlement in the state
 - ❑ DCA will reserve a minimum of 80% of **federal funds** to be awarded to the DCA ESG entitlements area (covers 151 counties)
- ❑ State Housing Trust Fund ESG funds are not prioritized to service providers operating in the DCA ESG Entitlement, but are available to applicants across the state
 - Note: The other ESG Entitlement areas/communities are: Atlanta, Augusta-Richmond, Macon-Bibb, Savannah-Chatham, Clayton County, Cobb County, DeKalb County, Fulton County, and Gwinnett County

HUD 811 Basics

- HUD's Purpose: To provide permanent housing with supportive services for people with disabilities
- Subsidized Housing Program similar to Project Based Section 8
- Eligible Tenant Main Qualifications (does not need to be the head of household)
 - Must be ages 18 – 61
 - Disabled receiving long term support services
 - Entire household must be:
 - Extremely Low Income (30% AMI)
 - Have housing instability or at risk of being unstable

Referral Agent General Information

- ❑ To access, go to:
<https://www.jotform.com/DCA/hud-811-referral-agent-application>
- ❑ Include the Executive Director information, the HUD 811 Main Point of Contact at your agency, and who should interested parties contact
 - ❑ All case managers can Participant. Not just the agency's HUD 811 Point of Contact.
- ❑ Please note the Statewide Programs your agency participates in, including DCA Programs
- ❑ Be sure to sign the Certification Form and submit that as well.

Expectations

Expectations of Qualified HUD 811 Referral Agents:

- ❑ Participation in 811 planning or oversight meetings with DCA
- ❑ Funding and/or coordinating the services made available to HUD 811 tenant/participants
- ❑ Conducting outreach and work with potential tenants in accordance with the HUD 811 Affirmative Fair Housing Marketing Plan
- ❑ Determining 811 eligibility and/or service eligibility
- ❑ Collecting applicant documentation and assembling applications
- ❑ Making referrals to DCA and/or Properties
- ❑ Assisting with requests for reasonable accommodation
- ❑ Providing move-in assistance and/or security deposits
- ❑ Providing ongoing tenancy supports to HUD 811 tenant/participants

Next Steps

- For more information search “HUD 811” at dca.ga.gov or email ilona.nagy@dca.ga.gov.

Fair Housing

- It is the policy of the Georgia Department of Community Affairs (DCA) to comply fully with all federal, state, and local nondiscrimination laws and to operate in accordance with the rules and regulations governing Fair Housing and Equal Opportunity in housing and employment. Specifically, DCA 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 HUD's Program.

Homeless Participation

- To the maximum extent practicable (see also conflicts of interest prohibitions), grantees must involve homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under ESG, in providing services assisted under ESG, and in providing services for occupants of facilities assisted under ESG.
- This involvement may include *employment or volunteer services*.

Affirmative Outreach

- ...grantees must make known that use of the facilities, assistance, and services are available to all on a nondiscriminatory basis. If it is unlikely that the procedures that the grantee intends to use to make known the availability of the facilities, assistance, and services will reach persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for those facilities and services, grantee must establish additional procedures that ensure that those persons are made aware of the facilities, assistance, and services.

Language Barriers

- ...ensure effective communication with persons with disabilities including, but not limited to, adopting procedures that will make available to interested persons information concerning the location of assistance, services, and facilities that are accessible to persons with disabilities. Consistent with Title VI and Executive Order 13166, grantees are also required to take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons.

