

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: GA-501 - Georgia Balance of State CoC

1A-2. Collaborative Applicant Name: Georgia Department of Community Affairs

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Georgia Department of Community Affairs

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	No	No
Local Jail(s)	No	No
Hospital(s)	No	No
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	No	No
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	No
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

GA Community Supervision, CJCC, and Labor	Yes	Yes
U.S. Department of Veterans Affairs	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

The CoC makes significant effort to obtain stakeholder input and participation from those with expertise in addressing homelessness throughout the CoC. Input was solicited from BoS CoC membership on the CoC's funding priorities for the State ESG competition. Provider and local government input from the Macon-Bibb County implementation of coordinated entry informed the development of the Planning Guide, which is used as a model to assist other implementation sites. Input is solicited on a regular basis from meetings of and communications with the CoC Board, which consists of representation from 7 agencies assisting homeless households statewide, and those working regionally and locally. Nonprofit providers, homeless coalitions, and community action agencies are represented on the committee that drafts policy and documents for Board approval regarding the implementation of CE. Entitlement jurisdictions and nonprofits also provided input into the development of written standards.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

Twice a year the CoC sends out a notice to interested parties (over 1,300 people) to solicit membership, and the CoC's web site includes an open invitation process for becoming a member. In addition, the CoC solicits new members at regional meetings and other technical assistance/training sessions provided. Finally, the CoC has targeted a number of providers who are based in other CoCs. Many of these agencies are directly recruited to join our CoC and apply for funding in areas with unmet needs. This approach has been very successful in growing our membership and having quality agencies to provide services.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals. (limit 1000 characters)

On 8/1/17, a notice seeking new proposals was issued to 1,385 persons

representing nonprofits, faith organizations, coalitions, and others throughout the CoC. It was advertised on the CoC website and at CoC meetings. On 8/8/17 the CoC held a web-based new project applicant meeting to train all prospective CoC applicants on eligibility related to new projects, activities, persons served, and match/leveraging. Prospective applicants were briefed on priorities, application scoring criteria, threshold factors, submission requirements/process, etc.

This year, the CoC received 7 proposals for new projects, and three of the four new projects included on the final ranking are from first-time project applicants.

All new applicants that meet threshold requirements for organizational capacity and other eligibility requirements are scored with the same methodology and objective scoring criteria where the project application score will determine final ranking for the project listing.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
DJJ Youth Re-Entry Task Force	Yes
Legal Organizations (Legal Aid, Law Center)	Yes

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

The Continuum consults regularly with ESG Recipients. In February, the CoC met with Georgia State to develop funding priorities for ESG activities, and we facilitated obtaining priority input for State ESG funds from Clayton County,

Gwinnett County, and Macon-Bibb.

The CoC provided 2017 PIT and HIC data to Albany, Brunswick, Cherokee, Clayton, Dalton, Hinesville, Henry, Gainesville, Gwinnett, Macon-Bibb, Valdosta, & Georgia State. Data included the number of individuals and proportions of sheltered/unsheltered by race and ethnicity as well as chronic status, Veterans, Youth, persons with HIV, and bed/unit information.

The CoC is working with Henry County as they update the 5-year Plan, and previously worked with Macon, Gwinnett, Cherokee, & Clayton on their 5-year Plan updates. The CoC works with ESG Recipients to review and evaluate performance of ESG recipients and subrecipients, and the CoC is working with Gwinnett and Macon-Bibb on local coordinated entry implementations.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

The State of Georgia maintains a DV hotline as a single point of entry. The hotline routes callers to Criminal Justice Coordinating Council (CJCC) certified shelters, which are funded through the CoC, ESG, DOJ, and HHS programs. The Balance of State CoC collaborates with these shelters to provide crisis housing to meet immediate safety/security needs. Once clients are sheltered safely, providers assess clients' unique housing needs/barriers (e.g. income, child care, health) and service needs (e.g. case management, substance abuse treatment, individual therapy, legal advocacy, mainstream benefit needs, and employment assistance). Per the CoC's Written Standards, providers incorporate client choice in the development of their service and housing plans, and fully balance client safety in the provision of these services. The CoC has adopted a VAWA policy and procedure to ensure all providers maintain client safety and confidentiality.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

The CoC is working with the Georgia Coalition Against Domestic Violence to develop training for homeless service providers on best practices including safety planning and engaging the justice system. In early 2018, the CoC has planned a series of case management seminars as well as Trauma Informed Care training.

The CoC uses PIT data in addition to statistics from funded providers to assess the scope in needs. Data specifically informed requirements for additional RRH

beds to be funded. Aggregate data from a new DV comparable database system will also be used moving forward.

For Coordinated Entry client safety, the CoC is working with the DV system of care to prescreen survivors and make direct/immediate referrals to DV agencies. Clients are not assessed through the general HMIS. In addition, the CoC's VAWA policies & procedures ensure clients understand their VAWA rights and protections. The Emergency Plan policy prioritizes VAWA clients for rapid rehousing CE beds available.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Georgia Housing and Finance Authority	0.00%	No
Housing Authority of the City of Macon	7.50%	Yes-Both
Northwest Georgia Housing Authority	12.00%	Yes-Both
Housing Authority of the City of Brunswick	42.00%	Yes-HCV
Housing Authority of Americus	0.00%	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

The BoS CoC has had extensive discussions with DCA's PHA, the largest in the BoS Geographic area regarding establishing a homeless policy. PHA Management is in favor of making the change to prioritize people experiencing homelessness, and we have established the procedure and approximate timelines to introduce this new preference for the PHA Board's consideration. The BoS CoC is optimistic that such a preference will be instituted.

Staff has been identified to coordinate with other PHAs on homeless preferences. Note that the Housing Authority of Americus does have a new preference for public housing admissions effective 7.1.17. All of the listed PHAs have been contacted regarding their policies and a request made to discuss this topic in more detail moving forward.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

To address needs of LGBT individuals, on 5/24/17 the CoC enacted Written Standards which include HUD’s Equal Access (EA) in Accordance with an Individual’s Gender Identity in CPD Programs and the requisites of Fair Housing and Equal Opportunity requirements under 578.93. On 6/19/17, the CoC enacted Coordinated Entry (CE) Written Standards/VAWA Policies and Procedures, which incorporate EA and the rules above, addressing non-discrimination policies for CE and VAWA emergency plans. Finally, on 9/8/17, the CoC formally adopted a Family Separation and Equal Access policy to ensure LGBT families are afforded equal access to all federally funded projects in the CoC.

The CoC held four trainings on the CoC Written Standards (including EA) and VAWA policies in August 2017. Annually, CoC holds Fair Housing/Equal Access training. Housing providers train new staff upon hire. In June 2017, staff attended the National Symposium on Solutions to End Youth Homelessness that focuses on LGBT youth.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC’s geographic area. Select all that apply.

Engaged/educated local policymakers:	<input type="checkbox"/>
Engaged/educated law enforcement:	<input type="checkbox"/>
Engaged/educated local business leaders	<input type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
State Council of Accountability Court Judges	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

At least one box must be checked.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

The Georgia Hospital Association is a nonprofit organization comprised of 174 hospital and health system members throughout the state. Initial efforts to engage with this organization to work to develop a statewide discharge policy were unsuccessful in part due to the many challenges currently faced by the health care industry. A recent study shows that Georgia has the second highest percentage of uninsured residents in the country and many hospitals in the state, particularly in the rural areas, are struggling to remain open. In 2015, 68% of all rural hospitals in the state lost money and uncertainty related to the future of the Affordable Care Act has added to their challenges. Efforts to engage this trade group and its members to develop a discharge policy will continue. It is anticipated that the ongoing implementation of a coordinated entry system throughout the 152 counties within the Balance of State will assist in this effort.

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)**

The CoC factors in the severity of needs and vulnerabilities of participants that a project serves through scoring criteria used to review and rank projects. Through the scoring process, and bonus points, the CoC gives projects who serve these populations additional consideration in the review and ranking process.

Related scoring criteria used to review renewal projects were the following criteria: program targets/serves persons who are chronically homeless; program targets/serves Veterans; program serves persons who have special needs or high barriers to housing (disabling condition, current or past substance use, criminal history, & victim of domestic violence); provides PSH to people with disabilities; program uses a housing first model (doesn't screen out based on criminal history, having little/no income); program uses a low barrier approach

to entry (doesn't terminate based on loss/failure to improve income); and serving people with the highest barriers to housing stability.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/13/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/13/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	Ga BoS Reallocati...	09/25/2017

Attachment Details

Document Description: Ga BoS Reallocation Supporting Document

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. CoC Governance Charter, page 14 references Bylaws; ByLaws page 3 CoC roles and responsibilities and pages 4-6 HMIS Lead roles and responsibilities; Georgia HMIS MOA, pages 2-4 CoC roles and responsibilities and pages 4-5 HMIS Lead roles and responsibilities

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Eccovia

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Regional (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,544	753	552	69.79%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	855	329	370	70.34%
Rapid Re-Housing (RRH) beds	722	145	575	99.65%
Permanent Supportive Housing (PSH) beds	2,450	37	2,012	83.38%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
 (limit 1000 characters)**

The HMIS coverage rate for Emergency Shelter beds is 69.8% and for Transitional Housing is 70.3%. It's difficult to get agencies to both participate in HMIS, and to enter quality data in HMIS, for programs that don't receive ESG or CoC funding. In March 2017, the CoC began earnest efforts to recruit projects currently not using HMIS, holding group demonstrations and individual agency visits. Over the next 12 months, the CoC will continue to contact agencies in an effort to get the programs that are currently not participating in HMIS to do so. The CoC will work with programs that begin using HMIS to provide technical assistance on data quality.

The HMIS coverage rate for Permanent Supportive Housing is 83.6%. There were 346 VASH beds leased up on the night of the PIT count, and none of them are in HMIS. Over the next 12 months, the CoC will work with the PHAs to get those beds on HMIS and provide technical assistance on data quality for those that do being using HMIS.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 05/02/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/23/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 05/02/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

No significant changes were made to the sheltered count methodology. The CoC conducted a complete census of every person residing in emergency shelter or transitional housing on the night of the 2017 PIT. This data was collected from all programs to obtain the most complete information. The statewide transition to a new HMIS vendor was just 3 weeks before the date of the PIT count. Because of the timing of the migration, bed data was collected from the previous HMIS and cross-checked in the new system.

All survey data that was collected was reviewed for inconsistencies or questionable responses and providers were personally contacted by CoC staff to clarify data. As a last resort, staff used extrapolation for the few programs where the CoC was not able to procure a completed survey for programs known to still be in operation and staff applied the average bed utilization of all other shelter programs. Results were not impacted.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	123
Beds Removed:	410
Total:	-287

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? Yes

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

For the 2017 PIT count, the CoC utilized an inferential model to predict the number of individuals experiencing homelessness in counties in which we were unable to conduct a count. This year there was a higher level of confidence in the completeness and accuracy of the physical counts in more sampled counties, which was taken into consideration in the modeling methodology. This contributed to the sizable decrease observed.

Changes were also made in the prediction of unsheltered count of veteran and chronically homeless subpopulations. Rather than using data from the sample and doing a simple extrapolation, we did a cluster analysis, dividing the CoC’s 152 counties into 12 groups. We then did an extrapolation from data collected in sampled counties for each group in order to be more sensitive to similarities and differences within the county groups. This methodological change has contributed to a decrease in the number of unsheltered veterans and chronically homeless reported.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? No

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 1000 characters)

In 152 counties, it can be difficult to identify and engage the homeless youth population. There are only 2 funded providers who serve youth in the CoC. The city of Albany did not participate in the 2017 count due to devastation from natural disasters at the time of the count. Therefore, the youth provider in that area was not able to count and an extrapolation was used. The other youth provider served as a Count Coordinator for 3 counties in their region. Training of volunteers was completed by youth street outreach staff.

The CoC is also working to modify the survey instrument to collect information, as well as the data processing methods. Under restrictions imposed by the Institutional Review Board of the PIT Count research institution partner, data collection of minors is prohibited. Despite these challenges, the CoC emphasized the importance of counting youth to most effectively target housing efforts toward this population during the homeless count coordinator sessions.

**2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness.
(limit 1000 characters)**

PIT Count surveys were edited to more accurately and clearly collect information to calculate chronic homeless status of individuals and families, as well as determine veteran status. During training for count coordinators, homeless sub populations such as chronically homeless and veterans were emphasized as important to target wherever possible.

In addition, as we are unable to physically count in all 152 counties in the CoC, we rely on extrapolation methods for subpopulations such as veterans and chronically homeless in the count. This year the CoC updated the methodology and did a cluster analysis, dividing the CoC's 152 counties into 12 groups. An extrapolation was made from the data collected in the sampled counties for each group in order to be more sensitive to similarities within the county groups as well as differences between them, allowing for a more accurate and precise count. Additional data specific to Veterans in Georgia were included in the analysis.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

The number of people experiencing homelessness for the first time in 2015 was 4,494, decreasing to 4,241 in 2016.

National literature assists with identifying relevant risk factors. Feedback from local providers and stakeholders identifies key factors over our 152 counties.

The CoC adopted a new diversion tool collects data on at-risk individuals/households seeking housing assistance, but who are not homeless. This HMIS data will provide increasing insight into risk factors and interventions. Nine (9) homeless prevention projects (\$465,675 in funding) are focused on reducing the number of first time homeless households. An improved hotline for resources along with a growing number of housing listings on GeorgiaHousingSearch.org helps at risk persons secure barrier removing services/lower priced housing. Providers are trained to increase participant income and access to mainstream benefits.

The Collaborative Applicant is responsible for overseeing this strategy.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

Average length of time persons in emergency shelter are homeless is 94 days,

an increase from 77 days. Average for persons in emergency shelter and transitional housing is 137 days, an increase from last year's 125 days.

The CoC views these increases as an anomaly as we have implemented increased planning and technical education around a housing first model and the role of rapid rehousing to reduce homeless duration. Additional increased RRH capacity in the CoC will reduce length-of-time homeless. ESG prioritization of RRH further assists, along with state outreach funds.

Steps have been taken to implement coordinated entry to move clients to permanent housing more quickly based on length-of-time homeless. New HMIS software acquired this year will measure, track and help prioritize based on the length of time. Once identified, persons should be referred based on need to appropriate housing solutions.

The Collaborative Applicant oversees this strategy.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)

The CoC improved on all three metrics (75% to 77%, 41% to 47%, and 90% to 93%). The CoC increased rates by providing training on Housing First practices and a robust model for placement from coordinated entry. This training was provided in February for all CoC recipients and ongoing individual technical assistance was provided to CoC funded agencies including PSH and RRH grantees.

The CoC will soon begin a rapid re-housing learning collaborative in partnership with NAEH to help RRH providers remove barriers to entry and participation and increase permanent housing placement and retention.

Additional measures are being taken to evaluate current PSH enrollments to determine if other housing opportunities might be more appropriate for specific individuals. This could potentially result in additional PSH units becoming available for those becoming homeless for the first time with high needs.

The Collaborative Applicant is responsible for overseeing this strategy.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)

Eight percent of returns to homelessness occur in less than 6 months, 4% occur in 6-12 months, 5% occur in 13-24 months. Seventeen percent of clients in the CoC return to homelessness within 2 years.

With the capabilities of our current HMIS, tracking of clients re-entering homelessness was done on a project-by-project basis. The data provided CoC staff information to target technical assistance to local agencies struggling with this measure. Issues addressed during TA visits include length of stay, connection to outside resources and other topics. CoC staff also provided guidance to service providers regarding HMIS data entry to ensure that exits to permanent housing are understood and are recorded accurately.

The rapid re-housing collaborative led by NAEH set to begin this year will also help reduce the number of returns to homelessness as providers receive in-depth training from national experts.

The Collaborative Applicant is responsible for overseeing this strategy.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)

State funds provide employment support and child care to move clients to work. Currently, 75% of the awards for these projects are awarded in the BoS CoC. Further, 100% of CoC recipients work with participants to connect them with mainstream resources and 53% provide SOAR technical assistance. And in the last year, CoC recipients/subrecipients have increased income from all sources for participants by 8%, and leavers with non-employment cash benefits increased by 7%.

The CoC works with the Department of Labor and the Department of Behavioral Health and Developmental Disabilities (DBHDD) on the CoC Board to increase participant income. DBHDD contracts with providers to operate Supportive Employment services which offer benefits counseling, identifying vocational skills and interests, and conducting job searches to obtain in an integrated community setting.

The Collaborative Applicant is responsible for overseeing this strategy.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined No

**there were no unsheltered homeless people,
including areas that are uninhabitable
(deserts, forests).**

**3A.6a. If the response to 3A-6 was “Yes”, what was the criteria and
decision-making process the CoC used to identify and exclude specific
geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)**

N/A

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX,
which included the data quality section for FY
2016.
(mm/dd/yyyy)** 06/05/2017

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	479	473	-6

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	170
Total number of beds dedicated to individuals and families experiencing chronic homelessness	333
Total	503

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

Based on data collected in HMIS, RRH participants spend 22.5 days in shelter post enrollment. To hit the 30 day overall goal, the CoC and Georgia ESG jurisdiction require annual training in Housing First and rapid re-housing practices for funded projects. National experts are utilized as much as possible. Service providers are encouraged to use funding for housing search and placement and work with local governments to conduct required inspections so that case managers are not overburdened and to minimize time in shelter.

The Georgia Housing Search website is used to identify the most appropriate housing available for program participants’ specific needs. RRH providers are also encouraged to work with faith-based organizations to identify additional move in resources, such as deposit money and furniture to facilitate faster moves to PH.

Specific TA is given to agencies who struggle to meet their goals.

The Collaborative Applicant is responsible for overseeing this strategy.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	150	181	31

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

On 9/8/17, the CoC formally adopted a Family Separation and Equal Access

policy to ensure that no families are separated or denied equal access to federally funded projects in the CoC. To address the needs of LGBT individuals, the CoC Written Standards include the requisites of Fair Housing and Equal Opportunity requirements under Section 578.93 and equal access under HUD's Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs final rule. On 6/19/17, the CoC enacted VAWA Policies and Procedures and Coordinated Entry (CE) Written Standards, which incorporate the rules above and address non-discrimination policies for CE and VAWA emergency plan implementations. The CoC held several trainings on the CoC Written Standards and VAWA policies and procedures in August 2017. Annually the Department of Community Affairs requires funded agencies to participate in Fair Housing training, and housing providers train new staff upon hire.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	No
LGBT youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	No
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	No

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

In this year's competition, the CoC prioritized Joint TH & PH-RRH for

unsheltered youth to increase the availability of housing in the CoC, however, no youth providers pursued this funding opportunity.

The CoC is working to adopt the USICH Benchmarks to End Youth Homelessness, however, due to the limitations of our PIT count methodology; the number of homeless youth remains elusive. From the PIT, the CoC was able to estimate that there were 177 unaccompanied youth (105 unsheltered and 72 sheltered). There were 45 parenting youth (12 unsheltered and 33 sheltered). 12.7% of youth in the count were at imminent risk of homelessness.

The CoC will convene a youth-specific advisory group consisting of youth providers, the state welfare agency, the state university system, and homeless youth to develop the CoC's strategy for ending youth homelessness. This group will gather data regarding the existing need, including possible means to implement a youth-specific PIT count.

From AHAR we know that 395 unaccompanied youth are staying in emergency shelter and 42 in transitional housing, but the CoC only has 15 beds specifically for youth. Recognizing the need for additional youth-focused housing services, the CoC will reach out to organizations currently providing services to youth to encourage application for housing funding awarded through the CoC or ESG. Data collected from counts and HMIS will be used to evaluate the effectiveness of the strategies implemented. No measure.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

The CoC actively collaborates with the Department of Education (DOE). The DOE's program manager who coordinates the State's McKinney-Vento Education for Homeless Children and Youth program serves on the CoC Board. CoC committee governance also includes representatives from agencies that serve and advocate for children and families. The CoC is also working with the State's coordinator to present at the DOE's upcoming meeting of Homeless Liaisons.

The CoC Education Policy is required to be carried out by all CoC and ESG-funded programs within the CoC. This policy requires providers to maintain regular contact with local school liaisons, and other community education representatives, to ensure families receive immediate services and that schools provide additional support as needed. Policy also requires that specific staff are designated within each agency to ensure participants are informed of their educational rights and children and youth have access appropriate education services.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		
	No	No

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

When street outreach or the PIT Count for homeless persons is conducted, those engaged are asked about their Veteran status so that the most appropriate referral can be made. Homeless individuals are added to the BoS CoC By-Name Veteran List, and referred to the closest SSVF provider offering services. The SSVF provider will screen the Veteran and make the appropriate referral for VASH or other housing/services utilizing a VI-SPDAT or other tools.

VA funded providers, led by SSVF organizations in the CoC, meet bi-weekly to conduct case conferencing. The CoC and VA medical center partners work through this collaboration to ensure that . There are no GPD programs in the CoC.

Agencies funded by non-VA funds refer identified homeless veterans to the SSVF provider nearest them. This includes faith based organizations, CoC funded agencies, municipalities, and other private charitable organizations.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient No

**resources to ensure each Veteran is assisted
to quickly move into permanent housing
using a Housing First approach?**

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	No	No
Private Insurers:	No	No
Non-Profit, Philanthropic:	No	No
Other: (limit 50 characters)		
Providers help w/access & utilization of benefits	Yes	Yes

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

Previously, the CoC has worked with the State to support the funding of SOAR projects. CoC staff is currently working with TANF officials around planning with the goal of potentially using TANF funds for rapid rehousing or other housing within the CoC.

The Collaborative Applicant continues to make state funding available for specialized case management for projects formerly funded under the program known as Shelter Plus Care. Increased case management capacity and transportation helps participants access benefits.

One hundred percent of CoC-funded providers report regularly following up with participants to ensure mainstream benefits are received and renewed. In the

next year, the CoC will work with Jennie Northcutt, Director of Transition Services Olmstead Coordinator (DBHDD) to determine strategies on providing TA to assist providers on increasing access to mainstream benefits.

The Collaborative Applicant is responsible for addressing this performance measure.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	77.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	71.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	92.21%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	77.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	69.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	89.61%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

In the last year, the CoC worked with the Georgia ESG Recipient to expand street outreach in the CoC to 11 outreach programs (from 3) to cover 23 counties (15% coverage). Five of the new outreach teams are operated by mental health providers.

The CoC also leverages outreach teams employed by the Department of Behavioral Health and Developmental Disabilities. Utilizing the DBHDD teams, coverage is 152 counties (100% of the CoC) for severe and persistent mentally ill homeless.

All dedicated outreach teams cover the indicated geography on a consistent basis and provide transportation to housing and services.

Mental illness outreach teams assist those least likely to request assistance. All

grantees receive training on working with ESL individuals. A call center assists those who cannot travel to an intake or service site, with translation provided along with TDD. The online housing portal with subsidized housing listings is available in multiple languages.

4A-5. Affirmative Outreach

Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

DCA, which provides administrative duties for the CoC, revised its Language Access Plan (LAP) effective 2016-2021. DCA’s LAP identifies steps to provide LEP services and the obligations of HUD funding recipients. DCA has trained staff on LEP requirements, developed a bank of staff proficient or fluent in other languages, contracted with businesses for interpretation and translation services and detailed a plan for outreach and monitoring of subrecipients. DCA intends to leverage existing relationships with faith-based groups, community associations, and nonprofits to notify LEP persons of services.

DCA received an analysis of fair housing impediments in 2016 for Georgia. As a result, DCA is planning activities to raise awareness and improve fair housing outcomes, including conducting outreach and education for landlords, property managers, nonprofits, consumers and local governments. DCA provided fair housing training to SHP providers in February 2017 and May 2016.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	669	722	53

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	2017 GA BoS CoC E...	09/13/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	2017 Consolidated...	09/26/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	2017 GA BoS CoC R...	09/13/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	GA BoS CoC Rating...	09/13/2017
05. CoCs Process for Reallocating	Yes	Ga BoS CoC Proces...	09/22/2017
06. CoC's Governance Charter	Yes	BoS CoC Governanc...	09/13/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/15/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administrativ...	09/25/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	BoS CoC Georgia H...	09/22/2017
11. CoC Written Standards for Order of Priority	No	GA CoC Written St...	09/25/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	GA-501 HDX System...	09/20/2017
14. Other	No		
15. Other	No		

Attachment Details

Document Description: 2017 GA BoS CoC Evidence of CoCs
Communication to Reject Reduce Rank Projects

Attachment Details

Document Description: 2017 Consolidated Application: Public Posting
Evidence

Attachment Details

Document Description: 2017 GA BoS CoC Rating and Review
Procedure RFP

Attachment Details

Document Description: GA BoS CoC Rating and Review Procedure
Public Posting Evidence

Attachment Details

Document Description: Ga BoS CoC Process for Reallocating

Attachment Details

Document Description: BoS CoC Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administrative Plans Applicable Sections

Attachment Details

Document Description: BoS CoC Georgia HMIS MOU

Attachment Details

Document Description: GA CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: GA-501 HDX System Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	08/24/2017
1B. Engagement	09/26/2017
1C. Coordination	09/26/2017
1D. Discharge Planning	09/26/2017
1E. Project Review	09/26/2017
1F. Reallocation Supporting Documentation	09/25/2017
2A. HMIS Implementation	09/26/2017
2B. PIT Count	09/26/2017
2C. Sheltered Data - Methods	09/26/2017
3A. System Performance	09/26/2017
3B. Performance and Strategic Planning	09/26/2017

4A. Mainstream Benefits and Additional Policies	09/26/2017
4B. Attachments	09/26/2017
Submission Summary	No Input Required

1E-4 – CoCs Process for Reallocating

GA-501 - Georgia Balance of State CoC

ARD Reallocations FY 2013, FY 2014, FY 2015, FY 2016, FY 2017

	ARD Amount	Amount Reallocated	Percent of ARD
FY 2013	\$14,010,067	\$0	0%
FY 2014	\$14,522,930	\$649,917	4.5%
FY 2015	\$15,602,960	\$2,800,557	17.9%
FY 2016	\$14,901,092	\$620,994	4.2%
FY 2017	\$16,929,821	\$100,003	0.6%
Total	\$75,966,870	\$4,171,471	5.5%

Georgia Balance of State Continuum of Care

Georgia Balance of State Continuum of Care Governance Board Approved July 31, 2017

2017 Georgia Balance of State Continuum of Care Competition

The Georgia Balance of State (BoS) Continuum of Care (CoC) is issuing the following guidance for the 2017 Notice of Funding Availability (NOFA) competition. This guidance applies to all renewing Continuum of Care grants for permanent supportive housing and rapid re-housing as well as for new applications submitted either for rapid re-housing, permanent supportive housing, Joint TH and PH-RRH component, or Homeless Management Information System (HMIS) projects. This announcement is being provided in accordance with the HUD Notice of Funding Availability (NOFA) for the 2017 Continuum of Care Program Competition (Docket No. FR-6100-N-25) at: <https://www.hudexchange.info/resource/5419/fy-2017-coc-program-nofa/>.

Funding for new projects is only available through the process of reallocation or the permanent housing bonus. The Balance of State CoC may only create new project(s) through the permanent housing bonus up to 6% of the Final Pro Rata Need (FPRN) amount, which is expected to be around \$1,107,873 (based on the Preliminary Pro Rata Need amount). Applications for new projects made available through reallocation will only be considered if the application review sub-committees determine the need to reallocate from eligible renewal projects due to those projects not meeting threshold, poor performance, and underspending due to significantly operating under capacity. There is no estimated amount to be reallocated at this time.

The Georgia Department of Community Affairs (DCA), designated as the Collaborative Applicant for the Georgia Balance of State Continuum of Care (CoC), is responsible for overseeing and managing the application process for the FY2017 HUD Continuum of Care Homeless Assistance funding process. HUD requires that the CoC develop a process for submitting one consolidated application for the FY2017 CoC program. The Collaborative Applicant works with the Standards, Rating, and Project Selection Committee to develop and recommend the process for CoC Board approval. The BoS CoC Board approved this policy on July 31, 2017.

The following document outlines the policy and process for the FY2017 funding cycle.

Timeline

May 1, 2017 - Final CoC Review Step for the CoC Registration due.

May 4, 2017 - Final HUD Approved GIW Change Forms due to HUD.

June 5, 2017 - Review Application released for renewal Permanent Supportive Housing and renewal Rapid Rehousing (RRH) (approved by the BoS CoC Standards, Rating, and Project Selection Committee and the Balance of State CoC Board).

June 8, 2017 - Informational Webinar for renewal PSH and RRH applicants held by DCA, and materials from the webinar were distributed to each renewal applicant.

June 23, 2017 - Review Applications for renewing PSH and RRH projects, as well as the most recent HUD monitoring, and HUD APR from HMIS, due.

July 14, 2017 – NOFA released by HUD.

July 26, 2017 - Standards, Rating, and Review Committee meeting to approve and recommend process for scoring and ranking held.

July 31, 2017 - CoC Board meeting to approve process recommended by the Standards, Ratings, and Review Committee held.

August 1, 2017 – 2017 Balance of State CoC NOFA Competition Policy, Process, Timeline, Review Applications, Scoring Criteria, Addendum, and other Competition materials released (approved by the BoS CoC Standards, Rating, and Project Selection Committee and the Balance of State CoC Board).

August 7, 2017 – Proposal Outlines for New PSH, RRH, or Joint TH & PH-RRH Component projects due.

August 8, 2017 - Informational Webinar for BoS CoC Competition Policy, Renewal PSH and RRH applicants held by DCA, and materials from the webinar posted.

August 8, 2017 - Informational Webinar for New PSH, RRH, and Joint TH & PH-RRH Component applicants, and materials from the webinar posted.

August 11, 2017 – August 25, 2017 – Review Team Sub-Committee application review renewal projects.

August 15, 2017 - Supplemental documents for Renewing PSH and RRH projects due by 3:00 PM. This includes the Addendum, supportive documents showing timely drawdowns (LOCCS reports), and the change designation form (for DedicatedPLUS projects as applicable).

August 15, 2017 - Review Applications (including Addendum) for New PSH, RRH, and Joint TH & PH-RRH Component projects, as well as all required copies and supplemental documents, due at DCA by 5:00 pm.

August 15 – August 17, 2017 – Internal review

August 18, 2017 – August 31, 2017 – Review Team Sub-Committee application review new projects.

August 25, 2017 – ALL project applications (Renewal PSH, RRH, HMIS, CoC Planning, Coordinated Assessment, and HMIS as well as New PSH, RRH, Joint TH & PH-RRH Component, and HMIS) and updated certifications must be entered into *e-snaps* by 5:00 pm.

September 5th or 6th, 2017 - Standards, Rating, and Review Committee meeting to approve and recommend ranking of projects held.

September 8, 2017 - CoC Board meeting to approve ranking recommended by the Standards, Ratings, and Review Committee held.

September 13, 2017 - Notification given to applicants of placement in scoring and ranking for all projects (due date).

September 19, 2017 - ALL project application corrections (if applicable) should be completed in *e-snaps* by 2:00 pm.

September 26, 2017 - Public posting of CoC Application.

September 26, 2017 – Estimated CoC application submission to HUD (due 9/28/17).

Summary of Changes and Policy Priorities for the FY2017 Georgia Balance of State Continuum of Care Homeless Assistance Funding Cycle

Please note that there have been significant changes in the process and method by which local CoCs are being scored under Federal priorities in the last few years. All applicants and interested parties are strongly encouraged to read this document, as well as the HUD FY 2017 Continuum of Care NOFA and any supplemental materials

(<https://www.hudexchange.info/programs/e-snaps/fy-2017-coc-program-nofa-coc-program-competition/>) in their entirety to ensure there is complete understanding of the information provided. Some of the major changes and policy priorities include:

- Renewing Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) projects will be eligible for ranking and renewal. In addition, renewing PSH projects will have the opportunity to change the classification of project type to DedicatedPLUS where 100% of the beds will be dedicated to serve individuals and families as defined in Section III.A.3.d. of the 2017 HUD NOFA.
- In order to be eligible for renewal in FY 2017, a project must have an executed grant agreement by December 31, 2017 and have an expiration date in Calendar Year (CY) 2018 (between January 1, 2018 and December 31, 2018). All projects that received a new PSH or RRH project under the last competition are included on the 2017 Grant Inventory Worksheet (GIW) and are expected to have an application submitted to renew each project that received a new award in 2016 (to include first-time renewal projects originally awarded in 2015).
- Projects implemented prior to the 2016 competition that underspend and/or are significantly operating under capacity may be subject to full or partial reallocation, with the exception of projects that were transferred in 2017 or with a pending transfer. Reallocation of underperforming projects is contingent on appropriate high-scoring new project applications. If there are not adequate new project applications to include in the final ranking, the CoC reserves the right to include the lower scoring renewal project. Any project that has less than \$10,000 at the end of the grant will not be in jeopardy of having the grant amount reduced.
- As in previous years, HUD will continue the Tier 1 and Tier 2 funding process, with the top 94% of the funding allotted to a CoC being in Tier 1, and the bottom 6% of the funding allotted to a CoC in Tier 2.

- RRH Projects that were awarded for the first time under the 2015 NOFA cycle as first time grants, that have not yet been up and running for a full year, will automatically receive median performance scores for like applications for performance in the scoring and ranking process. Those points will then be averaged with that project's original 2015 application score in order to take into account project design and other important factors related to the implementation of that project.
- Projects that were awarded for the first time under the 2016 NOFA cycle as first time grants, that have not yet been up and running for a full year, will automatically receive median performance scores for like applications for performance in the scoring and ranking process. Those points will then be averaged with that project's original 2016 application score in order to take into account project design and other important factors related to the implementation of that project.
- Through this competition the following types of new project applications will be accepted: (a) PSH for the chronically homeless individuals and families; (b) PSH where 100% of the beds meet the NOFA requirements of a DedicatedPLUS project; (c) RRH for individuals and families; (d) Joint TH and PH-RRH component projects; and (e) a HMIS project, to be carried out by the designated HMIS Lead, up to \$100,000.
- BoS CoC bonus points will be available for permanent housing projects (PSH or RRH) that are currently using, or commit to using, the Housing First model when housing program participants (with a concrete plan of action, to utilize the Housing First model of service delivery). To receive any of these bonus points, applicants should demonstrate that the project is low-barrier, prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions to entry. Please note, renewal applicants must meet, or improve, the level committed in each 2016 (or 2015 as applicable) project application.
- BoS CoC bonus points will be available to all project applications that are low barrier projects (or commit to being low barrier projects) and allow entry to program participants that includes: low or no income, current or past substance use, criminal records—with the exceptions of restrictions imposed by federal, state or local law or ordinance (e.g., restrictions on serving people who are listed on sex offender registries), and history of domestic violence. Please note that renewal applicants must meet, or improve, the level committed in each 2016 (or 2015 as applicable) project application.
- Beginning in the 2015 competition, any project application(s) that indicates a Housing First approach and/or commits to operating as a low barrier program and is reviewed, approved, and ranked by the CoC and awarded CoC Program funds is required to operate as a Housing First and/or low barrier project.
- BoS CoC bonus points will be available for projects that prioritize Veterans. Bonus points will be available for PSH renewal projects that commit to changing the classification of that project to DedicatedPLUS. And additional bonus points will be available for applicants who coordinated the 2017 Homeless Count in January of 2017, thus assisting the CoC identify people experiencing homelessness in their area.
- All renewal BoS CoC PSH projects that do not already have 100% of their beds dedicated to people who are chronically homeless will be required to prioritize at least 85% of their non-dedicated beds to people who are chronically homeless*. The BoS CoC is prioritizing

homeless individuals and families experiencing chronic homelessness consistent with *Notice CPD 16-011: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status*. Chronically homeless individuals and families should be given priority for permanent supportive housing beds not currently dedicated to this population as vacancies become available through turnover. Permanent supportive housing renewal projects serving specific disabled subpopulations (e.g., persons with mental illness or persons with substance use disorder) must continue to serve those subpopulations, as required in the current grant agreement. However, chronically homeless individuals and families within the specified subpopulation should be prioritized for entry. The full notice can be found at:

<https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>.

*Projects that committed to prioritizing 100% of non-dedicated beds to people who are chronically homeless in previous competitions are required to continue at 100%.

- In order maintain alignment to HUD priorities for this funding and to keep homeless people with disabilities who are residing in PSH projects from becoming homeless, with the exception of the HMIS and Coordinated Assessment grants, which are critical to the operations of the CoC, and will therefore be placed mid-Tier 1, the BoS CoC will rank projects within the following groupings:
 - o Renewal PSH and RRH projects that are currently housing people who are homeless, without significant capacity issues that have been in operation over a year (based on score) and HMIS and Coordinated Assessment
 - o RRH projects awarded in the 2015 competition that have not yet been in operation for a full year (based on score)
 - o New RRH and PSH projects awarded in the 2016 competition that are not currently operational
 - o Renewal PSH and RRH projects determined to be significantly underperforming or operating under capacity (and PSH projects that are both utilizing 50% or less of the units and returning a significant amount of funds with the exception of projects recently transferred or with a pending transfer)
 - o New PSH, RRH, and Joint TH and PH-RRH Component projects (based on score)
- Projects implemented prior to the 2015 competition that underspend and/or are significantly operating under capacity may be subject to full or partial reallocation. Reallocations, if necessary, will be made based on the guidance in the 2017 NOFA. Reallocation of underperforming projects is contingent on appropriate high-scoring new project applications. If there are not adequate new project applications to include in the final ranking, the CoC reserves the right to include the lower scoring renewal project. Any project that has less than \$10,000 at the end of the grant will not be in jeopardy of having the grant amount reduced
- HUD will score new and renewal projects ranked in Tier 2 using a 100 point scale (please see full details on page 16 of the NOFA):
 - o CoC Score – up to 50 points will be in direct proportion to the score received on the CoC Application;
 - o CoC Project Ranking – up to 40 points will be based on the CoC’s ranking of the project application(s);
 - o Commitment to Housing First – up to 10 points will be based on how project application commits to applying the Housing First model.

- As noted above, HUD is also allowing for CoCs to apply for permanent housing bonus funding. More than one project can be submitted for the bonus funding. HUD guidance shows that for CoCs to receive grants for new projects, other than through reallocation, CoCs must competitively rank projects based on how they improve system performance.
- Compliance with Violence Against Women Act (VAWA) Rule. On November 16, 2016, HUD published its VAWA final rule (81 FR 80798), which provides various protections to victims of domestic violence, dating violence, sexual assault, and stalking under the CoC Program and other HUD programs. The grants to be awarded under this NOFA will be required to comply with the VAWA rule as provided in 24 CFR 578.99(j)(3). All CoC-funded projects must follow the *Georgia Balance of State CoC Violence Against Women Act (VAWA) Policies and Procedures* and be fully compliant by the time the local CPD Field Office issues the first FY 2017 grant agreement for a project in the CoC's geographic area (if not due earlier by the CoC).
- The Collaborative Applicant will submit an application for planning funds as allowed by HUD. CoC Planning applications are not required to be ranked, and the funds are not part of the pro rata amounts available for projects.

General Information

In addition to the information presented in this document, it is expected that all applicants read the HUD FY 2017 Continuum of Care NOFA, related scoring criteria, and any supplemental materials (<https://www.hudexchange.info/programs/e-snaps/fy-2017-coc-program-nofa-coc-program-competition/>) in their entirety to ensure there is complete understanding of the information provided.

All agencies submitting an application, whether for a new project or a renewal project, must submit a complete application packet, as described below, in order to be considered for scoring.

It is the responsibility of the agencies to ensure that all the application materials, whether emailed or mailed, are received by Tina Moore, by the above deadlines. Applications are required to be scored and ranked by the CoC in order to be included in the CoC's project listing submitted to HUD, and an applicant's failure to meet deadlines may result in the denial of an applicant's request for funds.

All renewal project applications must pass a threshold review and will then be scored according to specific criteria. The criteria will consist of current data in the Homeless Management Information System (HMIS) including system performance measures, project performance, the most recent HUD monitoring visit, the most recent DCA monitoring visit, and the scoring of the review application. This will be scored by an independent review panel that will then consolidate the scores and rank the projects. The independent review panel will submit their results to the Collaborative Applicant who will publish the results with the BoS CoC Board's approval.

All new project applications must pass an organizational threshold review and will then be scored according to specific criteria.

New project applications that score high enough will be eligible to be included in the prioritization tiering presented to HUD. Please note, however, eligibility does not guarantee funding. The BoS CoC Board will make the final determination of which projects will be ranked and presented to HUD for funding consideration within the limited funding available.

In addition to the application packet, all renewing and new projects must also complete the HUD application in *e-snaps*. Completing the application in *e-snaps* does not guarantee that the project will be put forth in the HUD application, nor does it guarantee that the project will be funded. Please note that within *e-snaps* renewing project applications are able to import the FY 2016 application responses (if requested during setup) and are able to submit renewal project applications without changes as described in the HUD NOFA.

The BoS CoC is required by CoC regulations to operate a HMIS, establish a “centralized or coordinated assessment system,” and carry out planning activities in accordance with the Interim regulations. The renewal projects for centralized or coordinated assessment and HMIS will therefore be prioritized in the top tier for the ranking. In addition, the CoC may elect to create a new dedicated Homeless Management Information System (HMIS) project, to be carried out by the designated HMIS Lead, available through reallocation up to \$100,000, which would be prioritized in the top tier for the ranking.

DCA, as the Collaborative Applicant, will post any additional details of the competition and HUD resources as they become available on the Continuum of Care webpage. It is the applicant’s responsibility to ensure that they check the both the BoS CoC (<http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCApplicantsandGranteesOnly.asp>) and the HUD CoC (<https://www.hudexchange.info/programs/e-snaps/fy-2017-coc-program-nofa-coc-program-competition/>) websites regularly for the latest updates. Please note that all of HUD’s competition and *e-snaps* materials, notices, and training guides can be accessed on the HUD page.

Projects must agree to enter client data into Georgia’s BoS Homeless Management Information System (ClientTrack), participate in the CoC’s Coordinated Entry System, and participate in the homeless counts in Georgia’s BoS jurisdiction.

The Georgia Department of Community Affairs, as the Collaborative Applicant, believes in a commitment to end homelessness throughout the State of Georgia. To this end, DCA encourages all grantees to ensure that no household is turned away because they have previously resided in a differing Continuum.

Project applicants are required to register with Dun and Bradstreet to obtain a DATA Universal Numbering System (DUNS) number, if they have not already done so, and complete or renew their registration in the System for Award Management (SAM) per Section V.A.1. of the FY 2017 General Section. For more information on DUNS numbers and SAM registration go to: https://portal.hud.gov/hudportal/HUD?src=/program_offices/spm/gmomgmt/grantsinfo. HUD will not enter into a grant agreement with an entity that does not have a DUNS Number or an active SAM registration.

Project applicants must ensure that applications (Review Application and HUD application in the E-Snaps system) are complete and the information within the application is consistent throughout the application. Narratives must be fully responsive to the question being asked, and responses should meet all of the criteria for that question as required by the NOFA and the detailed instructions provided in E-Snaps. Applicants must also ensure that proposed program participants are eligible for the program component type selected, and proposed activities are eligible under 24 CFR part 578. Applicants should also ensure that all required attachments correspond to the attachments list in E-Snaps, contain accurate and complete information, and are dated between May 1, 2017 and September 28, 2017.

Appeals

In accordance with 24 CFR part 578 and the NOFA, applicants have the right to appeal if they believe that they were improperly denied the right to participate in the CoC planning process in a reasonable manner; were improperly denied or decreased funding; or were improperly denied a Certification of Consistency from the local government with the Consolidated Plan. The appeal MUST be carried out in the timeframe and process announced by HUD within the NOFA.

Renewal Rapid Rehousing and Permanent Supportive Housing (Including Shelter Plus Care)

The review application for renewal PSH and RRH was already released and completed by renewal applicants. However, more detail was released once the competition opened. There is some additional information that renewal applicants are required to submit.

All applicants of renewing PSH and RRH project applications must submit the following no later than 3:00pm on August 15, 2017. The following materials must be received for each project in order for an application to be considered complete:

- The Competition Certification and Policy Addendum document for all projects;
- The Notice of Intent - 2017 PSH Change to DedicatedPLUS (where applicable); and
- Supportive documents showing timely draw downs (eLOCCS reports).

Application materials can be emailed to Tina Moore, CoC Program Coordinator at tina.moore@dca.ga.gov.

In addition to the BoS CoC application materials (including all required certifications dated between May 1, 2017 and September 28, 2017), all renewal projects must complete the HUD application in *e-snaps* by 3:00pm on August 25, 2017.

Late submissions of the supplemental materials to the application package will result in a deduction of points.

New Project Application Information

In line with information presented in the NOFA, the BoS CoC will seek applications for new permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families, new PSH projects classified as DedicatedPLUS, new rapid re-housing (RRH) projects that will serve homeless individuals and families, and new Joint TH & PH-RRH Component that will serve unsheltered homeless and youth.

Eligible applicants for new PSH, RRH, or Joint TH and PH-RRH Component projects include all agencies with existing CoC NOFA grants within the Balance of State and nonprofits, units of Government, and Housing Authorities that wish to make application for new grants.

All agencies interested in applying for a new PSH, RRH, or Joint TH and PH-RRH Component project should complete and submit a Proposal Outline (Letter of Intent) to alert the Collaborative Applicant of their intent no later than 3:00pm on August 7, 2017. The Proposal Outline form is attached to the notice, and it will also be available at: <http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCApplicantsandGranteesOnline.asp>.

HUD will allow new reallocated projects to request funding for 1 year. For projects requesting permanent housing bonus funds, the grant term for new project applications requested in the initial application submission may be for a term allowed as defined on page 25 of the HUD NOFA. However, the CoC may elect to decrease the term for any new project that is approved for the final priority ranking list to allow additional projects to be included in the request for funding. Similarly, now projects requesting a 1-year grant term may be increased by the CoC to utilize available funding. Subsequent renewal project applications are limited to one year terms.

Submitting a Proposal Outline will signal DCA staff to forward information to organizations (intending to submit a new project application) regarding the New Applicant webinar, HUD training events, webinars, etc., as well as any updated CoC policies, updated scoring criteria, notice of CoC changes, etc. This information will be sent to renewal applicants automatically.

All agencies submitting an application for a new PSH, new RRH, or new Joint TH and PH-RRH component project must submit a complete application package to the Department of Community Affairs. A complete application package includes:

- Five (5) copies of the Review Application for new projects (including match/leveraging documentation and the required Addendum document in each of the copies);
- The agency 501(c)(3), if applicable (one copy) (the 501(c)(3) for any sub-recipients must also be attached);
- A current list of Board of Directors (one copy);
- The most recent independent financial audit, or equivalent financial statement (one copy); and
- A current 990 IRS Form: Return of Organization Exempt from Income Tax, if applicable (one copy).

All complete new project packages must be received by the CoC Collaborative Applicant, the Department of Community Affairs, by August 15, 2017 at 5:00 pm. Submissions must be mailed to Tina Moore, CoC Program Coordinator, 60 Executive Park South NE, Atlanta, GA 30329.

It is the responsibility of the agencies to assure that all the application materials are received by Tina Moore, by the above deadline. No late submissions for new projects will be accepted.

Additionally, each project applicant must have a Certification of Consistency from the jurisdiction in which each of the proposed project(s) will be located. This assures the application for funding is consistent with the jurisdiction's HUD-approved consolidated plan as described in the NOFA. DCA staff will work with applicants and the appropriate Consolidated Planning jurisdiction for the required form *HUD-2991 - Certification of Consistency with the Consolidated Plan*, but it is the applicant's responsibility to follow up with respective jurisdictions to ensure those jurisdictions have the project information they need to provide the certification(s) in a timely manner.

In addition to the application packet described above, applicants for new RRH, PSH, or Joint TH and PH-RRH Component projects must also complete, and submit, the HUD application (including all required certifications and documentation dated between May 1, 2017 and September 28, 2017) in *e-snaps*.

The complete new PSH, new RRH, and new Joint TH and PH-RRH Component project scoring criteria will be posted on the Balance of State Continuum of Care webpage at <http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCApplicantsandGranteesOnline.asp>. Applicants are strongly advised to review the criteria before submitting an application.

The average proposal size for a new RRH project will depend on the area and coverage of the proposed program and funding available. While there is no minimum or maximum award amount, the CoC anticipates the average size of a large regional or metro area application to be approximately \$250,000. Smaller program designs, particularly in southern or rural parts of the State must be a minimum of \$100,000.

The average proposal size for a new PSH project will depend on the area and coverage of the proposed program and funding available. While there is no minimum or maximum award amount, the CoC anticipates the average size of a large regional or metro area application to be approximately \$250,000. Smaller program designs, particularly in southern or rural parts of the State must be a minimum of \$100,000.

The average proposal size for a new Joint TH and PH-RRH Component project will depend on the area and coverage of the proposed program and funding available. While there is no minimum or maximum award amount, the CoC anticipates the average size of a large regional or metro area application to be approximately \$250,000. Smaller program designs, particularly in southern or rural parts of the State must be a minimum of \$100,000. The CoC is not accepting applications for capital costs in this competition.

Applicants must clearly demonstrate that they have experience and sufficient capacity to serve fragile, chronically homeless, and service resistant clients, and that sufficient services will be provided to clients proposed to be served.

Bonus points will be awarded to new projects that commit, with a concrete plan of action, to having a low-barrier to entry project, as well as to utilize the Housing First model of service delivery.

Threshold Criteria for All New Permanent Supportive Housing (100% Chronic and DedicatedPLUS), New Rapid Re-Housing, and Joint TH and PH-RRH component project applications.

The CoC reserves the right not to review incomplete applications or projects that don't meet eligibility requirements. Applications may receive a threshold denial for any of the following reasons;

- Agency does not meet HUD's eligibility criteria.
- Agency does not demonstrate adequate capacity to carry out grant.
- Application proposes ineligible costs or activities.
- Application proposes to serve ineligible populations.
- Application does not show required match or insufficient commitments for leveraging.
- Compliance or performance issues on current projects.
- Project does not demonstrate adequate impact or cost effectiveness.
- Project does not meet key federal requirements.
- New proposals must be located within Georgia's 152 county Balance of State Continuum of Care jurisdiction. Applications proposing projects in the following jurisdictions are not eligible to be submitted under the BoS CoC application: Atlanta, Fulton County, DeKalb County, Cobb County, Columbus-Muscogee County, Augusta-Richmond County, Athens-Clarke County, Savannah, and Chatham County. To submit an application in one of the listed jurisdictions, you should contact the appropriate CoC jurisdiction for information.
- Agency submits an incomplete application, which includes not submitting the necessary documents listed above, or certifications/documentation as required in the HUD application.

- Agency does not utilize, or commit to utilize, ClientTrack HMIS (or an approved family violence HMIS alternative) to capture client-level data on all clients in the project.

Additional Threshold Criteria for Joint TH and PH-RRH component projects are as follows:

- Given the large number of sheltered and unsheltered homeless in the BoS CoC, Joint TH and PH-RRH component projects must serve people who meet the homeless definition under paragraphs (1), (2), and (4) of the definition of homelessness in 24 CFR 578.3.
- Joint component projects must
 - Use a Housing First approach with client-driven service models and a focus on helping people move to permanent housing as quickly as possible. Participants cannot be required to participate in treatment or services to receive assistance.
 - Have low-barriers to entry and accommodate people with possessions, partners, pets, or other needs.
 - Incorporate client-choice by helping participants find permanent housing based on their unique strengths, needs, preferences, and financial resources. Participants will choose when they are ready to exit the crisis housing portion of the project and move to permanent housing, with providers assisting participants with this move.
 - Provide or connect participants to resources that help them improve their safety and well-being and achieve their goals.
 - Target and prioritize people experiencing homelessness with higher needs and who are most vulnerable.
- Joint component projects must also:
 - Target people who are living in unsheltered locations or homeless youth in areas in which the PIT demonstrates a need for more housing options for homeless households.
 - Demonstrate that the proposed service area is not covered by any crisis housing, has a street outreach team or in which Coordinated Entry planning is occurring.

Match and Leveraging

Applications must meet HUD's match requirements and have at least 25% of the amount of the HUD funding request in total match (outside of the amount for leasing), as well as an additional 125% of the amount of the HUD funding request in total leveraging, to score the maximum amount of points available for match and leveraging for the BoS CoC scoring (150% match and leveraging). Leveraging includes all funds, resources, and/or services that the applicant can secure on behalf of the client being served by the proposed project. While leveraging includes all cash and in-kind matching resources, it is broader in scope, including any other services, supplies, equipment, space, etc. that are provided by sources other than HUD.

HUD guidelines state that projects should only report match and leveraging where there are commitment letters on file that are dated between May 1, 2017 and September 28, 2017, and HUD is requesting that all documented commitments be submitted with the application.

E-Snaps Information for All Renewal and New Applications

Applicants should review and follow the steps as outlined herein and in the NOFA to ensure that applications are complete and submitted in a timely basis.

For reference, the Continuum of Care Program Interim Rule was published in the Federal Register on July 31, 2012, and was effective on August 31, 2012. This information can be

accessed at: <https://www.onecpd.info/news/continuum-of-care-coc-program-interim-rule-posted/>.

For information on accessing HUD's *E-Snaps* system to complete and submit a full BoS CoC Project Application, please go to: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>. Note that once the competition begins, there will be a significant time delay if applicants need to register new users on the *E-Snaps* system. All applicants should ensure that they have access to the system immediately.

Federal Disaster Area Notification

Applicants administering projects in counties that have been impacted by a major disaster, as declared under Title IV of the Robert T. Stafford Act that occurred in the 12 months prior to the application deadline of the HUD NOFA should submit a letter indicating this with the supplemental review packages due on August 15, 2017. This would only include a major disaster that resulted in the Collaborative Applicant, the CoC, or its project(s) inability to continue operations due to flooding, destroyed facilities, lack of power for a long duration, etc. News releases related to Georgia can be found at: <https://www.fema.gov/disasters>. CoCs in impacted areas are required to notify HUD of this prior to the close of this competition.

GA DCA Contacts:

Tina Moore tina.moore@dca.ga.gov Phone: (404) 327-6870 Fax: (404) 679-0669	Keya Hillman keya.hillman@dca.ga.gov Phone: (404) 679-0651 Fax: (404) 679-0669	Christy Hahn christy.hahn@dca.ga.gov Phone: (404) 679-0571 Fax: (404) 679-0669
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Attached is one (1) document:

- 1) 2017 Balance of State CoC Proposal Outline

Tina Moore

From: David Whisnant
Sent: Wednesday, September 13, 2017 11:35 AM
To: melder@familypromisegwinnett.org
Cc: Tina Moore; Christy Hahn
Subject: Balance of State Competition Results

Dear Mr. Elder:

Regretfully, I am writing to let you know that the Balance of State Continuum of Care will not be advancing your request for Joint TH and PH-RRH Component funds for Family Promise of Gwinnett County, Inc. through the HUD Continuum of Care competition.

Threshold eligibility issues centered on the following areas:

- Project proposes that the transitional housing portion would utilize an existing housing project, and narratives didn't provide an explanation describing that this funding would be used to expand that project. Page 34 of HUD's NOFA states, *"For expansion project applications, project applicants must articulate the part of the project that is being expanded. Additionally, the project applicants must demonstrate that they are not replacing other funding sources."*
- Project proposes to accept people into the transitional housing project from another shelter (once clients completed that program), to then move clients into RRH. This model does not appear to serve as crisis housing for moving clients into permanent housing. In addition, the project proposal did not demonstrate the lack of crisis housing for the proposed coverage area.

Threshold criteria within the 2017 Georgia Balance of State CoC NOFA Competition Policy called for new Joint TH-RRH Component projects to Demonstrate that the proposed service area is not covered by any crisis housing, has a street outreach team or in which Coordinated Entry planning is occurring. HUD guidance also dictated that stays in the crisis housing portion of these projects should be brief and without preconditions, and participants should quickly move to permanent housing.

Other significant issues with the application included the application submitted did not include leveraging documentation, and this raised capacity concerns with the review team.

While the Balance of State Continuum of Care is unable to support funding from HUD for this project at this time, the Rapid Re-Housing funding request did make it through the competition and will be included in the final ranking that will be submitted to HUD (ranking notification will be sent out separately).

Should you have questions or concerns, please contact me at any time. You can also contact Tina Moore for questions at (404) 327-6870 or tina.moore@dca.ga.gov.

Sincerely,

Dave Whisnant



Learn more about our commitment to [fair housing](#).

David Whisnant

Director, Office of Homeless & Special Needs
Housing
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329

David.Whisnant@dca.ga.gov

Tina Moore

From: David Whisnant
Sent: Wednesday, September 13, 2017 11:38 AM
To: mathis@sgpeh.org; dmetts@sgpeh.org
Cc: Tina Moore; Christy Hahn
Subject: Balance of State CoC Competition Results

Dear Dr. Mathis and Ms. Metts:

Regretfully, I am writing to let you know that the Balance of State Continuum of Care will not be advancing your request for Joint TH and PH-RRH Component funds for South Georgia Partnership to End Homelessness, Inc. through the HUD Continuum of Care competition.

Threshold eligibility issues centered on the following areas:

- The review application submitted only proposed to have the transitional housing component, and there was no RRH component in the application. One of HUD's threshold criteria for this new type of project is that it include both components. Page 20 of HUD's NOFA states, *"When a program participant is enrolled in a Joint TH and PH-RRH component project, the recipient or subrecipient must be able to provide both components, including the units supported by the transitional housing component and the tenant-based rental assistance and services provided through the PH-RRH component, to all participants. A program participant may choose to receive only the transitional housing unit or the assistance provided through the PH-RRH component, but the recipient or subrecipient must make both types of assistance available."*
- Another review threshold issue was that all of the match and leveraging was in-kind, and the review team subcommittee was unable to determine that the applicant had the capacity to carry out the grant if awarded.

Other issues with the application included:

Application indicated that it would serve people who are chronically homeless, but the proposal did not demonstrate the clients to be served met the chronic definition. In addition, language in the review application repeatedly referred to this project as permanent supportive housing, and this caused some confusion for the reviewers.

While the Balance of State Continuum of Care is unable to support funding from HUD for this project at this time, we wish you every success in securing necessary funds to continue this and all of the other good work of your agency.

Should you have questions or concerns, please contact me at any time. You can also contact Tina Moore for questions at (404) 327-6870 or tina.moore@dca.ga.gov.

Sincerely,

Dave Whisnant



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David Whisnant

Director, Office of Homeless & Special Needs
Housing
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329

David.Whisnant@dca.ga.gov

Tina Moore

From: David Whisnant
Sent: Wednesday, September 13, 2017 11:38 AM
To: Tina Moore; Christy Hahn
Subject: FW: Balance of State CoC Competition Results

Did not Cc you all on this one. See below.

David Whisnant

Director, Office of Homeless & Special Needs Housing
Georgia Department of Community Affairs
David.Whisnant@dca.ga.gov

From: David Whisnant
Sent: Wednesday, September 13, 2017 11:36 AM
To: 'waddeo@overviewinc.com' <waddeo@overviewinc.com>
Subject: Balance of State CoC Competition Results

Dear Ms. Waddeo:

Regretfully, I am writing to let you know that the Balance of State Continuum of Care will not be advancing your request for Rapid Re-Housing funds for Overview, Inc. through the HUD Continuum of Care competition.

Threshold eligibility issues centered on the following areas:

- The review application submitted did not include any of the match or leveraging documentation. The review team was unable to determine the organization's capacity to administer this project. In addition, the proposal only listed match, but there was no leveraging information provided. Threshold criteria within the 2017 Georgia Balance of State CoC NOFA Competition Policy called for new project applications to include documentation to support match and leveraging that would be dedicated to proposed projects.

Other concerns with the review application were that the narratives were unclear overall. They didn't provide specific details and left many questions about the project unanswered.

While the Balance of State Continuum of Care is unable to support funding from HUD for this project at this time, we wish you every success in securing necessary funds to continue this and all of the other good work of your agency.

Should you have questions or concerns, please contact me at any time. You can also contact Tina Moore for questions at (404) 327-6870 or tina.moore@dca.ga.gov.

Sincerely,

Dave Whisnant



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David Whisnant

Director, Office of Homeless & Special Needs
Housing
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329

David.Whisnant@dca.ga.gov

Tina Moore

From: Tina Moore
Sent: Wednesday, September 13, 2017 11:52 AM
To: 'awinston@nhbh.org'; 'cwilliams@nhbh.org'; 'sgallagher@nhbh.org'; 'susanegallagher@aol.com'; 'vbowden@nhbh.org'; 'brobinson@nhbh.org'; 'gjenkins@nhbh.org'
Cc: David Whisnant; Christy Hahn; Keya Hillman
Subject: FW: Georgia BoS 2017 Continuum of Care Competition - Notification of Project Ranking
Attachments: 2017 CoC Project Application Priority Ranking Summary - Tier 1 and Tier 2.pdf; 2017 Balance of State CoC Reallocation Amounts.pdf

Good morning,

Attached please find a chart showing the Balance of State CoC project grants where funding was reduced in order to reallocate funds to new projects. Reductions were made to the New Horizons Community Service Board Rural Rapid Re-Housing project:

- According to information submitted in the review application, this project has returned the following amounts to HUD at the expiration of the grant term:
 - \$30,000 (projected to return from the 2015 competition award/2016-17 grant term)
 - \$25,163 (2014 competition)
 - \$24,500 (2013 competition)
 - \$20,000 (2012 competition)
- Based on this assessment, the CoC has reduced this project by \$10,000.

Following the competition, please submit information on how your organization plans to utilize all of the grant funds going forward.

If you have any questions, please let me know.

Thank you,
Tina

Tina Moore

Continuum of Care Program Coordinator
Georgia Department of Community Affairs
Direct 404-327-6870
Fax 404-679-0669
tina.moore@dca.ga.gov

From: Tina Moore
Sent: Wednesday, September 13, 2017 11:45 AM
To: HAD Office of Homeless & Special Needs <had.ohsn@dca.ga.gov>
Subject: Georgia BoS 2017 Continuum of Care Competition - Notification of Project Ranking

Good morning 2017 Balance of State CoC Applicants,

By now all applicant agencies should have received individualized results for new and renewal projects submitted under the 2017 Balance of State Continuum of Care Competition. We had the conference call with the CoC Review Teams on August 23rd and 30th, and the scoring results and/or threshold results have been sent to each applicant agency. If you have not received your results, please contact me.

Attached please find the final Priority Chart showing the project ranking results approved by the Balance of State CoC Board on September 8, 2017, following approval by the Standards, Rating, and Project Selection Committee on August 22, 2016. This information is also posted on DCA's web page at:

<http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoApplicantsandGranteesOnly.asp>.

As noted in the NOFA, HUD may issue two conditional funding announcements with the criteria set forth in Section VII. of the NOFA. HUD will select new and renewal project applications in Tier 1 in accordance with the criteria set forth in Section II.B.17 of the NOFA, and the CoC Application score and the project application score(s) will determine which projects in Tier 2 will be conditionally selected for award. For projects that ranked close to the funding cutoff for Tier 1, any changes as a result of funding availability or FMR adjustments for projects with rental assistance creates the possibility that the funding line could move, which could move the line between Tier 1 and Tier 2. We hope this won't happen, but we do want agencies to be aware of the possibility.

After HUD review, depending on availability of funding, and in accordance with the selection criteria outlined in the NOFA, we'll find out if the Balance of State CoC will receive awards for Tier 2 projects. Please remember that projects in Tier 2 that pass HUD's eligibility and threshold review will be re-scored using the criteria in Section II.B.17. of the HUD NOFA (page 16). As indicated in the NOFA, HUD will select projects in order of point value until there are no more funds available. In the case of a tie, HUD will fund the projects in the order of CoC application score. In case there is still a tie, HUD will select the project from the CoC that has the highest score on the rating factors described in Section VIII.A.2.e. (The NOFA can be found at: <https://www.hudexchange.info/resources/documents/FY-2017-CoC-Program-Competition-NOFA.pdf>.)

The next steps are:

- Our staff will be in contact with applicants regarding corrections and adjustments required within e-snaps.
- Applicants with projects in one or more designated Consolidated Planning Jurisdictions MUST follow up with the appropriate jurisdiction to make sure your project receives the appropriate Certifications of Consistency with the Consolidated Plan for jurisdictions where the project is located (if you haven't already done so). Please note that DCA is completing this certification for projects outside of local jurisdictions.

Please let me know if you have any questions.

Thanks,
Tina



Learn more about our commitment to [fair housing](#).

Tina Moore

Continuum of Care Program Coordinator
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329

Direct 404-327-6870
Fax 404-679-0669
tina.moore@dca.ga.gov

Tina Moore

From: Tina Moore
Sent: Wednesday, September 13, 2017 11:52 AM
To: 'ydepina@cobbcsb.com'; 'bgstephens@cobbcsb.com'; 'jwedlowe@cobbcsb.com'
Cc: David Whisnant; Christy Hahn; Keya Hillman
Subject: FW: Georgia BoS 2017 Continuum of Care Competition - Notification of Project Ranking
Attachments: 2017 CoC Project Application Priority Ranking Summary - Tier 1 and Tier 2.pdf; 2017 Balance of State CoC Reallocation Amounts.pdf

Good morning,

Attached please find a chart showing the Balance of State CoC project grants where funding was reduced in order to reallocate funds to new projects. Reductions were made to the Douglas County Community Service Board Douglas County SHP project:

- The CoC has been unable to fully assess the amount of funds returned to HUD following the expiration of each grant term, however, we were able to determine that over \$40,000 has been returned for two of the grant terms. Based on this assessment, the CoC has reduced this project by \$20,000.

Following the competition, please submit information on how your organization plans to utilize all of the grant funds going forward.

If you have any questions, please let me know.

Thank you,
Tina

Tina Moore

Continuum of Care Program Coordinator
Georgia Department of Community Affairs

Direct 404-327-6870

Fax 404-679-0669

tina.moore@dca.ga.gov

From: Tina Moore
Sent: Wednesday, September 13, 2017 11:45 AM
To: HAD Office of Homeless & Special Needs <had.ohsn@dca.ga.gov>
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Please let me know if you have any questions.

Thanks,
Tina



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Tina Moore

**Continuum of Care Program Coordinator
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329**

Direct 404-327-6870

Fax 404-679-0669

tina.moore@dca.ga.gov

Tina Moore

From: Tina Moore
Sent: Wednesday, September 13, 2017 11:50 AM
To: Libby Tyre; Mackenzie Harkins
Cc: David Whisnant; Christy Hahn; Keya Hillman
Subject: FW: Georgia BoS 2017 Continuum of Care Competition - Notification of Project Ranking
Attachments: 2017 CoC Project Application Priority Ranking Summary - Tier 1 and Tier 2.pdf; 2017 Balance of State CoC Reallocation Amounts.pdf

Good morning,

Attached please find a chart showing the Balance of State CoC project grants where funding was reduced in order to reallocate funds to new projects. Most of the listed GHFA projects are operating at 85% or more capacity, but these projects are not utilizing all of the funds. As a result, funds are being returned to HUD. After careful review determining projected amounts that will be spent, it was determined that the GHFA S+C projects could continue operating at the current utilization, even with a grant reduction.

Thank you so much for your assistance in the review.

Thank you,
Tina

Tina Moore

Continuum of Care Program Coordinator
Georgia Department of Community Affairs
Direct 404-327-6870
Fax 404-679-0669
tina.moore@dca.ga.gov

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Sent: Wednesday, September 13, 2017 11:45 AM
To: HAD Office of Homeless & Special Needs <had.ohsn@dca.ga.gov>
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Please let me know if you have any questions.

Thanks,
Tina



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Tina Moore

Continuum of Care Program Coordinator
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329

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tina.moore@dca.ga.gov

2017 Balance of State Reallocation Amounts

Applicant Name	Project Name	Grant Number	Expiration Year	Project Component	Leasing	Rental Assistance	Supportive Services	Operating Costs	HMIS	Admin	FMR or Actual Rent	SRO Units	0 BR Units	1 BR Units	2 BR Units	3 BR Units	4 BR Units	5 BR Units	6+ BR Units	Total Units	Total ARA	
Douglas County Community Service	Douglas County SHP	GA0135L4B011608	2018	PH	\$49,906	\$0	\$50,700	\$12,453	\$0	\$2,113	N/A	0	0	0	2	2	0	0	0	0	4	\$115,172
Georgia Housing & Finance Authority	South GA CSB S+CR2	GA0045L4B011603	2018	PH	\$0	\$154,368	\$0	\$0	\$0	\$11,271	FMR	0	0	12	9	0	0	0	0	0	21	\$165,639
Georgia Housing & Finance Authority	AVITA Community Partners S+CR	GA0051L4B011609	2018	PH	\$0	\$139,272	\$0	\$0	\$0	\$9,749	FMR	0	0	0	14	0	0	0	0	0	14	\$149,021
Georgia Housing & Finance Authority	CSB of Middle Georgia S+CR	GA0055L4B011609	2018	PH	\$0	\$38,700	\$0	\$0	\$0	\$2,251	FMR	0	0	0	5	0	0	0	0	0	5	\$40,951
Georgia Housing & Finance Authority	Middle Flint BHS S+CR	GA0140L4B011608	2018	PH	\$0	\$171,264	\$0	\$0	\$0	\$10,376	FMR	0	0	11	13	0	0	0	0	0	24	\$181,640
Georgia Housing & Finance Authority	Viewpoint Health S+CR2	GA0218L4B011605	2018	PH	\$0	\$458,832	\$0	\$0	\$0	\$28,938	FMR	0	0	42	4	0	0	0	0	0	46	\$487,770
Georgia Housing & Finance Authority	Travelers Aid of Metropolitan Atlanta	GA0246L4B011604	2018	PH	\$0	\$181,764	\$0	\$0	\$0	\$11,568	FMR	0	0	10	6	1	0	0	0	0	17	\$193,332
New Horizons Community Service	Rural Rapid Rehousing FY2016	GA0279L4B011602	2018	PH	\$0	\$69,648	\$28,400	\$0	\$5,000	\$6,711	FMR	0	0	0	5	2	0	0	0	0	7	\$109,759

Applicant Name	Project Name	Grant Number	Reallocation Amount	# Contract Units Lost	# Contract Beds Lost	Unit Utilization	See Note Below
Douglas County Community Service	Douglas County SHP	GA0135L4B011608	\$20,000	0	0	100%	*
Georgia Housing & Finance Authority	South GA CSB S+CR2	GA0045L4B011603	\$17,765	0	0	96%	*
Georgia Housing & Finance Authority	AVITA Community Partners S+CR	GA0051L4B011609	\$15,150	0	0	>100%	*
Georgia Housing & Finance Authority	CSB of Middle Georgia S+CR	GA0055L4B011609	\$5,100	0	0	87%	*
Georgia Housing & Finance Authority	Middle Flint BHS S+CR	GA0140L4B011608	\$19,332	0	0	89%	*
Georgia Housing & Finance Authority	Viewpoint Health S+CR2	GA0218L4B011605	\$11,088	0	0	82%	*
Georgia Housing & Finance Authority	Travelers Aid of Metropolitan Atlanta	GA0246L4B011604	\$8,964	0	0	100%	*
New Horizons Community Service	Rural Rapid Rehousing FY2016	GA0279L4B011602	\$10,000	0	0	>100%	*
			\$107,399	0	0		

*These renewal projects are being reduced due to funds being left over at the end of the year. Reductions for Rental Assistance projects (S+CR) made through reduced FMR. Reductions for other 2 projects made through reduced services, operating, or reduced FMR for leasing.

**2017 Georgia Balance of State Continuum of Care Project Application Priority Ranking
Tier 1 and Tier 2 Final**

Ranking	Project Type	Name of Project Applicant	Project Sponsor/Project Name	Funding Request	Cumulative Balance for Funding	
Renewing PSH & PH project applications were scored & ranked using the same scoring criteria. Projects were then grouped and ranked in the following order: Group 1 -Renewing PSH & PH projects currently housing people without significant capacity issues or significant underutilization, HMIS, & Coord Assessment; Group 2 - New RRH awarded in 2015 competition; Group 3 - New RRH & PSH awarded in 2016, and Group 4 - New Bonus PH. Higher scoring projects were placed in the CoC's Tier 1 representing the top 94% of the Annual Renewal Amount (ARA). Group 2 projects that scored lower, and Group 3 projects, fell into the bottom 6% of the BoS CoC's ARA (a/k/a Annual Renewal Demand or ARD).						
1	PH	MUST Ministries, Inc.	Cherokee County PSH-PH Case Management	\$71,904	\$71,904	Tier 1
2	PH	Georgia Housing and Finance Authority	MUST Ministries BOS S+CR	\$228,520	\$300,424	1
3	PH	New Horizons Community Service Board	RED HILL AGR FY 2016	\$50,828	\$351,252	
4	PH	Georgia Housing and Finance Authority	Dalton Whitfield CDC S+CR2	\$88,103	\$439,355	
5	PH	Another Chance of Atlanta, Inc.	ACA PSH for Gwinnett County	\$169,144	\$608,499	
6	PH	Georgia Housing and Finance Authority	Unison BHS S+CR	\$374,033	\$982,532	
7	PH	Georgia Housing and Finance Authority	South GA CSB S+CR	\$375,167	\$1,357,699	
8	PH	Georgia Housing and Finance Authority	South GA CSB S+CR2 (Reduction)	\$147,874	\$1,505,573	
9	PH	Georgia Housing and Finance Authority	AVITA Community Partners S+CR (Reduction)	\$133,871	\$1,639,444	
10	PH	Georgia Housing and Finance Authority	Viewpoint Health S+CR	\$200,438	\$1,839,882	
11	PH	Dalton-Whitfield Community Development Corporation	PH SPC Case Manager Renewal Application	\$31,679	\$1,871,561	
12	PH	GEORGIA HOUSING AND FINANCE AUTH	Lookout Mountain S+CR	\$236,692	\$2,108,253	
13	PH	Georgia Housing and Finance Authority	Advantage BHS BoS S+CR3	\$134,713	\$2,242,966	
14	PH	Georgia Housing and Finance Authority	Oconee CSB S+CR	\$85,362	\$2,328,328	
15	PH	Georgia Housing and Finance Authority	Oconee CSB S+CR2	\$188,478	\$2,516,806	
16	PH	Georgia Housing and Finance Authority	Comprehensive AIDS Resource Encounter S+CR	\$75,857	\$2,592,663	
17	PH	Georgia Housing and Finance Authority	Dalton Whitfield CDC S+CR	\$93,975	\$2,686,638	
18	PH	Georgia Housing and Finance Authority	New Horizons CSB BoS S+CR	\$71,728	\$2,758,366	
19	PH	Georgia Housing and Finance Authority	Travelers Aid of Metropolitan Atlanta S+CR1	\$186,120	\$2,944,486	
20	PH	Georgia Housing and Finance Authority	Georgia Mountain Women's Center S+CR	\$132,874	\$3,077,360	
21	PH	Georgia Housing and Finance Authority	Avita Community Partners S+CR2	\$139,056	\$3,216,416	Tier 1
22	PH	Georgia Housing and Finance Authority	Travelers Aid of Metropolitan Atlanta S+CR2 (Reduction)	\$184,368	\$3,400,784	1
23	PH	Georgia Housing and Finance Authority	River Edge CSB S+CR	\$627,210	\$4,027,994	
24	PH	Georgia Housing and Finance Authority	Viewpoint Health S+CR2 (Reduction)	\$476,682	\$4,504,676	
25	PH	Georgia Housing and Finance Authority	River Edge CSB S+CR3	\$639,908	\$5,144,584	
26	PH	GEORGIA HOUSING AND FINANCE AUTH	Advantage BHS BOS S+CR4	\$156,648	\$5,301,232	
27	PH	Georgia Housing and Finance Authority	Douglas CSB S+CR4	\$287,230	\$5,588,462	
28	PH	AIDS Athens	AIDS Athens PSHP	\$66,141	\$5,654,603	
29	PH	Georgia Housing and Finance Authority	Middle Flint BHS S+CR (Reduction)	\$162,308	\$5,816,911	
30	PH	Travelers Aid of Metropolitan Atlanta, Inc.	Gwinnett PSH 2016	\$170,218	\$5,987,129	
31	PH	GEORGIA HOUSING AND FINANCE AUTH	Dalton - Whitfield CDC S+CR3	\$100,935	\$6,088,064	
32	PH	GEORGIA HOUSING AND FINANCE AUTH	Action Ministries BoS S+CR2	\$170,104	\$6,258,168	
33	HMIS	Georgia Housing and Finance Authority	GHFA Statewide HMIS Renewal FY2016	\$663,400	\$6,921,568	
34	SSO	Georgia Housing and Finance Authority	BoS CoC Coordinated Assessment FY 2016	\$189,176	\$7,110,744	
35	HMIS	Georgia Housing and Finance Authority	Balance of State HMIS Grant FY2017 (NEW)	\$100,003	\$7,210,747	
36	PH	Georgia Housing and Finance Authority	River Edge S+CR4	\$80,715	\$7,291,462	
37	PH	Georgia Housing and Finance Authority	Carrollton Housing Authority S+CR	\$361,831	\$7,653,293	
38	PH	Georgia Housing and Finance Authority	Highland Rivers S+CR3	\$226,943	\$7,880,236	Tier 1
39	PH	Project Community Connections, Inc.	PCCI Rapid Re-Housing BoS	\$226,270	\$8,106,506	1
40	PH	Georgia Housing and Finance Authority	Avita Community Partners S+CR3	\$109,990	\$8,216,496	
41	PH	Georgia Housing and Finance Authority	River Edge CSB S+CR5	\$265,865	\$8,482,361	
42	PH	Douglas County Community Services Board	Douglas County SHP (Reduction)	\$95,172	\$8,577,533	
43	PH	Georgia Housing and Finance Authority	Gateway BHS S+CR	\$635,433	\$9,212,966	
44	PH	Georgia Housing and Finance Authority	Advantage BHS BOS S+CR	\$160,833	\$9,373,799	
45	PH	Georgia Housing and Finance Authority	McIntosh Trail CSB S+CR1	\$336,780	\$9,710,579	
46	PH	Georgia Housing and Finance Authority	Douglas CSB S+CR2	\$615,040	\$10,325,619	
47	PH	Gateway Behavioral Health Services	Brunswick Homeless Non-custodial Disabled Men's Project	\$390,825	\$10,716,444	
48	PH	Georgia Housing and Finance Authority	Albany Area CSB S+CR2 transfer	\$203,821	\$10,920,265	
49	PH	Georgia Housing and Finance Authority	Albany Area CSB S+CR	\$147,512	\$11,067,777	Tier 1
50	PH	Georgia Housing and Finance Authority	McIntosh Trail CSB S+CR3	\$168,460	\$11,236,237	1
51	PH	Georgia Housing and Finance Authority	Viewpoint Health S+CR3	\$182,414	\$11,418,651	
52	PH	CaringWorks, Inc.	CaringWorks Housing Solutions BOS	\$231,024	\$11,649,675	
53	PH	Georgia Housing and Finance Authority	Highland Rivers CSB S+CR	\$120,275	\$11,769,950	
54	PH	GEORGIA HOUSING AND FINANCE AUTH	Viewpoint S+CR4	\$105,288	\$11,875,238	
55	PH	New Horizons Community Service Board	Rural Family Rapid Rehousing Program FY 2016 (Reduction)	\$99,759	\$11,974,997	
56	PH	Georgia Housing and Finance Authority	Highland Rivers CSB S+CR2	\$107,238	\$12,082,235	
57	PH	Georgia Housing and Finance Authority	URDC BoS S+CR1	\$578,581	\$12,660,816	
58	PH	Georgia Housing and Finance Authority	New Horizons CSB BoS S+CR2	\$217,129	\$12,877,945	
59	PH	Georgia Housing and Finance Authority	McIntosh Trail CSB S+CR2	\$260,301	\$13,138,246	
60	PH	Georgia Housing and Finance Authority	Pineland CSB S+CR	\$157,649	\$13,295,895	
61	PH	Georgia Housing and Finance Authority	CSB of Middle Georgia S+CR (Reduction)	\$35,851	\$13,331,746	Tier 1
62	PH	Action Ministries, Inc.	Balance of State Rapid Re-housing	\$504,046	\$13,835,792	1
63	PH	Citizens Against Violence, Inc.	DV-COC Rapid Re-Housing	\$258,982	\$14,094,774	
64	PH	City of Hinesville	Hinesville Homeless Prevention RRH	\$110,432	\$14,205,206	
65	PH	Travelers Aid of Metropolitan Atlanta, Inc.	Douglas RRH 2016	\$117,224	\$14,322,430	
66	PH	Action Ministries, Inc.	Mountain Initiative Rapid Re-housing	\$126,900	\$14,449,330	
67	PH	Travelers Aid of Metropolitan Atlanta, Inc.	Hope Atlanta- CoC IMPACT! RRH2 transfer	\$259,532	\$14,708,862	
68	PH	S.H.A.R.E. House, Inc.	S.H.A.R.E. House Rapid Re-Housing Program	\$148,241	\$14,857,103	
69	PH	Georgia Coalition Against Domestic Violence	GCADV Rapid Re-Housing for Victims of Domestic Violence	\$511,374	\$15,368,477	
70	PH	Lowndes Associated Ministries to People, Inc.	Rapid Rehousing	\$146,678	\$15,515,155	
71	PH	Macon-Bibb County Economic Opportunity Council, Inc.	HUD - Rapid Rehousing 2016	\$243,842	\$15,758,997	
72	PH	Asian American Resource Foundation, Inc.	AARC Rapid Re-housing Program 2016	\$163,898	\$15,922,895	Tier 2
73	PH	Project Community Connections, Inc.	PCCI Rapid Re-Housing BoS 2	\$513,306	\$16,436,201	2
74	PH	Another Chance of Atlanta	ACA PSH for Clayton County	\$126,400	\$16,562,601	
75	PH	MUST Ministries	MUST Ministries BoS CoC RRH	\$107,688	\$16,670,289	
76	PH	Travelers Aid of Metropolitan Atlanta, Inc.	Hope Atlanta- CoC IMPACT! RRH1 transfer	\$259,532	\$16,929,821	
77	Bonus PH	Coastal Plain Area EOA, Inc.	CoC Rapid Re-Housing	\$300,000	\$17,229,821	
78	Bonus PH	Partnership Against Domestic Violence	PADV Supportive Housing Project - Gwinnett County	\$282,873	\$17,512,694	
79	Bonus PH	Salvation Army of Gwinnett	Home Sweet Home Gwinnett	\$275,000	\$17,787,694	
80	Bonus PH	Family Promise of Gwinnett	Family Promise AfterCare Program	\$250,000	\$18,037,694	
Rejected	Bonus PH	Overview, Inc.	Rapid Re-Housing (Did not meet threshold)	\$0	\$18,037,694	
Rejected	Bonus PH	Family Promise of Gwinnett	Family Promise TH/RRH Program (Did not meet threshold)	\$0	\$18,037,694	
Rejected	Bonus PH	South Georgia Partnership to End Homelessness	H.O.M.E. (Helping Others Make the Effort) (Did not meet threshold)	\$0	\$18,037,694	



Georgia Balance of State Continuum of Care (BoS CoC)

[Program Description](#) | [Downloads & Related Links](#)

Overview

HUD's Continuum of Care Program

The U. S. Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

HUD CoC grants are offered through a nation-wide competitive process for renewal and new grants. HUD has established guidelines for the competition which may be reviewed in annual notices of funding availability. Nonprofits, states, instrumentalities of state (authorities, boards, etc.), and local governments are eligible to apply if they have been selected by one of the nine (9) Continuum of Care for the geographic area in which the proposed project will operate.

Georgia's Local Continua of Care

There are nine (9) Continua of Care in Georgia. The following localities have chosen to develop and submit local Continuums of Care -- (1) Athens/Clarke, (2) Augusta/Richmond, (3) Columbus/Muscogee, the City of (4) Atlanta, and the counties of (5) Chatham (including Savannah), (6) Cobb, (7) DeKalb, and (8) Fulton (excluding Atlanta). [Contact information for each local continuum of care here.](#)

Georgia's Balance of State Continuum of Care

The ninth (9th) continuum, the Georgia's Balance of State Continuum of Care (BoS CoC), is composed of representatives of relevant organizations organized within 152 of Georgia's 159 counties. To carry out its work, the BoS CoC has aligned its mission and goals to be consistent with the [HUD Strategic Plan](#) and with the [Federal Interagency Homeless Council's plan](#) entitled "Opening Doors."