ESG Contact Information



Marion Goulbourne

- Marion.goulbourne@dca.ga.gov
- 404-679-5293

2019-2020 HOPWA PROGRAM



February 2019

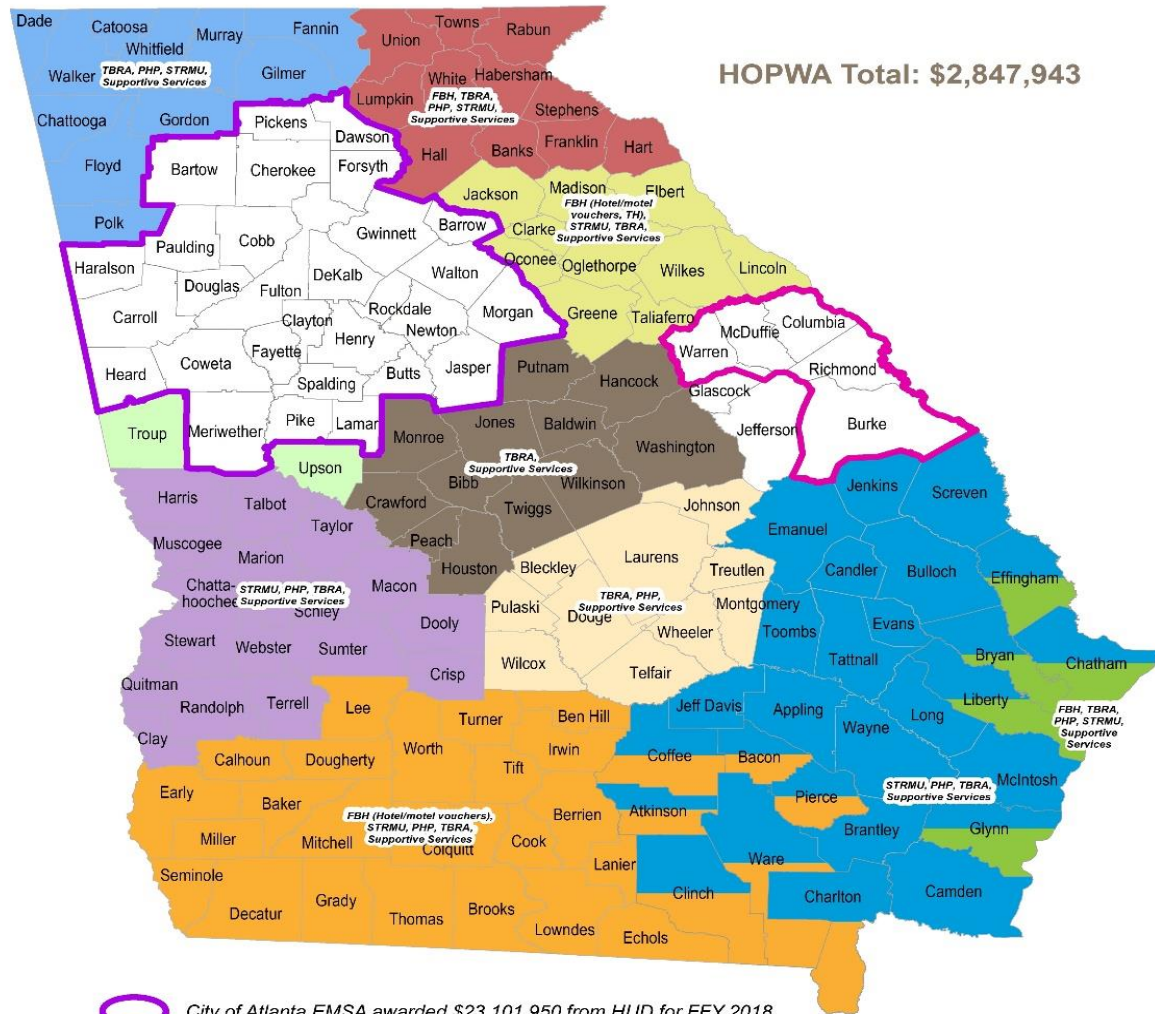
Dr. Harvinder Kaur Makkar, Special Needs Housing
Manager


Housing Opportunities for Persons with AIDS (HOPWA)


- The Georgia Department of Community Affairs (DCA) seeks proposals from eligible service providers to provide HOPWA assistance to Persons living with HIV/AIDS (PLWHA) and persons in their family.
- Approximately \$2.7 million dollars will be available.
- Funds will be available to provide HOPWA services in 125 counties under DCA HOPWA jurisdiction outside of City of Atlanta and Augusta-Richmond HOPWA jurisdiction.









HOPWA Service Areas & Awards

7/1/2018 to 6/30/2019



 City of Atlanta EMSA awarded \$23,101,950 from HUD for FFY 2018.

 Augusta-Richmond awarded \$1,059,712 from HUD for FFY 2018.

- | | |
|---|--|
|  AID Atlanta : \$11,000 |  Laurens County Board of Health : \$145,000 |
|  AIDS Athens, Inc. : \$675,149 |  Living Room, Inc. : \$260,000 |
|  Action Ministries, Inc. : \$250,000 |  Lowndes County Board of Health: \$210,479 |
|  Comprehensive AIDS Resource Encounter, Inc. : \$138,000 |  The HOPE Center : \$255,000 |

Eligible Funding Activities

- ❑ Facility-Based Housing (FBH) Assistance
 - ❑ FBH, S+C Support, Hotel/Motel Vouchers, Short-term/Transitional Housing
- ❑ Tenant-Based Rental Assistance (TBRA)
- ❑ Short-Term Rent, Mortgage and Utility (STRMU) Assistance
- ❑ Permanent Housing Placement (PHP)
- ❑ Supportive Services
- ❑ Housing Information and Referral Services
- ❑ Resource Identification

Remember.....



- ❑ Participation in HMIS is required.
- ❑ Housing First model practice is strongly encouraged.
- ❑ Participation in Coordinated Entry System and local Continuum of Care is strongly encouraged.
- ❑ Participation in HUD 811 Permanent Supportive Housing as a Referring Agency is strongly encouraged.
- ❑ Leverage with other care services, including Ryan White Program, and funding is strongly encouraged.

2019 HOPWA Application

Application Deadline – Same as ESG

The application process will open on
Friday, March 1, 2019

Applicants may request log-in information until
Tuesday, March 26, 2019 at 5pm

Deadline for submitting HOPWA application is
Monday, April 2, 2019 at 12pm

Late applications will not be considered. No paper applications will be accepted.

Application Online 2019



[Log out](#)

[Home Page](#)

Applications Online 2019

Welcome

Apply Online	Update Document	Date Submitted
General Information*	<input type="button" value="Online"/>	<input type="text"/>
Emergency Shelter A	<input type="button" value="Online"/>	<input type="text"/>
Emergency Shelter Application I B	<input type="button" value="Online"/>	<input type="text"/>
Emergency Shelter Application I C	<input type="button" value="Online"/>	<input type="text"/>
Supportive Services	<input type="button" value="Online"/>	<input type="text"/>
Prevention	<input type="button" value="Online"/>	<input type="text"/>
Rapid Re-Housing	<input type="button" value="Online"/>	<input type="text"/>
Street Outreach	<input type="button" value="Online"/>	<input type="text"/>
Hotel - Motel Voucher	<input type="button" value="Online"/>	<input type="text"/>
HOPWA Application X	<input type="button" value="Online"/>	<input type="text"/>

* General Information is new in HSONline 2019 to reduce the amount of redundant information required in each of the project applications.

2019 HOPWA Application

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**Georgia Department of Community Affairs
Office of Homeless and Special Needs
Housing Opportunities for Persons with AIDS (HOPWA)
SFY 2019 Request for Proposals**

The HOPWA program was authorized by the National Affordable Housing Act of 1990 and revised under the Housing and Community Development Act of 1992, to provide states and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of low-income persons with Acquired Immunodeficiency Syndrome (AIDS) or related diseases and their families.

The Housing Opportunities for Persons with AIDS (HOPWA) program is funded by Congress through the U.S. Department of Housing and Urban Development (HUD) on an annual formula allocation process. The Georgia Department of Community Affairs (DCA) assumes the grant administration responsibilities as the State of Georgia HOPWA grantee. Funds are appropriated annually by Congress to the U.S. Department of Housing and Urban Development (HUD) for administration of this program. HOPWA funds are allocated to eligible states and Eligible Metropolitan Statistical Areas (EMSAs) based on number of people living with HIV/AIDS and other socio-economic factors as calculated by HOPWA Modernization formula. States and metropolitan areas coordinate use of HOPWA funds with their respective Consolidated Plans, a collaborative process, which establishes a unified vision for community development actions.