News and Events

2017 Balance of State Continuum of Care (BoS CoC) Application Process -- UPDATE

September 11, 2017 – Following meetings with both the Standards, Rating, and Project Selection Committee, and the Balance of State CoC Board of Directors, the Balance of State CoC is releasing the approved project ranking results of applications submitted under the FY2017 Georgia Balance of State CoC Competition. Full details regarding competition policy, materials, and requirements are posted on the [CoC Applicants and Grantees Only Webpage](#).

- [2017 Balance of State Continuum of Care Project Ranking Chart](#)

Balance of State Continuum of Care Board

Following the election of Georgia Balance of State Super Region "at-large" Board Members, the Membership and Rules Committee approved Board Appointments made as directed in the Governance Charter, and the full slate of Board Members (December 2014). Information on the Georgia Balance of State Board of Directors, and meeting notices will be posted below, as available:

- [Meeting of the Georgia Balance of State Continuum of Care Board – September 8, 2017 \(PDF\)](#)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – July 31, 2017 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – May 24, 2017 \(PDF\)](#)
- [2017-18 BoS CoC Board Meeting Schedule \(PDF\)](#)
- [BoS CoC ESG Priorities - 2017 Approved \(PDF\)](#)
- [GA HMIS Steering Committee Bylaws 02-22-17 Adoption Reaffirmed \(PDF\)](#)
- [Georgia BoS Committee Member Appointments - Approved 02-22-17 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – February 22, 2017 \(PDF\)](#)
- [BoS CoC Board Member Listing 02-14-17 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - November 16, 2016 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – November 16, 2016 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - August 24th 2016 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - July 13th 2016 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - May 25th 2016 v2 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes – February 24th 2016 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – August 24, 2016 \(PDF\)](#)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – July 13, 2016 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – May 25, 2016 \(PDF\)](#)
- [Governance Charter Georgia BoS Continuum of Care - Update January 20 2016 \(For Membership Vote\) \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – February 24, 2016 \(PDF\)](#)
- [Georgia Balance of State CoC Committee Members - Approved 11-18-15 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - November 4, 2015 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - September 29, 2015 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - August 26, 2015 \(PDF\)](#)
- [BoS PSH Written Standards and Prioritization - Approved 11-4-15 \(PDF\)](#)
- [Balance of State Education Policy 2015 - Approved 11-4-15 \(PDF\)](#)
- [Georgia HMIS Steering Committee Bylaws 11-4-15 Approved \(PDF\)](#)
- [Georgia Balance of State CoC Committee Members - Approved 9-29-15 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – November 18, 2015 \(PDF\)](#)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – November 4, 2015 \(PDF\)](#)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – September 29, 2015 \(PDF\)](#)
- [Georgia Balance of State Continuum of Care Board Members - August 20, 2015 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – August 26, 2015 \(PDF\)](#)
- [Georgia Balance of State Committee Members- Approved 5-27-15 \(PDF\)](#)
- [BoS CoC Board Meeting Minutes - April 23, 2015 Spec Meeting \(PDF\)](#)
- [BoS CoC Board Meeting Minutes - January 21, 2015 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – May 27, 2015 \(PDF\)](#)
- [BoS CoC-Entitlement Priorities - Approved 4-23-15 \(PDF\)](#)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – April 23, 2015 \(PDF\)](#)
- [Georgia Balance of State CoC Committee Members – Approved January 21, 2015 \(PDF\)](#)
- [Governance Charter Changes – Approved January 21, 2015 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – January 21, 2015 \(PDF\)](#)
- [Georgia Balance of State Continuum of Care Board \(PDF\)](#)

Balance of State Continuum of Care Membership

Membership of the Balance of State CoC should consist of interested individuals and representatives from relevant organizations within the geographic area. Relevant organizations

include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, local chambers of commerce, local development authorities, businesses, advocates, local housing authorities, school districts, social service providers, mental health agencies, hospitals, colleges, technical schools, universities, affordable housing developers, landlords, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.

The BoS Continuum has an open membership recruitment process for individuals and representatives who are interested in becoming a formal Member of the Balance of State Continuum of Care. If you are interested in becoming a formal member of the BoS CoC, please go to the following link to answer a few questions. [The Georgia BoS CoC Membership Survey can be found at this link.](#)

If you need more information about the Balance of State Continuum of Care or becoming a member, please contact:

- Tina Moore, GA Department of Community Affairs, phone (404) 327-6870 or by email at Tina.Moore@dca.ga.gov

While everyone is invited and encouraged to participate in the BoS CoC, for matters that call for a vote, only agencies (not individuals) will be eligible to vote. The Voter Membership Policy, enacted by the Membership and Rules Committee on September 8, 2014, requires each member organization/agency to designate one person to be the voting member for that respective agency. It is the responsibility of each agency to ensure the appropriate representative votes, and voting members are required to be a formal member of the BoS CoC.

Other details on membership requirements can be found in the Governance Charter referenced on this page. Further, please contact Tina Moore (information above) if you need special accommodations, including language assistance, in order to participate.

Agencies that have an interest in the Georgia Balance of State Continuum of Care are expected to participate in, and have membership representation on, the GA BoS CoC. Please note, participation and membership representation on each agency's respective CoC may be considered one of the threshold criteria during application review for the Continuum of Care and Emergency Solutions Grant programs.

- [Georgia Balance of State CoC Membership Meeting Notice – April 3rd & 10th 2017](#)
- [Georgia Balance of State CoC Membership Regional Meetings Notice – April 18th, 20th, & 21st 2016](#)
- [Georgia Balance of State CoC Membership Meeting Notice – January 20th & 22nd 2016](#)
- [Georgia Balance of State CoC Membership Meeting Presentation - March 2015 \(PDF\)](#)
- [Georgia Balance of State CoC Membership Meeting Notice - March 30th & 31st, 2015 \(Rescheduled dates\) \(PDF\)](#)
- [Georgia Balance of State CoC Membership Meeting Notice - February 25th & 26th, 2015 \(Meeting postponed due to weather\)](#)

Balance of State Continuum of Care Governance Charter

Following its initial ratification by membership, and in consultation with the Collaborative Applicant and the HMIS Lead, the Governance Charter was updated by the Membership and Rules Committee, approved unanimously by the Board at the meeting on **February 22, 2017**. Please see the following [link for the Georgia Balance of State Governance Charter \(PDF\)](#).

REQUEST for NOMINATIONS - “at-large” Board Members

The Membership and Rules Committee is currently inviting the community of stakeholders to nominate potential Governance Board Members for “Super Region” Seat 3. A basic packet of information with the BoS CoS Super Region map is linked here: [NOMINATION PACKET](#). **Nominations closed on January 6, 2016.**

Related Documents and Links

- [Membership and Rules Meeting Notes – January 20, 2016 \(PDF\)](#)
- [Membership and Rules Meeting Notes - November 9th, 2015 \(PDF\)](#)
- [Membership and Rules Meeting Notes - November 3rd, 2015 \(PDF\)](#)
- [Membership and Rules Meeting Notes - August 19th, 2015 \(PDF\)](#)
- [Membership and Rules Meeting Notes - May 20th 2015 \(PDF\)](#)
- [Georgia BoS CoC - Statewide Meeting Notes – March 30th and 31st, 2015 \(PDF\)](#)
- [BoS CoC Nomination - Voting Process - Voting Policy - Approved 5-21-15 \(PDF\)](#)
- [BoS CoC Conflict of Interest and Recusal Policy - Approved 5-21-15 \(PDF\)](#)
- [BoS CoC Code of Conduct Policy - Approved 5-21-15 \(PDF\)](#)
- [Membership and Rules Committee Meeting Notes – January 14th, 2015 \(PDF\)](#)
- [Membership and Rules Committee Vote – December 16th 2014 \(PDF\)](#)
- [Membership and Rules Meeting Notes – September 26th 2014 \(PDF\)](#)
- [Membership and Rules Committee – Nomination Voting Process and Voting Policy \(PDF\)](#)
- [Membership and Rules Meeting Notes – September 8th 2014 \(PDF\)](#)
- [BoS CoC Super Regions Map \(PDF\)](#)
- [Balance of State Continuum of Care Governance Charter \(PDF\)](#)
- [Presentation - History of the GA Balance of State Continuum of Care \(PDF\)](#)
- [Presentation - Developing a Governance Charter for the Balance of State Continuum of Care \(PDF\)](#)
- [Minutes from September 30 and October 2, 2013 Presentations \(PDF\)](#)
- [Continuum of Care Interim Rule \(HUD Website\)](#)

2016 Balance of State Continuum of Care Application Documents

- [2016 Balance of State Continuum of Care Application \(PDF\)](#)
- [2016 Balance of State Continuum of Care Priority Listing \(PDF\)](#)
- [2016 Balance of State Continuum of Care Project Ranking Chart \(PDF\)](#)

Downloads & Related Links

- [All Georgia Continuum of Care Program Contacts \(PDF\)](#)
Atlanta, Fulton, DeKalb, Cobb, Athens-Clarke, Columbus-Muscogee, Augusta-Richmond, Savannah-Chatham, and Balance of State

Contact Information

- Email [Tina Moore](mailto:Tina.Moore@dca.ga.gov), or call Tina at (404) 327-6870.

Georgia Department of Community Affairs
60 Executive Park South N.E.
Atlanta, Georgia 30329



Georgia Balance of State Continuum of Care Applicants and Grantees Only

[Description](#) | [Downloads & Related Links](#)

Program Description

This page has been developed for organizations that are interested in applying for NEW or RENEWAL Continuum of Care grants through the Georgia Balance of State Continuum of Care.

DCA / GHFA S+C Sponsors seeking RENEWAL funds will be contacted as needed, by DCA staff. For more information contact Libby Tyre by [Email](#) or by phone at (404) 982-3577.

News and Events

2017 Balance of State Continuum of Care (BoS CoC) Application Process

September 11, 2017 – Following meetings with both the Standards, Rating, and Project Selection Committee, and the Balance of State CoC Board of Directors, the Balance of State CoC is releasing the approved project ranking results of applications submitted under the FY2017 Georgia Balance of State CoC Competition. Competition materials and 2017 application requirements will be posted for new and renewal applicants (as they are released) on this page and are as follows:

- [2017 Balance of State Continuum of Care Project Ranking Chart](#)

BoS CoC Policy

- [2017 Georgia BoS CoC NOFA Competition Policy - Includes DEADLINES](#) (PDF)
- [Outline of Overarching Policy Priorities Highlighted in 2017 NOFA](#) (PDF)
- [2017 Applicant Commitments to Housing First-Low Barrier](#) (PDF)

BoS CoC Webinars

- [2017 GA BoS CoC Renewal Applicant Webinar – August 8th and 10th; June 18th](#) (PDF)
- [2017 GA Bos CoC NEW Applicant Webinar – August 8th](#) (PDF)

Proposal Outline, Application Documents and Supplements

- [2017 Balance of State CoC Proposal Outline \(New Only\)](#) (WORD)
- [2017 BoS CoC NEW Rapid Re-Housing Project Review Application](#) (WORD)
- [2017 BoS CoC NEW Permanent Supportive Housing Project Review Application](#) (WORD)
- [2017 BoS CoC NEW Joint TH-RRH Project Review Application](#) (WORD)
- [2017 Balance of State CoC Competition Certification-Policy Addendum](#) (WORD)
- [2017 GA BoS CoC Notice of Intent 2017 PSH Change to DedicatedPLUS \(Renewals ONLY\)](#) (WORD)
- [2017 BoS CoC Renewal Project Review Application \(Deadline was June 23rd\)](#) (WORD)

Project Scoring Criteria / Forms

- [2017 Georgia BoS CoC Renewal Performance CoC Priority Scoring Criteria](#) (PDF)
- [2017 BoS CoC Renewal Review Team Scoring Form](#) (PDF)
- [2017 Georgia BoS CoC New RRH Project Scoring Form](#) (PDF)
- [2017 Georgia BoS CoC New PSH Project Scoring Form](#) (PDF)
- [2017 Georgia BoS CoC New Joint TH RRH Project Scoring Form](#) (PDF)

Standards, Rating and Project Selection Committee

- [Standards and Rating Meeting Notes - August 22nd 2016](#) (PDF)
- [Standards and Rating Meeting Notes – July 11th 2016](#) (PDF)
- [Standards and Rating Meeting Notes - November 2, 2015 Special Mtg](#) (PDF)
- [Standards and Rating Meeting Notes - September 25, 2015 Special Mtg](#) (PDF)
- [Standards and Rating Meeting Notes – April 1st, 2015](#) (PDF)
- [Standards and Rating Meeting Notes – October 17th, 2014](#) (PDF)
- [2014 Georgia BoC CoC NOFA Competition Policy](#) (PDF)
- [Standards Rating Meeting Notes - December 15, 2014](#) (PDF)
- [Standards and Rating Meeting Notes – September 24th, 2014](#) (PDF)
- [Standards and Rating Meeting Notes – September 12th, 2014](#) (PDF)

Homeless Management and Information Systems (HMIS) Committee

- [HMIS Committee Meeting Notes - October 29, 2015](#) (PDF)
- [2015-16 Balance of State CoC HMIS Policy](#) (PDF)
- [2015-16 Balance of State CoC HMIS Data Requirements](#) (PDF)

Assessment, Placement and Services Committee

- [Assessment Placement Services Committee Meeting Notes - June 30, 2015](#) (PDF)
- [Assessment Placement Services Committee Meeting Notes - June 23, 2015](#) (PDF)

Balance of State CoC Environmental Review Requirements

In accordance with 24 CFR Part 58, all HUD-funded, federally-assisted projects, as well as all State of Georgia ESG assisted projects, are subject to the requirements for environmental review and documentation. Organizations receiving such funds (CoC, ESG, and HOPWA) may not commit or expend these funds until an environmental review that meets the standards outlined in 24 CFR Part 58 has been approved by the certifying officer at DCA. Failure to comply with these requirements may result in the termination of any and all contracts and may require repayment of related expended funds.

This information must be submitted to DCA for approval as detailed in the Environmental Review Procedure below for all Balance of State CoC projects (please see all attachments for full information):

- [Environmental Review Request Form \(CoC RRH Projects\)](#) (MS Word)
- [Environmental Review Request Form \(CoC PSH/TH Projects\)](#) (MS Word)

Archived Competition Material WebPage

Contact Information

Shelter Plus Care Renewals -

- Libby Tyre by [Email](#) or phone (404) 982-3577

New Projects or Other Renewals -

- Tina Moore by [Email](#) or phone (404) 327-6870, or
- Keya Hillman by [Email](#) or phone (404) 679-0651

Tina Moore

From: Tina Moore
Sent: Wednesday, September 13, 2017 11:45 AM
To: HAD Office of Homeless & Special Needs
Subject: Georgia BoS 2017 Continuum of Care Competition - Notification of Project Ranking
Attachments: 2017 CoC Project Application Priority Ranking Summary - Tier 1 and Tier 2.pdf

Good morning 2017 Balance of State CoC Applicants,

By now all applicant agencies should have received individualized results for new and renewal projects submitted under the 2017 Balance of State Continuum of Care Competition. We had the conference call with the CoC Review Teams on August 23rd and 30th, and the scoring results and/or threshold results have been sent to each applicant agency. If you have not received your results, please contact me.

Attached please find the final Priority Chart showing the project ranking results approved by the Balance of State CoC Board on September 8, 2017, following approval by the Standards, Rating, and Project Selection Committee on August 22, 2016. This information is also posted on DCA's web page at:

<http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCApplicantsandGranteesOnly.asp>.

As noted in the NOFA, HUD may issue two conditional funding announcements with the criteria set forth in Section VII. of the NOFA. HUD will select new and renewal project applications in Tier 1 in accordance with the criteria set forth in Section II.B.17 of the NOFA, and the CoC Application score and the project application score(s) will determine which projects in Tier 2 will be conditionally selected for award. For projects that ranked close to the funding cutoff for Tier 1, any changes as a result of funding availability or FMR adjustments for projects with rental assistance creates the possibility that the funding line could move, which could move the line between Tier 1 and Tier 2. We hope this won't happen, but we do want agencies to be aware of the possibility.

After HUD review, depending on availability of funding, and in accordance with the selection criteria outlined in the NOFA, we'll find out if the Balance of State CoC will receive awards for Tier 2 projects. Please remember that projects in Tier 2 that pass HUD's eligibility and threshold review will be re-scored using the criteria in Section II.B.17. of the HUD NOFA (page 16). As indicated in the NOFA, HUD will select projects in order of point value until there are no more funds available. In the case of a tie, HUD will fund the projects in the order of CoC application score. In case there is still a tie, HUD will select the project from the CoC that has the highest score on the rating factors described in Section VIII.A.2.e. (The NOFA can be found at: <https://www.hudexchange.info/resources/documents/FY-2017-CoC-Program-Competition-NOFA.pdf>.)

The next steps are:

- Our staff will be in contact with applicants regarding corrections and adjustments required within e-snaps.
- Applicants with projects in one or more designated Consolidated Planning Jurisdictions MUST follow up with the appropriate jurisdiction to make sure your project receives the appropriate Certifications of Consistency with the Consolidated Plan for jurisdictions where the project is located (if you haven't already done so). Please note that DCA is completing this certification for projects outside of local jurisdictions.

Please let me know if you have any questions.

Thanks,
Tina



Learn more about our commitment to [fair housing](#).

Tina Moore

Continuum of Care Program Coordinator
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329

Direct 404-327-6870

Fax 404-679-0669

tina.moore@dca.ga.gov

Tina Moore

From: Tina Moore
Sent: Wednesday, September 13, 2017 12:18 PM
To: HAD Office of Homeless & Special Needs
Subject: Georgia BoS 2017 Continuum of Care Competition - Notification of Project Ranking
Attachments: 2017 CoC Project Application Priority Ranking Summary - Tier 1 and Tier 2.pdf

Good afternoon Georgia Balance of State Continuum of Care Members, Stakeholders and Interested Parties,

Attached please find the final Priority Chart showing the project ranking results approved by the Balance of State CoC Board on September 8, 2017, following approval by the Standards, Rating, and Project Selection Committee on September 6, 2017.

This information is also posted on DCA's web page at the following two places:

<http://www.dca.ga.gov/housing/HousingDevelopment/programs/continuumofcare.asp> and
<http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCAplicantsandGranteesOnly.asp>.

Please note that changes as a result of funding availability or FMR adjustments for projects with rental assistance creates the possibility that the funding line could move, and projects ranking close to the funding cutoff for Tier 1 could pull one or more projects currently showing as the bottom of Tier 1, into Tier 2. We hope this won't happen, but we do want stakeholders to be aware of the possibility.

After HUD review, depending on availability of funding, and in accordance with the selection criteria outlined in the NOFA, we'll find out if the Balance of State CoC will receive awards for Tier 2 projects. Please remember that projects in Tier 2 that pass HUD's eligibility and threshold review will be re-scored using the criteria in Section II.B.17. of the HUD NOFA (page 16). (The NOFA can be found at: <https://www.hudexchange.info/resources/documents/FY-2017-CoC-Program-Competition-NOFA.pdf>.)

Once the full CoC application is complete for the Balance of State CoC, DCA will send a notice letting stakeholders know the CoC Application document is available for review.

Should you have questions, please contact me (tina.moore@dca.ga.gov) or Dave Whisnant at (david.whisnant@dca.ga.gov).

(Please note: In addition to CoC members, this notice was sent to all interested parties on the mailing list of the State Housing Trust Fund for the Homeless. If you would like your contact information removed from the database, please let me know.)

Thank you,
Tina Moore



Learn more about our commitment to [fair housing](#).

Tina Moore

Continuum of Care Program Coordinator
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329

Direct 404-327-6870

Fax 404-679-0669

tina.moore@dca.ga.gov

Tina Moore

From: Tina Moore
Sent: Tuesday, September 26, 2017 12:46 PM
To: HAD Office of Homeless & Special Needs
Subject: Georgia BoS 2017 Continuum of Care Application - Public Posting

Good afternoon Georgia Balance of State Continuum of Care Board Members, Stakeholders and Interested Parties,

The Georgia Balance of State Continuum of Care would like to announce the public posting of the final draft *2017 Balance of State Continuum of Care Application* and *2017 Balance of state Continuum of Care Project Priority Listing*. The Georgia Balance of State CoC will be submitting the application and related documents to HUD today.

Both of these documents have been posted on DCA's web page at the following two places:

<http://www.dca.ga.gov/housing/HousingDevelopment/programs/continuumofcare.asp> and
<http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCAplicantsandGranteesOnly.asp>.

Should you have questions, please contact me (tina.moore@dca.ga.gov), Christy Hahn (christy.hahn@dca.ga.gov), or Keya Hillman Keya.Hillman@dca.ga.gov.

Thank you,
Tina Moore



Learn more about our commitment to [fair housing](#).

Tina Moore

Continuum of Care Program Coordinator
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Atlanta, Georgia 30329

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tina.moore@dca.ga.gov



Georgia Balance of State Continuum of Care (BoS CoC)

[Program Description](#) | [Downloads & Related Links](#)

Overview

HUD's Continuum of Care Program

The U. S. Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

HUD CoC grants are offered through a nation-wide competitive process for renewal and new grants. HUD has established guidelines for the competition which may be reviewed in annual notices of funding availability. Nonprofits, states, instrumentalities of state (authorities, boards, etc.), and local governments are eligible to apply if they have been selected by one of the nine (9) Continuum of Care for the geographic area in which the proposed project will operate.

Georgia's Local Continua of Care

There are nine (9) Continua of Care in Georgia. The following localities have chosen to develop and submit local Continuums of Care -- (1) Athens/Clarke, (2) Augusta/Richmond, (3) Columbus/Muscogee, the City of (4) Atlanta, and the counties of (5) Chatham (including Savannah), (6) Cobb, (7) DeKalb, and (8) Fulton (excluding Atlanta). [Contact information for each local continuum of care here.](#)

Georgia's Balance of State Continuum of Care

The ninth (9th) continuum, the Georgia's Balance of State Continuum of Care (BoS CoC), is composed of representatives of relevant organizations organized within 152 of Georgia's 159 counties. To carry out its work, the BoS CoC has aligned its mission and goals to be consistent with the [HUD Strategic Plan](#) and with the [Federal Interagency Homeless Council's plan](#) entitled "Opening Doors."

News and Events

2017 Balance of State Continuum of Care (BoS CoC) Application Documents

September 26, 2017 – The application process for the 2017 Georgia Balance of State CoC is now closed. Key documents are linked below. All prospective 2018 Applicants, new and renewal, may review full details of the 2017 application requirements on the [CoC Applicants and Grantees Only Webpage](#).

- [2017 Balance of State Continuum of Care Application](#) (PDF)
- [2017 Balance of State Continuum of Care Priority Listing](#) (PDF)
- [2017 Balance of State Continuum of Care Project Ranking Chart](#) (PDF)

Balance of State Continuum of Care Board

Following the election of Georgia Balance of State Super Region "at-large" Board Members, the Membership and Rules Committee approved Board Appointments made as directed in the Governance Charter, and the full slate of Board Members (December 2014). Information on the Georgia Balance of State Board of Directors, and meeting notices will be posted below, as available:

- [Meeting of the Georgia Balance of State Continuum of Care Board – September 8, 2017](#) (PDF)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – July 31, 2017](#) (PDF)
- [Meeting of the Georgia Balance of State Continuum of Care Board – May 24, 2017](#) (PDF)
- [2017-18 BoS CoC Board Meeting Schedule](#) (PDF)
- [BoS CoC ESG Priorities - 2017 Approved](#) (PDF)
- [GA HMIS Steering Committee Bylaws 02-22-17 Adoption Reaffirmed](#) (PDF)
- [Georgia BoS Committee Member Appointments - Approved 02-22-17](#) (PDF)
- [Meeting of the Georgia Balance of State Continuum of Care Board – February 22, 2017](#) (PDF)
- [BoS CoC Board Member Listing 02-14-17](#) (PDF)
- [Balance of State CoC Board Meeting Minutes - November 16, 2016](#) (PDF)
- [Meeting of the Georgia Balance of State Continuum of Care Board – November 16, 2016](#) (PDF)
- [Balance of State CoC Board Meeting Minutes - August 24th 2016](#) (PDF)
- [Balance of State CoC Board Meeting Minutes - July 13th 2016](#) (PDF)
- [Balance of State CoC Board Meeting Minutes - May 25th 2016 v2](#) (PDF)
- [Balance of State CoC Board Meeting Minutes – February 24th 2016](#) (PDF)
- [Meeting of the Georgia Balance of State Continuum of Care Board – August 24, 2016](#) (PDF)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – July 13, 2016](#) (PDF)
- [Meeting of the Georgia Balance of State Continuum of Care Board – May 25, 2016](#) (PDF)
- [Governance Charter Georgia BoS Continuum of Care - Update January 20 2016 \(For Membership Vote\)](#) (PDF)
- [Meeting of the Georgia Balance of State Continuum of Care Board – February 24, 2016](#) (PDF)
- [Georgia Balance of State CoC Committee Members - Approved 11-18-15](#) (PDF)
- [Balance of State CoC Board Meeting Minutes - November 4, 2015](#) (PDF)
- [Balance of State CoC Board Meeting Minutes - September 29, 2015](#) (PDF)
- [Balance of State CoC Board Meeting Minutes - August 26, 2015](#) (PDF)
- [BoS PSH Written Standards and Prioritization - Approved 11-4-15](#) (PDF)
- [Balance of State Education Policy 2015 - Approved 11-4-15](#) (PDF)
- [Georgia HMIS Steering Committee Bylaws 11-4-15 Approved](#) (PDF)
- [Georgia Balance of State CoC Committee Members - Approved 9-29-15](#) (PDF)
- [Meeting of the Georgia Balance of State Continuum of Care Board – November 18, 2015](#) (PDF)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – November 4, 2015](#) (PDF)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – September 29, 2015](#) (PDF)
- [Georgia Balance of State Continuum of Care Board Members - August 20, 2015](#) (PDF)
- [Meeting of the Georgia Balance of State Continuum of Care Board – August 26, 2015](#) (PDF)
- [Georgia Balance of State Committee Members- Approved 5-27-15](#) (PDF)
- [BoS CoC Board Meeting Minutes - April 23, 2015 Spec Meeting](#) (PDF)
- [BoS CoC Board Meeting Minutes - January 21, 2015](#) (PDF)
- [Meeting of the Georgia Balance of State Continuum of Care Board – May 27, 2015](#) (PDF)
- [BoS CoC-Entitlement Priorities - Approved 4-23-15](#) (PDF)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – April 23, 2015](#) (PDF)
- [Georgia Balance of State CoC Committee Members – Approved January 21, 2015](#) (PDF)
- [Governance Charter Changes – Approved January 21, 2015](#) (PDF)
- [Meeting of the Georgia Balance of State Continuum of Care Board – January 21, 2015](#) (PDF)
- [Georgia Balance of State Continuum of Care Board](#) (PDF)

Balance of State Continuum of Care Membership

Membership of the Balance of State CoC should consist of interested individuals and representatives from relevant organizations within the geographic area. Relevant organizations

include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, local chambers of commerce, local development authorities, businesses, advocates, local housing authorities, school districts, social service providers, mental health agencies, hospitals, colleges, technical schools, universities, affordable housing developers, landlords, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.

The BoS Continuum has an open membership recruitment process for individuals and representatives who are interested in becoming a formal Member of the Balance of State Continuum of Care. If you are interested in becoming a formal member of the BoS CoC, please go to the following link to answer a few questions. [The Georgia BoS CoC Membership Survey can be found at this link.](#)

If you need more information about the Balance of State Continuum of Care or becoming a member, please contact:

- Tina Moore, GA Department of Community Affairs, phone (404) 327-6870 or by email at Tina.Moore@dca.ga.gov

While everyone is invited and encouraged to participate in the BoS CoC, for matters that call for a vote, only agencies (not individuals) will be eligible to vote. The Voter Membership Policy, enacted by the Membership and Rules Committee on September 8, 2014, requires each member organization/agency to designate one person to be the voting member for that respective agency. It is the responsibility of each agency to ensure the appropriate representative votes, and voting members are required to be a formal member of the BoS CoC.

Other details on membership requirements can be found in the Governance Charter referenced on this page. Further, please contact Tina Moore (information above) if you need special accommodations, including language assistance, in order to participate.

Agencies that have an interest in the Georgia Balance of State Continuum of Care are expected to participate in, and have membership representation on, the GA BoS CoC. Please note, participation and membership representation on each agency's respective CoC may be considered one of the threshold criteria during application review for the Continuum of Care and Emergency Solutions Grant programs.

- [Georgia Balance of State CoC Membership Meeting Notice – April 3rd & 10th 2017](#)
- [Georgia Balance of State CoC Membership Regional Meetings Notice – April 18th, 20th, & 21st 2016](#)
- [Georgia Balance of State CoC Membership Meeting Notice – January 20th & 22nd 2016](#)
- [Georgia Balance of State CoC Membership Meeting Presentation - March 2015](#) (PDF)
- [Georgia Balance of State CoC Membership Meeting Notice - March 30th & 31st, 2015](#) (Rescheduled dates) (PDF)
- [Georgia Balance of State CoC Membership Meeting Notice - February 25th & 26th, 2015](#) (Meeting postponed due to weather)

Balance of State Continuum of Care Governance Charter

Following its initial ratification by membership, and in consultation with the Collaborative Applicant and the HMIS Lead, the Governance Charter was updated by the Membership and Rules Committee, approved unanimously by the Board at the meeting on **February 22, 2017**. Please see the following [link for the Georgia Balance of State Governance Charter](#) (PDF).

REQUEST for NOMINATIONS - “at-large” Board Members

The Membership and Rules Committee is currently inviting the community of stakeholders to nominate potential Governance Board Members for “Super Region” Seat 3. A basic packet of information with the BoS CoS Super Region map is linked here: [NOMINATION PACKET](#). **Nominations closed on January 6, 2016.**

Related Documents and Links

- [Membership and Rules Meeting Notes – January 20, 2016](#) (PDF)
- [Membership and Rules Meeting Notes - November 9th, 2015](#) (PDF)
- [Membership and Rules Meeting Notes - November 3rd, 2015](#) (PDF)
- [Membership and Rules Meeting Notes - August 19th, 2015](#) (PDF)
- [Membership and Rules Meeting Notes - May 20th 2015](#) (PDF)
- [Georgia BoS CoC - Statewide Meeting Notes – March 30th and 31st, 2015](#) (PDF)
- [BoS CoC Nomination - Voting Process - Voting Policy - Approved 5-21-15](#) (PDF)
- [BoS CoC Conflict of Interest and Recusal Policy - Approved 5-21-15](#) (PDF)
- [BoS CoC Code of Conduct Policy - Approved 5-21-15](#) (PDF)
- [Membership and Rules Committee Meeting Notes – January 14th, 2015](#) (PDF)
- [Membership and Rules Committee Vote – December 16th 2014](#) (PDF)
- [Membership and Rules Meeting Notes – September 26th 2014](#) (PDF)
- [Membership and Rules Committee – Nomination Voting Process and Voting Policy](#) (PDF)
- [Membership and Rules Meeting Notes – September 8th 2014](#) (PDF)
- [BoS CoC Super Regions Map](#) (PDF)
- [Balance of State Continuum of Care Governance Charter](#) (PDF)
- [Presentation - History of the GA Balance of State Continuum of Care](#) (PDF)
- [Presentation - Developing a Governance Charter for the Balance of State Continuum of Care](#) (PDF)
- [Minutes from September 30 and October 2, 2013 Presentations](#) (PDF)
- [Continuum of Care Interim Rule](#) (HUD Website)

2016 Balance of State Continuum of Care Application Documents

- [2016 Balance of State Continuum of Care Application](#) (PDF)
- [2016 Balance of State Continuum of Care Priority Listing](#) (PDF)
- [2016 Balance of State Continuum of Care Project Ranking Chart](#) (PDF)

Downloads & Related Links

- [All Georgia Continuum of Care Program Contacts](#) (PDF)
Atlanta, Fulton, DeKalb, Cobb, Athens-Clarke, Columbus-Muscogee, Augusta-Richmond, Savannah-Chatham, and Balance of State

Contact Information

- Email [Tina Moore](mailto:Tina.Moore@dca.ga.gov), or call Tina at (404) 327-6870.

Georgia Department of Community Affairs
60 Executive Park South N.E.
Atlanta, Georgia 30329



Georgia Balance of State Continuum of Care Applicants and Grantees Only

[Description](#) | [Downloads & Related Links](#)

Program Description

This page has been developed for organizations that are interested in applying for NEW or RENEWAL Continuum of Care grants through the Georgia Balance of State Continuum of Care.

DCA / GHFA S+C Sponsors seeking RENEWAL funds will be contacted as needed, by DCA staff. For more information contact Libby Tyre by [Email](#) or by phone at (404) 982-3577.

News and Events

2017 Balance of State Continuum of Care (BoS CoC) Application Documents

September 26, 2017 – The application process for the 2017 Georgia Balance of State CoC is now closed. Key documents are linked below. All prospective 2018 Applicants, new and renewal, may review full details of the 2017 application requirements below in preparation for next year.

- [2017 Balance of State Continuum of Care Application](#) (PDF)
- [2017 Balance of State Continuum of Care Priority Listing](#) (PDF)
- [2017 Balance of State Continuum of Care Project Ranking Chart](#) (PDF)

BoS CoC Policy

- [2017 Georgia BoS CoC NOFA Competition Policy - Includes DEADLINES](#) (PDF)
- [Outline of Overarching Policy Priorities Highlighted in 2017 NOFA](#) (PDF)
- [2017 Applicant Commitments to Housing First-Low Barrier](#) (PDF)

BoS CoC Webinars

- [2017 GA BoS CoC Renewal Applicant Webinar – August 8th and 10th; June 18th](#) (PDF)
- [2017 GA Bos CoC NEW Applicant Webinar – August 8th](#) (PDF)

Proposal Outline, Application Documents and Supplements

- [2017 Balance of State CoC Proposal Outline \(New Only\)](#) (WORD)
- [2017 BoS CoC NEW Rapid Re-Housing Project Review Application](#) (WORD)
- [2017 BoS CoC NEW Permanent Supportive Housing Project Review Application](#) (WORD)
- [2017 BoS CoC NEW Joint TH-RRH Project Review Application](#) (WORD)
- [2017 Balance of State CoC Competition Certification-Policy Addendum](#) (WORD)
- [2017 GA BoS CoC Notice of Intent 2017 PSH Change to DedicatedPLUS \(Renewals ONLY\)](#) (WORD)
- [2017 BoS CoC Renewal Project Review Application \(Deadline was June 23rd\)](#) (WORD)

Project Scoring Criteria / Forms

- [2017 Georgia BoS CoC Renewal Performance CoC Priority Scoring Criteria](#) (PDF)
- [2017 BoS CoC Renewal Review Team Scoring Form](#) (PDF)
- [2017 Georgia BoS CoC New RRR Project Scoring Form](#) (PDF)
- [2017 Georgia BoS CoC New PSH Project Scoring Form](#) (PDF)
- [2017 Georgia BoS CoC New Joint TH RRR Project Scoring Form](#) (PDF)

Standards, Rating and Project Selection Committee

- [Standards and Rating Meeting Notes - August 22nd 2016](#) (PDF)
- [Standards and Rating Meeting Notes – July 11th 2016](#) (PDF)
- [Standards and Rating Meeting Notes - November 2, 2015 Special Mtg](#) (PDF)
- [Standards and Rating Meeting Notes - September 25, 2015 Special Mtg](#) (PDF)
- [Standards and Rating Meeting Notes – April 1st, 2015](#) (PDF)
- [Standards and Rating Meeting Notes – October 17th, 2014](#) (PDF)
- [2014 Georgia BoC CoC NOFA Competition Policy](#) (PDF)
- [Standards Rating Meeting Notes - December 15, 2014](#) (PDF)
- [Standards and Rating Meeting Notes – September 24th, 2014](#) (PDF)
- [Standards and Rating Meeting Notes – September 12th, 2014](#) (PDF)

Homeless Management and Information Systems (HMIS) Committee

- [HMIS Committee Meeting Notes - October 29, 2015](#) (PDF)
- [2015-16 Balance of State CoC HMIS Policy](#) (PDF)
- [2015-16 Balance of State CoC HMIS Data Requirements](#) (PDF)

Assessment, Placement and Services Committee

- [Assessment Placement Services Committee Meeting Notes - June 30, 2015](#) (PDF)
- [Assessment Placement Services Committee Meeting Notes - June 23, 2015](#) (PDF)

Balance of State CoC Environmental Review Requirements

In accordance with 24 CFR Part 58, all HUD-funded, federally-assisted projects, as well as all State of Georgia ESG assisted projects, are subject to the requirements for environmental review and documentation. Organizations receiving such funds (CoC, ESG, and HOPWA) may not commit or expend these funds until an environmental review that meets the standards outlined in 24 CFR Part 58 has been approved by the certifying officer at DCA. Failure to comply with these requirements may result in the termination of any and all contracts and may require repayment of related expended funds.