The Georgia Department of Community Affairs (DCA) seeks proposals from eligible service providers to provide assistance to consumers within the state of Georgia under the Housing Opportunities for Persons with AIDS Program (HOPWA). DCA has developed a single application process for the distribution of HUD HOPWA funds. Approximately \$2.5 million dollars is expected to be available for HOPWA utilizing Federal funding resources. All HOPWA Grant awards are made through a competitive Request for Proposal process based on clients' needs, gaps in services, and ability of an agency to successfully implement the program.

All projects must comply with applicable federal, state, and local statutory requirements including but not limited to those set forth in Code of Federal Regulations 24 (CFR), Parts 50 and 574, as well as applicable administrative and accounting standards as set forth in Office of Management and Budget (OMB) Circulars, including A-87, A-102, A-122, and A-133.

HOPWA eligible metropolitan areas receive their HOPWA allocations directly from HUD and have specific guidelines and separate processes not included within the state's program. DCA's entitlement area serves 126 counties in Georgia that excludes the 29 county metropolitan Atlanta area and the 4 county metropolitan Augusta area. DCA will implement provisions to provide equity and stability of funding allocations across the 126 counties.

To determine funding, DCA will rely upon factors such as previous compliance, including capacity of the organization to carry out the proposed programs, past budget and performance history, current budgets, level of service provided, cost per person, and other considerations. Agencies applying for continued HOPWA funding must demonstrate the direct, positive impact their program has had on the availability of housing and support services.

We thank you for your interest in serving Georgians with special needs housing and for your interest in our programs. We look forward to your partnership with the Department of Community Affairs. Please direct questions regarding this process to [Dr. Harvinder K Makkar](mailto:Dr_Harvinder_K_Makkar@470-382-3518) at 470-382-3518 or email at harvinder.makkar@dca.ga.gov and [John Shereikis](mailto:John.Shereikis@dca.ga.gov) at 470-747-9331 or email at john.shereikis@dca.ga.gov. For financial questions you may also contact [Heather Smith](mailto:Heather.Smith@dca.ga.gov) at 404.679.0632 or email at heather.smith@dca.ga.gov.

Summary Page

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DCA expects Applicants to read and understand HOPWA Regulations before submitting this proposal.

Applicant Information

Organization
Contact Person
Contact Phone
Contact Email

Project Information

HMIS Project Name
Street
City
Zip
Number of Sites
Currently Receives Funding YES NO
Suppress YES NO

FY 2019 HOPWA Request

Facility-Based Housing (FBH)*
Tenant-Based Rental Assistance (TBRA)*
Short-Term Rental, Mortgage and Utility (STRMU)*
Permanent Housing Placement (PHP)*
Supportive Services*
Housing Information and Referral Services*
Resource Identification*
*Administration (Up to 7%)

Total Request
***Housing Staff Salary cost to be added with the type of Housing services**

I affirm that the information provided within this application, to the best of my knowledge, is true and accurate, complete and has submitted according to the instructions and requirements. I affirm that I am duly authorized on behalf of the above organization to submit this application. I also understand that this application will be eliminated from the review process if any of the required information is omitted. I further certify that the funds requested herein will be utilized exclusively for "eligible beneficiaries" as described in the application guidelines.

Agency Certification

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I certify that if funds are received for service operations as a result of this application,

1. At least one employee would complete the HOPWA Financial Management Online Training.

Name of the staff completing/completed the training:

Name of staff:

Date Training Completed:

2. The service will be operated for the benefit of eligible beneficiaries for the contract term, and that the level of service will not be less than that stated in this application at any time during the term of the contract.

3. All projects will be operated in full compliance with any and all local certifications, approvals, and operating permits, and that they will be operated in full compliance with all local codes and ordinances, including zoning, health, fire safety and housing codes or requirements.

4. The services will be operated in such a way as to maximize the opportunities for clients to participate in program delivery through employment, volunteer services, construction, renovation, maintenance or operation of the facility or program.

5. The organization will refrain from political activities including endorsement of any political candidate or party, use of machinery, equipment, postage, stationary, or personnel on behalf of any candidate or any question of public policy subject to referendum, or the display of political posters, stickers or other printed materials.

6. All programs will be operated in compliance with all laws and regulations governing the Federal or State programs under which the funds are made available.

7. The applicant organization is actively participating in local area provider networks, homeless housing and service coalitions, a local Consortia, Coordinated Entry System and Continuum of Care planning processes.

8. The applicant organization will not discriminate against a program beneficiary or prospective project beneficiary on the basis of religion or religious beliefs, age, gender, sexual orientation, race and ethnicity.

9. The agency will maintain 501(c)(3) tax status as well as current registry with the Office of the Georgia Secretary of State.

10. All persons who receive HOPWA funded assistance shall be persons of low income persons living with HIV/AIDS and their family members/care providers, or surviving family members.

11. I certify that I have reviewed the information contained in this application and all attachments, and that all information provided in them is true and accurate, to the best of my knowledge.

Authorized Staff:

Date

HOPWA Service Area by County

Layout: **HOPWA App X Page 4** View As: **Preview**

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HOPWA Service Area by County

DCA's entitlement area serves 126 counties in Georgia and excludes the 29 county metropolitan Atlanta area and the 4 county metropolitan Augusta area. If your proposal is to serve counties within the Atlanta or Augusta EMSAs, you must provide documentation from the EMSA's HOPWA Coordinator that funds are not available to support your HOPWA project for that county(ies) selected below. If you are proposing to serve consumers in multiple EMSAs, please list counties for the second EMSA in the comment section at the bottom of the page.

<input type="checkbox"/> Appling	<input type="checkbox"/> Clarke	<input type="checkbox"/> Glascock	<input type="checkbox"/> Lowndes	<input type="checkbox"/> Seminole	<input type="checkbox"/> Wayne
<input type="checkbox"/> Atkinson	<input type="checkbox"/> Clay	<input type="checkbox"/> Glynn	<input type="checkbox"/> Lumpkin	<input type="checkbox"/> Stephens	<input type="checkbox"/> Webster
<input type="checkbox"/> Bacon	<input type="checkbox"/> Clayton	<input type="checkbox"/> Gordon	<input type="checkbox"/> Macon	<input type="checkbox"/> Stewart	<input type="checkbox"/> Wheeler
<input type="checkbox"/> Baker	<input type="checkbox"/> Clinch	<input type="checkbox"/> Grady	<input type="checkbox"/> Madison	<input type="checkbox"/> Sumter	<input type="checkbox"/> White
<input type="checkbox"/> Baldwin	<input type="checkbox"/> Coffee	<input type="checkbox"/> Greene	<input type="checkbox"/> Marion	<input type="checkbox"/> Talbot	<input type="checkbox"/> Whitfield
<input type="checkbox"/> Banks	<input type="checkbox"/> Colquitt	<input type="checkbox"/> Habersham	<input type="checkbox"/> McIntosh	<input type="checkbox"/> Taliaferro	<input type="checkbox"/> Wilcox
<input type="checkbox"/> Ben Hill	<input type="checkbox"/> Cook	<input type="checkbox"/> Hall	<input type="checkbox"/> Miller	<input type="checkbox"/> Tatnall	<input type="checkbox"/> Wilkes
<input type="checkbox"/> Berrien	<input type="checkbox"/> Crawford	<input type="checkbox"/> Hancock	<input type="checkbox"/> Mitchell	<input type="checkbox"/> Taylor	<input type="checkbox"/> Wilkinson
<input type="checkbox"/> Bibb	<input type="checkbox"/> Crisp	<input type="checkbox"/> Harris	<input type="checkbox"/> Monroe	<input type="checkbox"/> Telfair	<input type="checkbox"/> Worth
<input type="checkbox"/> Bleckley	<input type="checkbox"/> Dade	<input type="checkbox"/> Hart	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Terrell	
<input type="checkbox"/> Brantley	<input type="checkbox"/> DeKalb	<input type="checkbox"/> Houston	<input type="checkbox"/> Murray	<input type="checkbox"/> Thomas	
<input type="checkbox"/> Brooks	<input type="checkbox"/> Dodge	<input type="checkbox"/> Irwin	<input type="checkbox"/> Muscogee	<input type="checkbox"/> Tift	
<input type="checkbox"/> Bryan	<input type="checkbox"/> Dooly	<input type="checkbox"/> Jackson	<input type="checkbox"/> Oconee	<input type="checkbox"/> Toombs	
<input type="checkbox"/> Bulloch	<input type="checkbox"/> Dougherty	<input type="checkbox"/> Jeff Davis	<input type="checkbox"/> Oglethorpe	<input type="checkbox"/> Towns	
<input type="checkbox"/> Burke	<input type="checkbox"/> Early	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Peach	<input type="checkbox"/> Treutlen	
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Echols	<input type="checkbox"/> Jenkins	<input type="checkbox"/> Pierce	<input type="checkbox"/> Troup	
<input type="checkbox"/> Camden	<input type="checkbox"/> Effingham	<input type="checkbox"/> Johnson	<input type="checkbox"/> Polk	<input type="checkbox"/> Turner	
<input type="checkbox"/> Candler	<input type="checkbox"/> Elbert	<input type="checkbox"/> Jones	<input type="checkbox"/> Pulaski	<input type="checkbox"/> Twiggs	
<input type="checkbox"/> Carroll	<input type="checkbox"/> Emanuel	<input type="checkbox"/> Lanier	<input type="checkbox"/> Putman	<input type="checkbox"/> Union	
<input type="checkbox"/> Catooosa	<input type="checkbox"/> Evans	<input type="checkbox"/> Laurens	<input type="checkbox"/> Quitman	<input type="checkbox"/> Upson	
<input type="checkbox"/> Charlton	<input type="checkbox"/> Fannin	<input type="checkbox"/> Lee	<input type="checkbox"/> Rabun	<input type="checkbox"/> Walker	
<input type="checkbox"/> Chatham	<input type="checkbox"/> Floyd	<input type="checkbox"/> Liberty	<input type="checkbox"/> Randolph	<input type="checkbox"/> Ware	
<input type="checkbox"/> Chattahoochee	<input type="checkbox"/> Franklin	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Schley	<input type="checkbox"/> Warren	
<input type="checkbox"/> Chattooga	<input type="checkbox"/> Gilmer	<input type="checkbox"/> Long	<input type="checkbox"/> Screven	<input type="checkbox"/> Washington	