This information must be submitted to DCA for approval as detailed in the Environmental Review Procedure below for all Balance of State CoC projects (please see all attachments for full information):

- [Environmental Review Request Form \(CoC RRR Projects\)](#) (MS Word)
- [Environmental Review Request Form \(CoC PSH/TH Projects\)](#) (MS Word)

Archived Competition Material WebPage

Contact Information

Shelter Plus Care Renewals -

- Libby Tyre by [Email](#) or phone (404) 982-3577

New Projects or Other Renewals -

- Tina Moore by [Email](#) or phone (404) 327-6870, or
- Keya Hillman by [Email](#) or phone (404) 679-0651

2017 CoC Application and Priority Ranking Notice 9-26-17

Legal Applicant	First Name	Last Name	cn_email	Legal Applicant	First Name	Last Name	cn_email
Housing Georgia	Marty	Collier	2mcollier@comcast.net	Carter Center (The)	Kristin	Christakis, M.S., M.	kchristakis@emory.edu
Comprehensive AIDS Resource Encounter, Inc.	Iman	Johnson	8014@yahoo.com	Macon Bibb County EOC, Inc.	Kay	Clark	kclark@maconbibbceoc.com
Asian American Resource Foundation, Inc.	Connie	Jee	aarc@aarc-atlanta.org	South Georgia Partnership to End Homeless	Kaliah	Collins	kcollins@sgeph.org
HTF Interested Party	Aaron	Goldman	aaron@perennialproperties.net	Young People Matter	Kellie	Daniels	kdaniels@ypmatlanta.org
Georgia Department of Behavioral Health and Devel	Abayomi	Makanjuola	abayomi.makanjuola@dbhdd.ga.gov	Southwest Georgia Regional Commission	Kerrie	Holder Davis	kdavis@swgrdc.org
Abba House, Inc.	Jim	Sharpe	abbahouse@abbahouse.com	Families First, Inc.	Ken	Neighbors	keisha.jones@familiesfirst.org
Genesis Prevention Coalition	Abeni	Bloodworth	abeni.bloodworth@gmail.com	Families First, Inc.	Keisha	Jones	keisha.jones@familiesfirst.org
Albany ARC	Annette	Bowling	abowling@albanygaarc.org	Salvation Army (Gainesville)	Keith A.	Hamilton	Keith_Hamilton@uss.salvationarmy.org
North Georgia Mountains Crisis Network	Andrea	Gibby	acc@Ellijay.com	Shelter Place, Inc.	Kelda	Cubit	keldacubit@aol.com
Whitfield County DFCS	A C	Gerrells	acgerrells@thr.state.ga.us	Salvation Army (Waycross)	Kellie	Cantrell	Kellie_Cantrell@uss.salvationarmy.org
Lowndes County Board of Health	Amal	Lamb	aclamb@thr.state.ga.us	Laurens County Board of Health	Kelly	Knight, RN	kelly.knight@dph.ga.gov
United Way of the Central Savannah River Area	Angela	Collins	acollins@uwcsra.org	Salvation Army (Albany)	Kelly	English	kenglish@uss.salvationarmy.org
Resource Center for Community Action, Inc (The)	Siddiya	Swift	admin@rccaction.org	Maranatha	Kenneth	Eady	kennykaye@windstream.net
Battered Women's Shelter, Inc.	Sharon	Redding	admin@valdostahaven.org	Georgia Department of Public Health	Kelli	Rayford	kerayford@thr.state.ga.us
Waycross Area Shelter for Abused Persons, Inc. (d/b/a Magnolia House)	Lucille	Husbands	admin@waycrossareashelter.com	Partnership Against Domestic Violence, Inc.	Kerlyne	Apolon	kerlyne.apolon@padv.org
Life Care Center	Louise	Steedley	administrator@lifecarefitzgerald.com	Battered Women's Shelter, Inc.	Kaye	Smith	kesmith1948@yahoo.com
Seasons Housing and Support Services, LLC	Andrea	Boyd	adowning1870@hotmail.com	Douglas County Community Service Board (C	Kara	Haggard	khaggard@cobbcsb.com
United States Department of Veterans Affairs	Adriane	Thomas LCSW,	Adriane.Thomas@va.gov	Gateway Behavioral Health Services	Katie	Hagin	khagin@gatewaybhs.org
A Mother's Love	Adrienne	Williford	adriennewilliford@yahoo.com	Action Ministries (Central Office)	Kelley	Henderson	KHenderson@actionministries.net
Mercy	Angela	Ebberwein	aebberwein@mercyatlanta.org	Southern Georgia Regional Commission (f/k	Katie	Flynn	khflynn@segardc.org
Calhoun Affordable Housing Dev., Inc.	Alicia	Gasaway	agasaway@calhounha.org	Pathways Center for Behavioral & Developpr	Kay	Hill	khill@pathwayscsb.org
Covington, City of	Audra	Gutierrez	agutierrez@cityofcovington.org	Hinesville, City of	Kenneth	Howard	khoward@cityofhinesville.org
Housing Authority of Alma & Nicholls	Randy	Welty	ahaed@accessatc.net		Kiara	Mosley	KiaraMosley220@gmail.com
Advantage Behavioral Health Systems	Alicia	Harris	aharris@advantagebhs.org	Middle Georgia Center for Independent Livin	Jerilyn	Leveritt	kilby8494@aol.com
South Atlantic Center for Veterans Education and Tr	Alyce	Harrison	aharrison@gcvret.org	Phoenix Foundation Cooperative, Inc. (The)	Kim	Bogard, BSW	kim.bogard@gmail.com; thefenixfoundation@gmail.com
HODAC, Inc.	Arthur	Head	Ahead52@cox.net	U. S. Department of Health and Human Serv	Kim	Willard-Jelks	Kim.Willard-Jelks@hrsa.hhs.gov
Wellspring Living	Angela	Hipwell	ahipwell@wellspringliving.org	Families First, Inc.	Kim E.	Anderson	kim@familiesfirst.org
Southwest Georgia Community Action Council, Inc.	Ann	Hires	ahires@swgacac.com	Atlanta Children's Foundation	Nikki	Kirk, B.S.	kirksconsulting@live.com
Project Community Connections, Inc.	Anjala	Huff	ahuff@pccihome.org	Georgia DHS, Social Services Section, Family	Kim	Washington	kiwashington@thr.state.ga.us
A Higher Calling, Inc.	Walter	Walker	ahycalling@yahoo.com	LaGrange-Troup County Homeless Coalition			
					Kendra	(East)-Reisinger	kj_reisinger@yahoo.com
Aids Alliance of Northwest GA, Inc.	Lola	Thomas	aidsalliance@bellsouth.net	Episcopal Development Agency of Thomasvi	Keith	Jenkins	kjenkins550@gmail.com
SafeHomes of Augusta	Aimee	Hall	aimee@safehomesdv.org	Family Crisis Center of Walker, Dade, Catoo	Kristy	Lawson	klawson@fccwdcc.org
Dalton - Whitfield Habitat for Humanity	Ann	Kuzniak	akuzniak@optlink.us	Northwest Georgia Housing Authority	Kimberly	Lewis	klewis@nwgha.com
Holly Tree Services, a/k/a CCIP Investments, LLC	Alan	Clammer	alan@hollytreeservices.org	MUST Ministries, Inc.	Kim	Loesing	kloesing@mustministries.org
Dalton - Whitfield County CDC	Alan	Jewell	alan@reallycheapfloors.com	UGA Housing and Demographics Research C	Karen	Tinsley	kt@uga.edu
HTF Interested Party	Alan M.	Harris	ALANMHARRIS@juno.com	United Way of the CSRA, Inc.	Kara	MacVean	kmacvean@uwcsra.org
Aleaha's Palace, Inc.	Ann	Faulk	aleahaspalace@bellsouth.net	KMA Ministries, Inc.	Kenya	Arnold	KMAOutreach@gmail.com
Northeast Georgia Council on Domestic Violence, In	Alice	Green	Alice Green <alicegreen@aol.com>	Liberty House of Albany, Inc.	Keisha	Massey	kmasssey@libertyhouseofalbany.com
Rockdale County	Alice	Cintron	Alice.Cintron@RockdaleCountyGA.gov	First Choice Primary Care	Katherine	McLeod	kmcleod@firstchoiceprimarycare.org
Kirk Healing Center	Alicia	Kirk	aliciakirk729@gmail.com	Brunswick, City of	Kathy D.	Mills	kmills@cityofbrunswick-ga.gov
Lowndes County Board of Health	Allie	Folsom	allie.folsom@dph.ga.gov	Community Service Board (CSB) of Middle G	Keith	Moran	kmoran@csbmg.com
Baby World DW Dyer	Alma	Noble	almaworld@bellsouth.net	Action Ministries (Central Office)	Kim	Natarajan, MCRP	KNatarajan@actionministries.net
Travelers Aid of Metropolitan Atlanta, Inc.	April	Lockett	alockett@hopeatlanta.org	Impact International, Inc.	Kathy	Parsons	kparsons@impactwestga.org
GA Department of Human Services	Alvin J.	Riggs	Alvin.Riggs@dhs.ga.gov	Northwest Georgia Family Crisis Center, Inc.	Katora	Printup	kprintup@optlink.us
Albany, City of	April	Mahone	amahone@albany.ga.us	Harmony House, Inc.	Kelli	Farrell	krf@harmonyhousega.org
Good Neighbor Shelter	Armin	Maier	amaier7@comcast.net	Georgia Criminal Justice Coordinating Counc	Kristy	Carter	Kristy.Carter@cjcc.ga.gov
Housing Authority of Dalton	Amber	Verner	amberv@haofdaltonga.info	Family Endeavors	Kymbrell	Smith	ksmith@familyendeavors.org
Families First, Inc.	Amin	Hasan	amin.hasan@familiesfirst.org	Community Action for Improvement, Inc.	Kandis	Strickland	kstrickland@cafi-ga.org
Rose of Sharon Intl. Resource Center Inc.	Audrey	Mowdy	amowdy@rosirc.org	MUST Ministries, Inc.	Kate	Tettamant	ktettamant@mustministries.org
Rockdale County Emergency Relief Fund, Inc	Andrew	Peabody	andrew.peabody@rockdalerelief.org	Northwest Georgia Family Crisis Center, Inc.	Kathy	Thornton	ktthornton@optlink.us
Salvation Army of Central GA (Macon)	Andrew	Gilliam	andrew_gilliam@uss.salvationarmy.org	McIntosh Trail Community Services Board (C	Kenyatta	Walker	kwalker@mctrail.org
Clayton Community MH, AD Developmental Service	Angela	Jackson	angela.jackson@claytoncenter.org	Pineland CSB	Kate	Wanke	kwanke@pinelandcsb.org
Living Room, Inc.	Angela	Susten	angela.susten@livingroomatl.org	HTF Interested Party	Katie	Rhodes, Ph.D.	kwrhodes@mindspring.com

2017 CoC Application and Priority Ranking Notice 9-26-17

Salvation Army (Albany)	Angela	English	angela_english@uss.salvationarmy.org	Battered Women's Shelter, Inc. (The Haven)	Karen	Yawn	kyawn@valdostahaven.org
Family Connection - Monticello	Jacqueline	Smith	angelvi2@bellsouth.net	C. A. R. E. Services of Pickens County	Larry	Starr	l.starr@earthlink.net
Carter Center (The)	Anita	Zervigon-Hakes	anita.hakes@gmail.com	First Monumental Faith Community Outreach	Lotty	Atkins	laatkins2002@bellsouth.net
Milledgeville Housing Authority	Anitra	Harden	anitra1@windstream.net	Middle Georgia AIDS Network	Theodore	Meisner	laermita@cox.net
GA Department of Human Services	Ann	Carter	Ann.Carter@dhs.ga.gov	Salvation Army Georgia Division Hdq	Lakeisha	Cramer	lakeisha.cramer@uss.salvationarmy.org
North Georgia Mountains Crisis Network	Annette	Tyo	annettetyo@etcm.com	Advantage Behavioral Health Systems	Laura	Alexander	lalexander@advantagebhs.org
Camilla, City of	Annie J.	Willingham	anniejwillingham@yahoo.com	Lanier Commission for Children, Youth, & Families	Charles R.	Everitt	lanierfamcom@windstream.net
Department of Veterans Affairs (VA Dublin)	Anthony C.	Wilson	anthony.wilson6@va.gov	Mt. Olive Community Outreach Center	Leslie	Heard	laparrish@att.net
Albany Outreach Center, Inc.	Johan	Van der Merwe	AOutreachc@aol.com	Georgia Institute of Technology	Larry	Keating, Ph.D., AICI	larry.keating@arch.gatech.edu
HTF Interested Party	Janet	Tharp	apalach1@bellsouth.net	HTF Interested Party	Latisha	Williams	latisha.williams@metrobrokers.com
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Goodwill Industries Of Middle Georgia	James	Stiff	jstiff@goodwillworks.org	Caring Works, Inc.	Wanda	Rainey Reed	wandareed@caringsworksinc.org
Lutheran Services of Georgia, Inc.	Janet	Tharp	jtharp@lsga.org; apalach1@bellsouth.net	Ware Children's Initiative, Inc. (Family Connection for Ware County)	Gail	Seifert	warechildrensinitiative@gmail.com
HTF Interested Party	Judy	Williams	judithwhiddon@tds.net	Central City AIDS Network, Inc.	Bruce	Helton	warriorsfan77@hotmail.com
Salvation Army (Albany)	Judy	Russell	judy_russell@uss.salvationarmy.org	Waycross Housing Authority	Darlene	Strickland, P.H.M.	wayxpha@accessatc.net
Akin Memorial UMC	Julian	Tucker	juliani@bellsouth.net	Aging Services of Georgia	Walter	Coffey	wcoffey@agingservicesga.org
GA Department of Human Services	Julius	Simmons	Julius.Simmons@dhs.ga.gov	Volunteers of America Southeast	Wallace	Davis	wdavis@voase.org
Sister Sheree Marshall & the Bells of Joy Missionary	Sheree	Marshall	jumuntye@yahoo.com	Gateway Behavioral Health Services	Wendy	Hughes	wendy.hughes@gatewaybhs.org
Mentors Project of Bibb County, Inc. (The)	June	O'Neal	june.oneal@bcsdk12.net; mceh.inc@gmail.com	Men and Women for Human Excellence, Inc.	Wesley	Bryant	wesleybgood@msn.com
Lowndes Associated Ministries to People, Inc. (LAMI)	Justin	Martin	justin.martin@raymondjames.com	Cobb County CDBG Program Office	Frank	Newton	WFNINC@aol.com
Samaritan Clinic	Joyce	Anighoro	jwajoyce@bellsouth.net	Georgia Legal Services Program, Inc. (Gaines County)	Wendy	Glasbrenner	wglasbrenner@glsp.org
Region Four - GA Dept. of Behavioral Health and Developmental Disabilities	Jennifer	Dunn	jwdunn@dhr.state.ga.us	Jones County Commission	Donald	Black	whidbyadams@windstream.net
Douglas County Community Service Board (CSB)	Jockars	Wedlowe	jwedlowe@cobbcsb.com	South Georgia Community Service Board (Cobb County)	William	Huling	whuling@bhs-ga.com
North Georgia Mountains Crisis Network	Julie	Welch	jwelch@etcmail.com	Proclaim Liberty Ministries, Inc.	Sally	Jeffery	wildspirit1@mindspring.com
Rockdale County Emergency Relief Fund, Inc.	Maurry	Wilson	jwilson922@aol.com	Department of Veterans Affairs (Valdosta)	William A.	Jordan	william.jordan1@va.gov
Colquitt County Serenity House	Karen T.	Boyd	karen.boyd@sgfc.com	Pathways Community Network	Matson	William	william.matson@pcni.org
Advocates for Bartow's Children	Karen	White	karen@advochild.org	Trinity Properties, Inc.	Willie	Franks	willie.franks@yahoo.com
Phoenix Center Behavioral Health Services (CSB)	Karen	Lynch	karenlynch@phoenixcenterbhs.com	Women In Need of God's Shelter, Inc.	Jennifer	Giddens	wings07@bellsouth.net
Fight Abuse in the Home in Rabun County, Inc.	Karon	Miller	karon@windstream.net	Women In Need of God's Shelter, Inc.	Barb	Johns	wingscsc@bellsouth.net
Partnership Against Domestic Violence	Katha	Blackwell	katha.blackwell@padv.org	Women In Need of God's Shelter, Inc.	Heather	Mullis	wingsed@bellsouth.net
Northwest Georgia Family Crisis Center, Inc.	Katherine	Heckman	katherineheckman1@att.net	Women In Need of God's Shelter, Inc.	Fred	Rimmer	wingsed@bellsouth.net
Georgia Alliance to End Homelessness	Preston	Katheryn	katheryn@gahomeless.org	Women In Need of God's Shelter, Inc.	Melody	Watson	wingsvol@bellsouth.net
Depaul USA / Daybreak	Kathy	Smith	kathy.smith@depaulusa.org	Macon Bibb County	Wanzina	Jackson	wjackson@maconbibb.us
Flint Circuit Council on Family Violence dba Haven House	Katie	Tucker	katie.tucker@henryhavenhouse.org	Oconee Community Service Board	Willie	Lester	wlester@oconeecenter.com
Pineland Area CSB	Kacey	Gammon	kbeasley@pinelandcsb.org	Georgia Department of Education	Whitney	Mitchell	wmitchell@doe.k12.ga.us
Georgia Center for Nonprofits Inc.	Karen	Beavor	kbeavor@gcn.org	Willie M. Simpson Evangelistic Ministries, Inc.	Willie M.	Simpson	wmsimpson25@hotmail.com
Georgia Legal Services Program - Dalton Regional Office	Kathryn	Bennett	kbennett@glsp.org	Georgia Department of Behavioral Health and Developmental Disabilities	Wendy	Tiegreen	wtiegree@dhr.state.ga.us
Albany Area CSB (d/b/a Aspire BH DD)	Kay	Brooks	kbrooks@albanycsb.org	Douglas County Continuum of Care Coalition	William	Zachery	wtzachery@bellsouth.net
City of Hinesville	Kristen	Bryant	kbryant@cityofhinesville.org	Youth and Community Empowerment Services	Olive	Wedderburn	yandcinc@yahoo.com
Macon, City of	Katherine	Buchman	KBuchman@maconbibb.us	Cobb-Douglas County Community Services Board	Yvonne	DePina	ydepina@cobbcsb.com
				Liberty County Homeless Coalition	Melinda	Schneider	yellowbowlady@coastalnow.net
				McIntosh Trail Community Services Board (Cobb County)	Ylonda	Hadley	yhadley@mctrail.org
				Ark Refuge Ministry, Ark Refuge Church of South Georgia	Yvonne	Lopez	yholiday1226@yahoo.com;
				Nicholas House, Inc.	Yvette	Mason	contact@arkrefuge.net
				Lowndes Associated Ministries to People, Inc.	Yvonne	Brooks	ymason@nicholashouse.org
				Colquitt County Serenity House Project, Inc.	Zilphia	Dorsett	yvonne.brooks@lampinc.org
				Coastal Georgia Area CAA, Inc.	Zerik	Samples	zildorsett1@windstream.net
				Family Endeavors	Terry	Murphy	zsamples@coastalgacaa.org
							tmurphy@familyendeavors.org

Georgia Balance of State Continuum of Care

Georgia Balance of State Continuum of Care Governance Board **Approved July 31, 2017**

2017 Georgia Balance of State Continuum of Care Competition

The Georgia Balance of State (BoS) Continuum of Care (CoC) is issuing the following guidance for the 2017 Notice of Funding Availability (NOFA) competition. This guidance applies to all renewing Continuum of Care grants for permanent supportive housing and rapid re-housing as well as for new applications submitted either for rapid re-housing, permanent supportive housing, Joint TH and PH-RRH component, or Homeless Management Information System (HMIS) projects. This announcement is being provided in accordance with the HUD Notice of Funding Availability (NOFA) for the 2017 Continuum of Care Program Competition (Docket No. FR-6100-N-25) at: <https://www.hudexchange.info/resource/5419/fy-2017-coc-program-nofa/>.

Funding for new projects is only available through the process of reallocation or the permanent housing bonus. The Balance of State CoC may only create new project(s) through the permanent housing bonus up to 6% of the Final Pro Rata Need (FPRN) amount, which is expected to be around \$1,107,873 (based on the Preliminary Pro Rata Need amount). Applications for new projects made available through reallocation will only be considered if the application review sub-committees determine the need to reallocate from eligible renewal projects due to those projects not meeting threshold, poor performance, and underspending due to significantly operating under capacity. There is no estimated amount to be reallocated at this time.

The Georgia Department of Community Affairs (DCA), designated as the Collaborative Applicant for the Georgia Balance of State Continuum of Care (CoC), is responsible for overseeing and managing the application process for the FY2017 HUD Continuum of Care Homeless Assistance funding process. HUD requires that the CoC develop a process for submitting one consolidated application for the FY2017 CoC program. The Collaborative Applicant works with the Standards, Rating, and Project Selection Committee to develop and recommend the process for CoC Board approval. The BoS CoC Board approved this policy on July 31, 2017.

The following document outlines the policy and process for the FY2017 funding cycle.

Timeline

May 1, 2017 - Final CoC Review Step for the CoC Registration due.

May 4, 2017 - Final HUD Approved GIW Change Forms due to HUD.

June 5, 2017 - Review Application released for renewal Permanent Supportive Housing and renewal Rapid Rehousing (RRH) (approved by the BoS CoC Standards, Rating, and Project Selection Committee and the Balance of State CoC Board).

June 8, 2017 - Informational Webinar for renewal PSH and RRH applicants held by DCA, and materials from the webinar were distributed to each renewal applicant.

June 23, 2017 - Review Applications for renewing PSH and RRH projects, as well as the most recent HUD monitoring, and HUD APR from HMIS, due.

July 14, 2017 – NOFA released by HUD.

July 26, 2017 - Standards, Rating, and Review Committee meeting to approve and recommend process for scoring and ranking held.

July 31, 2017 - CoC Board meeting to approve process recommended by the Standards, Ratings, and Review Committee held.

August 1, 2017 – 2017 Balance of State CoC NOFA Competition Policy, Process, Timeline, Review Applications, Scoring Criteria, Addendum, and other Competition materials released (approved by the BoS CoC Standards, Rating, and Project Selection Committee and the Balance of State CoC Board).

August 7, 2017 – Proposal Outlines for New PSH, RRH, or Joint TH & PH-RRH Component projects due.

August 8, 2017 - Informational Webinar for BoS CoC Competition Policy, Renewal PSH and RRH applicants held by DCA, and materials from the webinar posted.

August 8, 2017 - Informational Webinar for New PSH, RRH, and Joint TH & PH-RRH Component applicants, and materials from the webinar posted.

August 11, 2017 – August 25, 2017 – Review Team Sub-Committee application review renewal projects.

August 15, 2017 - Supplemental documents for Renewing PSH and RRH projects due by 3:00 PM. This includes the Addendum, supportive documents showing timely drawdowns (LOCCS reports), and the change designation form (for DedicatedPLUS projects as applicable).

August 15, 2017 - Review Applications (including Addendum) for New PSH, RRH, and Joint TH & PH-RRH Component projects, as well as all required copies and supplemental documents, due at DCA by 5:00 pm.

August 15 – August 17, 2017 – Internal review

August 18, 2017 – August 31, 2017 – Review Team Sub-Committee application review new projects.

August 25, 2017 – ALL project applications (Renewal PSH, RRH, HMIS, CoC Planning, Coordinated Assessment, and HMIS as well as New PSH, RRH, Joint TH & PH-RRH Component, and HMIS) and updated certifications must be entered into *e-snaps* by 5:00 pm.

September 5th or 6th, 2017 - Standards, Rating, and Review Committee meeting to approve and recommend ranking of projects held.

September 8, 2017 - CoC Board meeting to approve ranking recommended by the Standards, Ratings, and Review Committee held.

September 13, 2017 - Notification given to applicants of placement in scoring and ranking for all projects (due date).

September 19, 2017 - ALL project application corrections (if applicable) should be completed in *e-snaps* by 2:00 pm.

September 26, 2017 - Public posting of CoC Application.

September 26, 2017 – Estimated CoC application submission to HUD (due 9/28/17).

Summary of Changes and Policy Priorities for the FY2017 Georgia Balance of State Continuum of Care Homeless Assistance Funding Cycle

Please note that there have been significant changes in the process and method by which local CoCs are being scored under Federal priorities in the last few years. All applicants and interested parties are strongly encouraged to read this document, as well as the HUD FY 2017 Continuum of Care NOFA and any supplemental materials

(<https://www.hudexchange.info/programs/e-snaps/fy-2017-coc-program-nofa-coc-program-competition/>) in their entirety to ensure there is complete understanding of the information provided. Some of the major changes and policy priorities include:

- Renewing Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) projects will be eligible for ranking and renewal. In addition, renewing PSH projects will have the opportunity to change the classification of project type to DedicatedPLUS where 100% of the beds will be dedicated to serve individuals and families as defined in Section III.A.3.d. of the 2017 HUD NOFA.
- In order to be eligible for renewal in FY 2017, a project must have an executed grant agreement by December 31, 2017 and have an expiration date in Calendar Year (CY) 2018 (between January 1, 2018 and December 31, 2018). All projects that received a new PSH or RRH project under the last competition are included on the 2017 Grant Inventory Worksheet (GIW) and are expected to have an application submitted to renew each project that received a new award in 2016 (to include first-time renewal projects originally awarded in 2015).
- Projects implemented prior to the 2016 competition that underspend and/or are significantly operating under capacity may be subject to full or partial reallocation, with the exception of projects that were transferred in 2017 or with a pending transfer. Reallocation of underperforming projects is contingent on appropriate high-scoring new project applications. If there are not adequate new project applications to include in the final ranking, the CoC reserves the right to include the lower scoring renewal project. Any project that has less than \$10,000 at the end of the grant will not be in jeopardy of having the grant amount reduced.
- As in previous years, HUD will continue the Tier 1 and Tier 2 funding process, with the top 94% of the funding allotted to a CoC being in Tier 1, and the bottom 6% of the funding allotted to a CoC in Tier 2.

- RRH Projects that were awarded for the first time under the 2015 NOFA cycle as first time grants, that have not yet been up and running for a full year, will automatically receive median performance scores for like applications for performance in the scoring and ranking process. Those points will then be averaged with that project's original 2015 application score in order to take into account project design and other important factors related to the implementation of that project.
- Projects that were awarded for the first time under the 2016 NOFA cycle as first time grants, that have not yet been up and running for a full year, will automatically receive median performance scores for like applications for performance in the scoring and ranking process. Those points will then be averaged with that project's original 2016 application score in order to take into account project design and other important factors related to the implementation of that project.
- Through this competition the following types of new project applications will be accepted: (a) PSH for the chronically homeless individuals and families; (b) PSH where 100% of the beds meet the NOFA requirements of a DedicatedPLUS project; (c) RRH for individuals and families; (d) Joint TH and PH-RRH component projects; and (e) a HMIS project, to be carried out by the designated HMIS Lead, up to \$100,000.
- BoS CoC bonus points will be available for permanent housing projects (PSH or RRH) that are currently using, or commit to using, the Housing First model when housing program participants (with a concrete plan of action, to utilize the Housing First model of service delivery). To receive any of these bonus points, applicants should demonstrate that the project is low-barrier, prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions to entry. Please note, renewal applicants must meet, or improve, the level committed in each 2016 (or 2015 as applicable) project application.
- BoS CoC bonus points will be available to all project applications that are low barrier projects (or commit to being low barrier projects) and allow entry to program participants that includes: low or no income, current or past substance use, criminal records—with the exceptions of restrictions imposed by federal, state or local law or ordinance (e.g., restrictions on serving people who are listed on sex offender registries), and history of domestic violence. Please note that renewal applicants must meet, or improve, the level committed in each 2016 (or 2015 as applicable) project application.
- Beginning in the 2015 competition, any project application(s) that indicates a Housing First approach and/or commits to operating as a low barrier program and is reviewed, approved, and ranked by the CoC and awarded CoC Program funds is required to operate as a Housing First and/or low barrier project.
- BoS CoC bonus points will be available for projects that prioritize Veterans. Bonus points will be available for PSH renewal projects that commit to changing the classification of that project to DedicatedPLUS. And additional bonus points will be available for applicants who coordinated the 2017 Homeless Count in January of 2017, thus assisting the CoC identify people experiencing homelessness in their area.
- All renewal BoS CoC PSH projects that do not already have 100% of their beds dedicated to people who are chronically homeless will be required to prioritize at least 85% of their non-dedicated beds to people who are chronically homeless*. The BoS CoC is prioritizing

homeless individuals and families experiencing chronic homelessness consistent with *Notice CPD 16-011: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status*. Chronically homeless individuals and families should be given priority for permanent supportive housing beds not currently dedicated to this population as vacancies become available through turnover. Permanent supportive housing renewal projects serving specific disabled subpopulations (e.g., persons with mental illness or persons with substance use disorder) must continue to serve those subpopulations, as required in the current grant agreement. However, chronically homeless individuals and families within the specified subpopulation should be prioritized for entry. The full notice can be found at:

<https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>.

*Projects that committed to prioritizing 100% of non-dedicated beds to people who are chronically homeless in previous competitions are required to continue at 100%.

- In order maintain alignment to HUD priorities for this funding and to keep homeless people with disabilities who are residing in PSH projects from becoming homeless, with the exception of the HMIS and Coordinated Assessment grants, which are critical to the operations of the CoC, and will therefore be placed mid-Tier 1, the BoS CoC will rank projects within the following groupings:
 - o Renewal PSH and RRH projects that are currently housing people who are homeless, without significant capacity issues that have been in operation over a year (based on score) and HMIS and Coordinated Assessment
 - o RRH projects awarded in the 2015 competition that have not yet been in operation for a full year (based on score)
 - o New RRH and PSH projects awarded in the 2016 competition that are not currently operational
 - o Renewal PSH and RRH projects determined to be significantly underperforming or operating under capacity (and PSH projects that are both utilizing 50% or less of the units and returning a significant amount of funds with the exception of projects recently transferred or with a pending transfer)
 - o New PSH, RRH, and Joint TH and PH-RRH Component projects (based on score)
- Projects implemented prior to the 2015 competition that underspend and/or are significantly operating under capacity may be subject to full or partial reallocation. Reallocations, if necessary, will be made based on the guidance in the 2017 NOFA. Reallocation of underperforming projects is contingent on appropriate high-scoring new project applications. If there are not adequate new project applications to include in the final ranking, the CoC reserves the right to include the lower scoring renewal project. Any project that has less than \$10,000 at the end of the grant will not be in jeopardy of having the grant amount reduced
- HUD will score new and renewal projects ranked in Tier 2 using a 100 point scale (please see full details on page 16 of the NOFA):
 - o CoC Score – up to 50 points will be in direct proportion to the score received on the CoC Application;
 - o CoC Project Ranking – up to 40 points will be based on the CoC’s ranking of the project application(s);
 - o Commitment to Housing First – up to 10 points will be based on how project application commits to applying the Housing First model.

- As noted above, HUD is also allowing for CoCs to apply for permanent housing bonus funding. More than one project can be submitted for the bonus funding. HUD guidance shows that for CoCs to receive grants for new projects, other than through reallocation, CoCs must competitively rank projects based on how they improve system performance.
- Compliance with Violence Against Women Act (VAWA) Rule. On November 16, 2016, HUD published its VAWA final rule (81 FR 80798), which provides various protections to victims of domestic violence, dating violence, sexual assault, and stalking under the CoC Program and other HUD programs. The grants to be awarded under this NOFA will be required to comply with the VAWA rule as provided in 24 CFR 578.99(j)(3). All CoC-funded projects must follow the *Georgia Balance of State CoC Violence Against Women Act (VAWA) Policies and Procedures* and be fully compliant by the time the local CPD Field Office issues the first FY 2017 grant agreement for a project in the CoC's geographic area (if not due earlier by the CoC).
- The Collaborative Applicant will submit an application for planning funds as allowed by HUD. CoC Planning applications are not required to be ranked, and the funds are not part of the pro rata amounts available for projects.

General Information

In addition to the information presented in this document, it is expected that all applicants read the HUD FY 2017 Continuum of Care NOFA, related scoring criteria, and any supplemental materials (<https://www.hudexchange.info/programs/e-snaps/fy-2017-coc-program-nofa-coc-program-competition/>) in their entirety to ensure there is complete understanding of the information provided.

All agencies submitting an application, whether for a new project or a renewal project, must submit a complete application packet, as described below, in order to be considered for scoring.

It is the responsibility of the agencies to ensure that all the application materials, whether emailed or mailed, are received by Tina Moore, by the above deadlines. Applications are required to be scored and ranked by the CoC in order to be included in the CoC's project listing submitted to HUD, and an applicant's failure to meet deadlines may result in the denial of an applicant's request for funds.

All renewal project applications must pass a threshold review and will then be scored according to specific criteria. The criteria will consist of current data in the Homeless Management Information System (HMIS) including system performance measures, project performance, the most recent HUD monitoring visit, the most recent DCA monitoring visit, and the scoring of the review application. This will be scored by an independent review panel that will then consolidate the scores and rank the projects. The independent review panel will submit their results to the Collaborative Applicant who will publish the results with the BoS CoC Board's approval.

All new project applications must pass an organizational threshold review and will then be scored according to specific criteria.

New project applications that score high enough will be eligible to be included in the prioritization tiering presented to HUD. Please note, however, eligibility does not guarantee funding. The BoS CoC Board will make the final determination of which projects will be ranked and presented to HUD for funding consideration within the limited funding available.

In addition to the application packet, all renewing and new projects must also complete the HUD application in *e-snaps*. Completing the application in *e-snaps* does not guarantee that the project will be put forth in the HUD application, nor does it guarantee that the project will be funded. Please note that within *e-snaps* renewing project applications are able to import the FY 2016 application responses (if requested during setup) and are able to submit renewal project applications without changes as described in the HUD NOFA.

The BoS CoC is required by CoC regulations to operate a HMIS, establish a “centralized or coordinated assessment system,” and carry out planning activities in accordance with the Interim regulations. The renewal projects for centralized or coordinated assessment and HMIS will therefore be prioritized in the top tier for the ranking. In addition, the CoC may elect to create a new dedicated Homeless Management Information System (HMIS) project, to be carried out by the designated HMIS Lead, available through reallocation up to \$100,000, which would be prioritized in the top tier for the ranking.

DCA, as the Collaborative Applicant, will post any additional details of the competition and HUD resources as they become available on the Continuum of Care webpage. It is the applicant’s responsibility to ensure that they check the both the BoS CoC (<http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCApplicantsandGranteesOnly.asp>) and the HUD CoC (<https://www.hudexchange.info/programs/e-snaps/fy-2017-coc-program-nofa-coc-program-competition/>) websites regularly for the latest updates. Please note that all of HUD’s competition and *e-snaps* materials, notices, and training guides can be accessed on the HUD page.

Projects must agree to enter client data into Georgia’s BoS Homeless Management Information System (ClientTrack), participate in the CoC’s Coordinated Entry System, and participate in the homeless counts in Georgia’s BoS jurisdiction.

The Georgia Department of Community Affairs, as the Collaborative Applicant, believes in a commitment to end homelessness throughout the State of Georgia. To this end, DCA encourages all grantees to ensure that no household is turned away because they have previously resided in a differing Continuum.

Project applicants are required to register with Dun and Bradstreet to obtain a DATA Universal Numbering System (DUNS) number, if they have not already done so, and complete or renew their registration in the System for Award Management (SAM) per Section V.A.1. of the FY 2017 General Section. For more information on DUNS numbers and SAM registration go to: https://portal.hud.gov/hudportal/HUD?src=/program_offices/spm/gmomgmt/grantsinfo. HUD will not enter into a grant agreement with an entity that does not have a DUNS Number or an active SAM registration.

Project applicants must ensure that applications (Review Application and HUD application in the E-Snaps system) are complete and the information within the application is consistent throughout the application. Narratives must be fully responsive to the question being asked, and responses should meet all of the criteria for that question as required by the NOFA and the detailed instructions provided in E-Snaps. Applicants must also ensure that proposed program participants are eligible for the program component type selected, and proposed activities are eligible under 24 CFR part 578. Applicants should also ensure that all required attachments correspond to the attachments list in E-Snaps, contain accurate and complete information, and are dated between May 1, 2017 and September 28, 2017.

Appeals

In accordance with 24 CFR part 578 and the NOFA, applicants have the right to appeal if they believe that they were improperly denied the right to participate in the CoC planning process in a reasonable manner; were improperly denied or decreased funding; or were improperly denied a Certification of Consistency from the local government with the Consolidated Plan. The appeal MUST be carried out in the timeframe and process announced by HUD within the NOFA.

Renewal Rapid Rehousing and Permanent Supportive Housing (Including Shelter Plus Care)

The review application for renewal PSH and RRH was already released and completed by renewal applicants. However, more detail was released once the competition opened. There is some additional information that renewal applicants are required to submit.

All applicants of renewing PSH and RRH project applications must submit the following no later than 3:00pm on August 15, 2017. The following materials must be received for each project in order for an application to be considered complete:

- The Competition Certification and Policy Addendum document for all projects;
- The Notice of Intent - 2017 PSH Change to DedicatedPLUS (where applicable); and
- Supportive documents showing timely draw downs (eLOCCS reports).

Application materials can be emailed to Tina Moore, CoC Program Coordinator at tina.moore@dca.ga.gov.

In addition to the BoS CoC application materials (including all required certifications dated between May 1, 2017 and September 28, 2017), all renewal projects must complete the HUD application in *e-snaps* by 3:00pm on August 25, 2017.

Late submissions of the supplemental materials to the application package will result in a deduction of points.

New Project Application Information

In line with information presented in the NOFA, the BoS CoC will seek applications for new permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families, new PSH projects classified as DedicatedPLUS, new rapid re-housing (RRH) projects that will serve homeless individuals and families, and new Joint TH & PH-RRH Component that will serve unsheltered homeless and youth.

Eligible applicants for new PSH, RRH, or Joint TH and PH-RRH Component projects include all agencies with existing CoC NOFA grants within the Balance of State and nonprofits, units of Government, and Housing Authorities that wish to make application for new grants.

All agencies interested in applying for a new PSH, RRH, or Joint TH and PH-RRH Component project should complete and submit a Proposal Outline (Letter of Intent) to alert the Collaborative Applicant of their intent no later than 3:00pm on August 7, 2017. The Proposal Outline form is attached to the notice, and it will also be available at: <http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCApplicantsandGranteesOnline.asp>.

HUD will allow new reallocated projects to request funding for 1 year. For projects requesting permanent housing bonus funds, the grant term for new project applications requested in the initial application submission may be for a term allowed as defined on page 25 of the HUD NOFA. However, the CoC may elect to decrease the term for any new project that is approved for the final priority ranking list to allow additional projects to be included in the request for funding. Similarly, now projects requesting a 1-year grant term may be increased by the CoC to utilize available funding. Subsequent renewal project applications are limited to one year terms.

Submitting a Proposal Outline will signal DCA staff to forward information to organizations (intending to submit a new project application) regarding the New Applicant webinar, HUD training events, webinars, etc., as well as any updated CoC policies, updated scoring criteria, notice of CoC changes, etc. This information will be sent to renewal applicants automatically.

All agencies submitting an application for a new PSH, new RRH, or new Joint TH and PH-RRH component project must submit a complete application package to the Department of Community Affairs. A complete application package includes:

- Five (5) copies of the Review Application for new projects (including match/leveraging documentation and the required Addendum document in each of the copies);
- The agency 501(c)(3), if applicable (one copy) (the 501(c)(3) for any sub-recipients must also be attached);
- A current list of Board of Directors (one copy);
- The most recent independent financial audit, or equivalent financial statement (one copy); and
- A current 990 IRS Form: Return of Organization Exempt from Income Tax, if applicable (one copy).

All complete new project packages must be received by the CoC Collaborative Applicant, the Department of Community Affairs, by August 15, 2017 at 5:00 pm. Submissions must be mailed to Tina Moore, CoC Program Coordinator, 60 Executive Park South NE, Atlanta, GA 30329.

It is the responsibility of the agencies to assure that all the application materials are received by Tina Moore, by the above deadline. No late submissions for new projects will be accepted.

Additionally, each project applicant must have a Certification of Consistency from the jurisdiction in which each of the proposed project(s) will be located. This assures the application for funding is consistent with the jurisdiction's HUD-approved consolidated plan as described in the NOFA. DCA staff will work with applicants and the appropriate Consolidated Planning jurisdiction for the required form *HUD-2991 - Certification of Consistency with the Consolidated Plan*, but it is the applicant's responsibility to follow up with respective jurisdictions to ensure those jurisdictions have the project information they need to provide the certification(s) in a timely manner.

In addition to the application packet described above, applicants for new RRH, PSH, or Joint TH and PH-RRH Component projects must also complete, and submit, the HUD application (including all required certifications and documentation dated between May 1, 2017 and September 28, 2017) in *e-snaps*.

The complete new PSH, new RRH, and new Joint TH and PH-RRH Component project scoring criteria will be posted on the Balance of State Continuum of Care webpage at <http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCApplicantsandGranteesOnline.asp>. Applicants are strongly advised to review the criteria before submitting an application.

The average proposal size for a new RRH project will depend on the area and coverage of the proposed program and funding available. While there is no minimum or maximum award amount, the CoC anticipates the average size of a large regional or metro area application to be approximately \$250,000. Smaller program designs, particularly in southern or rural parts of the State must be a minimum of \$100,000.

The average proposal size for a new PSH project will depend on the area and coverage of the proposed program and funding available. While there is no minimum or maximum award amount, the CoC anticipates the average size of a large regional or metro area application to be approximately \$250,000. Smaller program designs, particularly in southern or rural parts of the State must be a minimum of \$100,000.

The average proposal size for a new Joint TH and PH-RRH Component project will depend on the area and coverage of the proposed program and funding available. While there is no minimum or maximum award amount, the CoC anticipates the average size of a large regional or metro area application to be approximately \$250,000. Smaller program designs, particularly in southern or rural parts of the State must be a minimum of \$100,000. The CoC is not accepting applications for capital costs in this competition.

Applicants must clearly demonstrate that they have experience and sufficient capacity to serve fragile, chronically homeless, and service resistant clients, and that sufficient services will be provided to clients proposed to be served.

Bonus points will be awarded to new projects that commit, with a concrete plan of action, to having a low-barrier to entry project, as well as to utilize the Housing First model of service delivery.

Threshold Criteria for All New Permanent Supportive Housing (100% Chronic and DedicatedPLUS), New Rapid Re-Housing, and Joint TH and PH-RRH component project applications.

The CoC reserves the right not to review incomplete applications or projects that don't meet eligibility requirements. Applications may receive a threshold denial for any of the following reasons;

- Agency does not meet HUD's eligibility criteria.
- Agency does not demonstrate adequate capacity to carry out grant.
- Application proposes ineligible costs or activities.
- Application proposes to serve ineligible populations.
- Application does not show required match or insufficient commitments for leveraging.
- Compliance or performance issues on current projects.
- Project does not demonstrate adequate impact or cost effectiveness.
- Project does not meet key federal requirements.
- New proposals must be located within Georgia's 152 county Balance of State Continuum of Care jurisdiction. Applications proposing projects in the following jurisdictions are not eligible to be submitted under the BoS CoC application: Atlanta, Fulton County, DeKalb County, Cobb County, Columbus-Muscogee County, Augusta-Richmond County, Athens-Clarke County, Savannah, and Chatham County. To submit an application in one of the listed jurisdictions, you should contact the appropriate CoC jurisdiction for information.
- Agency submits an incomplete application, which includes not submitting the necessary documents listed above, or certifications/documentation as required in the HUD application.

- Agency does not utilize, or commit to utilize, ClientTrack HMIS (or an approved family violence HMIS alternative) to capture client-level data on all clients in the project.

Additional Threshold Criteria for Joint TH and PH-RRH component projects are as follows:

- Given the large number of sheltered and unsheltered homeless in the BoS CoC, Joint TH and PH-RRH component projects must serve people who meet the homeless definition under paragraphs (1), (2), and (4) of the definition of homelessness in 24 CFR 578.3.
- Joint component projects must
 - Use a Housing First approach with client-driven service models and a focus on helping people move to permanent housing as quickly as possible. Participants cannot be required to participate in treatment or services to receive assistance.
 - Have low-barriers to entry and accommodate people with possessions, partners, pets, or other needs.
 - Incorporate client-choice by helping participants find permanent housing based on their unique strengths, needs, preferences, and financial resources. Participants will choose when they are ready to exit the crisis housing portion of the project and move to permanent housing, with providers assisting participants with this move.
 - Provide or connect participants to resources that help them improve their safety and well-being and achieve their goals.
 - Target and prioritize people experiencing homelessness with higher needs and who are most vulnerable.
- Joint component projects must also:
 - Target people who are living in unsheltered locations or homeless youth in areas in which the PIT demonstrates a need for more housing options for homeless households.
 - Demonstrate that the proposed service area is not covered by any crisis housing, has a street outreach team or in which Coordinated Entry planning is occurring.

Match and Leveraging

Applications must meet HUD's match requirements and have at least 25% of the amount of the HUD funding request in total match (outside of the amount for leasing), as well as an additional 125% of the amount of the HUD funding request in total leveraging, to score the maximum amount of points available for match and leveraging for the BoS CoC scoring (150% match and leveraging). Leveraging includes all funds, resources, and/or services that the applicant can secure on behalf of the client being served by the proposed project. While leveraging includes all cash and in-kind matching resources, it is broader in scope, including any other services, supplies, equipment, space, etc. that are provided by sources other than HUD.

HUD guidelines state that projects should only report match and leveraging where there are commitment letters on file that are dated between May 1, 2017 and September 28, 2017, and HUD is requesting that all documented commitments be submitted with the application.

E-Snaps Information for All Renewal and New Applications

Applicants should review and follow the steps as outlined herein and in the NOFA to ensure that applications are complete and submitted in a timely basis.

For reference, the Continuum of Care Program Interim Rule was published in the Federal Register on July 31, 2012, and was effective on August 31, 2012. This information can be

accessed at: <https://www.onecpd.info/news/continuum-of-care-coc-program-interim-rule-posted/>.

For information on accessing HUD's *E-Snaps* system to complete and submit a full BoS CoC Project Application, please go to: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>. Note that once the competition begins, there will be a significant time delay if applicants need to register new users on the *E-Snaps* system. All applicants should ensure that they have access to the system immediately.

Federal Disaster Area Notification

Applicants administering projects in counties that have been impacted by a major disaster, as declared under Title IV of the Robert T. Stafford Act that occurred in the 12 months prior to the application deadline of the HUD NOFA should submit a letter indicating this with the supplemental review packages due on August 15, 2017. This would only include a major disaster that resulted in the Collaborative Applicant, the CoC, or its project(s) inability to continue operations due to flooding, destroyed facilities, lack of power for a long duration, etc. News releases related to Georgia can be found at: <https://www.fema.gov/disasters>. CoCs in impacted areas are required to notify HUD of this prior to the close of this competition.

GA DCA Contacts:

Tina Moore tina.moore@dca.ga.gov Phone: (404) 327-6870 Fax: (404) 679-0669	Keya Hillman keya.hillman@dca.ga.gov Phone: (404) 679-0651 Fax: (404) 679-0669	Christy Hahn christy.hahn@dca.ga.gov Phone: (404) 679-0571 Fax: (404) 679-0669
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TM/tm

Attached is one (1) document:

- 1) 2017 Balance of State CoC Proposal Outline

**2017 Georgia BoS CoC Application – Project Performance & CoC Priority Scoring Criteria
Renewal Projects Only**

Applicant Agency _____

HUD Project Name _____

HUD Project Type:

Permanent Supportive Housing Rapid Re-Housing

For APR data requested within the application, agencies should use data from the HUD APR part 1 and part 2 from HMIS or APRICOT/ALICE covering the period of 5/1/2016 to 4/30/2017 (submission of these reports is required). Please note that renewal projects that have are first-time renewal projects funded under the 2015 and 2016 competitions, (and have not been operational for 1 full year) will automatically receive the median points awarded for like projects on performance, with the exception of bonus points, which will be applicable as scored. Those points will then be averaged with that project’s original 2015 or 2016 score (respectively).