Comments: (2000 character limit)

Agency History and Experience

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Agency History and Experience

1. What is the mission of your organization? (2000 character limit)

2. Describe your agency's ability to implement the program you propose in terms of the history, staffing, position in the community, and ability to identify and serve clients? (2000 character limit)

Documentation of Need

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Documentation of Need

Applicant must be able to document the community need that the proposed project is expected to address. Applicant must also be able to provide agency level or community-level data to justify need for the service. If there are other available sources of funding for the proposed service, the applicant must be able to demonstrate why there is a need to fund this service.

1. Describe the needs in your community for housing and support services for those individuals who are low-income and living with HIV/AIDS and their families? (2000 character limit)

2. Describe how your proposed activity will meet an identified local need. Does the program target any sub-populations such as unaccompanied youth, veterans, chronically homeless, returning citizens, domestic violence victims/survivors or the transgender? (2000 character limit)

Linkage to Care

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Linkage to Care

1. Please describe how you will determine if consumers are linked to medical care and how the project will assist consumers who are not in HIV medical care. (2000 character limit)

2. Explain your referral process to link consumers to other non-HIV services. (2000 character limit)

Outcome Objectives and Evaluation Method

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Outcome Objectives and Evaluation Method

The Office of HIV/AIDS Housing (OHH) has established a set of values for implementing HOPWA Modernization. These values are:

1. No person should become homeless as the result of HOPWA Modernization;
2. All funds should be used to meet the needs of eligible households, with no funds recaptured from grants; and
3. Grantees should ensure their project designs meet the changing needs of the modern HIV epidemic, with the goal of positive health outcomes and reduced viral loads for HOPWA assisted households.

1. Describe your program proposed outcomes based on HOPWA Modernization values. Outcomes must be specific, measurable, attainable, relevant and time bound. (2000 character limit)

2. Describe the indicators the organization will use during the year to monitor progress towards the proposed outcomes. (2000 character limit)

Continuous Quality Improvement

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Continuous Quality Improvement

Applicant must show that the organization is able to measure client satisfaction with the services they provide; provide information on the process undertaken to gather satisfaction input from clients; and, demonstrate how previous results of client satisfaction surveys impact on service delivery. Please indicate if the applicant has meaningful involvement of persons living with HIV/AIDS (PLWHA) in the program development process.