Project Threshold Criteria	Scoring	Reviewer Score	Reviewer Notes
Agency demonstrates they have the capacity to carry out and implement the project proposed. Eligible renewing projects are considered to have met threshold unless other information is available to the contrary.	Pass/Fail		

Performance Criteria	Standard / Goal	Points Available	Scoring	Data Source	Review Score
1. ALL Projects - Spending all grant funds awarded for last grant award period. [Total of all funds expended/total funds awarded by HUD for most recently completed operating year]	Spending 100% of award or Proposed Project Implementation	5	95% or > spent = 5 90-94% spent = 4 85-89% spent = 3 80-84% spent = 2 <80% = 0* *may be subject to reduction	Application or report from LOCCS	
1-a. ALL Projects – Quarterly Draw Downs from LOCCS. [Funds are drawn down from LOCCS every 90 days or less once the contract was executed]	Funds drawn down every 90 days or less.	5	90 days or less = 5	Provider report from LOCCS or internal database.	
2. ALL Projects – Project Utilization Units/Clients [% of unit utilization for housing programs]	Unit/Client Utilization 100% Or Capacity to fully utilize program	5	95% or > = 5 90-94% = 4 85-89% = 3 80-84% = 2 51-79% = 0 Projects at 50% or less = -20 (and may be subject to reduction or reallocation)	Review Application or APR	
Subtotal Grant / Utilization		15			

Program Performance Criteria	Standard / Goal	Points Available	Scoring	Data Source	Review Score
3. PH Programs: Housing Stability for clients served in the reporting period of the last APR submitted to HUD. [% PH persons who remained in the PH program as of end of year OR exited to PH during year]	85%	20	85% or > = 20 75-84% = 15 70-74% = 5 Below 70% = 0	APR [Q36a PH] or Q29 Perm Destination/# Leavers	
3a. Length of Stay: Average length of stay for all participants during 5/1/2016-4/30/2017. (Informational Purposes only)	TBD	N/A	N/A	APR (HMIS data)	
3b. Returns to Homelessness: Percentage of participants who exited 7/1/2015-6/30/16 that returned to homelessness. (Informational only)	TBD	N/A	N/A	DCA (HMIS data)	
Subtotal Housing Stability		20			
4. ALL Programs: Program has dedicated beds/units for serving persons who are chronically homeless. Current Projects will be scored on dedicated chronic beds compared with clients being served by the project. Must meet HUD's definition of chronically homeless.	100%	10	100% = 10 70-99% = 7.5 50-69% = 5 30-49% = 2.5 Less than 30% = 0	Application & verified w/APR (HMIS data)	
5. ALL Programs: Program targets/serves Veterans. Current Projects will be scored on adults being served by the project.	100% HHs w/adult Veteran	10	100% = 10 70-99% = 7.5 50-69% = 5 30-49% = 2.5 Less than 30% = 0	Applica., & verified w/APR	
6. ALL Programs: Program serves persons who have special needs or high barriers to housing. (disabilities, victims of domestic violence, and youth households (adults 18-24)	100%	10	100% = 10 70-99% = 7 40-69% = 5 Less than 40% = 0	Applica. & verified w/APR (Q16, Q18a, Q18b, or Q19a)	
7. ALL Programs: At least one Adult per household w/previous residence that indicates literal homelessness (project eligibility).	100%	10	100% = 10	APR Data	
Subtotal Homeless & Special Needs		40			
8. ALL Programs: Employment Income for Leavers [adult leavers exiting with 'earned income'/ adult leavers	20%	10	20% or > = 10 15- 19% = 4 Below 15% = 0	APR [Q25a1 & Q25a2]	

9. ALL Programs: Increased Income from All Sources [% of persons age 18 or older who maintained or increased total income from all sources as of the end of the operating year or at program exit.]	54%	10	54% or > = 10 49-53% = 7 40-48% = 4 35-39% = 2 Below 35% = 0	APR [Q36]	
10. ALL Programs: Leavers with Non Cash Mainstream Benefit Sources [adult leavers with '1+ source of non-cash benefits'/total leaving adults]	80% or >	10	80% or > = 10 65-79% = 7.5 50-64% = 4 49% or below = 0	APR [Q26a1 & Q26a2]	
11. Renewal Programs: Leavers who exit housing or program to shelter, streets, or unknown [leavers exiting to 'emergency shelter', 'place not meant for human habitation', or 'don't know/refused'/all leavers]	10% or less	11	10% or < = 11 11-20% = 5 Over 20% = 0	APR [Q29a1 & Q29a2]	
Subtotal Performance		41			
12. Current Project Applicants - Monitoring – HUD Findings	No Findings or Concerns	4	See table below	HUD Monitoring Report and recipient response	
12a. Current Project Applicants - Monitoring – DCA Findings	No Findings or Concerns	4	See table below	/DCA Monitoring Report and recipient response	
Subtotal Compliance		8			
13. CoC Participation: Attended BoS CoC Statewide or Regional Meetings (April 2017 or June 2017), attended two-day PH training in February 2017, Participates in BoS CoC Governance (Board or Committee Participation), or as a Point in Time Coordinator.	Yes or No	10	Yes = 10	DCA list	
14. HMIS Data Quality * [Q2 – Q7 less than 5% per question] (Applicants that are not a current CoC grantee & not currently using HMIS may submit data from a comparable HMIS system.)	<5%	10	5% or less = 2 > 5% = 0 each question	HMIS HUD Data Quality Report	
Subtotal: CoC Participation & HMIS Data Quality		20			

15. Match (Cash or In-Kind Resources) With the exception of leasing, all agencies must demonstrate match resources equal to at least 25% of the total requested HUD funding.		5	Well defined = 5 Acceptable = 3 Unacceptable = 0	Applica.	
16. Leveraging (Cash or In-Kind Resources) - The CoC goal for all leveraged resources (including match) is 150% of the grant amount. For this section, agencies should have reported leveraged resources outside of the match resources listed above to insure no duplication		5	125% or more = 5 100-124% = 3 90-99% = 1 Less than 90% = 0	Applica.	
Subtotal: Match and Leveraging		10			
Total Points Available for Performance Criteria (listed on this form)		154			
Total Points Available for Outcome Criteria (Addendum criteria scoresheet)		60			
Total Possible Points**		214			
17. Bonus Points: Continuum of Care Permanent Supportive Housing Priority. Bonus points available for permanent supportive housing programs currently providing housing to people who are homeless with a disability.	100%	40	Current PSH program = 30 DedicatedPLUS = 40	Application Project Type	
18. Bonus Points: Housing First: Bonus points available for permanent housing projects (PSH or RRH) that are currently using, or commit to using, the Housing First model.	100%	15	Yes (with supporting docs) = 10 No = 0	App, Certification, & Supporting Documents	
19. Bonus Points: Low Barrier Projects: Bonus points available to project applications that are low barrier projects (or commit to being low barrier), meaning project allows entry to program participants that includes: low or no income, current or past substance use, criminal records—with the exceptions of restrictions imposed by federal, state or local law or ordinance, and history of domestic violence.	100%	15	Yes (with supporting docs) = 10 No = 0	App, Certification, & Supporting Documents	
20. Bonus Points: Veteran Prioritization - Bonus points available to project applications that	100%	10	Yes (with supporting docs) = 10	App, Certification,	

commit to partnering w/BoS CoC's Initiative to End Veteran Homelessness and will prioritize beds for Veterans.			No = 0	& Supporting Documents	
21. Bonus Points: Point in Time Count Coordinator – Bonus points available to project applications submitted by an agency that served as a coordinator for the Homeless Point in Time Count in January 2017.	100%	10	Yes = 10 No = 0	DCA	
** Timeliness of Application Submission – Late submission of the review application, second submission package, or supporting documents will lose points. The rate will be <5% of the total SCORED points available in the competition for each working day that the application is late.	<5% of total points each working day the application is late	Depends on Submission Date	1 Day Late = <5% total points available 2 Days Late = <10% total points available 3 Days Late = <15% total points available Etc.	Based on date received at DCA.	
Total Points Received					

HUD/DCA Monitoring of CoC Program (point scale)		
Score	Findings	Concerns
4	No Findings	No Concerns
3	1 Program Finding	1 Financial Concern & 1 Program Concern 2 Program Concerns
2	One Financial Finding	3 or more concerns
2	2 Program Findings	
1	3 or More Findings	
0	Currently there are outstanding findings that have not been closed within 30 days.	

Notes:

1. Applicants must provide sufficient information to compete with other applicants under criteria, regardless of whether or not this information is required for the final application being submitted electronically to HUD.
2. In the event of a tie, decisions to be based upon funds requested/number served at capacity.

3. Review Team reserves discretion to award points between high and low ranges on Outcome, Match, and Leveraging criteria (Addendum criteria).
4. Note that this criteria reflects CoC priorities as well as HUD priorities outlined in the FY 2017 NOFA. As a matter of information to applicants, the Balance of State CoC will be judged competitively on CoC Coordination and Engagement (43 points), Project Ranking, Review and Capacity (29 points), Homeless Management Information System (13 points), Point-In-Time Count (6 points), System Performance (49 points), and Performance and Strategic Planning (60 points) – 200 total points possible.
5. The Balance of State CoC project renewal applications for HMIS, and Coordinated Assessment have no impact upon the HUD score for the CoC application. Because of their importance to the CoC effort across the State, they will not be scored by the review panel and will be placed on the priority ranking within Tier 1. The CoC Planning grant is not part of the Tier ranking and does not impact the funding available.
6. Project Applicants that believe they were not allowed to participate in a fair and open process and were rejected by the CoC have the right to appeal the rejection directly to HUD as outlined in the NOFA.
7. More information on Housing First can be found on the United States Interagency Council on Homelessness web site at: http://usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf. It was also sent out by HUD through the SNAPS Weekly Focus series that was released on August 21, 2013 (<https://www.hudexchange.info/news/snaps-weekly-focus-adopting-a-housing-first-approach/>). The entire series can be found at: <https://www.hudexchange.info/homelessness-assistance/snaps-weekly-focus/>. Competition Focus Messages for the 2017 competition can be found at: <https://www.hudexchange.info/programs/e-snaps/fy-2017-coc-program-nofa-coc-program-competition/>.
8. The Final Rule on Defining “Chronic Homeless” published in December 2015, can be found at: <https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/>.

2017 Georgia Balance of State Continuum of Care Review Team Scoring
Renewal Projects ONLY

General Information

General Information	Possible Points	Score
Balance of State CoC Priority: Serving people with the highest needs and longest histories of homelessness for existing new and renewal PSH is a priority for funding.	Permanent Supportive Housing = 10 Rapid Re-Housing = 5	
TOTAL (10 points maximum)		

Project Overview and Priority Alignment

As specified in the Governance Charter, the BoS CoC has aligned itself with the HUD Strategic Plan, as well as with the USICH “Opening Doors” plan. While much of the scored information will be taken from agency and project HMIS APR data, agencies were asked to respond to questions, addressing the various objectives of the CoC.

Project Overview and Priority Alignment	Possible Points	Score
Project Summary (3 possible total points)	Response is clear and concise and gives a complete picture of the project = 3 Response gives an adequate description of project, but leaves a few unanswered questions = 1 Response unclear and leaves unanswered questions about purpose of project = 0	
Objective 1-A: Increase Progress towards Ending Chronic Homelessness Using a Housing First Service Approach	Agencies were required to answer “Yes” or “No” to each response and to provide an explanation to support answer. Points are not automatic; if explanation does not back up answer award zero points. Checklist- A-F: Yes = 1 No = 0 G: Yes = 0 and No = 1 (7 possible total points)	
	Explanation- Agencies were required to explain all Yes/No responses. Agencies <i>not</i> receiving points for the above, were supposed to provide explanations why, for each (A-G). For a maximum total of 2 points, 1 point is allowed for each explanation that is clear and either gives a plan for addressing, or provides an adequate rationale. (2 points possible this section, but Objective 1-A limited to 7 total points)	

<p>Objective 1-B: Serving People with the Highest Barriers to Housing (&/or Special Needs)</p> <p>HUD is looking for projects that serve those people with most need and who would be most resistant to service. Projects are encouraged to have low or no barriers to entry, in an effort to serve that population.</p>	<p>Applicants were asked to identify which of the listed criteria has a bearing on whether a client was or was not accepted into their project. For the purpose of the following question, High Barriers consist of family or individual households who are homeless and have two or more of the following: (1) no income; (2) recent history of substance abuse or actively using drugs or alcohol; (3) serious health problems/conditions; (4) criminal background (that includes one or more felonies); and a history of domestic violence. Extreme Barriers consist of individuals with severe mental illness and/or substance abuse problems, are living on the street (or entered project from the street), and have been unable or unwilling to participate in supportive services. Applicant indicated the following criteria is used to terminate clients from project:</p> <ul style="list-style-type: none"> • Failure to participate in supportive services = Yes (barrier) or No • Failure to make progress on a service plan = Yes (barrier) or No • Loss of income or failure to improve income = Yes (barrier) or No • Domestic violence = Yes (not allowed = barrier) or No • Other activity not covered in a typical lease agreement _____ = Yes (may be possible barrier) or No <p>No barriers = 10 points 1 or 2 barriers = 5 points 3 or more barriers = 0 points</p> <p>(10 possible total points)</p>	
<p>Objective 2: Increase Housing Stability</p> <p>HUD Standard: 80%</p>	<p>Performance 80% or above meets the standard 79% or below does not meet the standard</p> <p>Explanation (8 possible points)</p> <p>Project is meeting the standard and response on how they will continue to maintain or exceed is clear and concise = 8</p> <p>Project performance is 73%-79%, and response on how they will work to meet it is clear and concise = 6</p> <p>Project performance is 72% or lower, and response on how they will work to meet it is clear and concise = 2</p> <p>Project is not meeting the standard, and response is unclear = 0</p>	

<p>Objective 3: Increase Project Participant Income</p> <p>HUD Standard for Total Income: 54%</p> <p><i>Application answer (C+D)/A X 100 = %</i></p>	<p>Performance</p> <p>Total Income is at 54% or above meets the standard</p> <p>Total Income is less than 54% does not meet the standard</p> <p>Explanation (6 possible points)</p> <p>Project is meeting the standard and response on how they will continue to maintain or exceed is clear and concise = 6</p> <p>Project does not meet HUD standard by 5% or less <u>and</u> response on how they will work to meet the standard is clear and concise = 4</p> <p>Project does not meet HUD standard by 6-19% <u>but</u> response on how they will work to meet them is clear = 2</p> <p>Project is not meeting the standard <u>and</u> response unclear = 0</p>	
<p>Objective 4: Increase the Number of Participants Obtaining Mainstream Benefits</p> <p>HUD Standard: 80%</p> <p><i>Application answer A/B X 100 = %</i></p>	<p>Performance</p> <p>80% or above meets the standard</p> <p>Below 80% does not meet the standard</p> <p>Explanation (6 possible points)</p> <p>Project is meeting the standard and response on how they will continue to maintain or exceed is clear and concise = 6</p> <p>Project performance is 50-79% and response on how they will work to meet it is clear and concise = 4</p> <p>Project performance is 49% and lower and response on how they will work to meet it is clear and concise = 2</p> <p>Project is not meeting the standard, and response is unclear = 0</p>	
<p>TOTAL (40 points maximum)</p>		

General Information Point Total (10 possible points): _____

+

Project Overview and Priority Alignment (40 possible points): _____

=

TOTAL POINTS (50 maximum points): _____

2017 Georgia Balance of State Continuum of Care Review Team Scoring
NEW Permanent Supportive Housing Projects (PSH)

Reviewer Name: _____ Date: _____

Project Name: _____

Requested Amount (General Information Question 6): _____

Proposed Number of Individuals to Serve
 (Proposed Project Information, Question 4b, second chart, "Total Number of People"): _____

Please read each application fully first before scoring. Each scoring section has the question from the application that applies specifically to that scoring criteria. As the individual point amounts may vary just slightly, please read each scoring criteria fully prior to assigning a score.

There is a "Comments/Scoring Rationale" box following the scoring chart in each section. It is important that reviewers are able to provide rationalization for each project scoring, therefore, please provide comments on scoring rationale.

Threshold Information

Threshold Statements	Yes/No	Score
1. Agencies submitting new projects had 8 requirements to meet in order to be considered for this funding.	All the requirements checked or addressed = Yes One or more of the requirements not checked or addressed = No	

Project Threshold Criteria	Scoring	Reviewer Score
Agency meets HUD's eligibility criteria.	Pass/Fail	
Agency demonstrates adequate capacity to carry out grant (attachments required).*	Pass/Fail	
Project meets eligible costs or activities requirements.	Pass/Fail	
Project sufficiently demonstrates eligible populations will be served.	Pass/Fail	
Project shows required match & sufficient commitments for leveraging to implement project.	Pass/Fail	
Agency does not have serious compliance or performance issues on current projects.	Pass/Fail	
Project demonstrates adequate impact or cost effectiveness.	Pass/Fail	
Other, as identified by reviewers.	Pass/Fail	

Threshold Statements Comments

Agency Capacity*	Possible Points	Score
<p>Agency demonstrates they have the capacity to carry out and implement the project proposed.</p> <p><u>(20 possible points)</u></p> <p>New project applicants must sufficiently describe experience administering federally funded grants, and submit the most recent financial audit, IRS Form 990, and list of current board members. New projects should also adequately describe how project will reach full operational capacity. New project applications that do not demonstrate capacity to carry out project may be rejected by the review team.</p>	<p>Response is clear and concise; financial statements/IRS Form 990 are current (without concerns); board consists of volunteer/ diverse members; applicant has experience administering federal funds; and there are no match/ leveraging concerns for reaching capacity = 20 Excellent*</p> <p>Response is adequate; financial statements/IRS Form 990 are current (any concerns addressed); board consists of volunteer/ diverse members; applicant has experience administering government funds; and there are no match/leveraging concerns for reaching capacity = 15 Good</p> <p>Response unclear and leaves unanswered questions; financial statements and/or IRS Form 990 are not current (with concerns); board consists of local volunteer/diverse members; applicant has experience administering grant funds; and/or there are match/leveraging concerns for reaching capacity = 5 Adequate</p> <p>Response and required documentation does not demonstrate experience or capacity to carry out project = 0 (May be rejected by the review team)</p> <p>*Local government applicants (county or municipality) should receive full points for this criteria.</p>	
TOTAL (20 points maximum)		
Agency Capacity Comments		

Proposed Project Information

Agency Experience	Possible Points	Score
<p>2. Homeless and Permanent Supportive Housing Experience</p> <p>(Question 1b)</p> <p>(20 possible points)</p> <p>*Weighed heavily due to the importance of the experience*</p>	<p>Response is clear and concise and gives a complete picture of the relevant experience of the applicant = 20</p> <p>Response gives an adequate description of related experience, but the experience is limited = 15</p> <p>Response gives an adequate description of experience, but leaves a few unanswered questions = 10</p> <p>Response unclear and leaves unanswered questions about the experience = 0</p> <p>Response does not describe experience working with people who are homeless and/or managing a permanent supportive housing program = 0</p>	
<p>3. Leasing, Rental, Support Services, and HMIS Experience</p> <p>(Question 1c)</p> <p>(5 possible points)</p>	<p>Response is clear and concise and gives a complete picture of the relevant experience of the applicant, for all four aspects = 5</p> <p>Response gives an adequate description of related experience, but the experience is limited for one or two aspects = 3</p> <p>Response gives an adequate description of experience, but the experience is limited for three or four aspects = 2</p> <p>Response unclear and leaves unanswered questions about the experience = 0</p> <p>Response does not describe experience related to leasing, rental assistance, support services and/or HMIS = 0</p>	
<p>TOTAL (25 points maximum)</p>		
<p>Agency Experience Comments</p>		

General Description	Possible Points	Score	
<p>4. Program Description</p> <p>(Question 2a)</p> <p>(7 possible points)</p> <p>(Each checked applicable box = 1 point)</p>	Response has a clear description of how the project meets a community need = 1		
	Response has a clear description of the target population that will be served = 1		
	Response has a clear description of a plan to address the housing and support service needs of the participants = 1		
	Response has clear proposed outcomes <u>and</u> the proposed outcomes seem reasonable = 1		
	Response includes a description of planned and established partnerships = 1		
	Response is clear in describing why CoC support is necessary for the project = 1		
	Response clearly describes the plan to reach full organizational capacity within six months of award = 1		
<p>5. Harm Reduction and Housing First</p> <p>(Question 2b)</p> <p>(6 possible points)</p>	Response is clear and shows an understanding of both philosophies <u>and</u> agency has experience in both and will continue to utilize both for this project = 6		
	Response is clear and shows an understanding of both philosophies <u>and</u> agency has experience in one of the philosophies, and will utilize both for this project = 5		
	Response shows an adequate understanding of both philosophies <u>but</u> agency has no experience in either philosophies, but indicates it will utilize both for this project = 3		
	Response shows a minimal understanding of the philosophies, but leaves unanswered questions= 2		
	Response unclear or incomplete = 0		
<p>6. Prioritization of Chronically Homeless</p> <p>(Question 2c)</p> <p>(6 possible points)</p>	Response clearly describes a plan for identifying and prioritizing the people with the most severe needs, <u>and</u> clearly explains the outreach process that will be used to engage people living on the streets and in shelter = 6		
	Response describes a plan for identifying and prioritizing the people with the most severe needs, and explains the outreach process that will be used to engage people living on the streets and in shelter, but leaves some unanswered questions = 4		
	Response describes a minimal plan for identifying and prioritizing the people with the most severe needs, and may or may not include an outreach process, and leaves unanswered questions = 2		
	Response unclear or incomplete = 0		

<p>7. Estimated Schedule (Question 2d) (6 possible points)</p>	<p>Response is clear and concise and gives a complete picture of the proposed activities, management plan, method for assuring an effective and timely completion of work <u>and</u> includes a plan to reach full capacity = 6</p> <p>Response gives an adequate description of proposed schedule, but does not address all points above; but clearly describes a plan for rapid implementation = 4</p> <p>Response gives an adequate description of experience, but leaves unanswered questions= 2</p> <p>Response unclear or incomplete = 0</p>	
<p>TOTAL (25 points maximum)</p>		
<p>General Description Comments</p>		

Supportive Services	Possible Points	Score
<p>8. Educational Liaison (job title, responsibilities, and services) (Question 4a) (5 possible points)</p>	<p>Response identifies a job position that serves as the educational liaison, describes the roles of the position, and has a plan to ensure that children are enrolled in school, McKinney-Vento services, and other related programs = 5</p> <p>Response answers some of the above, but leaves unanswered questions = 3</p> <p>Response is unclear or incomplete = 0</p> <p>If project is for individuals only, and no children will be served = 5</p>	
<p>9. Permanent Housing Stability (Question 4b) (5 possible points)</p>	<p>Response is clear and concise, gives a complete picture of the plan to assist participants in remaining housed, and includes addressing the needs of the target population, through both case management and accessing outside services. If the units are not owned by the applicant, response also includes a clear method for identifying appropriate units, and a plan for coordination between landlords and service providers. = 5</p> <p>Response is clear and concise, gives an adequate picture of the plan to assist participants in remaining housed, and includes addressing the needs of the target population, through both case management and accessing outside services. If the units are not owned by the applicant, response also includes a clear method for identifying appropriate units, and a plan for coordination between landlords and service providers. = 4</p> <p>Response gives an adequate description of proposed plan, but does not address all points above = 3</p> <p>Response gives an adequate description, but leaves unanswered questions = 2</p> <p>Response unclear or incomplete = 0</p>	

<p>10. Increase in Employment and/or Income (Question 4c)</p> <p>(5 possible points)</p>	<p>Response is clear and concise, gives a complete picture of the plan to assist participants in increasing their employment and/or income, and includes addressing the needs of the target population, through both case management and accessing mainstream services. Response addresses how the service delivery will result in increased employment and/or mainstream benefits, leading participants towards increased financial independence. Response also clearly discusses a plan to identify and enroll Medicaid-eligible participants and has a plan to include Medicaid-financed services. If there are barriers related to Medicaid, the project has a plan to leverage non-Medicaid resources. = 5</p> <p>Response is clear and concise, gives an adequate picture of the plan to assist participants in increasing their employment and/or income, and includes addressing the needs of the target population, through both case management and accessing mainstream services. Response addresses how the service delivery will result in increased employment and/or mainstream benefits, leading participants towards increased financial independence. Response does not fully discuss a plan to identify and enroll Medicaid-eligible participants and has a plan to include Medicaid-financed services. If there are barriers related to Medicaid, the project has a plan to leverage non-Medicaid resources. = 4</p> <p>Response gives an adequate description of proposed plan, but does not address all points above = 3</p> <p>Response gives an adequate description, but leaves unanswered questions = 2</p> <p>Response unclear or incomplete = 0</p>	
<p>11. Supportive Services (Question 4d and 4e)</p> <p>(5 possible points)</p>	<p>Response indicates that at least 11 of 16 services will be offered/provided for the participants in order to implement a comprehensive program, and description of services and plan is clear and leaves no unanswered questions = 5</p> <p>Response indicates that at least 11 of 16 services will be offered/provided for the participants, but description of services and plan is not clear or leaves some unanswered questions = 4</p> <p>Response indicates that 7-10 services will be offered/provided for the participants, and description of services and plan is clear and leaves no unanswered questions = 3</p> <p>Response indicates that 7-10 services will be offered/provided for the participants, but description of services and plan is not clear or leaves some unanswered questions = 2</p> <p>Response indicates that less than 7 services will be offered/provided to the participants = 0</p>	
<p>TOTAL (20 points maximum)</p>		

Supportive Services Comments	

Housing Type and Location and Project Participants	Possible Points	Score
12. Prioritization (Question 5b) (10 points possible) New projects should sufficiently demonstrate need, targeting, and related partnerships (in the size and scope proposed).	Response fully demonstrates need and will prioritize serving people who are veterans or unaccompanied youth at 100% = 10 Response fully demonstrates need and will prioritize serving people who are veterans, or unaccompanied youth at 70-99% = 7 Response adequately demonstrates need and will prioritize serving people who are veterans, or unaccompanied youth at 50-69% = 5 Response adequately demonstrates need and will prioritize serving people who are veterans, or unaccompanied youth at 30-49% = 1 Response indicates no prioritization and a low or no percentage of subpopulations, or response is unclear or incomplete = 0	
TOTAL (10 points maximum)		

Housing Type and Location and Project Participants Comments	

Proposed Performance Measures	Possible Points	Score
13. Housing Stability (Question 6a) (3 possible points) HUD Goal = 80% $(\text{Target \#}) \div (\text{Universe \#}) \times 100 = \%$	Response indicates that the project will anticipate at least an 80% housing stability rate = 3 Response indicates that the project will anticipate between 75-79% housing stability rate = 2 Response indicates that the project will anticipate between 70-74% housing stability rate = 1 Response indicates that the project will anticipate a housing stability rate below 70% = 0	

<p>14. Income</p> <p>(3 possible points)</p>		
<p>Increase in Total Income (Question 6bi)</p> <p>HUD Goal = 54%</p> <p>(Target #) ÷ (Universe #) X 100 = %</p>	<p>Response indicates that the project will anticipate at least an 54% increase in all income rate = 3</p> <p>Response indicates that the project will anticipate between 45-53% increase in all income rate = 2</p> <p>Response indicates that the project will anticipate between 35-44% increase in all income rate = 1</p> <p>Response indicates that the project will anticipate an increase in all income rate at below 35% = 0</p>	
<p>TOTAL</p> <p>(6 points maximum)</p>		
<p>Proposed Performance Measures Comments</p>		

Financial Information

Budget	Possible Points	Score
15. Budget (Question 7) (10 possible points)	The budget and the rationale for the requested amounts are clear, well defined, and balanced, and leaves no questions = 10 The budget and the rationale for the requested amounts are clear, well defined, and balanced, but leaves unanswered questions = 7 The budget and the rationale for the requested amounts is acceptable, but leaves unanswered questions = 5 The budget and rationale for the requested amounts are not clear, balanced, and/or leaves too many unanswered questions = 0	
TOTAL (10 points maximum)		
Budget Comments		

Match and Leveraging	Possible Points	Score
16. Match (Cash or In-Kind Resources)* New projects must demonstrate required match resources equal to at least 25% of the total requested HUD funding, including project and administrative costs. *New project applicants must attach commitments for match.	Match: Well defined = 5 Acceptable = 3 Unacceptable = 0	
17. Leveraging (Cash or In-Kind Resources)* The CoC goal for all leveraged resources 125% of the grant amount (above and beyond the match amount). For this section, agencies should have reported leveraged resources outside of the match resources listed above to insure no duplication. *New project applicants must attach commitments for leverage.	Leveraging (outside of match) 150% or more = 9 125%-149% = 6 90-124%= 3 Less than 90% = 0	
TOTAL (14 points maximum)		
Match and Leveraging Comments		

TOTAL APPLICATION POINTS (130 maximum points): _____

Bonus Points	Possible Points	Score
Veteran Prioritization - Bonus points available to project applications that prioritize beds as for Veterans. (5 possible points)	Yes = 5 No = 0 ** Application **	
Project will be committed to using a Housing First Model: Project will use a Housing First Model when housing program participants. (10 possible bonus points) - Points are not automatic & applicant must demonstrate full understanding and intent to follow this model for low barrier program entry.	Yes = 10 No = 0 ** Application & Certification**	
Point in Time Coordinator – Bonus points available to project applications submitted by an agency that served as a coordinator for the Annual Point in Time Count in January 2017.	Yes = 10 No = 0	

TOTAL POSSIBLE BONUS POINTS (25 Possible): _____

Overall Comments, Concerns or Recommendations

TOTAL APPLICATION POINTS (130 maximum) _____

+

TOTAL BONUS POINTS (25 maximum) _____

=

TOTAL POINTS (155) maximum) _____

2017 Georgia Balance of State Continuum of Care Review Team Scoring
NEW Rapid Re-Housing Projects (RRH)

Reviewer Name: _____ Date: _____

Project Name: _____

Requested Amount (General Information Question 6): _____

Proposed Number of Individuals and/or Families to Serve
 (Proposed Project Information, Question 4b, second chart, "Total Number of Households"): _____

Please read each application fully first before scoring. Each scoring section has the question from the application that applies specifically to that scoring criteria. As the individual point amounts may vary just slightly, please read each scoring criteria fully prior to assigning a score.

There is a "Comments/Scoring Rationale" box following the scoring chart in each section. It is important that reviewers are able to provide rationalization for each project scoring, therefore, please provide comments on scoring rationale.

Threshold Information

Threshold Statements	Yes/No	Score
1. Agencies submitting new projects had 8 requirements to meet in order to be considered for this funding.	All the requirements checked or addressed = Yes One or more of the requirements not checked or addressed = No	

Project Threshold Criteria	Scoring	Reviewer Score
Agency meets HUD's eligibility criteria.	Pass/Fail	
Agency demonstrates adequate capacity to carry out grant (attachments required).*	Pass/Fail	
Project meets eligible costs or activities requirements.	Pass/Fail	
Project sufficiently demonstrates eligible populations will be served.	Pass/Fail	
Project shows required match & sufficient commitments for leveraging to implement project.	Pass/Fail	
Agency does not have serious compliance or performance issues on current projects.	Pass/Fail	
Project demonstrates adequate impact or cost effectiveness.	Pass/Fail	
Other, as identified by reviewers.	Pass/Fail	

Threshold Statements Comments

Agency Capacity*	Possible Points	Score
<p>Agency demonstrates they have the capacity to carry out and implement the project proposed.</p> <p><u>(20 possible points)</u></p> <p>New project applicants must sufficiently describe experience administering federally funded grants, and submit the most recent financial audit, IRS Form 990, and list of current board members. New projects should also adequately describe how project will reach full operational capacity. New project applications that do not demonstrate capacity to carry out project may be rejected by the review team.</p>	<p>Response is clear and concise; financial statements/IRS Form 990 are current (without concerns); board consists of volunteer/ diverse members; applicant has experience administering federal funds; and there are no match/ leveraging concerns for reaching capacity = 20 Excellent*</p> <p>Response is adequate; financial statements/IRS Form 990 are current (any concerns addressed); board consists of volunteer/ diverse members; applicant has experience administering government funds; and there are no match/leveraging concerns for reaching capacity = 15 Good</p> <p>Response unclear and leaves unanswered questions; financial statements and/or IRS Form 990 are not current (with concerns); board consists of local volunteer/diverse members; applicant has experience administering grant funds; and/or there are match/leveraging concerns for reaching capacity = 5 Adequate</p> <p>Response and required documentation does not demonstrate experience or capacity to carry out project = 0 (May be rejected by the review team)</p> <p>*Local government applicants (county or municipality) should receive full points for this criteria</p>	
TOTAL (20 points maximum)		
Agency Capacity Comments		

Proposed Project Information

Agency Experience	Possible Points	Score
2. Homeless and Rapid Re-housing Experience (Question 1b) (20 possible points) *Weighed heavily due to the importance of the experience*	Response is clear and concise and gives a complete picture of the relevant experience of the applicant = 20 Response gives an adequate description of related experience, but the experience is limited = 15 Response gives an adequate description of experience, but leaves a few unanswered questions = 10 Response unclear and leaves unanswered questions about the experience = 0 Response does not describe experience working with people who are homeless and/or managing a Rapid Rehousing program = 0	
3. Leasing, Rental, Support Services, and HMIS Experience (Question 1c) (5 possible points)	Response is clear and concise and gives a complete picture of the relevant experience of the applicant, for all four aspects = 5 Response gives an adequate description of related experience, but the experience is limited for one or two aspects = 3 Response gives an adequate description of experience, but the experience is limited for three or four aspects = 2 Response unclear and leaves unanswered questions about the experience = 0 Response does not describe experience related to leasing, rental assistance, support services and/or HMIS = 0	
TOTAL (25 points maximum)		
Agency Experience Comments		

General Description	Possible Points	Score
4. Program Description (Question 2a) (7 possible points) (Each checked applicable box = 1 point)	Response has a clear description of how the project meets a community need = 1	
	Response has a clear description of the target population that will be served = 1	
	Response has a clear description of a plan to address the housing and support service needs of the participants = 1	
	Response has clear proposed outcomes <u>and</u> the proposed outcomes seem reasonable = 1	
	Response includes a description of planned and established partnerships = 1	
	Response is clear in describing why CoC support is necessary for the project = 1	
	Response clearly describes the plan to reach full project capacity in a timely manner = 1	

<p>5. Estimated Schedule</p> <p>(Question 2b)</p> <p>(6 possible points)</p>	<p>Response is clear and concise and gives a complete picture of the proposed activities, management plan, method for assuring an effective and timely completion of work <u>and</u> includes a plan to reach full capacity = 6</p> <p>Response gives an adequate description of proposed schedule, but does not address all points above = 4</p> <p>Response gives an adequate description of experience, but leaves unanswered questions= 2</p> <p>Response unclear or incomplete = 0</p>	
<p>6. Harm Reduction and Housing First</p> <p>(Question 2c)</p> <p>(6 possible points)</p>	<p>Response is clear and shows an understanding of both philosophies <u>and</u> agency has experience in both and will continue to utilize both for this project = 6</p> <p>Response is clear and shows an understanding of both philosophies <u>and</u> agency has experience in one of the philosophies, and will utilize both for this project = 5</p> <p>Response shows an adequate understanding of both philosophies <u>but</u> agency has no experience in either philosophies, but indicates it will utilize both for this project = 3</p> <p>Response shows a minimal understanding of the philosophies, but leaves unanswered questions= 2</p> <p>Response unclear or incomplete = 0</p>	
<p>7. Rental Assistance Procedure</p> <p>(Question 2d)</p> <p>(6 possible points)</p>	<p>Response is clear and describes a consistent plan regarding rental assistance = 6</p> <p>Response gives an adequate description of the rental assistance plan, but leaves unanswered questions= 3</p> <p>Response unclear or incomplete = 0</p>	
<p>TOTAL (25 points maximum)</p>		
<p>General Description Comments</p>		

Supportive Services	Possible Points	Score
<p>8. Educational Liaison</p> <p>(job title, responsibilities, and services)</p> <p>(Question 3a)</p> <p>(5 possible points)</p>	<p>Response identifies a job position that serves as the educational liaison, describes the roles of the position, and has a plan to ensure that children are enrolled in school, McKinney-Vento services, and other related programs = 5</p> <p>Response answers some of the above, but leaves unanswered questions = 3</p> <p>Response is unclear or incomplete = 0</p> <p>If project is for individuals only, and no children will be served = 5</p>	

<p>9. Permanent Housing Stability</p> <p>(Question 3b)</p> <p>(5 possible points)</p>	<p>Response is clear and concise, gives a complete picture of the plan to assist participants in remaining housed, and includes addressing the needs of the target population, through both case management and accessing outside services. If the units are not owned by the applicant, response also includes a clear method for identifying appropriate units, and a plan for coordination between landlords and service providers. = 5</p> <p>Response is clear and concise, gives an adequate picture of the plan to assist participants in remaining housed, and includes addressing the needs of the target population, through both case management and accessing outside services. If the units are not owned by the applicant, response also includes a clear method for identifying appropriate units, and a plan for coordination between landlords and service providers. = 4</p> <p>Response gives an adequate description of proposed plan, but does not address all points above = 3</p> <p>Response gives an adequate description, but leaves unanswered questions = 2</p> <p>Response unclear or incomplete = 0</p>	
<p>10. Increase in Employment and/or Income</p> <p>(Question 3c)</p> <p>(5 possible points)</p>	<p>Response is clear and concise, gives a complete picture of the plan to assist participants in increasing their employment and/or income, and includes addressing the needs of the target population, through both case management and accessing mainstream services. Response also addresses how the service delivery will result in increased employment and/or mainstream benefits, leading participants towards increased financial independence. = 5</p> <p>Response is clear and concise, gives an adequate picture of the plan to assist participants in increasing their employment and/or income, and includes addressing the needs of the target population, through both case management and accessing mainstream services. Response also addresses how the service delivery will result in increased employment and/or mainstream benefits, leading participants towards increased financial independence. = 4</p> <p>Response gives an adequate description of proposed plan, but does not address all points above = 3</p> <p>Response gives an adequate description, but leaves unanswered questions= 2</p> <p>Response unclear or incomplete = 0</p>	

<p>11. Supportive Services</p> <p>(Question 3d and 3e)</p> <p>(5 possible points)</p>	<p>Response indicates that at least 11 of 16 services will be offered/provided for the participants in order to implement a comprehensive program, and description of services and plan is clear and leaves no unanswered questions = 5</p> <p>Response indicates that at least 11 of 16 services will be offered/provided for the participants, but description of services and plan is not clear or leaves some unanswered questions = 4</p> <p>Response indicates that 7-10 services will be offered/provided for the participants, and description of services and plan is clear and leaves no unanswered questions = 3</p> <p>Response indicates that 7-10 services will be offered/provided for the participants, but description of services and plan is not clear or leaves some unanswered questions = 2</p> <p>Response indicates that less than 7 services will be offered/provided to the participants = 0</p>	
<p>TOTAL (20 points maximum)</p>		
<p>Supportive Services Comments</p>		

<p>Housing Type and Location and Project Participants</p>	<p>Possible Points</p>	<p>Score</p>
<p>12. Prioritization</p> <p>(Question 4b)</p> <p>(10 points possible)</p> <p>New projects should sufficiently demonstrate need, targeting, and related partnerships (in the size and scope proposed).</p>	<p>Response fully demonstrates need and will prioritize serving people who are veterans or unaccompanied youth at 100% = 10</p> <p>Response fully demonstrates need and will prioritize serving people who are veterans, or unaccompanied youth at 70-99% = 7</p> <p>Response adequately demonstrates need and will prioritize serving people who are veterans, or unaccompanied youth at 50-69% = 5</p> <p>Response adequately demonstrates need and will prioritize serving people who are veterans, or unaccompanied youth at 30-49% = 1</p> <p>Response indicates no prioritization and a low or no percentage of subpopulations, or response is unclear or incomplete = 0</p>	
<p>TOTAL (10 points maximum)</p>		
<p>Housing Type and Location and Project Participants Comments</p>		

Proposed Performance Measures	Possible Points	Score
13. Housing Stability (Question 5a) (3 possible points) HUD Goal = 80% $(\text{Target \#}) \div (\text{Universe \#}) \times 100 = \%$	Response indicates that the project will anticipate at least an 80% housing stability rate = 3 Response indicates that the project will anticipate between 75-79% housing stability rate = 2 Response indicates that the project will anticipate between 70-74% housing stability rate = 1 Response indicates that the project will anticipate a housing stability rate below 70% = 0	
14. Income (3 possible points) <hr/> Increase in Total Income (Question 5bi) HUD Goal = 54% $(\text{Target \#}) \div (\text{Universe \#}) \times 100 = \%$	<hr/> Response indicates that the project will anticipate at least an 54% increase in all income rate = 3 Response indicates that the project will anticipate between 45-53% increase in all income rate = 2 Response indicates that the project will anticipate between 35-44% increase in all income rate = 1 Response indicates that the project will anticipate an increase in all income rate at below 35% = 0	
TOTAL (6 points maximum)		
Proposed Performance Measures Comments		

Financial Information

Budget	Possible Points	Score
15. Budget (Question 6) (10 possible points)	The budget and the rationale for the requested amounts are clear, well defined, and balanced, and leaves no questions = 10 The budget and the rationale for the requested amounts are clear, well defined, and balanced, but leaves unanswered questions = 7 The budget and the rationale for the requested amounts is acceptable, but leaves unanswered questions = 5 The budget and rationale for the requested amounts are not clear, balanced, and/or leaves too many unanswered questions = 0	
TOTAL		

(10 points maximum)	
Budget Comments	

Project Match and Leveraging	Possible Points	Score
16. Match (Cash or In-Kind Resources)* New projects must demonstrate required match resources equal to at least 25% of the total requested HUD funding, including project and administrative costs. *New project applicants must attach commitments for match.	Match: Well defined = 5 Acceptable = 3 Unacceptable = 0	
17. Leveraging (Cash or In-Kind Resources)* The CoC goal for all leveraged resources 125% of the grant amount (above and beyond the match amount). For this section, agencies should have reported leveraged resources outside of the match resources listed above to insure no duplication. *New project applicants must attach commitments for leverage.	Leveraging (outside of match): 150% or more = 9 125-149% = 6 90-124% = 3 Less than 90% = 0	
TOTAL		
(14 points maximum)		
Match and Leveraging Comments		

TOTAL APPLICATION POINTS (130 maximum points): _____

Bonus Points	Possible Points	Score
Veteran Prioritization - Bonus points available to project applications that prioritize beds as available for Veterans. (5 possible points)	Yes = 5 No = 0 ** Application **	
Project will be committed to using a Housing First Model: Project will use a Housing First Model that follows a low barrier approach in that it project will allow entry to participants that includes:	Yes = 10 No = 0 **Application & Certification**	

<p>low or no income, current or past substance abuse, criminal records (with the exception as noted in NOFA), and history of domestic violence.</p> <p>(10 possible bonus points) - Points are not automatic & applicant must demonstrate full understanding and intent to follow this model for low barrier program entry.</p>		
<p>Point in Time Coordinator – Bonus points available to project applications submitted by an agency that served as a coordinator for the Annual Point in Time Count in January 2017.</p>	<p>Yes = 10</p> <p>No = 0</p>	

TOTAL POSSIBLE POINTS (25 maximum points): _____

Overall Comments, Concerns or Recommendations

TOTAL APPLICATION POINTS (130 maximum) _____

+

TOTAL BONUS POINTS (25 maximum) _____

=

TOTAL POINTS (155) maximum) _____

2017 Georgia Balance of State Continuum of Care Review Team Scoring
NEW Joint Transitional Housing and PH-Rapid Re-Housing Projects (TH-RRH)

Reviewer Name: _____ Date: _____

Project Name: _____

Requested Amount (General Information Question 6): _____

Proposed Number of Individuals and/or Families to Serve
 (Proposed Project Information, Question 4b, second chart, "Total Number of Households"): _____

Please read each application fully first before scoring. Each scoring section has the question from the application that applies specifically to that scoring criteria. As the individual point amounts may vary just slightly, please read each scoring criteria fully prior to assigning a score.

There is a "Comments/Scoring Rationale" box following the scoring chart in each section. It is important that reviewers are able to provide rationalization for each project scoring, therefore, please provide comments on scoring rationale.

Threshold Information

Threshold Statements	Yes/No	Score
1. Agencies submitting new projects had 9 requirements to meet in order to be considered for this funding.	All the requirements checked or addressed = Yes One or more of the requirements not checked or addressed = No	

Project Threshold Criteria	Scoring	Reviewer Score
Agency meets HUD's eligibility criteria.	Pass/Fail	
Agency demonstrates adequate capacity to carry out grant (attachments required).*	Pass/Fail	
Project meets eligible costs or activities requirements.	Pass/Fail	
Project sufficiently demonstrates eligible populations will be served.	Pass/Fail	
Project shows required match & sufficient commitments for leveraging to implement project.	Pass/Fail	
Agency does not have serious compliance or performance issues on current projects.	Pass/Fail	
Project demonstrates adequate impact or cost effectiveness.	Pass/Fail	
Project meets HUD Joint TH & PH-RRH Component Minimum Standards	Pass/Fail	
Other, as identified by reviewers.	Pass/Fail	

Threshold Statements Comments

Agency Capacity*	Possible Points	Score
<p>Agency demonstrates they have the capacity to carry out and implement the project proposed.</p> <p><u>(20 possible points)</u></p> <p>New project applicants must sufficiently describe experience administering federally funded grants, and submit the most recent financial audit, IRS Form 990, and list of current board members. New projects should also adequately describe how project will reach full operational capacity. New project applications that do not demonstrate capacity to carry out project may be rejected by the review team.</p>	<p>Response is clear and concise; financial statements/IRS Form 990 are current (without concerns); board consists of volunteer/ diverse members; applicant has experience administering federal funds; and there are no match/ leveraging concerns for reaching capacity = 20 Excellent*</p> <p>Response is adequate; financial statements/IRS Form 990 are current (any concerns addressed); board consists of volunteer/ diverse members; applicant has experience administering government funds; and there are no match/leveraging concerns for reaching capacity = 15 Good</p> <p>Response unclear and leaves unanswered questions; financial statements and/or IRS Form 990 are not current (with concerns); board consists of local volunteer/diverse members; applicant has experience administering grant funds; and/or there are match/leveraging concerns for reaching capacity = 5 Adequate</p> <p>Response and required documentation does not demonstrate experience or capacity to carry out project = 0 (May be rejected by the review team)</p> <p>*Local government applicants (county or municipality) should receive full points for this criteria</p>	
TOTAL (20 points maximum)		
Agency Capacity Comments		

Proposed Project Information

Agency Experience	Possible Points	Score
2. Unsheltered and Youth Homeless, Transitional Housing, and Rapid Re-housing Experience (Question 1b) (20 possible points) *Weighed heavily due to the importance of the experience*	Response is clear and concise and gives a complete picture of the relevant experience of the applicant = 20 Response gives an adequate description of related experience, but the experience is limited = 15 Response gives an adequate description of experience, but leaves a few unanswered questions = 10 Response unclear and leaves unanswered questions about the experience = 0 Response does not describe experience working with people who are homeless and/or managing a Rapid Rehousing program = 0	
3. Leasing, Rental, Support Services, and HMIS Experience (Question 1c) (5 possible points)	Response is clear and concise and gives a complete picture of the relevant experience of the applicant, for all four aspects = 5 Response gives an adequate description of related experience, but the experience is limited for one or two aspects = 3 Response gives an adequate description of experience, but the experience is limited for three or four aspects = 2 Response unclear and leaves unanswered questions about the experience = 0 Response does not describe experience related to leasing, rental assistance, support services and/or HMIS = 0	
TOTAL (25 points maximum)		
Agency Experience Comments		

General Description	Possible Points	Score
4. Program Description (Question 2a) (7 possible points) (Each checked applicable box = 1 point)	Response has a clear description of how the project meets the community need for housing = 1	
	Response has a clear description of the target population that will be served = 1	
	Response has a clear description of a plan to address the housing and support service needs of the participants = 1	
	Response has clear proposed outcomes <u>and</u> the proposed outcomes seem reasonable = 1	
	Response includes a description of planned and established partnerships = 1	
	Response is clear in describing why CoC support is necessary for the project = 1	

	Response clearly describes the plan to reach full project capacity in a timely manner = 1	
5. Estimated Schedule (Question 2b) (6 possible points)	Response is clear and concise and gives a complete picture of the proposed activities, management plan, method for assuring an effective and timely completion of work <u>and</u> includes a plan to reach full capacity = 6 Response gives an adequate description of proposed schedule, but does not address all points above = 4 Response gives an adequate description of experience, but leaves unanswered questions= 2 Response unclear or incomplete = 0	
6. Harm Reduction and Housing First/Low Barrier Entry (Question 2c-e) (6 possible points)	Response is clear and shows an understanding of both philosophies <u>and</u> agency has experience in both and will continue to utilize both for this project = 6 Response is clear and shows an understanding of both philosophies <u>and</u> agency has experience in one of the philosophies, and will utilize both for this project = 5 Response shows an adequate understanding of both philosophies <u>but</u> agency has no experience in either philosophies, but indicates it will utilize both for this project = 3 Response shows a minimal understanding of the philosophies, but leaves unanswered questions= 2 Response unclear or incomplete = 0	
7. Leasing and Rental Assistance Procedure (Question 2f) (6 possible points)	Response is clear and describes a consistent plan regarding assistance = 6 Response gives an adequate description of the assistance plan, but leaves unanswered questions= 3 Response unclear or incomplete = 0	
TOTAL (25 points maximum)		
General Description Comments		

Supportive Services	Possible Points	Score
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<p>8. Educational Liaison (job title, responsibilities, and services) (Question 3a) (5 possible points)</p>	<p>Response identifies a job position that serves as the educational liaison, describes the roles of the position, and has a plan to ensure that children are enrolled in school, McKinney-Vento services, and other related programs = 5 Response answers some of the above, but leaves unanswered questions = 3 Response is unclear or incomplete = 0 If project is for individuals only, and no children will be served = 5</p>	
<p>9. Permanent Housing Stability (Question 3b) (5 possible points)</p>	<p>Response is clear and concise, gives a complete picture of the plan to assist participants in remaining housed, and includes addressing the needs of the target population, through both case management and accessing outside services. If the units are not owned by the applicant, response also includes a clear method for identifying appropriate units, and a plan for coordination between landlords and service providers. = 5 Response is clear and concise, gives an adequate picture of the plan to assist participants in remaining housed, and includes addressing the needs of the target population, through both case management and accessing outside services. If the units are not owned by the applicant, response also includes a clear method for identifying appropriate units, and a plan for coordination between landlords and service providers. = 4 Response gives an adequate description of proposed plan, but does not address all points above = 3 Response gives an adequate description, but leaves unanswered questions = 2 Response unclear or incomplete = 0</p>	
<p>10. Increase in Income (Question 3c) (5 possible points)</p>	<p>Response is clear and concise, gives a complete picture of the plan to assist participants in increasing their employment and/or income, and includes addressing the needs of the target population, through both case management and accessing mainstream services. Response also addresses how the service delivery will result in increased employment and/or mainstream benefits, leading participants towards increased financial independence. = 5 Response is clear and concise, gives an adequate picture of the plan to assist participants in increasing their employment and/or income, and includes addressing the needs of the target population, through both case management and accessing mainstream services. Response also addresses how the service delivery will result in increased employment and/or mainstream benefits, leading participants towards increased financial independence. = 4 Response gives an adequate description of proposed plan, but does not address all points above = 3 Response gives an adequate description, but leaves unanswered questions= 2 Response unclear or incomplete = 0</p>	

<p>11. Supportive Services</p> <p>(Question 3d and 3e)</p> <p>(5 possible points)</p>	<p>Response indicates that at least 11 of 16 services will be offered/provided for the participants in order to implement a comprehensive program, and description of services and plan is clear and leaves no unanswered questions = 5</p> <p>Response indicates that at least 11 of 16 services will be offered/provided for the participants, but description of services and plan is not clear or leaves some unanswered questions = 4</p> <p>Response indicates that 7-10 services will be offered/provided for the participants, and description of services and plan is clear and leaves no unanswered questions = 3</p> <p>Response indicates that 7-10 services will be offered/provided for the participants, but description of services and plan is not clear or leaves some unanswered questions = 2</p> <p>Response indicates that less than 7 services will be offered/provided to the participants = 0</p>	
<p>TOTAL (20 points maximum)</p>		
<p>Supportive Services Comments</p>		

<p>Housing Type and Location and Project Participants</p>	<p>Possible Points</p>	<p>Score</p>
<p>12. Prioritization</p> <p>(Question 4b-4c)</p> <p>(10 points possible)</p> <p>New projects should sufficiently demonstrate need, targeting, and related partnerships (in the size and scope proposed).</p>	<p>Response fully demonstrates need and will prioritize serving people who are veterans or unaccompanied youth at 100% = 10</p> <p>Response fully demonstrates need and will prioritize serving people who are veterans, or unaccompanied youth at 70-99% = 7</p> <p>Response adequately demonstrates need and will prioritize serving people who are veterans, or unaccompanied youth at 50-69% = 5</p> <p>Response adequately demonstrates need and will prioritize serving people who are veterans, or unaccompanied youth at 30-49% = 1</p> <p>Response indicates no prioritization and a low or no percentage of subpopulations, or response is unclear or incomplete = 0</p>	
<p>TOTAL (10 points maximum)</p>		

Housing Type and Location and Project Participants Comments

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Proposed Performance Measures	Possible Points	Score
13. Housing Stability (Question 5a) (3 possible points) HUD Goal = 80% (Target #) ÷ (Universe #) X 100 = %	Response indicates that the project will anticipate at least an 80% housing stability rate = 3 Response indicates that the project will anticipate between 75-79% housing stability rate = 2 Response indicates that the project will anticipate between 70-74% housing stability rate = 1 Response indicates that the project will anticipate a housing stability rate below 70% = 0	
14. Income (3 possible points)		
Increase in Total Income (Question 5bi) HUD Goal = 54% (Target #) ÷ (Universe #) X 100 = %	Response indicates that the project will anticipate at least an 54% increase in all income rate = 3 Response indicates that the project will anticipate between 45-53% increase in all income rate = 2 Response indicates that the project will anticipate between 35-44% increase in all income rate = 1 Response indicates that the project will anticipate an increase in all income rate at below 35% = 0	

**TOTAL
(6 points maximum)**

Proposed Performance Measures Comments

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Financial Information

Budget	Possible Points	Score
15. Budget (Question 6)	The budget and the rationale for the requested amounts are clear, well defined, and balanced, and leaves no questions = 10	

(10 possible points)	The budget and the rationale for the requested amounts are clear, well defined, and balanced, but leaves unanswered questions = 7	
	The budget and the rationale for the requested amounts is acceptable, but leaves unanswered questions = 5	
	The budget and rationale for the requested amounts are not clear, balanced, and/or leaves too many unanswered questions = 0	
TOTAL (10 points maximum)		
Budget Comments		

Project Match and Leveraging	Possible Points	Score
16. Match (Cash or In-Kind Resources)* New projects must demonstrate required match resources equal to at least 25% of the total requested HUD funding, including project and administrative costs. *New project applicants must attach commitments for match.	Match: Well defined = 5 Acceptable = 3 Unacceptable = 0	
17. Leveraging (Cash or In-Kind Resources)* The CoC goal for all leveraged resources 125% of the grant amount (above and beyond the match amount). For this section, agencies should have reported leveraged resources outside of the match resources listed above to insure no duplication. *New project applicants must attach commitments for leverage.	Leveraging (outside of match): 150% or more = 9 125-149% = 6 90-124% = 3 Less than 90% = 0	
TOTAL (14 points maximum)		
Match and Leveraging Comments		

TOTAL APPLICATION POINTS (130 maximum points): _____

Bonus Points	Possible Points	Score
Veteran Prioritization - Bonus points available to project applications that prioritize beds as available for Veterans.	Yes = 5 No = 0	

(5 possible points)	** Application **	
Project will be committed to using a Housing First Model: Project will use a Housing First Model that follows a low barrier approach in that it project will allow entry to participants that includes: low or no income, current or past substance abuse, criminal records (with the exception as noted in NOFA), and history of domestic violence.	Yes = 10 No = 0 **Application & Certification**	
(10 possible bonus points)		
Point in Time Coordinator – Bonus points available to project applications submitted by an agency that served as a coordinator for the Annual Point in Time Count in January 2017.	Yes = 10 No = 0	

TOTAL POSSIBLE POINTS (25 maximum points): _____

Overall Comments, Concerns or Recommendations

TOTAL APPLICATION POINTS (130 maximum) _____

+

TOTAL BONUS POINTS (25 maximum) _____

=

TOTAL POINTS (155) maximum) _____

Tina Moore

From: Tina Moore
Sent: Tuesday, August 01, 2017 4:34 PM
To: HAD Office of Homeless & Special Needs
Subject: 2017 Balance of State Continuum of Care Notice of Funding Availability
Attachments: 2017 Georgia BoS CoC NOFA Competition Policy.pdf; 2017 Balance of State CoC Proposal Outline.doc

Good afternoon –

Georgia's Balance of State (BoS) Continuum of Care (CoC) is issuing the attached guidance for the 2017 Notice of Funding Availability (NOFA) competition. This guidance applies to all agencies that are currently administering Continuum of Care grants as well as for new applications for rapid re-housing and permanent supportive housing in the BoS CoC. This notice is being announced in accordance with HUD's NOFA for the HUD Continuum of Care programs (Docket No. FR-6100-N-25), <https://www.hudexchange.info/resource/5419/fy-2017-coc-program-nofa/>.

This information relates to projects that are in Georgia's 152 county Balance of State Continuum of Care jurisdiction. Projects in the following jurisdictions are not eligible to be submitted under the State's BoS CoC application: Atlanta, Fulton County, DeKalb County, Cobb County, Columbus-Muscogee County, Augusta-Richmond County, Athens-Clarke County, and Savannah-Chatham County. To submit an application in one of the listed jurisdictions, you should contact the appropriate CoC jurisdiction for information.

Interested parties should please read the attached notice thoroughly. Please note that there have been significant changes in the process and method by which local CoCs are being scored under Federal priorities in the last few years. All applicants and interested parties are strongly encouraged to read this document (attached), as well as the HUD FY 2017 Continuum of Care NOFA and any supplemental materials (<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>) in their entirety to ensure there is complete understanding of the information provided. Applicants must ensure that they note the differences and threshold requirements so that they can consider which type of project to submit a funding request for.

In the 2017 Balance of State CoC Competition, only Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Joint TH and PH-RRH Component, and dedicated HMIS projects will be eligible for ranking and renewal.

Complete review criteria and the required review applications for renewal projects, new Rapid Re-Housing (RRH) projects, new Permanent Supportive Housing (PSH) projects, and Joint TH and PH-RRH Component projects are posted on the Georgia BoS CoC webpage at <http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCApplicantsandGranteesOnly.asp>. Please note that all documents will be posted on this web page as they are available. Applicants are strongly advised to review the criteria and the 2017 competition policy before submitting an application.

Agencies interested in applying for a new RRH project, a new PSH project, or a new Joint TH and PH-RRH Component project should complete and submit the attached "2017 BoS CoC Proposal Outline" to alert the Collaborative Applicant of their intent. The Proposal Outline form is attached and also available on the BoS CoC web page listed above. **Proposal Outlines need to be received by Tina Moore, CoC Program Coordinator, at tina.moore@dca.ga.gov, by 3:00 pm on August 7, 2017 (review applications due on August 15, 2017).** This will alert DCA staff to forward information to organizations (intending to submit a new project application) regarding the New Applicant webinar (**New Application webinar scheduled for 10:00 AM on Tuesday, August 8, 2017**), HUD training events, webinars, etc., as well as any updated CoC policies, updated scoring criteria, notice of CoC changes, etc. This information will be sent to

renewal applicants automatically. Please note that there is a very short turnaround time, and new applicants should not wait for the webinar to begin.

Applicants that are currently funded that decide to forgo submitting a renewal application, or reduce the amount being requested, should please send something in writing to Tina Moore, CoC Program Coordinator, at tina.moore@dca.ga.gov, prior to the review application deadline of August 15, 2017, to alert DCA staff.

Should you have questions, please contact Tina Moore (tina.moore@dca.ga.gov), Keya Hillman (Keya.Hillman@dca.ga.gov), or Christy Hahn (Christy.Hahn@dca.ga.gov).

Thank you for your continued dedication to serving people in need, and have a great afternoon!

(Please note: This notice was sent to all members of the Balance of State CoC in addition to all Balance of State interested parties on the mailing list of the State Housing Trust Fund for the Homeless. If you would like your contact information removed from the database, please let me know.)

Thank you,
Tina Moore

Tina Moore

Continuum of Care Program Coordinator
Georgia Department of Community Affairs
Direct 404-327-6870
Fax 404-679-0669
tina.moore@dca.ga.gov

From: HUD Exchange Mailing List [<mailto:news@hudexchange.info>]
Sent: Friday, July 14, 2017 12:38 PM
To: Tina Moore <tina.moore@dca.ga.gov>
Subject: The FY 2017 CoC Program Competition is Now Open

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The FY 2017 CoC Program Competition is Now Open

The [Notice of Funding Availability \(NOFA\) for the Fiscal Year \(FY\) 2017 Continuum of Care \(CoC\) Program Competition](#) has been posted to the [FY 2017 CoC Program Competition: Funding Availability](#) page on the HUD Exchange.

Submission Deadline: Thursday, September 28, 2017 at 8:00 PM EDT

The electronic application in *e-snaps* will be available on or after next Tuesday, July 18, 2017. HUD strongly encourages CoCs, Collaborative Applicants, project applicants, and stakeholders to:

- Carefully and thoroughly read the FY 2017 CoC Program Competition NOFA to understand the information; and
- Begin to plan local competitions based on information, new and changed from the previous Competition, provided in the FY 2017 CoC Program Competition NOFA.

Additionally, so that CoCs know their maximum award amounts, including amounts for planning and Permanent Housing Bonus, HUD has posted the [Estimated Annual Renewal Demand \(ARD\) Report](#) that includes each CoC's Preliminary Pro Rata Need (PPRN), estimated ARD, CoC Planning, and Permanent Housing Bonus amounts.

What's New and Special Considerations for the FY 2017 CoC Program Competition

The list below highlights some important information about what has changed, what is new, and special considerations that CoCs should make while planning for the FY 2017 CoC Program Competition. This list is not exhaustive and additional details are located in the FY 2017 CoC Program Competition NOFA. A full list of new, changed, and highlighted information can be found on the [FY 2017 Continuum of Care \(CoC\) Program Competition: Funding Availability](#) page.

- Tier 1 is 94 percent of the CoC's ARD amount.
- The amount available for the Permanent Housing Bonus is 6 percent of the CoC's Final Pro Rata Need (FPRN).
- Renewal project applicants may submit their renewal project applications with no changes. We strongly encourage you wait to access *e-snaps* to complete your renewal project application until the FY 2017 Renewal Project Application Detailed Instructions are posted on the HUD Exchange so you can determine if you want to take advantage of this new function.

- HUD has made several changes to the eligibility requirements for permanent housing, permanent supportive housing, and rapid rehousing. Applicants should carefully read the FY 2017 CoC Program Competition NOFA regarding these changes.
- Most of the mandatory HUD form attachments have been moved to *e-snaps* as fillable forms that only require a checkbox certification with the project applicant's authorized representative information. The only HUD required form that remains an attachment is the HUD-2991, Certification of Consistency with the Consolidated Plan, and it must be attached by the Collaborative Applicant to the FY 2017 CoC Priority Listing.
- Tier 2 project-level scoring has been revised to include only three criteria – CoC Application score, ranked position of the project application in Tier 2, and the project application's commitment to Housing First. The type of project has been removed as a Tier 2 scoring criteria.
- System Performance Measurement information will be largely scored on data submitted by the CoC to the Homelessness Data Exchange (HDX), although CoCs will be required to attach the FY 2017 Competition Report to their CoC Application in *e-snaps*.
- The local ranking process continues to be crucial to making the CoC Program as effective as possible. CoCs should use objective, performance-based criteria to rate projects and should consider both the need to serve particular populations of people experiencing homelessness (for example, survivors of domestic violence, youth, and persons with substance use disorders) and the effectiveness of their projects in reducing homelessness.
- All applicants must have a current HUD-approved Code of Conduct. Most organizations' Codes of Conduct were removed from HUD's website in early 2017, as they did not meet the requirements of 2 CFR part 200, and the organizations were notified by another HUD office that a new Code of Conduct must be submitted. Be sure to review the [Code of Conduct for HUD Grant Programs](#) page on HUD's website to ensure your organization is listed which means you have submitted an approved Code of Conduct. If you do not see your organization on the list, be sure to attach a current and complete Code of Conduct to your Project Applicant Profile in *e-snaps*.

Listserv Communications

All information related to the FY 2017 CoC Program Competition is communicated via the [HUD Exchange Mailing List](#). Join the mailing list to receive important updates and reminders.

If you are aware or suspect that the Collaborative Applicant, CoC members, or interested stakeholders are not currently receiving these listserv messages, please forward the following link, <https://www.hudexchange.info/maillinglist/>, to them to register for the listserv messages as this is the only form of communication used by HUD to the public.

If you have questions related to subscribing to the HUD Exchange mailing list or have issues receiving listserv messages in your inbox, please contact info@hudexchange.info. Please be sure to add news@hudexchange.info and info@hudexchange.info to your contact list or safe senders list. This ensures that messages from the HUD Exchange go to your inbox and are not filtered to your spam or junk folder.

Questions

During the competition, it is critical that questions are submitted to the correct [Ask A Question](#) (AAQ) portal.

Questions pertaining to the CoC Program Competition should be submitted to the *e-snaps* portal. These questions include *e-snaps* technical issues; questions about the NOFA, CoC Application, CoC Priority Listings, or Project Applications; and questions about grant awards, agreements, or amendments.

To submit a question to the *e-snaps* AAQ portal, select “*e-snaps*” from the “My question is related to” drop down list on Step 2 of the question submission process.

If you have questions related to the CoC Program interim rule or a policy related question, please submit your questions to the CoC Program AAQ portal. To submit a question to the CoC Program AAQ portal, select “CoC Program” from the “My question is related to” drop down list on Step 2 of the question submission process.

The AAQ portal accepts question submissions 24/7. However, responses are usually provided between 8:00 AM and 5:00 PM Eastern Time, Monday through Friday, except for weekends and federal holidays. Additionally, per the FY 2017 CoC Program Competition NOFA, starting 2 days prior to the application deadline for FY 2017 funds, the AAQ will respond only to emergency technical support questions up to the deadline of Thursday, September 28, 2017 at 8:00 PM EDT.



Visit the HUD Exchange at <https://www.hudexchange.info>

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This email was sent to tina.moore@DCA.GA.GOV by news@hudexchange.info. Do not reply to this message. Contact the HUD Exchange at info@hudexchange.info.

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U.S. Department of Housing and Urban Development | 451 7th Street S.W. | Washington | D.C. | 20410



Georgia Balance of State Continuum of Care (BoS CoC)

[Program Description](#) | [Downloads & Related Links](#)

Overview

HUD's Continuum of Care Program

The U. S. Department of Housing and Urban Development's (HUD) Continuum of Care (CoC) program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

HUD CoC grants are offered through a nation-wide competitive process for renewal and new grants. HUD has established guidelines for the competition which may be reviewed in annual notices of funding availability. Nonprofits, states, instrumentalities of state (authorities, boards, etc.), and local governments are eligible to apply if they have been selected by one of the nine (9) Continuum of Care for the geographic area in which the proposed project will operate.

Georgia's Local Continua of Care

There are nine (9) Continua of Care in Georgia. The following localities have chosen to develop and submit local Continuums of Care -- (1) Athens/Clarke, (2) Augusta/Richmond, (3) Columbus/Muscogee, the City of (4) Atlanta, and the counties of (5) Chatham (including Savannah), (6) Cobb, (7) DeKalb, and (8) Fulton (excluding Atlanta). [Contact information for each local continuum of care here.](#)

Georgia's Balance of State Continuum of Care

The ninth (9th) continuum, the Georgia's Balance of State Continuum of Care (BoS CoC), is composed of representatives of relevant organizations organized within 152 of Georgia's 159 counties. To carry out its work, the BoS CoC has aligned its mission and goals to be consistent with the [HUD Strategic Plan](#) and with the [Federal Interagency Homeless Council's plan](#) entitled "Opening Doors."

News and Events

2017 Balance of State Continuum of Care (BoS CoC) Application Documents

August 1, 2017 -- The FY2017 Georgia Balance of State CoC Competition is now open. The Georgia Balance of State CoC Board of Directors is seeking applications from eligible renewal and new projects as outlined in the policy and related materials on the [Georgia Balance of State Continuum of Care Applicants and Grantees Only](#) page. All prospective 2017 Applicants, new and renewal, may review full details of the 2017 application requirements (as they are released) on the [CoC Applicants and Grantees Only Webpage](#).

Balance of State Continuum of Care Board

Following the election of Georgia Balance of State Super Region "at-large" Board Members, the Membership and Rules Committee approved Board Appointments made as directed in the Governance Charter, and the full slate of Board Members (December 2014). Information on the Georgia Balance of State Board of Directors, and meeting notices will be posted below, as available:

- [Special Meeting of the Georgia Balance of State Continuum of Care Board – July 31, 2017 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – May 24, 2017 \(PDF\)](#)
- [2017-18 BoS CoC Board Meeting Schedule \(PDF\)](#)
- [BoS CoC ESG Priorities - 2017 Approved \(PDF\)](#)
- [GA HMIS Steering Committee Bylaws 02-22-17 Adoption Reaffirmed \(PDF\)](#)
- [Georgia BoS Committee Member Appointments - Approved 02-22-17 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – February 22, 2017 \(PDF\)](#)
- [BoS CoC Board Member Listing 02-14-17 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - November 16, 2016 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – November 16, 2016 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - August 24th 2016 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - July 13th 2016 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - May 25th 2016 v2 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes – February 24th 2016 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – August 24, 2016 \(PDF\)](#)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – July 13, 2016 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – May 25, 2016 \(PDF\)](#)
- [Governance Charter Georgia BoS Continuum of Care - Update January 20 2016 \(For Membership Vote\) \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – February 24, 2016 \(PDF\)](#)
- [Georgia Balance of State CoC Committee Members - Approved 11-18-15 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - November 4, 2015 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - September 29, 2015 \(PDF\)](#)
- [Balance of State CoC Board Meeting Minutes - August 26, 2015 \(PDF\)](#)
- [BoS PSH Written Standards and Prioritization - Approved 11-4-15 \(PDF\)](#)
- [Balance of State Education Policy 2015 - Approved 11-4-15 \(PDF\)](#)
- [Georgia HMIS Steering Committee Bylaws 11-4-15 Approved \(PDF\)](#)
- [Georgia Balance of State CoC Committee Members - Approved 9-29-15 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – November 18, 2015 \(PDF\)](#)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – November 4, 2015 \(PDF\)](#)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – September 29, 2015 \(PDF\)](#)
- [Georgia Balance of State Continuum of Care Board Members - August 20, 2015 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – August 26, 2015 \(PDF\)](#)
- [Georgia Balance of State Committee Members- Approved 5-27-15 \(PDF\)](#)
- [BoS CoC Board Meeting Minutes - April 23, 2015 Spec Meeting \(PDF\)](#)
- [BoS CoC Board Meeting Minutes - January 21, 2015 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – May 27, 2015 \(PDF\)](#)
- [BoS CoC-Entitlement Priorities - Approved 4-23-15 \(PDF\)](#)
- [Special Meeting of the Georgia Balance of State Continuum of Care Board – April 23, 2015 \(PDF\)](#)
- [Georgia Balance of State CoC Committee Members – Approved January 21, 2015 \(PDF\)](#)
- [Governance Charter Changes – Approved January 21, 2015 \(PDF\)](#)
- [Meeting of the Georgia Balance of State Continuum of Care Board – January 21, 2015 \(PDF\)](#)
- [Georgia Balance of State Continuum of Care Board \(PDF\)](#)

Balance of State Continuum of Care Membership

Membership of the Balance of State CoC should consist of interested individuals and representatives from relevant organizations within the geographic area. Relevant organizations include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, local chambers of commerce, local development authorities, businesses, advocates, local housing authorities, school districts, social service providers, mental health agencies, hospitals, colleges, technical schools, universities, affordable housing developers, landlords, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.

The BoS Continuum has an open membership recruitment process for individuals and representatives who are interested in becoming a formal Member of the Balance of State Continuum of Care. If you are interested in becoming a formal member of the BoS CoC, please go to the following link to answer a few questions. [The Georgia BoS CoC Membership Survey can be found at this link.](#)

If you need more information about the Balance of State Continuum of Care or becoming a member, please contact:

- Tina Moore, GA Department of Community Affairs, phone (404) 327-6870 or by email at Tina.Moore@dca.ga.gov

While everyone is invited and encouraged to participate in the BoS CoC, for matters that call for a vote, only agencies (not individuals) will be eligible to vote. The Voter Membership Policy, enacted by the Membership and Rules Committee on September 8, 2014, requires each member organization/agency to designate one person to be the voting member for that respective agency. It is the responsibility of each agency to ensure the appropriate representative votes, and voting members are required to be a formal member of the BoS CoC.

Other details on membership requirements can be found in the Governance Charter referenced on this page. Further, please contact Tina Moore (information above) if you need special accommodations, including language assistance, in order to participate.

Agencies that have an interest in the Georgia Balance of State Continuum of Care are expected to participate in, and have membership representation on, the GA BoS CoC. Please note, participation and membership representation on each agency's respective CoC may be considered one of the threshold criteria during application review for the Continuum of Care and Emergency Solutions Grant programs.

- [Georgia Balance of State CoC Membership Meeting Notice – April 3rd & 10th 2017](#)
- [Georgia Balance of State CoC Membership Regional Meetings Notice – April 18th, 20th, & 21st 2016](#)
- [Georgia Balance of State CoC Membership Meeting Notice – January 20th & 22nd 2016](#)
- [Georgia Balance of State CoC Membership Meeting Presentation - March 2015 \(PDF\)](#)
- [Georgia Balance of State CoC Membership Meeting Notice - March 30th & 31st, 2015 \(Rescheduled dates\) \(PDF\)](#)
- [Georgia Balance of State CoC Membership Meeting Notice - February 25th & 26th, 2015 \(Meeting postponed due to weather\)](#)

Balance of State Continuum of Care Governance Charter

Following its initial ratification by membership, and in consultation with the Collaborative Applicant and the HMIS Lead, the Governance Charter was updated by the Membership and Rules Committee, approved unanimously by the Board at the meeting on **February 22, 2017**. Please see the following [link for the Georgia Balance of State Governance Charter \(PDF\)](#).

REQUEST for NOMINATIONS - “at-large” Board Members

The Membership and Rules Committee is currently inviting the community of stakeholders to nominate potential Governance Board Members for “Super Region” Seat 3. A basic packet of information with the BoS CoS Super Region map is linked here: [NOMINATION PACKET](#). **Nominations closed on January 6, 2016.**

Related Documents and Links

- [Membership and Rules Meeting Notes – January 20, 2016 \(PDF\)](#)
- [Membership and Rules Meeting Notes - November 9th, 2015 \(PDF\)](#)
- [Membership and Rules Meeting Notes - November 3rd, 2015 \(PDF\)](#)
- [Membership and Rules Meeting Notes - August 19th, 2015 \(PDF\)](#)
- [Membership and Rules Meeting Notes - May 20th 2015 \(PDF\)](#)
- [Georgia BoS CoC - Statewide Meeting Notes – March 30th and 31st, 2015 \(PDF\)](#)
- [BoS CoC Nomination - Voting Process - Voting Policy - Approved 5-21-15 \(PDF\)](#)
- [BoS CoC Conflict of Interest and Recusal Policy - Approved 5-21-15 \(PDF\)](#)
- [BoS CoC Code of Conduct Policy - Approved 5-21-15 \(PDF\)](#)
- [Membership and Rules Committee Meeting Notes – January 14th, 2015 \(PDF\)](#)
- [Membership and Rules Committee Vote – December 16th 2014 \(PDF\)](#)
- [Membership and Rules Meeting Notes – September 26th 2014 \(PDF\)](#)
- [Membership and Rules Committee – Nomination Voting Process and Voting Policy \(PDF\)](#)
- [Membership and Rules Meeting Notes – September 8th 2014 \(PDF\)](#)
- [BoS CoC Super Regions Map \(PDF\)](#)
- [Balance of State Continuum of Care Governance Charter \(PDF\)](#)
- [Presentation - History of the GA Balance of State Continuum of Care \(PDF\)](#)
- [Presentation - Developing a Governance Charter for the Balance of State Continuum of Care \(PDF\)](#)
- [Minutes from September 30 and October 2, 2013 Presentations \(PDF\)](#)
- [Continuum of Care Interim Rule \(HUD Website\)](#)

2016 Balance of State Continuum of Care Application Documents

- [2016 Balance of State Continuum of Care Application \(PDF\)](#)
- [2016 Balance of State Continuum of Care Priority Listing \(PDF\)](#)
- [2016 Balance of State Continuum of Care Project Ranking Chart \(PDF\)](#)

Downloads & Related Links

- [All Georgia Continuum of Care Program Contacts \(PDF\)](#)
Atlanta, Fulton, DeKalb, Cobb, Athens-Clarke, Columbus-Muscogee, Augusta-Richmond, Savannah-Chatham, and Balance of State

Contact Information

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Georgia Department of Community Affairs
60 Executive Park South N.E.
Atlanta, Georgia 30329



Georgia Balance of State Continuum of Care Applicants and Grantees Only

[Description](#) | [Downloads & Related Links](#)

Program Description

This page has been developed for organizations that are interested in applying for NEW or RENEWAL Continuum of Care grants through the Georgia Balance of State Continuum of Care.

DCA / GHFA S+C Sponsors seeking RENEWAL funds will be contacted as needed, by DCA staff. For more information contact Libby Tyre by [Email](#) or by phone at (404) 982-3577.

News and Events

2017 Balance of State Continuum of Care (BoS CoC) Application Documents

August 1, 2017 -- The FY2017 Georgia Balance of State CoC Competition is now open. The Georgia Balance of State CoC Board of Directors is seeking applications from eligible renewal and new projects as outlined in the policy and related materials listed below. All prospective 2017 Applicants, new and renewal, may review full details of the 2017 application requirements (as they are released) on this page and are as follows:

BoS CoC Policy

- [2017 Georgia BoS CoC NOFA Competition Policy - Includes DEADLINES \(PDF\)](#)
- [Outline of Overarching Policy Priorities Highlighted in 2017 NOFA \(PDF\)](#)
- [2017 Applicant Commitments to Housing First-Low Barrier \(PDF\)](#)

BoS CoC Webinars

- [2017 GA BoS CoC Renewal Applicant Webinar – August 8th and 10th \(presentation to be posted\)](#)
- [2017 GA CoC NEW Applicant Webinar – August 8th \(presentation to be posted\)](#)

Proposal Outline, Application Documents and Supplements

- [2017 Balance of State CoC Proposal Outline \(New Only\) \(WORD\)](#)
- [2017 BoS CoC NEW Rapid Re-Housing Project Review Application \(WORD\)](#)
- [2017 BoS CoC NEW Permanent Supportive Housing Project Review Application \(WORD\)](#)
- [2017 BoS CoC NEW Joint TH-RRH Project Review Application \(WORD\)](#)
- [2017 Balance of State CoC Competition Certification-Policy Addendum \(WORD\)](#)
- [2017 GA BoS CoC Notice of Intent 2017 PSH Change to DedicatedPLUS \(Renewals ONLY\) \(WORD\)](#)
- [2017 BoS CoC Renewal Project Review Application \(Deadline was June 23rd\) \(WORD\)](#)

Project Scoring Criteria / Forms

- [2017 Georgia BoS CoC Renewal Performance CoC Priority Scoring Criteria \(PDF\)](#)
- [2017 BoS CoC Renewal Review Team Scoring Form \(PDF\)](#)
- [2017 Georgia BoS CoC New RRH Project Scoring Form \(PDF\)](#)
- [2017 Georgia BoS CoC New PSH Project Scoring Form \(PDF\)](#)
- [2017 Georgia BoS CoC New Joint TH RRH Project Scoring Form \(PDF\)](#)

Standards, Rating and Project Selection Committee

- [Standards and Rating Meeting Notes - August 22nd 2016 \(PDF\)](#)
- [Standards and Rating Meeting Notes – July 11th 2016 \(PDF\)](#)
- [Standards and Rating Meeting Notes - November 2, 2015 Special Mtg \(PDF\)](#)
- [Standards and Rating Meeting Notes - September 25, 2015 Special Mtg \(PDF\)](#)
- [Standards and Rating Meeting Notes – April 1st, 2015 \(PDF\)](#)
- [Standards and Rating Meeting Notes – October 17th, 2014 \(PDF\)](#)
- [2014 Georgia BoC CoC NOFA Competition Policy \(PDF\)](#)
- [Standards Rating Meeting Notes - December 15, 2014 \(PDF\)](#)
- [Standards and Rating Meeting Notes – September 24th, 2014 \(PDF\)](#)
- [Standards and Rating Meeting Notes – September 12th, 2014 \(PDF\)](#)

Homeless Management and Information Systems (HMIS) Committee

- [HMIS Committee Meeting Notes - October 29, 2015 \(PDF\)](#)
- [2015-16 Balance of State CoC HMIS Policy \(PDF\)](#)
- [2015-16 Balance of State CoC HMIS Data Requirements \(PDF\)](#)

Assessment, Placement and Services Committee

- [Assessment Placement Services Committee Meeting Notes - June 30, 2015 \(PDF\)](#)
- [Assessment Placement Services Committee Meeting Notes - June 23, 2015 \(PDF\)](#)

Balance of State CoC Environmental Review Requirements

In accordance with 24 CFR Part 58, all HUD-funded, federally-assisted projects, as well as all State of Georgia ESG assisted projects, are subject to the requirements for environmental review and documentation. Organizations receiving such funds (CoC, ESG, and HOPWA) may not commit or expend these funds until an environmental review that meets the standards outlined in 24 CFR Part 58 has been approved by the certifying officer at DCA. Failure to comply with these requirements may result in the termination of any and all contracts and may require repayment of related expended funds.