Please indicate by checking if the organization have the following:

- 1. Client satisfaction surveys
- 2. Client grievance procedure that is accessible and available to the clients served
- 3. PLWHA serving as Board members and or staff

HOPWA Budget – Facility Based Housing (FBH) Assistance

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HOPWA BUDGET I Facility-Based Housing (FBH) Assistance

Facility-Based Housing (FBH) rental assistance includes Facility-Based or Project-Based Housing, Sponsor-Based Rental Assistance (Shelter + Care Support), Master-Leasing and Hotel/Motel Vouchers / Short-term Housing / Transitional Housing, operating costs for housing including rent, utilities, insurance, furniture/furnishing, maintenance; security, staff salaries/ benefits, supplies, and other incidental costs. The HOPWA subsidy is attached to a specific building or unit paid by the applicant agency. Please complete budget for the type/s of FBH applying for

Budget Information Summary	Facility Based or Project Based Rental Assistance	Sponsor-Based Rental Assistance S+C Support	Master Lease	Hotel/Motel Voucher/ Short-term/ Transitional Housing	SubTotal
Rent					
Utilities					
Insurance					
Furnishing / Equipment					
Maintenance of Facility / Equipment					
Security					
Supplies					
Staff Salaries / Benefits					
HOPWA Funds Requested					
Other Funds Committed					
Total Project Cost					

Budget Narrative Project number of PLWHA to receive assistance (input)

The budget narrative explains what the numbers in the budget represent and how you arrived at them. The organization must demonstrate that it has other funding sources and has diversified funding to supplement or temporarily sustain its services if there was a cut or delay in HOPWA funding. (2000 character limit)

Tenant Based Rental Assistance (TBRA)

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II Tenant-Based Rental Assistance (TBRA)

Tenant-Based Rental Assistance (TBRA) is a rental subsidy used to help participants obtain permanent housing in the private rental housing market with lease under their name that meets housing quality standards and is rent reasonable.

Budget Information Summary ..	Tenant - Based Rental Assistance (TBRA)
Rent	<input type="text"/>
Utilities	<input type="text"/>
Supplies	<input type="text"/>
Staff Salaries / Benefits	<input type="text"/>
HOPWA Funds Requested	<input type="text"/>
Other Funds Committed	<input type="text"/>
Total Project Cost	<input type="text"/>

Project number of PLWHA to receive assistance

Budget Narrative

The budget narrative explains what the numbers in the budget represent and how you arrived at them. The organization must demonstrate that it has other funding sources and has diversified funding to supplement or temporarily sustain its services if there was a cut or delay in HOPWA funding. (2000 character limit)

Short-Term rent, Mortgage and Utilities Assistance (STRMU)

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III Short-Term Rent, Mortgage, Utilities (STRMU) Assistance

The goal of HOPWA STRMU assistance is to provide short-term interventions that help maintain stable living environments for households who are experiencing a financial crisis and the potential loss of their housing arrangement. STRMU assistance is a tool for the prevention of homelessness.

Budget Information Summary ..

STRMU

Short-Term Rent, Mortgage and Utility assistance

Staff Salaries / Benefits

HOPWA Funds Requested

Other Funds Committed

Total Project Cost

Project number of PLWHA
to receive assistance

Budget Narrative

The budget narrative explains what the numbers in the budget represent and how you arrived at them. The organization must demonstrate that it has other funding sources and has diversified funding to supplement or temporarily sustain its services if there was a cut or delay in HOPWA funding. (2000 character limit)

Permanent Housing Placement

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IV Permanent Housing Placement

Permanent Housing Placement services may be used to help eligible persons establish a new residence where on-going occupancy is expected to continue. It may be used to compliment other forms of HOPWA housing assistance. It could include Security Deposits and or First Month Rent, not more than equal to 2 months of assistance in total