This information must be submitted to DCA for approval as detailed in the Environmental Review Procedure below for all Balance of State CoC projects (please see all attachments for full information):

- [Environmental Review Request Form \(CoC RRH Projects\) \(MS Word\)](#)
- [Environmental Review Request Form \(CoC PSH/TH Projects\) \(MS Word\)](#)

Archived Competition Material WebPage

Contact Information

Shelter Plus Care Renewals -

- Libby Tyre by [Email](#) or phone (404) 982-3577

New Projects or Other Renewals -

- Tina Moore by [Email](#) or phone (404) 327-6870, or
- Keya Hillman by [Email](#) or phone (404) 679-0651

Georgia Balance of State CoC - Competition Notice (Solicitation of Applications) 8-1-17

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Asian American Resource Foundation, Inc.	Connie	Jee	aarc@aarc-atlanta.org	Young People Matter	Kellie	Daniels	kdaniels@ypmatlanta.org
HTF Interested Party	Aaron	Goldman	aaron@perennialproperties.net	Southwest Georgia Regional Commission	Kerrie	Holder Davis	kdavis@swgrdc.org
Georgia Department of Behavioral Health and Developmental Disabilities	Abayomi	Makanjuola	abayomi.makanjuola@dbhdd.ga.gov	Families First, Inc.	Keisha	Jones	keisha.jones@familiesfirst.org
Abba House, Inc.	Jim	Sharpe	abbahouse@abbahouse.com	Families First, Inc.	Ken	Neighbors	keisha.jones@familiesfirst.org
Genesis Prevention Coalition	Abeni	Bloodworth	abeni.bloodworth@gmail.com	Salvation Army (Gainesville)	Keith A.	Hamilton	Keith_Hamilton@uss.salvationarmy.org
Albany ARC	Annette	Bowling	abowling@albanygaarc.org	Shelter Place, Inc.	Kelda	Cubit	keldacubit@aol.com
North Georgia Mountains Crisis Network	Andrea	Gibby	acc@Elijay.com	Salvation Army (Waycross)	Kellie	Cantrell	Kellie_Cantrell@uss.salvationarmy.org
Whitfield County DFCS	A C	Gerrells	acgerrells@thr.state.ga.us	Laurens County Board of Health	Kelly	Knight, RN	kelly.knight@dph.ga.gov
Lowndes County Board of Health	Amal	Lamb	aclamb@thr.state.ga.us	Salvation Army (Albany)	Kelly	English	kenglish@uss.salvationarmy.org
United Way of the Central Savannah River Area	Angela	Collins	acollins@uwcsra.org	Georgia Department of Public Health	Kelli	Rayford	kerayford@thr.state.ga.us
Resource Center for Community Action, Inc (The)	Siddiya	Swift	admin@rccaction.org	Partnership Against Domestic Violence, Inc.	Kerlyne	Apolon	kerlyne.apolon@padv.org
Battered Women's Shelter, Inc.	Sharon	Redding	admin@valdostahaven.org	Battered Women's Shelter, Inc.	Kaye	Smith	kesmith1948@yahoo.com
Waycross Area Shelter for Abused Persons, Inc. (d/b/a Magnolia House)	Lucille	Husbands	admin@waycrossareasshelter.com	Gateway Behavioral Health Services	Katie	Hagin	khagin@gatewaybh.org
Life Care Center	Louise	Steedley	administrator@lifecarefitzgerald.com	Action Ministries (Central Office)	Kelley	Henderson	KHenderson@actionministries.net
Seasons Housing and Support Services, LLC	Andrea	Boyd	adowning1870@hotmail.com	Southern Georgia Regional Commission (f/k/)	Katie	Flynn	khflynn@segardc.org
United States Department of Veterans Affairs	Adriane	Thomas LCSW, C-ASWCP	Adriane.Thomas@va.gov	Pathways Center for Behavioral & Develop	Kay	Hill	khill@pathwayscsb.org
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Covington, City of	Audra	Gutierrez	agutierrez@cityofcovington.org	Phoenix Foundation Cooperative, Inc. (The)	Kim	Bogard, BSW	kim.bogard@gmail.com; thefenixfoundation@gmail.com
Housing Authority of Alma & Nicholls	Randy	Welty	ahaed@accessatc.net	U. S. Department of Health and Human Serv	Kim	Willard-Jelks	Kim.Willard-Jelks@hrsa.hhs.gov
Advantage Behavioral Health Systems	Alicia	Harris	aharris@advantagebhs.org	Families First, Inc.	Kim E.	Anderson	kim@familiesfirst.org
South Atlantic Center for Veterans Education and Training, Inc. (The)	Alyce	Harrison	aharrison@cvret.org	Atlanta Children's Foundation	Nikki	Kirk, B.S.	kirksconsulting@live.com
HODAC, Inc.	Arthur	Head	Ahead52@cox.net	Georgia DHS, Social Services Section, Family	Kim	Washington	kiwashington@thr.state.ga.us
Wellspring Living	Angela	Hipwell	ahipwell@wellspringliving.org	LaGrange-Troup County Homeless Coalition	Kendra	(East)-Reisinger	kj_reisinger@yahoo.com
Southwest Georgia Community Action Council, Inc.	Ann	Hires	ahires@swgacac.com	Episcopal Development Agency of Thomasvi	Keith	Jenkins	kjenkins550@gmail.com
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Aids Alliance of Northwest GA, Inc.	Lola	Thomas	aidsalliance@bellsouth.net	MUST Ministries, Inc.	Kim	Loesing	kloesing@mustministries.org
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	Boyd	Jonathan	Akiraboyd2000@gmail.com	United Way of the CSRA, Inc.	Kara	MacVean	kmacvean@uwcsra.org
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Holly Tree Services, a/k/a CCIP Investments, LLC	Alan	Clammer	alan@hollytreeservices.org	Liberty House of Albany, Inc.	Keisha	Massey	kmasley@libertyhouseofalbany.com
Dalton - Whitfield County CDC	Alan	Jewell	alan@reallycheapfloors.com	First Choice Primary Care	Katherine	McLeod	kmcleod@firstchoiceprimarycare.org
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Rose of Sharon Intl. Resource Center Inc.	Audrey	Mowdy	amowdy@rosirc.org	HTF Interested Party	Katie	Rhodes, Ph.D.	kwrhodes@mindspring.com
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Salvation Army of Central GA	Andrew	Gilliam	andrew_gilliam@uss.salvationarmy.org	C. A. R. E. Services of Pickens County	Larry	Starr	l.starr@earthlink.net
Clayton Community MH, AD Developmental Services (CSB)	Angela	Jackson	angela.jackson@claytoncenter.org	First Monumental Faith Community Outreac	Lotty	Atkins	laatkins2002@bellsouth.net
Living Room, Inc.	Angela	Susten	angela.susten@livingroomatl.org	Middle Georgia AIDS Network	Theodore	Meisner	laermitta@cox.net
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Salvation Army (Dalton)	Art	Fultz	art_fultz@uss.salvationarmy.org	Feed My People, Inc.	Leroy	Bryant	leroy.bryant@ssa.gov
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Georgia Coalition Against Domestic Violence	Allison	Smith	asmith@gcadv.org	Middle Flint Behavioral Health Care (CSB)	Leslie	Walters	lesliew@mbhbc.org
Georgia Legal Services Program, Inc. (Macon)	Amanda	Smith	asmith@glsp.org	Georgia Department of Behavioral Health and Human Services	Letitia	Robinson	Letitia.Robinson@dbhdd.ga.gov
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HTF Interested Party	Barbara	Amedee	baamedee2@aol.com	Ninth District Opportunity, Inc.	Linda	Nichol	linda.nichol@ndocsbg.org
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In the Time of Special Need for Mothers and Baby, Inc.	Barbara	McMillian	bamcmill02@gmail.com	Family Promise of Hall	Lindsey	McCarny	lindsey@familypromisehall.org
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State Housing Trust Fund for the Homeless	Barry M.	Slay	barry.slay@yahoo.com	Georgia Department of Behavioral Health and Human Services	Lisa	Rogers	Lisa.Rogers@dbhdd.ga.gov
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	Sharmin	Wilson	bawsharmin@yahoo.com	Salvation Army of Milledgeville (& Sandersville)	Lisa	Bell	lisa_bell@uss.salvationarmy.org
Georgia Rehabilitation Outreach, Inc. (GRO)	Brenda	Bell	bbell@groga.org	Salvation Army (THQ - Atlanta)	Lisa	Powell	lisa_powell@uss.salvationarmy.org
Travelers Aid (Hope Atlanta)	Brian	Betts	bbetts@hopeatlanta.org	Southwest Georgia Resource Center	Lisa	Jenkins	lisajenk@att.net
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Teaching, Educating, Advancing, Christian, Health, Inc. (T.E.A.C.H.)	Bonnie	Peterson	bep@mchsi.com	McIntosh Trail Community Service Board	Leigh	Kight	lkight@mctrail.org
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Central City AIDS Network, Inc.	Beverlyn	Hudson	beverlynhudson@aol.com		Lori	Colson	lorisears68@yahoo.com
Rome, City of	Bekki	Fox	bfox@romega.us	Colquitt County Serenity House Project, Inc.	Louise	Bivins	louise.bivins@amerisbank.com
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Douglas County Community Service Board (CSB)	Bryan	Stephens	bgstephens@cobccsb.com	Area Committee To Improve Opportunities Now, Inc.	Lisa	Ransom	lransom@actionincorporated.org
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Caring Hands	Felicia	Butler	bhcsheiff@mchsi.com	New Horizons Community Service Board (CSB)	Lashonta	Rivers	lrivers@nhbh.org
Salvation Army (LaGrange)	Billie	Powell	billie_powell@uss.salvationarmy.org	Unison Behavioral Health	Lakeshia	Roberts	lroberts@unisonbh.com
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Rainbow Village, Inc.	David	Frye	dave@pleasanthillpc.org	Flint Circuit Council on Family Violence	Pandora	Palmer	pandora@pandoralaw.com
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Holly Tree Services, a/k/a CCIP Investments, LLC	Doris	Cortese	doris@hollytreeservices.org	Families First, Inc.	Raphael	Holloway	rholloway@familiesfirst.org
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DeKalb Community Service Board (CSB)	David	Sibley	dsibley@dekcsb.org	Macon, City of	Robert	Myers	RMyers@maconbibb.us
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Ninth District Opportunity, Inc.	Janice	Riley	janice.riley@ndo.org	The Arlington House, Inc. / Good Faith Trans	Tamara	Dennis	thearlingtonhouse@hotmail.com
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Lookout Mountain Community Services (CSB)	Jan	Lewis	janl@lmcs.org	New Mercy Community Services, Inc.	W. Theodore	Harris	theodore309@gmail.com
Highland Rivers CSB	Jarrold	Cochran	jarroldcochran@highlandrivers.org	Salvation Army - Toccoa	Bunny (Theresa)	Vance	theresa_vance@uss.salvationarmy.org
Georgia Legal Services Program, Inc. (Gainesville/Athens)	James	Boswell III	jboswell@kslaw.com	House of Dawn, Inc.	Taqiya	Walker	THOLLOWAYHOUSEOFDAWN@gmail.com
Wayne County Protective Agency, Inc.	Julia	Burch	jburch@fairhavenjesup.org	Travelers Aid (Hope Atlanta)	Tara	Hood	thood@hopeatlanta.org
Gateway House, Inc.	Chris	Cosper	jbutler@gatewaydvcenter.org	Georgia State Board of Pardons and Paroles	Thurman	Henderson	thurman_henderson@pap.state.ga.us
Lowndes County Board of Commissioners	Jim	Carter	jcarter@lowndescounty.com	Highland Rivers CSB	Tiffany	Harris	tiffanyharris@highlandrivers.org
Georgia Coalition Against Domestic Violence, Inc.	Jan	Christiansen	jchristiansen@gcadv.org	HTF Interested Party	Tiffany	McDay	tiffanymcday@yahoo.com
Safe Harbor Children's Shelter, Inc.	Jeff	Clark	jclark@safeharborcenterinc.org	Knight Monumental Church (AME)	Timothy	Davis	timdavisgroup@excite.com
Community Action for Improvement, Inc.	Jennifer	Corcione	jcorcione@cafi-ga.org	Fight Abuse in the Home in Rabun County, Ir	Tina	Gonzalez	tina@faith-inc.org

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JCVision and Associates, Inc.	DANA	INGRAM	jcvision2000@yahoo.com	Lily Pad	Witasha	Willims	tisha@lilypadcenter.com
Waycross, City of	Jessica	Deal	jdeal@waycrossga.com	Community Service Board (CSB) of Middle G	Tina	Clements	tjcléments@csbmg.com
Metro Fair Housing Services	J. D.	Frazier	jdfrazier@gmail.com	House of Dawn, Inc.	Taralyn	Keese	keesehouseofdawn@gmail.com
Pineland Area CSB	June	DiPolito	jdipolito@pinelandcsb.org	MUST Ministries, Inc.	Tabi	Lawson	tlawson@mustministries.org
GA Department of Human Services	Jean	O'Callaghan	Jean.Ocallaghan@dhs.ga.gov	Georgia State University	Terri	Lewinson, LMSU	tlewinson@gsu.edu
GA Department of Human Services	Jeannette	David	Jeannette.David@dhs.ga.gov	Colquitt County Serenity House Project, Inc.	Rachel	Lamas	tlpcasemanager@windstream.net; serenityhouse@windstream.net
Phoenix Pass, Inc.	Jean	Yontz	JeanYontz@phoenixpass.org	Elbert County Commission	Tommy	Lyon	tlion@athenstech.edu
Comprehensive AIDS Resource Encounter, Inc.	Jeff	Johnson	jeff.care2013@yahoo.com	Salvation Army (Atlanta Metro Area Comma	Todd	Hawks	Todd.Hawks@uss.salvationarmy.org
Providence Ministries, Inc.	Jeff	Lewis	jefflewis.pm@gmail.com	Whitaker House, Inc.	Todd	Hughes	toddamstar@gmail.com
Hall County Treatment Services	Jessi	Emmett	jemmett@hallcounty.org	Salvation Army - Toccoa	Tom	Kenyon	tom_kenyon@uss.salvationarmy.org
U.S. Department of Veteran Affairs	Jenifer	Turner-Reid, LCSW	Jenifer.Turner-Reid@va.gov	Lookout Mountain Community Services (CSB	Tom	Ford	tomf@lmcs.org
Georgia Department of Behavioral Health and Developmental Disabilities	Jennie	R. Northcutt	jennie.northcutt@dbhdd.ga.gov	Atlanta Union Mission Corporation	Toni	Dixon	toni.dixon@atlantamission.org
Viewpoint Health	Jennifer	Hibbard	jennifer.hibbard@vphealth.org	Lookout Mountain Community Services	Tonya	Sired	tonyas@lmcs.org
Viewpoint Health	Jennifer	Speights	jennifer.speights@vphealth.org	NOA's Ark, Inc.	Tori	Owens	towens@noonealone.org
Salvation Army (Griffin)	Jenny	Reed	jenny_reed@uss.salvationarmy.org	Northeast Georgia Council on Domestic Viol	Tracy	Evans	tpe235@yahoo.com
Salvation Army (Gwinnett)	Jeremy	Mockabee	Jeremy.Mockabee@uss.salvationarmy.org	Ogeechee Behavioral Health Services (CSB)	Tracey	Johnson	traceyj@obhs-ga.org
Center for Family Resources, Inc.	Jeri	Barr	jeribarr@thecfr.org	Middle Flint Behavioral Health Care (CSB)	Tracie	Thomas	traciet@mfbhc.org
Cherokee Family Violence Center, Inc.	Jessica	Garcia	jessica@cgfvc.org	Tenth Judicial District	Tracy J.	BeMent	Tracy.BeMent@AthensClarkeCounty.com
Teaching, Educating, Advancing, Christian, Health, Inc. (T.E.A.C.H.)	Joan	Allen	jesusteachus@bellsouth.net	Family Support Council, Inc. (The)	Tracy	Brookshire	tracybrookshire@gmail.com
Project Community Connections, Inc.	Jimiyu	Evans	jevans@pccihome.org	Willie M. Simpson Evangelistic Ministries, In	Tracy	Wright	tracywright8@hotmail.com
Hinesville, City of	Jasmine	Fields	jfields@cityofhinesville.org	Village of Hope, Lawrenceville, Inc.	Jan	Jones	traderj@bellsouth.net
Cobb County CDBG Program Office	Jeremy D.	Gray	jgray@cobbcountycdbg.com	Brunswick, City of	Travis	Segall	tsegall@cityofbrunswick-ga.gov
Georgia Department of Community Health	Jerome	Greathouse	jgreathouse@dch.ga.gov	YWCA of Northwest Georgia, Inc.	Tammy	Shearer	tsharear@livesaferesources.org
Schley County Family Connection	John T.	Greene	jgreene1960@yahoo.com	Calvary Refuge Center, Inc.	Tom	Maples	tmaples@gmail.com
Mulberry Street United Methodist Church	John	Hathcock	jhathcock@mulberrymethodist.org	Community Action for Improvement, Inc.	Trudy	St. Pierre	tsstpierre@cafi-ga.org
Atlanta Union Mission Corporation	James	Reese	jim.reese@atlantamission.org	HTF Interested Party	Tony	Tanksley, CPM	ttanksley@lpsi.com
Clayton Community MH, AD Developmental Services (CSB)	Jimmy	Wiggins	jimmy.wiggins@claytoncenter.org	Family Crisis Center of Walker, Dade, Catoos	Tena	Thompson	tthompson@fccwdcc.org
Homestead Women's Recovery	Jean	Cooper	jjcoop718@gmail.com	Gordon County Board of Education	Tony	Waters	twaters@gcbe.org
Gateway House, Inc.	Jeannette	Jenkins	jenkins50@hotmail.com	United Way of Central Alabama, Inc.	Tommy	Woodard	twoodard@priorityveteran.org
HTF Interested Party	Judy	Franson	jfranson@aol.com	Ujamaa House Wellness Outreach Project	Lawrence	Reynolds	ujamaahouse@aol.com; breyolds1965@bellsouth.net
Circle of Love Center, Inc.	Jessica	Jones	jjones@colinc.org	Lamar County DFCS	Ulanda	Barkley	Ulanda.Barkley@dhs.ga.gov
State Housing Trust Fund for the Homeless	Joyce	Stevens	jjstevens@windstream.net	Universal Love Outreach Center	Maxine B.	Lewis	universal.outreach2u@yahoo.com
Family Connection of Columbia County, Inc.	Julie	Miller	jkmliller@connectcolumbia.org	Uplift, Inc.	Executive	Director	upliftmorven@yahoo.com
Heart to Heart Second Chance Homes, Inc.	Javonna	Latimore	jlatimore@cox.net	HTF Interested Party	Daniel	King	uucra@aol.com
United Way of Metropolitan Atlanta	Jim	Leimbach	jleimbach@unitedwayatlanta.org	HTF Interested Party	Ursula	Wallace	uwallace@msn.com
Georgia State University	Jan	Ligon	jligon@gsu.edu	Colquitt County Serenity House Project, Inc.	Angela	Castellow	uwcolquitt@moultriega.net
Post 45 American Legion Canton	James	Lindenmayer	jllindenmayer80@gmail.com	Hand-up, Inc. (d/b/a Voluntary Action Cente	Karen	Poole	vacpac@comcast.net
United Way of the CSRA, Inc.	Juanita	McDaniel	jmcdaniel@uwcsra.org	Lean On Me Outreach	V'Laria	Eves	vaeves00@hotmail.com
Oconee Community Service Board (CSB)	Jeremy	Mills	jmills@oconeecenter.com	Gabriel, Inc.	Valerie	Cobb	valericobb@comcast.net
Lutheran Services of Georgia, Inc.	John	Moeller	jmoeller@lsga.org	Promise Place, Inc. (f/k/a Fayette County Co	Vanessa	Wilkins	vanessa.wilkins@promiseplace.org
Advantage Behavioral Health System (BHS)	Jenna	Bagby Moon	jmoon@advantagebhs.org	Rainbow Village, Inc.	Violetta	Ardoin	vardoin@rainbowvillage.org
United Way of the Midlands	Jennifer L.	Moore	jmoore@uway.org	New Horizons Community Service Board (CS	Valerie	Bowden	vbowden@nhbh.org
Georgia Advocacy Office	Josh	Norris	jnorris@thegao.org	S.H.A.R.E. House, Inc.	Valerie	Dennis	vdennis@bellsouth.net
HTF Interested Party	Jenny	Walsh	jnywalsh@yahoo.com	U.S. Department of Veterans Affairs	Velda	McCoy	velda.mccoy@va.gov
Habersham Homeless Ministries Inc.	Jo Ann	Kennedy	joandjack@windstream.net; habershamhomeless	Emergency Solutions Grant (ESG) or Housing	Veronica	Mitchell	veronicamit2@aol.com
Housing Authority of the City of Carrollton	Jodie	Goodman	jodie@carrolltonhousingauthority.com	City of Valdosta	Vanassa	Flucas	vflucas@valdostacity.com
Salvation Army (Covington)	Jody	Carver	jody_carver@uss.salvationarmy.org	Soteria House	Vernon M.	Gates	vgates30274@gmail.com
Hogansville, City of	Bobby	Frazier	joefrazier4412@yahoo.com	Dalton - Whitfield County CDC	Victoria	Hamilton	vhamilton@dwcdc.org
Salvation Army (Brunswick)	John	Dancer	John.dancer@uss.salvationarmy.org	BAIN, Inc.	Virginia	Harris	vharris@baincil.org
State Housing Trust Fund for the Homeless Commission	John	Ellis	john.ellis@dca.ga.gov	Comprehensive AIDS Resource Encounter, Ir	Vicki C.	Hopps	vhopps1@gmail.com
Community Outreach Service Center	John	Thomas	john@ccenteroutreach.mgacoxmail.com	Vidalia Housing Authority	Robert	Kelly	vidaliaha@bellsouth.net; hav_1@bellsouth.net
Community Outreach Service Center	Isadora	Thomas	john@ccenteroutreach.mgacoxmail.com	Families United Services	Vivienne	Swaby	vivienne_swaby@yahoo.com
Impact International, Inc.	John	Mcdaniel	johnnemc123@gmail.com	Kennesaw State University Research and Ser	Victor E.	Kane	vkane@kennesaw.edu
Highland Rivers CSB	Johnna	Glenn	johnnaglenn@highlandrivers.org	Lean On Me Outreach, Inc.	V'Laria	Eaves	v'laria.eaves@leanonmeoutreach.com
Central City AIDS Network, Inc.	Subrena	Johnson	johnniejohnson@bellsouth.net	Georgia Council on Developmental Disabilities	Valerie	Suber	vmsuber@dhr.state.ga.us
SAFE Homes of Augusta, Inc.	JoAnn	Herbert	joherbert@comcast.net	Voice of Grace Dream Center	Peggy	Nee Smith	vogdreamcenter@att.net
Safe Harbor Children's Shelter, Inc.	Jack	Windolf	jolf59@gmail.com	Hand Up Inc. DBA Voluntary Action Center	Stacy	Long	voluntaryaction@comcast.net
Salvation Army (Griffin)	Jordan	Hinson	jordan_hinson@uss.salvationarmy.org	Homeless Shelter Action Committee, Inc.	Alicia	Harrell	volunteer@goodneighborshelter.org
DeKalb Community Service Board (CSB)	Joseph	Bona	josephb@dekcsb.org	Middle Georgia Community Action Agency, I	Vicky	Rich	vrich@mgcaa.org
Brain and Spinal Injury Trust Fund Commission	Joseph D.	Frazier	josephfrazier@comcast.net	Vehicle Restoration Ministries, Inc. (a/k/a Th	David	Hart	vrminc@yahoo.com
Salvation Army of Griffin, GA	Josh	Hinson	josh_hinson@uss.salvationarmy.org	Georgia Community Action Association	Vanessa	Rush	vrush08@yahoo.com
Volunteer Macon	Joshua	Hess	joshuam.hess@gmail.com	Brunswick, City of	Valarie L.	Stallworth	vstallworth@cityofbrunswick-ga.gov
Asian American Resource Foundation, Inc.	Joy	Seo	joy.seo@aarc-atlanta.org	Project ReNewal Domestic Violence Interver	Vickie	Stephenson	VStevenson@project-renewal.com

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GA Department of Human Services	Joyce W.	Johnson, MSW	Joyce.Johnson@dhs.ga.gov	S.H.A.R.E. House, Inc.	Teresa	Smith	vteresasmith@bellsouth.net; tsmith6228@yahoo.com
Infill Housing, Inc. (a/k/a Macon Housing Authority & Grove Park Village June		Parker	jparker@maconhousing.com	United Way of Metropolitan Atlanta	Vanna	Walker	vwalker@unitedwayatlanta.org
Georgia Department of Community Health	James T.	Peoples	jpeoples@dch.ga.gov	Revival of Power Too Crusade Ministry	Vanessa	Welch	vwelchs@yahoo.com
Columbus Alliance for Battered Women, Inc.	Jennifer	Peters	jpeters@hopeharbour.org	Overview, Inc.	Wanda	Addeo	waddeo@overviewinc.com
God's House of Human Services	Peggy	Jones	jjones170@yahoo.com	Waycross Area Shelter for Abused Persons, I	Dorothy	Griffin	walkergriffin@hotmail.com
Kennesaw State University Research and Service Foundation	Jennifer	Priestley	jpriestl@kennesaw.edu	State Housing Trust Fund for the Homeless	Walter R.	Huntley, Jr.	walterhuntley@huntleyassoc.net
Lowndes County Board of Commissioners	Joseph	Pritchard	jpritchard@lowndescounty.com	Department of Veterans Affairs (VA Dublin)	Wanda	Greene	wanda.greene@va.gov
Harrison, Michael	Judy	Redmond	jredmond3@yahoo.com	Brother Charlie Rescue Center, Inc.	Wanda	Colwell	wandacolwell@bellsouth.net
James, Jerome	Jerome	James	jridge1@aol.com	Caring Works, Inc.	Wanda	Rainey Reed	wandareed@caringworksinc.org
First Choice Primary Care	Jose	Rodriguez	jrodriguez@firstchoiceprimarycare.org	Ware Children's Initiative, Inc. (Family Conn	Gail	Seifert	warechildrensinitiative@gmail.com
Dalton-Whitfield Community Development Corporation	Jennifer	Shearin	jshearin@dwcdc.org	Central City AIDS Network, Inc.	Bruce	Helton	warrisorsfan77@hotmail.com
River Edge Community Service Board (CSB)	JoAnne	Sims	JSims@river-edge.org	Waycross Housing Authority	Darlene	Strickland, P.H.	wayxpha@accessatc.net
Kennesaw State University Research and Service Foundation	Judith R.	Slater, L.C.S.W.	jslater@kennesaw.edu	Aging Services of Georgia	Walter	Coffey	wcoffey@agingservicesga.org
Families First, Inc.	Joyce	Sloan	JSloan@familiesfirst.org	Volunteers of America Southeast	Wallace	Davis	wdavis@voase.org
Goodwill Industries Of Middle Georgia	James	Stiff	stiff@goodwillworks.org	Gateway Behavioral Health Services	Wendy	Hughes	wendy.hughes@gatewaybhs.org
Lutheran Services of Georgia, Inc.	Janet	Tharp	jtharp@lsga.org; apalach1@bellsouth.net	Men and Women for Human Excellence, Inc.	Wesley	Bryant	wesleybgood@msn.com
HTF Interested Party	Judy	Williams	judithwhiddon@tds.net	Cobb County CDBG Program Office	Frank	Newton	WFNINC@aol.com
Salvation Army (Albany)	Judy	Russell	judy_russell@uss.salvationarmy.org	Georgia Legal Services Program, Inc. (Gaines	Wendy	Glasbrenner	wglasbrenner@glsp.org
Akin Memorial UMC	Julian	Tucker	julianl@bellsouth.net	Jones County Commission	Donald	Black	whidbyadams@windstream.net
GA Department of Human Services	Julius	Simmons	Julius.Simmons@dhs.ga.gov	South Georgia Community Service Board (CS	William	Huling	whuling@bhsga.com
Sister Sheree Marshall & the Bells of Joy Missionary Gospel Group	Sheree	Marshall	jumuntye@yahoo.com	Proclaim Liberty Ministries, Inc.	Sally	Jeffery	wildspirit1@mindspring.com
Mentors Project of Bibb County, Inc. (The)	June	O'Neal	june.oneal@bcsdk12.net; mceh.inc@gmail.com	Department of Veterans Affairs (Valdosta)	William A.	Jordan	william.jordan1@va.gov
Lowndes Associated Ministries to People, Inc. (LAMP)	Justin	Martin	justin.martin@raymondjames.com	Pathways Community Network	Matson	William	william.matson@pcni.org
Samaritan Clinic	Joyce	Anighoro	jwajoyce@bellsouth.net	Trinity Properties, Inc.	Willie	Franks	willie.franks@yahoo.com
Region Four - GA Dept. of Behavioral Health and Developmental Disabil	Jennifer	Dunn	jwdunn@thr.state.ga.us	Women In Need of God's Shelter, Inc.	Jennifer	Giddens	wings07@bellsouth.net
Douglas County Community Service Board (CSB)	Jockars	Wedlowe	jwedlowe@cobbcsb.com	Women In Need of God's Shelter, Inc.	Barb	Johns	wingscsc@bellsouth.net
Colquitt County Serenity House	Karen T.	Boyd	karen.boyd@sgfc.com	Macon Bibb County	Wanzina	Jackson	wjackson@maconbibb.us
Advocates for Bartow's Children	Karen	White	karen@advochild.org	Oconee Community Service Board	Willie	Lester	wlester@oconeeecenter.com
Phoenix Center Behavioral Health Services (CSB)	Karen	Lynch	karenlynch@phoenixcenterbhs.com	Georgia Department of Education	Whittney	Mitchell	wmittchell@doe.k12.ga.us
Fight Abuse in the Home in Rabun County, Inc.	Karon	Miller	karon@windstream.net	Willie M. Simpson Evangelistic Ministries, In	Willie M.	Simpson	wmsimpson25@hotmail.com
Partnership Against Domestic Violence	Katha	Blackwell	katha.blackwell@padv.org	Georgia Department of Behavioral Health an	Wendy	Tiegreen	wtiegree@thr.state.ga.us
Northwest Georgia Family Crisis Center, Inc.	Katherine	Heckman	katherineheckman1@att.net	Douglas County Continuum of Care Coalition	William	Zachery	wtzachery@bellsouth.net
Georgia Alliance to End Homelessness	Preston	Katheryn	katheryn@gahomeless.org	Nicholas House, Inc.	Paul	Lundy	www.nicholashouse.org
Depaul USA / Daybreak	Kathy	Smith	kathy.smith@depaulusa.org	Youth and Community Empowerment Servic	Olive	Wedderburn	yandcinc@yahoo.com
Flint Circuit Council on Family Violence dba Haven House	Katie	Tucker	katie.tucker@henryhavenhouse.org	Cobb-Douglas County Community Service Bc	Yvonne	DePina	ydepina@cobbcsb.com
Pineland Area CSB	Kacey	Gammon	kbeasley@pinelandcsb.org	Liberty County Homeless Coalition	Melinda	Schneider	yellowbowlady@coastalnow.net
Georgia Center for Nonprofits Inc.	Karen	Beavor	kbeavor@gcn.org	McIntosh Trail Community Services Board (C	Ylonda	Hadley	yhadley@mctrail.org
Georgia Legal Services Program - Dalton Regional Office	Kathryn	Bennett	kbennett@glsp.org	Ark Refuge Ministry, Ark Refuge Church of S	Yvonne	Lopez	yholiday1226@yahoo.com; contact@arkrefuge.net
Albany Area CSB (d/b/a Aspire BH DD)	Kay	Brooks	kbrooks@albanycsb.org	Nicholas House, Inc.	Yvette	Mason	ymason@nicholashouse.org
City of Hinesville	Kristen	Bryant	kbryant@cityofhinesville.org	Lowndes Associated Ministries to People, In	Yvonne	Brooks	yvonne.brooks@lampinc.org
Macon, City of	Katherine	Buchman	KBuchman@maconbibb.us	Colquitt County Serenity House Project, Inc.	Zilphia	Dorsett	zildorsett1@windstream.net
Carter Center (The)	Kristin	Christakis, M.S., M.A.	kchristakis@emory.edu	Coastal Georgia Area CAA, Inc.	Zerik	Samples	zsamples@coastalgaca.org

1E-4 – CoCs Process for Reallocating

GA-501 - Georgia Balance of State CoC

ARD Reallocations FY 2013, FY 2014, FY 2015, FY 2016, FY 2017

	ARD Amount	Amount Reallocated	Percent of ARD
FY 2013	\$14,010,067	\$0	0%
FY 2014	\$14,522,930	\$649,917	4.5%
FY 2015	\$15,602,960	\$2,800,557	17.9%
FY 2016	\$14,901,092	\$620,994	4.2%
FY 2017	\$16,929,821	\$100,003	0.6%
Total	\$75,966,870	\$4,171,471	5.5%

Georgia Balance of State Continuum of Care

Georgia Balance of State Continuum of Care Governance Board Approved July 31, 2017

2017 Georgia Balance of State Continuum of Care Competition

The Georgia Balance of State (BoS) Continuum of Care (CoC) is issuing the following guidance for the 2017 Notice of Funding Availability (NOFA) competition. This guidance applies to all renewing Continuum of Care grants for permanent supportive housing and rapid re-housing as well as for new applications submitted either for rapid re-housing, permanent supportive housing, Joint TH and PH-RRH component, or Homeless Management Information System (HMIS) projects. This announcement is being provided in accordance with the HUD Notice of Funding Availability (NOFA) for the 2017 Continuum of Care Program Competition (Docket No. FR-6100-N-25) at: <https://www.hudexchange.info/resource/5419/fy-2017-coc-program-nofa/>.

Funding for new projects is only available through the process of reallocation or the permanent housing bonus. The Balance of State CoC may only create new project(s) through the permanent housing bonus up to 6% of the Final Pro Rata Need (FPRN) amount, which is expected to be around \$1,107,873 (based on the Preliminary Pro Rata Need amount). Applications for new projects made available through reallocation will only be considered if the application review sub-committees determine the need to reallocate from eligible renewal projects due to those projects not meeting threshold, poor performance, and underspending due to significantly operating under capacity. There is no estimated amount to be reallocated at this time.

The Georgia Department of Community Affairs (DCA), designated as the Collaborative Applicant for the Georgia Balance of State Continuum of Care (CoC), is responsible for overseeing and managing the application process for the FY2017 HUD Continuum of Care Homeless Assistance funding process. HUD requires that the CoC develop a process for submitting one consolidated application for the FY2017 CoC program. The Collaborative Applicant works with the Standards, Rating, and Project Selection Committee to develop and recommend the process for CoC Board approval. The BoS CoC Board approved this policy on July 31, 2017.

The following document outlines the policy and process for the FY2017 funding cycle.

Timeline

May 1, 2017 - Final CoC Review Step for the CoC Registration due.

May 4, 2017 - Final HUD Approved GIW Change Forms due to HUD.

June 5, 2017 - Review Application released for renewal Permanent Supportive Housing and renewal Rapid Rehousing (RRH) (approved by the BoS CoC Standards, Rating, and Project Selection Committee and the Balance of State CoC Board).

June 8, 2017 - Informational Webinar for renewal PSH and RRH applicants held by DCA, and materials from the webinar were distributed to each renewal applicant.

June 23, 2017 - Review Applications for renewing PSH and RRH projects, as well as the most recent HUD monitoring, and HUD APR from HMIS, due.

July 14, 2017 – NOFA released by HUD.

July 26, 2017 - Standards, Rating, and Review Committee meeting to approve and recommend process for scoring and ranking held.

July 31, 2017 - CoC Board meeting to approve process recommended by the Standards, Ratings, and Review Committee held.

August 1, 2017 – 2017 Balance of State CoC NOFA Competition Policy, Process, Timeline, Review Applications, Scoring Criteria, Addendum, and other Competition materials released (approved by the BoS CoC Standards, Rating, and Project Selection Committee and the Balance of State CoC Board).

August 7, 2017 – Proposal Outlines for New PSH, RRH, or Joint TH & PH-RRH Component projects due.

August 8, 2017 - Informational Webinar for BoS CoC Competition Policy, Renewal PSH and RRH applicants held by DCA, and materials from the webinar posted.

August 8, 2017 - Informational Webinar for New PSH, RRH, and Joint TH & PH-RRH Component applicants, and materials from the webinar posted.

August 11, 2017 – August 25, 2017 – Review Team Sub-Committee application review renewal projects.

August 15, 2017 - Supplemental documents for Renewing PSH and RRH projects due by 3:00 PM. This includes the Addendum, supportive documents showing timely drawdowns (LOCCS reports), and the change designation form (for DedicatedPLUS projects as applicable).

August 15, 2017 - Review Applications (including Addendum) for New PSH, RRH, and Joint TH & PH-RRH Component projects, as well as all required copies and supplemental documents, due at DCA by 5:00 pm.

August 15 – August 17, 2017 – Internal review

August 18, 2017 – August 31, 2017 – Review Team Sub-Committee application review new projects.

August 25, 2017 – ALL project applications (Renewal PSH, RRH, HMIS, CoC Planning, Coordinated Assessment, and HMIS as well as New PSH, RRH, Joint TH & PH-RRH Component, and HMIS) and updated certifications must be entered into *e-snaps* by 5:00 pm.

September 5th or 6th, 2017 - Standards, Rating, and Review Committee meeting to approve and recommend ranking of projects held.

September 8, 2017 - CoC Board meeting to approve ranking recommended by the Standards, Ratings, and Review Committee held.

September 13, 2017 - Notification given to applicants of placement in scoring and ranking for all projects (due date).

September 19, 2017 - ALL project application corrections (if applicable) should be completed in *e-snaps* by 2:00 pm.

September 26, 2017 - Public posting of CoC Application.

September 26, 2017 – Estimated CoC application submission to HUD (due 9/28/17).

Summary of Changes and Policy Priorities for the FY2017 Georgia Balance of State Continuum of Care Homeless Assistance Funding Cycle

Please note that there have been significant changes in the process and method by which local CoCs are being scored under Federal priorities in the last few years. All applicants and interested parties are strongly encouraged to read this document, as well as the HUD FY 2017 Continuum of Care NOFA and any supplemental materials

(<https://www.hudexchange.info/programs/e-snaps/fy-2017-coc-program-nofa-coc-program-competition/>) in their entirety to ensure there is complete understanding of the information provided. Some of the major changes and policy priorities include:

- Renewing Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) projects will be eligible for ranking and renewal. In addition, renewing PSH projects will have the opportunity to change the classification of project type to DedicatedPLUS where 100% of the beds will be dedicated to serve individuals and families as defined in Section III.A.3.d. of the 2017 HUD NOFA.
- In order to be eligible for renewal in FY 2017, a project must have an executed grant agreement by December 31, 2017 and have an expiration date in Calendar Year (CY) 2018 (between January 1, 2018 and December 31, 2018). All projects that received a new PSH or RRH project under the last competition are included on the 2017 Grant Inventory Worksheet (GIW) and are expected to have an application submitted to renew each project that received a new award in 2016 (to include first-time renewal projects originally awarded in 2015).
- Projects implemented prior to the 2016 competition that underspend and/or are significantly operating under capacity may be subject to full or partial reallocation, with the exception of projects that were transferred in 2017 or with a pending transfer. Reallocation of underperforming projects is contingent on appropriate high-scoring new project applications. If there are not adequate new project applications to include in the final ranking, the CoC reserves the right to include the lower scoring renewal project. Any project that has less than \$10,000 at the end of the grant will not be in jeopardy of having the grant amount reduced.
- As in previous years, HUD will continue the Tier 1 and Tier 2 funding process, with the top 94% of the funding allotted to a CoC being in Tier 1, and the bottom 6% of the funding allotted to a CoC in Tier 2.

- RRH Projects that were awarded for the first time under the 2015 NOFA cycle as first time grants, that have not yet been up and running for a full year, will automatically receive median performance scores for like applications for performance in the scoring and ranking process. Those points will then be averaged with that project's original 2015 application score in order to take into account project design and other important factors related to the implementation of that project.
- Projects that were awarded for the first time under the 2016 NOFA cycle as first time grants, that have not yet been up and running for a full year, will automatically receive median performance scores for like applications for performance in the scoring and ranking process. Those points will then be averaged with that project's original 2016 application score in order to take into account project design and other important factors related to the implementation of that project.
- Through this competition the following types of new project applications will be accepted: (a) PSH for the chronically homeless individuals and families; (b) PSH where 100% of the beds meet the NOFA requirements of a DedicatedPLUS project; (c) RRH for individuals and families; (d) Joint TH and PH-RRH component projects; and (e) a HMIS project, to be carried out by the designated HMIS Lead, up to \$100,000.
- BoS CoC bonus points will be available for permanent housing projects (PSH or RRH) that are currently using, or commit to using, the Housing First model when housing program participants (with a concrete plan of action, to utilize the Housing First model of service delivery). To receive any of these bonus points, applicants should demonstrate that the project is low-barrier, prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions to entry. Please note, renewal applicants must meet, or improve, the level committed in each 2016 (or 2015 as applicable) project application.
- BoS CoC bonus points will be available to all project applications that are low barrier projects (or commit to being low barrier projects) and allow entry to program participants that includes: low or no income, current or past substance use, criminal records—with the exceptions of restrictions imposed by federal, state or local law or ordinance (e.g., restrictions on serving people who are listed on sex offender registries), and history of domestic violence. Please note that renewal applicants must meet, or improve, the level committed in each 2016 (or 2015 as applicable) project application.
- Beginning in the 2015 competition, any project application(s) that indicates a Housing First approach and/or commits to operating as a low barrier program and is reviewed, approved, and ranked by the CoC and awarded CoC Program funds is required to operate as a Housing First and/or low barrier project.
- BoS CoC bonus points will be available for projects that prioritize Veterans. Bonus points will be available for PSH renewal projects that commit to changing the classification of that project to DedicatedPLUS. And additional bonus points will be available for applicants who coordinated the 2017 Homeless Count in January of 2017, thus assisting the CoC identify people experiencing homelessness in their area.
- All renewal BoS CoC PSH projects that do not already have 100% of their beds dedicated to people who are chronically homeless will be required to prioritize at least 85% of their non-dedicated beds to people who are chronically homeless*. The BoS CoC is prioritizing

homeless individuals and families experiencing chronic homelessness consistent with *Notice CPD 16-011: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status*. Chronically homeless individuals and families should be given priority for permanent supportive housing beds not currently dedicated to this population as vacancies become available through turnover. Permanent supportive housing renewal projects serving specific disabled subpopulations (e.g., persons with mental illness or persons with substance use disorder) must continue to serve those subpopulations, as required in the current grant agreement. However, chronically homeless individuals and families within the specified subpopulation should be prioritized for entry. The full notice can be found at:

<https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>.

*Projects that committed to prioritizing 100% of non-dedicated beds to people who are chronically homeless in previous competitions are required to continue at 100%.

- In order maintain alignment to HUD priorities for this funding and to keep homeless people with disabilities who are residing in PSH projects from becoming homeless, with the exception of the HMIS and Coordinated Assessment grants, which are critical to the operations of the CoC, and will therefore be placed mid-Tier 1, the BoS CoC will rank projects within the following groupings:
 - o Renewal PSH and RRH projects that are currently housing people who are homeless, without significant capacity issues that have been in operation over a year (based on score) and HMIS and Coordinated Assessment
 - o RRH projects awarded in the 2015 competition that have not yet been in operation for a full year (based on score)
 - o New RRH and PSH projects awarded in the 2016 competition that are not currently operational
 - o Renewal PSH and RRH projects determined to be significantly underperforming or operating under capacity (and PSH projects that are both utilizing 50% or less of the units and returning a significant amount of funds with the exception of projects recently transferred or with a pending transfer)
 - o New PSH, RRH, and Joint TH and PH-RRH Component projects (based on score)
- Projects implemented prior to the 2015 competition that underspend and/or are significantly operating under capacity may be subject to full or partial reallocation. Reallocations, if necessary, will be made based on the guidance in the 2017 NOFA. Reallocation of underperforming projects is contingent on appropriate high-scoring new project applications. If there are not adequate new project applications to include in the final ranking, the CoC reserves the right to include the lower scoring renewal project. Any project that has less than \$10,000 at the end of the grant will not be in jeopardy of having the grant amount reduced
- HUD will score new and renewal projects ranked in Tier 2 using a 100 point scale (please see full details on page 16 of the NOFA):
 - o CoC Score – up to 50 points will be in direct proportion to the score received on the CoC Application;
 - o CoC Project Ranking – up to 40 points will be based on the CoC’s ranking of the project application(s);
 - o Commitment to Housing First – up to 10 points will be based on how project application commits to applying the Housing First model.