Budget Information Summary ..	Permanent Housing Placement
Rent / Deposits	<input type="text"/>
Utilities / Deposits	<input type="text"/>
Supplies	<input type="text"/>
Staff Salaries / Benefits	<input type="text"/>
HOPWA Funds Requested	<input type="text"/>
Other Funds Committed	<input type="text"/>
Total Project Cost	<input type="text"/>

Project number of PLWHA to receive assistance

Budget Narrative

The budget narrative explains what the numbers in the budget represent and how you arrived at them. The organization must demonstrate that it has other funding sources and has diversified funding to supplement or temporarily sustain its services if there was a cut or delay in HOPWA funding. (2000 character limit)

Supportive Services

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V Supportive Services

All households receiving HOPWA housing assistance must be provided with appropriate supportive services. Supportive services may be funded through other resources or through linkage to other programs. HOPWA funds may also be used but should be limited. Please check all the services directly provided. Referrals are part of Case management services. Case management services are for clients not in HOPWA housing program.

Budget Information Summary ..

Supportive Services

Case Management	<input type="text"/>
Child Care	<input type="text"/>
Educational services	<input type="text"/>
Employment Assistance and Job Training for PLWHA	<input type="text"/>
Legal Services	<input type="text"/>
Nutritional services (including meals)	<input type="text"/>
Mental Health	<input type="text"/>
Substance Abuse Treatment and Counseling services	<input type="text"/>
Transportation assistance	<input type="text"/>
HOPWA Funds Requested	<input type="text"/>
Other Funds Committed	<input type="text"/>
Total Project Cost	<input type="text"/>

Project number of PLWHA to receive assistance

Budget Narrative

The budget narrative explains what the numbers in the budget represent and how you arrived at them. The organization must demonstrate that it has other funding sources and has diversified funding to supplement or temporarily sustain its services if there was a cut or delay in HOPWA funding. (2000 character limit)

Housing Information and Referral Services

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VI Housing Information and Referral Services

Housing Information and Referral Services include assistance with referrals to affordable housing resources, assistance in locating available, affordable, and appropriate housing units, working with property owners to secure units for participants, homelessness prevention, and other housing-related activity

Budget Information Summary ..

Housing Information and Referral Services

Supplies

Staff Salaries / Benefits

HOPWA Funds Requested

Other Funds Committed

Total Project Cost

Budget Narrative

The budget narrative explains what the numbers in the budget represent and how you arrived at them. The organization must demonstrate that it has other funding sources and has diversified funding to supplement or temporarily sustain its services if there was a cut or delay in HOPWA funding. (2000 character limit)

Resource Identification

VII Resource Identification

Resource Identification services include assistance with identifying housing resources, establishing, coordinating, and/or developing housing assistance resources for eligible persons, hiring staff or consultants to develop housing finance package for a specific housing project, conducting preliminary research and determining feasibility of specific housing related initiatives.

Budget Information Summary ..	Resource Identification
Supplies	<input type="text"/>
Staff Salaries / Benefits	<input type="text"/>
HOPWA Funds Requested	<input type="text"/>
Other Funds Committed	<input type="text"/>
Total Project Cost	<input type="text"/>

Budget Narrative

The budget narrative explains what the numbers in the budget represent and how you arrived at them. The organization must demonstrate that it has other funding sources and has diversified funding to supplement or temporarily sustain its services if there was a cut or delay in HOPWA funding. (2000 character limit)

Application Submission Page

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Application Submission Page

Applicant (Agency) Legal Name

Contact Person Email

Contact Person

Contact Person Phone

HMIS Project Name

Funds Requested

2019 HOPWA Application



DCA will conduct a Application Workshop Webinar to provide applicants with additional information

Thursday, February 28, 9:00 am – 12:00 pm

2019 HOPWA Application



For more information about the HOPWA program please visit our website at:

<https://dca.ga.gov/housing/homeless-special-needs-housing/housing-opportunities-persons-aids-hopwa>

2019 HOPWA Application

Questions or concerns about the HOPWA application process? Please contact:

- Dr. Harvinder K Makkar

- Harvinder.makkar@dca.ga.gov

- 470.382.3518

- John Shereikis

- John.Shereikis@dca.ga.gov

- 470.747.9331

Thank You



Thank you for your attention and good luck!

QUESTIONS?



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