- As noted above, HUD is also allowing for CoCs to apply for permanent housing bonus funding. More than one project can be submitted for the bonus funding. HUD guidance shows that for CoCs to receive grants for new projects, other than through reallocation, CoCs must competitively rank projects based on how they improve system performance.
- Compliance with Violence Against Women Act (VAWA) Rule. On November 16, 2016, HUD published its VAWA final rule (81 FR 80798), which provides various protections to victims of domestic violence, dating violence, sexual assault, and stalking under the CoC Program and other HUD programs. The grants to be awarded under this NOFA will be required to comply with the VAWA rule as provided in 24 CFR 578.99(j)(3). All CoC-funded projects must follow the *Georgia Balance of State CoC Violence Against Women Act (VAWA) Policies and Procedures* and be fully compliant by the time the local CPD Field Office issues the first FY 2017 grant agreement for a project in the CoC's geographic area (if not due earlier by the CoC).
- The Collaborative Applicant will submit an application for planning funds as allowed by HUD. CoC Planning applications are not required to be ranked, and the funds are not part of the pro rata amounts available for projects.

General Information

In addition to the information presented in this document, it is expected that all applicants read the HUD FY 2017 Continuum of Care NOFA, related scoring criteria, and any supplemental materials (<https://www.hudexchange.info/programs/e-snaps/fy-2017-coc-program-nofa-coc-program-competition/>) in their entirety to ensure there is complete understanding of the information provided.

All agencies submitting an application, whether for a new project or a renewal project, must submit a complete application packet, as described below, in order to be considered for scoring.

It is the responsibility of the agencies to ensure that all the application materials, whether emailed or mailed, are received by Tina Moore, by the above deadlines. Applications are required to be scored and ranked by the CoC in order to be included in the CoC's project listing submitted to HUD, and an applicant's failure to meet deadlines may result in the denial of an applicant's request for funds.

All renewal project applications must pass a threshold review and will then be scored according to specific criteria. The criteria will consist of current data in the Homeless Management Information System (HMIS) including system performance measures, project performance, the most recent HUD monitoring visit, the most recent DCA monitoring visit, and the scoring of the review application. This will be scored by an independent review panel that will then consolidate the scores and rank the projects. The independent review panel will submit their results to the Collaborative Applicant who will publish the results with the BoS CoC Board's approval.

All new project applications must pass an organizational threshold review and will then be scored according to specific criteria.

New project applications that score high enough will be eligible to be included in the prioritization tiering presented to HUD. Please note, however, eligibility does not guarantee funding. The BoS CoC Board will make the final determination of which projects will be ranked and presented to HUD for funding consideration within the limited funding available.

In addition to the application packet, all renewing and new projects must also complete the HUD application in *e-snaps*. Completing the application in *e-snaps* does not guarantee that the project will be put forth in the HUD application, nor does it guarantee that the project will be funded. Please note that within *e-snaps* renewing project applications are able to import the FY 2016 application responses (if requested during setup) and are able to submit renewal project applications without changes as described in the HUD NOFA.

The BoS CoC is required by CoC regulations to operate a HMIS, establish a “centralized or coordinated assessment system,” and carry out planning activities in accordance with the Interim regulations. The renewal projects for centralized or coordinated assessment and HMIS will therefore be prioritized in the top tier for the ranking. In addition, the CoC may elect to create a new dedicated Homeless Management Information System (HMIS) project, to be carried out by the designated HMIS Lead, available through reallocation up to \$100,000, which would be prioritized in the top tier for the ranking.

DCA, as the Collaborative Applicant, will post any additional details of the competition and HUD resources as they become available on the Continuum of Care webpage. It is the applicant’s responsibility to ensure that they check the both the BoS CoC (<http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCApplicantsandGranteesOnly.asp>) and the HUD CoC (<https://www.hudexchange.info/programs/e-snaps/fy-2017-coc-program-nofa-coc-program-competition/>) websites regularly for the latest updates. Please note that all of HUD’s competition and *e-snaps* materials, notices, and training guides can be accessed on the HUD page.

Projects must agree to enter client data into Georgia’s BoS Homeless Management Information System (ClientTrack), participate in the CoC’s Coordinated Entry System, and participate in the homeless counts in Georgia’s BoS jurisdiction.

The Georgia Department of Community Affairs, as the Collaborative Applicant, believes in a commitment to end homelessness throughout the State of Georgia. To this end, DCA encourages all grantees to ensure that no household is turned away because they have previously resided in a differing Continuum.

Project applicants are required to register with Dun and Bradstreet to obtain a DATA Universal Numbering System (DUNS) number, if they have not already done so, and complete or renew their registration in the System for Award Management (SAM) per Section V.A.1. of the FY 2017 General Section. For more information on DUNS numbers and SAM registration go to: https://portal.hud.gov/hudportal/HUD?src=/program_offices/spm/gmomgmt/grantsinfo. HUD will not enter into a grant agreement with an entity that does not have a DUNS Number or an active SAM registration.

Project applicants must ensure that applications (Review Application and HUD application in the E-Snaps system) are complete and the information within the application is consistent throughout the application. Narratives must be fully responsive to the question being asked, and responses should meet all of the criteria for that question as required by the NOFA and the detailed instructions provided in E-Snaps. Applicants must also ensure that proposed program participants are eligible for the program component type selected, and proposed activities are eligible under 24 CFR part 578. Applicants should also ensure that all required attachments correspond to the attachments list in E-Snaps, contain accurate and complete information, and are dated between May 1, 2017 and September 28, 2017.

Appeals

In accordance with 24 CFR part 578 and the NOFA, applicants have the right to appeal if they believe that they were improperly denied the right to participate in the CoC planning process in a reasonable manner; were improperly denied or decreased funding; or were improperly denied a Certification of Consistency from the local government with the Consolidated Plan. The appeal MUST be carried out in the timeframe and process announced by HUD within the NOFA.

Renewal Rapid Rehousing and Permanent Supportive Housing (Including Shelter Plus Care)

The review application for renewal PSH and RRH was already released and completed by renewal applicants. However, more detail was released once the competition opened. There is some additional information that renewal applicants are required to submit.

All applicants of renewing PSH and RRH project applications must submit the following no later than 3:00pm on August 15, 2017. The following materials must be received for each project in order for an application to be considered complete:

- The Competition Certification and Policy Addendum document for all projects;
- The Notice of Intent - 2017 PSH Change to DedicatedPLUS (where applicable); and
- Supportive documents showing timely draw downs (eLOCCS reports).

Application materials can be emailed to Tina Moore, CoC Program Coordinator at tina.moore@dca.ga.gov.

In addition to the BoS CoC application materials (including all required certifications dated between May 1, 2017 and September 28, 2017), all renewal projects must complete the HUD application in *e-snaps* by 3:00pm on August 25, 2017.

Late submissions of the supplemental materials to the application package will result in a deduction of points.

New Project Application Information

In line with information presented in the NOFA, the BoS CoC will seek applications for new permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families, new PSH projects classified as DedicatedPLUS, new rapid re-housing (RRH) projects that will serve homeless individuals and families, and new Joint TH & PH-RRH Component that will serve unsheltered homeless and youth.

Eligible applicants for new PSH, RRH, or Joint TH and PH-RRH Component projects include all agencies with existing CoC NOFA grants within the Balance of State and nonprofits, units of Government, and Housing Authorities that wish to make application for new grants.

All agencies interested in applying for a new PSH, RRH, or Joint TH and PH-RRH Component project should complete and submit a Proposal Outline (Letter of Intent) to alert the Collaborative Applicant of their intent no later than 3:00pm on August 7, 2017. The Proposal Outline form is attached to the notice, and it will also be available at: <http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCApplicantsandGranteesOnline.asp>.

HUD will allow new reallocated projects to request funding for 1 year. For projects requesting permanent housing bonus funds, the grant term for new project applications requested in the initial application submission may be for a term allowed as defined on page 25 of the HUD NOFA. However, the CoC may elect to decrease the term for any new project that is approved for the final priority ranking list to allow additional projects to be included in the request for funding. Similarly, now projects requesting a 1-year grant term may be increased by the CoC to utilize available funding. Subsequent renewal project applications are limited to one year terms.

Submitting a Proposal Outline will signal DCA staff to forward information to organizations (intending to submit a new project application) regarding the New Applicant webinar, HUD training events, webinars, etc., as well as any updated CoC policies, updated scoring criteria, notice of CoC changes, etc. This information will be sent to renewal applicants automatically.

All agencies submitting an application for a new PSH, new RRH, or new Joint TH and PH-RRH component project must submit a complete application package to the Department of Community Affairs. A complete application package includes:

- Five (5) copies of the Review Application for new projects (including match/leveraging documentation and the required Addendum document in each of the copies);
- The agency 501(c)(3), if applicable (one copy) (the 501(c)(3) for any sub-recipients must also be attached);
- A current list of Board of Directors (one copy);
- The most recent independent financial audit, or equivalent financial statement (one copy); and
- A current 990 IRS Form: Return of Organization Exempt from Income Tax, if applicable (one copy).

All complete new project packages must be received by the CoC Collaborative Applicant, the Department of Community Affairs, by August 15, 2017 at 5:00 pm. Submissions must be mailed to Tina Moore, CoC Program Coordinator, 60 Executive Park South NE, Atlanta, GA 30329.

It is the responsibility of the agencies to assure that all the application materials are received by Tina Moore, by the above deadline. No late submissions for new projects will be accepted.

Additionally, each project applicant must have a Certification of Consistency from the jurisdiction in which each of the proposed project(s) will be located. This assures the application for funding is consistent with the jurisdiction's HUD-approved consolidated plan as described in the NOFA. DCA staff will work with applicants and the appropriate Consolidated Planning jurisdiction for the required form *HUD-2991 - Certification of Consistency with the Consolidated Plan*, but it is the applicant's responsibility to follow up with respective jurisdictions to ensure those jurisdictions have the project information they need to provide the certification(s) in a timely manner.

In addition to the application packet described above, applicants for new RRH, PSH, or Joint TH and PH-RRH Component projects must also complete, and submit, the HUD application (including all required certifications and documentation dated between May 1, 2017 and September 28, 2017) in *e-snaps*.

The complete new PSH, new RRH, and new Joint TH and PH-RRH Component project scoring criteria will be posted on the Balance of State Continuum of Care webpage at <http://www.dca.ga.gov/housing/HousingDevelopment/programs/CoCApplicantsandGranteesOnline.asp>. Applicants are strongly advised to review the criteria before submitting an application.

The average proposal size for a new RRH project will depend on the area and coverage of the proposed program and funding available. While there is no minimum or maximum award amount, the CoC anticipates the average size of a large regional or metro area application to be approximately \$250,000. Smaller program designs, particularly in southern or rural parts of the State must be a minimum of \$100,000.

The average proposal size for a new PSH project will depend on the area and coverage of the proposed program and funding available. While there is no minimum or maximum award amount, the CoC anticipates the average size of a large regional or metro area application to be approximately \$250,000. Smaller program designs, particularly in southern or rural parts of the State must be a minimum of \$100,000.

The average proposal size for a new Joint TH and PH-RRH Component project will depend on the area and coverage of the proposed program and funding available. While there is no minimum or maximum award amount, the CoC anticipates the average size of a large regional or metro area application to be approximately \$250,000. Smaller program designs, particularly in southern or rural parts of the State must be a minimum of \$100,000. The CoC is not accepting applications for capital costs in this competition.

Applicants must clearly demonstrate that they have experience and sufficient capacity to serve fragile, chronically homeless, and service resistant clients, and that sufficient services will be provided to clients proposed to be served.

Bonus points will be awarded to new projects that commit, with a concrete plan of action, to having a low-barrier to entry project, as well as to utilize the Housing First model of service delivery.

Threshold Criteria for All New Permanent Supportive Housing (100% Chronic and DedicatedPLUS), New Rapid Re-Housing, and Joint TH and PH-RRH component project applications.

The CoC reserves the right not to review incomplete applications or projects that don't meet eligibility requirements. Applications may receive a threshold denial for any of the following reasons;

- Agency does not meet HUD's eligibility criteria.
- Agency does not demonstrate adequate capacity to carry out grant.
- Application proposes ineligible costs or activities.
- Application proposes to serve ineligible populations.
- Application does not show required match or insufficient commitments for leveraging.
- Compliance or performance issues on current projects.
- Project does not demonstrate adequate impact or cost effectiveness.
- Project does not meet key federal requirements.
- New proposals must be located within Georgia's 152 county Balance of State Continuum of Care jurisdiction. Applications proposing projects in the following jurisdictions are not eligible to be submitted under the BoS CoC application: Atlanta, Fulton County, DeKalb County, Cobb County, Columbus-Muscogee County, Augusta-Richmond County, Athens-Clarke County, Savannah, and Chatham County. To submit an application in one of the listed jurisdictions, you should contact the appropriate CoC jurisdiction for information.
- Agency submits an incomplete application, which includes not submitting the necessary documents listed above, or certifications/documentation as required in the HUD application.

- Agency does not utilize, or commit to utilize, ClientTrack HMIS (or an approved family violence HMIS alternative) to capture client-level data on all clients in the project.

Additional Threshold Criteria for Joint TH and PH-RRH component projects are as follows:

- Given the large number of sheltered and unsheltered homeless in the BoS CoC, Joint TH and PH-RRH component projects must serve people who meet the homeless definition under paragraphs (1), (2), and (4) of the definition of homelessness in 24 CFR 578.3.
- Joint component projects must
 - Use a Housing First approach with client-driven service models and a focus on helping people move to permanent housing as quickly as possible. Participants cannot be required to participate in treatment or services to receive assistance.
 - Have low-barriers to entry and accommodate people with possessions, partners, pets, or other needs.
 - Incorporate client-choice by helping participants find permanent housing based on their unique strengths, needs, preferences, and financial resources. Participants will choose when they are ready to exit the crisis housing portion of the project and move to permanent housing, with providers assisting participants with this move.
 - Provide or connect participants to resources that help them improve their safety and well-being and achieve their goals.
 - Target and prioritize people experiencing homelessness with higher needs and who are most vulnerable.
- Joint component projects must also:
 - Target people who are living in unsheltered locations or homeless youth in areas in which the PIT demonstrates a need for more housing options for homeless households.
 - Demonstrate that the proposed service area is not covered by any crisis housing, has a street outreach team or in which Coordinated Entry planning is occurring.

Match and Leveraging

Applications must meet HUD's match requirements and have at least 25% of the amount of the HUD funding request in total match (outside of the amount for leasing), as well as an additional 125% of the amount of the HUD funding request in total leveraging, to score the maximum amount of points available for match and leveraging for the BoS CoC scoring (150% match and leveraging). Leveraging includes all funds, resources, and/or services that the applicant can secure on behalf of the client being served by the proposed project. While leveraging includes all cash and in-kind matching resources, it is broader in scope, including any other services, supplies, equipment, space, etc. that are provided by sources other than HUD.

HUD guidelines state that projects should only report match and leveraging where there are commitment letters on file that are dated between May 1, 2017 and September 28, 2017, and HUD is requesting that all documented commitments be submitted with the application.

E-Snaps Information for All Renewal and New Applications

Applicants should review and follow the steps as outlined herein and in the NOFA to ensure that applications are complete and submitted in a timely basis.

For reference, the Continuum of Care Program Interim Rule was published in the Federal Register on July 31, 2012, and was effective on August 31, 2012. This information can be

accessed at: <https://www.onecpd.info/news/continuum-of-care-coc-program-interim-rule-posted/>.

For information on accessing HUD's *E-Snaps* system to complete and submit a full BoS CoC Project Application, please go to: <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>. Note that once the competition begins, there will be a significant time delay if applicants need to register new users on the *E-Snaps* system. All applicants should ensure that they have access to the system immediately.

Federal Disaster Area Notification

Applicants administering projects in counties that have been impacted by a major disaster, as declared under Title IV of the Robert T. Stafford Act that occurred in the 12 months prior to the application deadline of the HUD NOFA should submit a letter indicating this with the supplemental review packages due on August 15, 2017. This would only include a major disaster that resulted in the Collaborative Applicant, the CoC, or its project(s) inability to continue operations due to flooding, destroyed facilities, lack of power for a long duration, etc. News releases related to Georgia can be found at: <https://www.fema.gov/disasters>. CoCs in impacted areas are required to notify HUD of this prior to the close of this competition.

GA DCA Contacts:

Tina Moore tina.moore@dca.ga.gov Phone: (404) 327-6870 Fax: (404) 679-0669	Keya Hillman keya.hillman@dca.ga.gov Phone: (404) 679-0651 Fax: (404) 679-0669	Christy Hahn christy.hahn@dca.ga.gov Phone: (404) 679-0571 Fax: (404) 679-0669
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Attached is one (1) document:

- 1) 2017 Balance of State CoC Proposal Outline

Georgia Balance of State Continuum of Care Governance Charter

I. Overview

The Georgia Balance of State Continuum of Care (generally referenced in this document as “BoS CoC” or “Continuum”) is the group composed of representatives of relevant organizations that are organized to plan for and provide, as necessary, a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless or at risk of homelessness persons for a specific geographic area (named next paragraph). This group serves as the U.S. Department of Housing and Urban Development’s (HUD) recognized decision making body for the Continuum rule at 24 CFR 578, Subpart B, entitled “Establishing and Operating a Continuum of Care.”

The geographical area currently covered by the BoS CoC includes the 152 counties not covered by eight local Continuum plans. Local Continuum plans exist for the City of Atlanta, Fulton County, DeKalb County, Cobb County, Athens-Clarke County, Augusta-Richmond County, Savannah-Chatham County, and Columbus-Muscogee County. Contact information for each of the local Continuum can be found at: <https://www.hudexchange.info/grantees/?programid=3&searchText=&stateId>.

This Charter outlines the broad organizational structure and general work of the BoS CoC and is organized as follows:

- Mission and Goals
- Membership and Membership Responsibilities
- Board Selection, Structure and Governance
- Committee Responsibilities - General
- Standards, Rating and Project Selection Committee
- Homeless Management Information System (HMIS) Committee
- Membership and Rules Committee
- Assessment, Placement and Services Committee
- Collaborative Applicant Responsibilities
- HMIS Lead Responsibilities
- Procedures

For the Balance of State Continuum of Care, this Charter calls for more than one applicant, and further herein, designates a “Collaborative Applicant.” Subject to oversight by the Standards, Rating and Project Selection Committee, the Collaborative Applicant shall have the authority to submit the Continuum application and to apply for planning funds [578.9]. No Unified Funding Agency is established for the BoS CoC.

II. Mission and Goals

The BoS CoC shall align and evolve its mission and goals in order to remain consistent with the HUD Strategic Plan and with the United States Interagency Council on Homelessness plan entitled “Opening Doors,” as updated. The mission of Georgia’s BoS CoC is to work with stakeholders throughout its geographical area to design effective strategies and solutions with the goals of:

- Ending veteran homelessness as soon as possible;
- Ending chronic homelessness by 2017;
- Ending family and youth homelessness by 2020; and
- Setting a path to ending all homelessness.

To maximize effectiveness, the Continuum will often work in collaboration with other entities outside of the Continuum, such as Georgia’s other Continua and relevant stakeholders, to help create integrated, state and community-wide strategies and plans to prevent and end homelessness; provide coordination among the many regional organizations and initiatives that serve people experiencing homelessness across Continuum of Care geographical areas; and to prepare the comprehensive grant application to HUD for the Continuum of Care Program.

While ending homelessness remains the Continuum’s overarching goal, the Continuum is laser-focused on immediately (same day) moving all unsheltered persons to a shelter or otherwise safe location (hotel/motel, etc.). At the same time, and with a priority on best practices for rapid re-housing, the Continuum will persistently focus its efforts to mitigate the trauma of homelessness by working with all stakeholders to immediately link persons to appropriate homeless and mainstream services and to shorten the length of time that persons remain unsheltered or in shelters. Further priority will be placed upon moving all homeless persons to stable housing that optimizes self-sufficiency. The only exception to this goal is for individuals, typically not families, for whom transitional housing is the most appropriate intervention. In this case, the move to transitional housing will take place as quickly as possible.

The Balance of State Continuum of Care is a very large Continuum. The distance from Rising Fawn in Georgia’s northwest corner to Saint Marys in the southeast is 440 miles.

Full meetings of membership will be held at least twice annually in the Forsyth-Macon area in or near the geographical center of the state and will be available also by webinar [578.7(a)(1)].

In addition to continuum-wide meeting efforts, the Continuum will work to understand and address homelessness through locally- and regionally-driven, collaborative processes that include regional meetings, attendance at local coalition meetings, participation in Project Homeless Connect events, work with communities participating in the State's Georgia Institute for Community Housing initiative, etc., as well as diligence in meeting HUD and Federal Interagency Council goals.

III. Responsibilities of the Continuum

A. Membership

Membership shall consist of interested individuals and representatives from relevant organizations within the geographic area. Ongoing efforts will be made to solicit open membership from relevant organizations including nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, local chambers of commerce, local development authorities, businesses, advocates, local housing authorities, school districts, social service providers, mental health agencies, hospitals, colleges, technical schools, universities, affordable housing developers, landlords, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.

Proactive member recruitment efforts will take place at least semi-annually through targeted emails to parties associated with relevant organizations. In addition, there will be an open membership recruitment process posted on the collaborative applicant's website at

www.dca.ga.gov/housing/HousingDevelopment/programs/continuumofcare.asp.

To remain in good standing, Continuum members are expected to attend not less than one meeting (annual membership, Board, Committee or Subcommittee) per year. Members must also adhere to the code of conduct requirements (conflict of interest, rules of order, etc.) established by the Membership and Rules Committee. Among other requirements established by the Membership and Rules Committee, no member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefit to the organization that the member represents. Otherwise, members may be subject to sanctions by this Committee that may include loss of voting privilege, termination of committee or subcommittee assignments, or other actions consistent with policy established and interpreted by the Committee, including membership termination, which is anticipated only in the most egregious cases.

The work of the BoS CoC will be accomplished through a comprehensive process that includes full membership, regional, board and committee meetings. The Continuum will develop and implement an on-line voting system for members. Full membership votes shall be taken as follows:

- An initial vote for ratification of the Charter;
- Periodic votes to elect “at large” members of the Board; and
- Review and/or update the Charter’s process for Board selection not less than once every five (5) years [578.7(3)].

B. Governing Board

The process for Board selection shall take place as follows [578.7(3)]:

The BoS CoC Board of Directors (hereinafter referred to as “Board”) is the governing body of the Balance of State Continuum. Considerations for board representation include expertise and experience in homelessness, geographic distribution, diversification of interests, provider perspective, the perspective of homeless persons, limiting/managing conflicts of interest, and other relevant factors. Board members must be relevant -- meaning that they must live or work in the geographical area of the BoS CoC. By accepting a Board position, all Board members by definition also become Continuum members.

The Board shall consist of nineteen (19) members. To assure a strong start, continuity over the longer-term, and to mitigate the potential for liability claims against individuals serving on the Board, eleven (11) appointments will be made by state agency heads. All of these appointments must be “relevant” to the Continuum (providing homeless funding, services, mainstream services that serve homeless persons, or provide other indirect services to homeless persons or to community organizations in the Continuum), and otherwise qualified, as outlined in this Charter and by HUD rule.

The BoS CoC Board membership shall be established as follows:

- Two (2) appointments by the State agency with lead responsibility for coordination of the Emergency Solutions Grants (ESG) Program, and for the provision of, and planning for, housing and housing related matters;
- Two (2) appointments by the State Housing Trust Fund for the Homeless Commission;
- One (1) appointment by the Membership and Rules Committee who is homeless or formerly homeless. This appointment shall be initially made by the Department of Community Affairs;

- One (1) appointment by the State agency that was designated by the General Assembly to focus solely on policies, programs, and services for people with mental illness, substance use disorders, and developmental disabilities;
- One (1) appointment by the State agency that was designated by the General Assembly to combat family violence and to develop a comprehensive state plan for ending family violence in Georgia;
- One (1) appointment by the State agency responsible for effectively managing adult offenders and providing opportunities for positive change;
- One (1) appointment by the State agency responsible for providing leadership and service to local school systems;
- One (1) appointment by the State agency responsible for working with public and private partners in building a workforce system that contributes to Georgia's economic prosperity;
- One (1) appointment, specific to assist in addressing housing and homelessness among Veterans, made by the State agency with lead responsibility for the provision of, and planning for housing and housing related matters;
- One (1) appointment by Clayton County with lead responsibility for coordination of the ESG Program;
- One (1) appointment by Gwinnett County with lead responsibility for coordination of the ESG Program;
- One (1) appointment by Macon-Bibb County with lead responsibility for coordination of the ESG Program; and
- Five (5) elected by full membership; one from each of the five (5) GA Department of Community Affairs' "Super Regions" (see Exhibit A).

Appointments must be made by the senior executive of each organization responsible for making an appointment(s). Appointments may be recommended by the Membership and Rules Committee. To encourage geographic representation among Board appointments, and inasmuch as is possible, agency heads will be encouraged to choose appointees from regional staff or from others living or working within the BoS CoC. As previously noted in this Charter, appointing state agencies may make appointments from within or from outside the agency. All appointments will be subject to approval by the Membership and Rules Committee.

The Membership and Rules Committee shall develop and implement a process for the nomination and election of "at large" Board members from each of the five (5) DCA super-regions. All appointments will be subject to approval by the Membership and Rules Committee based upon criteria established by that Committee.

The responsibilities of the Board include:

- Following its initial ratification by membership, and in consultation with the Collaborative Applicant and the HMIS Lead, update and follow the Georgia Balance of State Continuum of Care Governance Charter [578.7(5)]. Exception: The Board selection process outlined in the Charter may only be revised by a vote of membership;
- Publish agendas on the DCA Continuum of Care website and hold meetings as necessary to carry out the work of the Continuum. Full membership meetings must be held at least twice annually [578.7(1)];
- Appoint standing committees outlined in this Charter, as well as additional committees, as necessary, and in collaboration with its committees, manage the work of the “Collaborative Applicant,” and “HMIS Lead” [578.7(4)].
- Appoint Committee members;
- Act on recommendations of Continuum Committees; and
- Set Priorities for the Continuum based on solely upon committee recommendations.

Board procedure shall be established as follows:

From its membership, the Board shall appoint a Chair and a Vice-Chair. The Chair of the Membership and Rules Committee shall serve as the Ethics Officer of the Board but may or may not be a member of the Board. The Board shall be governed by this Charter, and otherwise by *Roberts Rules of Order*. Board terms shall be for three years. Initially, however, to ensure continuity, initial terms will be staggered (3, 4, and 5 years), as determined by the Membership and Rules Committee. Absent reappointment or a new appointment, Board Members shall continue to serve indefinitely following the end of their term. There shall be no limit on terms of service. Board members may be terminated by the Membership and Rules Committee for reasonable cause. Reasonable cause includes, but is not limited to, the presence of a conflict of interest that cannot be mitigated or if attendance at meetings does not meet standards established by the Membership and Rules Committee.

Meetings of the Board shall be held as called by the Collaborative Applicant, and each meeting shall be attended by the Collaborative Applicant. Meetings may be attended either in person, via Webinar, or by phone. Meetings must be called at least seven (7) calendar days in advance and are open to the public. Meeting notices shall be distributed to all Continuum members and posted by the Collaborative Applicant on the DCA Continuum of Care website.

A quorum shall require that at least fifty percent (50%) of the entire board membership is present. Assigned proxy can be used.

The affirmative vote of a majority of the Board members in attendance at a meeting shall be the act of the Board if a quorum is present.

The Chair, or the person acting as Chair, shall only vote in the event of a tie vote from other Board members.

A record shall be kept of attendance and all motions, votes and actions taken by the Board.

For business matters that the Chair determines require immediate action between regularly scheduled Board meetings, the Chair may call for a vote from Board members via email. An affirmative vote of a majority of the Board members via email shall be the act of the Board. A record of any motions, votes, and actions taken via email will be entered into the record at the next regularly scheduled meeting of the Board. It is the intention of this provision that email voting will be utilized only when a business matter cannot wait until the next regularly scheduled Board meeting.

C. Committees and Subcommittees

General Requirements for All Committees

While decisions for the Continuum will be made by the Board, the work of the Continuum will generally be carried out by Committees and, as appointed by Committees, Subcommittees. Committee members may be recommended to the Board by Committees themselves, but all Committee appointments shall also be “members” of the Continuum with formal appointment of each by the Board. Board members may also, and are encouraged to, serve on Committees. All subcommittee appointments may be made by the appropriate Committee. Each Committee is responsible for establishing a Committee Chair and the Chair, or his/her designee, must attend all Board meetings.

Subcommittees are formulated by committees in order to add specific expertise and to develop special recommendations to the committee. Expertise may come from outside the Continuum geography, so logically; subcommittee appointments (made by members of each Committee) may or may not be members of the Continuum.

Formal Committee meetings must be called and attended by the Collaborative Applicant. The Collaborative Applicant will maintain Committee records. With the exception of the Membership and Rules Committee, Committees are responsible not for decision-making, but for making recommendations to the Board.

The Board may appoint Committees as it deems necessary to carry out the work of the Continuum, but at a minimum, BoS CoC Committees shall include the following:

- Standards, Rating and Project Selection Committee;
- HMIS Committee;
- Membership and Rules Committee; and
- Assessment, Placement and Services Committee.

At its discretion, the Board may expand the work of these Committees and/or appoint other Committees with special purposes associated with priorities such as ending chronic, veterans, family and youth homelessness, coordination with educational and family violence providers, etc.

1. Standards, Rating and Project Selection Committee

The Standards, Rating and Project Selection Committee shall be responsible for developing and recommending written standards for all phases of BoS CoC and Emergency Solutions Grants programs for Board approval. In accordance with the goals of the Continuum, these written standards shall prioritize assistance and placement for persons and families who are chronically homeless, persons with disabilities, and persons with the highest number of barriers to placement and stable housing [578.9(2)].

Acting on behalf of the Continuum, and as a part of its duty to “design, operate and follow a collaborative process” in response to a HUD NOFA, the process established by this Committee and due diligence in its implementation shall serve as “approval for submission” of the BoS CoC by the Collaborative Applicant [578.9(a)(1)].

These written standards will be developed in consultation with the Collaborative Applicant, the Continuum’s four (4) ESG entitlement jurisdictions [Clayton County, Gwinnett County, Macon-Bibb County and the State of Georgia (Georgia Housing and Finance Authority (GHFA))] and with stakeholders throughout the Continuum, including Continuum recipients and subrecipients, shall be updated annually, and shall be approved by the Board [578.7(a)(9)]. Standards shall reflect the goals of the Continuum which are also consistent with the HUD Strategic Plan, the McKinney Vento Act, and with the USICH “Opening Doors” plan.

Written standards will be established for all prevention, outreach, shelter, rapid re-housing, transitional, supportive service, and permanent supportive housing programs that serve homeless or near homeless persons in the Continuum [578.7(a)(9)(i-vi)]. Among other requirements, these standards will include criteria for ESG and CoC programs, as follows:

- Policies and procedures for evaluating household eligibility;

- Policies and procedures for determining appropriate transitional, permanent supportive (including rapid re-housing and permanent supportive housing), or other housing placement; and
- Rental payment standards for the Continuum's rapid re-housing programs.

The standards will reflect priority for project type and performance and outcome criteria. Standards shall include scoring criteria for project applications and renewal applications, as well as monitoring criteria and accompanying policy surrounding poor performance to be implemented by the Collaborative Applicant [578.7(a)(6)].

The Standards, Rating and Project Selection Committee shall evaluate the outcomes of ESG and Continuum of Care programs as described in the Georgia Balance of State Continuum of Care Policies and Procedures document, and as possible other programs within the Continuum, and report those outcomes to the Board, Continuum membership, to HUD, and to others [578.7(a)(7)].

This Committee shall also be responsible for developing the semi-annual "point in time count," as well as the annual shelter and transitional housing count methodologies. The Committee shall determine gaps in housing and services, consult with ESG entitlements on the allocation of funds [578.7(c)(5)], and develop and implement a rating and selection system for Continuum projects. This Committee, or a subcommittee that it may choose to appoint, is further responsible for review of Continuum of Care applications. The work of this Committee may also include tasks assigned by the Board [578.7(c)(2-3)].

For this Committee, the Membership and Rules Committee shall review all appointments, and direct conflicts of interest will not be allowed. Perceived conflicts of interest will be disclosed and mitigated through a process established by the Membership and Rules Committee.

2. Homeless Management Information Systems (HMIS) Committee

The HMIS Committee will be responsible for communicating HMIS needs of the Continuum and for assisting the Board with management and oversight of the HMIS Lead and the Continuum's HMIS implementation. This Committee, in consultation with the Collaborative Applicant, and as appropriate, the HMIS Lead, shall have further responsibilities, as follows [578.7(b)]:

- As may be necessary, making recommendations to the Board on changes to the HMIS system, HMIS Lead, and HMIS applicant utilized by the Continuum;

- Reviewing policies and procedures and making recommendations for a privacy, security, and data quality plan to the Board;
- Monitoring the Continuum's compliance with HMIS requirements prescribed by HUD [587.7(a)(5)]; and
- Monitoring participation in HMIS by users throughout the Continuum.

3. Membership and Rules Committee

Unlike any of the other committees, the Membership and Rules Committee will act with a great deal of autonomy. It will provide checks and balances for the Continuum and operate with absolute authority over all matters related to:

- Development and operationalizing the Continuum's "Conflict of Interest and Recusal Policy" [578.7(a)(5)] and process, as required by HUD rule at 24 CFR 578.95 (see Exhibit B). The initial Conflict of Interest and Recusal Policy and Code of Conduct Policy was approved on May 21, 2015. The Code of Conduct Policy includes code of conduct provisions for all members. Both policies will be updated no less than every two years and reviewed with the Board annually;
- The exercise of judgment over the selection of Board members in order to assure that prospective members are qualified;
- Assurance that there is geographical dispersion and diversity among Board members; and
- Ethics and parliamentary procedure while carrying out its duties to provide Board oversight.

The Membership and Rules Committee will have ultimate responsibility for making sure that appointments meet HUD and Continuum rules around diversity in the selection of Board members so that "relevant organizations" will be included.

The Membership and Rules Committee will create criteria for conducting elections of Board Members. The Committee will work with appointing authorities to assure relevance and diversification in Board appointments. It may develop criteria for selection, verify that candidates meet said criteria, and must ratify all appointments.

This Committee may serve, as necessary, as a nominating committee for Board appointments, as well as for candidates for election. The Committee shall monitor service by all Continuum and Board members and shall set terms for all Board members. The Committee shall also review, and as necessary, propose revisions to the criteria for Board selection not less than once every five (5) years. Revisions to

Board structure must be presented to the Board for approval, and once approved, ratified by a majority vote of membership.

The Membership and Rules Committee will act on complaints filed against the Continuum in accordance with 24 CFR 578.7 and 578.9 and report on all complaints and actions to the Board. As necessary, Committee recommendations will be presented to the Board for mitigation.

In consultation with the Collaborative Applicant and the HMIS Lead, this Charter shall be updated by the Committee and approved not less than annually by a majority vote of a quorum of the Board. For substantial updates to this Charter, as determined by this Committee, a majority vote of Continuum membership must be obtained.

4. Assessment, Placement and Services Committee

The Assessment, Placement and Services Committee will be primarily responsible for identifying and seeking to maximize and coordinate mainstream and homeless services as well as housing resources available for homeless and near homeless persons throughout the Continuum. Together with the Collaborative Applicant, the Committee will develop written standards for assessment and program admissions within the Continuum.

The Committee will develop policy to be approved by the Board and will work to insure that the Continuum's system of care meets the needs of homeless individuals and families by seeking to implement comprehensive prevention, outreach, engagement, assessment, shelter (or other short-term housing), transitional (very limited), and permanent housing strategies throughout its broad geographical area. The group served will also include persons fleeing family violence, including victims of dating or sexual assault, and/or stalking, as well as unaccompanied youth.

This work will include identification of ongoing gaps in housing and service resources, as well as barriers to housing (including barriers to housing choice) and services that limit the ability of homeless persons to access and sustain stable housing. The Committee will work in partnerships with all stakeholders (including educational liaisons, family violence staff, public housing officials, etc.) at local, regional, state and federal levels in order to identify resources to fill identified gaps in housing and services.

Specific work of this Committee will center on measures that will enable the Continuum's homeless service providers to:

- Implement plans within their programs that will affirmatively further fair housing, per 24 CFR 578.93(c);
- Prevent involuntary separation of families experiencing homelessness within the Continuum; and
- Best collaborate with Georgia Department of Education officials and with homeless liaisons and others associated with local school systems in order to maximize the availability of HUD McKinney resources for housing and services (including prevention) for families with school age children, as well as to measure the mainstreams services of the school system in order to further stabilize families in housing.

The Committee will recommend (and may oversee the development of) training for Continuum providers. It will monitor changes and proposed changes to funding programs and other public assistance at all levels (local, regional, state and federal) for diminished programs and benefits, as well as stricter eligibility requirements that limit access to ongoing benefits that may either (1) limit the Continuum’s ability to place and serve homeless persons in stable housing, or (2) lead to further destabilization of fragile populations currently housed.

The Collaborative Applicant will troubleshoot system access issues on a state, local and regional basis, and will coordinate/collaborate closely with the Committee. Working closely with the Collaborative Applicant, the Assessment, Placement and Services Committee will be responsible for oversight related to meeting the HUD mandate for “coordinated or centralized intake and assessment” [578.7(a)(8)]. The Coordinated Entry (CE) Written Standards, CE Diversion and Prevention Screening Tool, CE Regional Planning Guide, and other related documents were approved on June 20, 2017,

D. Collaborative Applicant

In accordance with HUD’s Continuum of Care Interim Regulations, the Georgia Department of Community Affairs (DCA) is designated as the Collaborative Applicant. The Georgia Housing and Finance Authority (GHFA) is a state authority attached to DCA, and for administrative purposes, DCA may transfer legal authority, at its discretion, to GHFA in the future. At its discretion, the Collaborative Applicant shall have the authority to apply for planning funds from HUD.

DCA shall provide comprehensive oversight for the Continuum in order to meet HUD’s rule for Continua of Care and to assure that requirements are met for the annual HUD Continuum of Care funding competition. DCA shall collaborate with other Georgia Continua and shall provide administrative support for the Board, all Continuum

committees, and maintaining CoC policies and procedures that shall be updated as necessary, to assure the sound operation of and the success of the Balance of State Continuum of Care. DCA shall work to build awareness for and public/stakeholder confidence in the Continuum and will publicize its work.

For the Continuum DCA will maintain membership lists, conduct membership recruitment campaigns targeted to stakeholders [578.7(a)(2)], publish agendas for membership meetings, and assist the Board in conducting meetings of full membership not less than twice annually [578.7(a)(1)]. DCA shall update and maintain the Continuum's website with meeting notices, a list of Board members, Board meeting minutes, downloads of documents related to Board actions, and other related documents. The website shall also include an open invitation and process for membership.

DCA's work with the Board will include, but will not be limited to, providing or securing meeting space, calling meetings, providing notice to Board/Continuum members and others, technology for web meeting capacity, recordkeeping, assisting the board with draft policies and updates (including updates to this Charter) as directed by the Board, and other duties assigned by the Board or as necessary in order to meet Continuum compliance requirements or other standards established by HUD.

DCA shall serve as staff to all Continuum committees, call meetings, develop agendas, keep records of committee meetings, provide technical assistance and monitor recipients of funds, and assist with research and the development of plans and documents for each committee. Working with the Standards, Rating and Project Selection Committee, DCA will seek outside funds for, and will provide staff oversight and training for the semi-annual unsheltered point in time count and the annual shelter survey [578.7(c)(2)].

Working with stakeholders Continuum-wide through state-wide, regional and local meetings (onsite and/or web-based) as well as attendance at local and regional events, such as Project Homeless Connect, local coalition meetings, etc., the Collaborative Applicant will provide lead staff for the Continuum's planning. This includes coordination and implementation "of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following: (i) Outreach, engagement, and assessment; (ii) Shelter, housing, and supportive services; and (iii) Prevention strategies" [578.5(c)].

DCA will meet the Continuum's obligations through the HUD rule to coordinate with ESG Entitlements (Clayton, Gwinnett, Macon-Bibb, and State), and to collaborate with and provide information to complete plans for the HUD Consolidated Planning

jurisdictions (the cities of Albany, Brunswick, Dalton, Gainesville, Hinesville, Macon, Rome, Valdosta, Warner Robins, the counties of Cherokee, Gwinnett, Clayton and Henry, and the State) within the Continuum [578.7(c)(4)].

DCA will collect and combine all required application information from projects within the Continuum, prepare, and submit the annual Continuum application to the Board for approval and then to HUD.

E. Homeless Management Information Systems (HMIS) Lead

The Georgia Housing and Finance Authority (GHFA), a state authority attached to the Georgia Department of Community Affairs (DCA), is designated by the Georgia Balance of State Continuum of Care as the HMIS Lead for the Continuum.

The roles and responsibilities of the HMIS Lead, as well as the roles and responsibilities of the CoC, as they relate to HMIS matters, are outlined in the “Georgia HMIS Bylaws,” which were approved by the CoC HMIS Committee and the CoC Board.

GHFA shall attend all HMIS Committee meetings and coordinate closely with this Committee in all of its work.

GHFA shall have the authority to apply for and administer Continuum funds for HMIS in accordance with all HUD requirements. GHFA, in working with the Continuum’s HMIS Committee, shall review, revise and approve a privacy, security and data quality plan (or plans) for the Continuum’s HMIS.

GHFA shall exercise required due diligence in order to assure that the Continuum’s HMIS is administered in compliance with all present and future HUD requirements, and it shall ensure consistent participation by all HUD McKinney-funded recipients and subrecipients in the Continuum. For non-HUD funded Continuum agencies, GHFA shall work with those agencies as well as their funders to maximize HMIS participation.

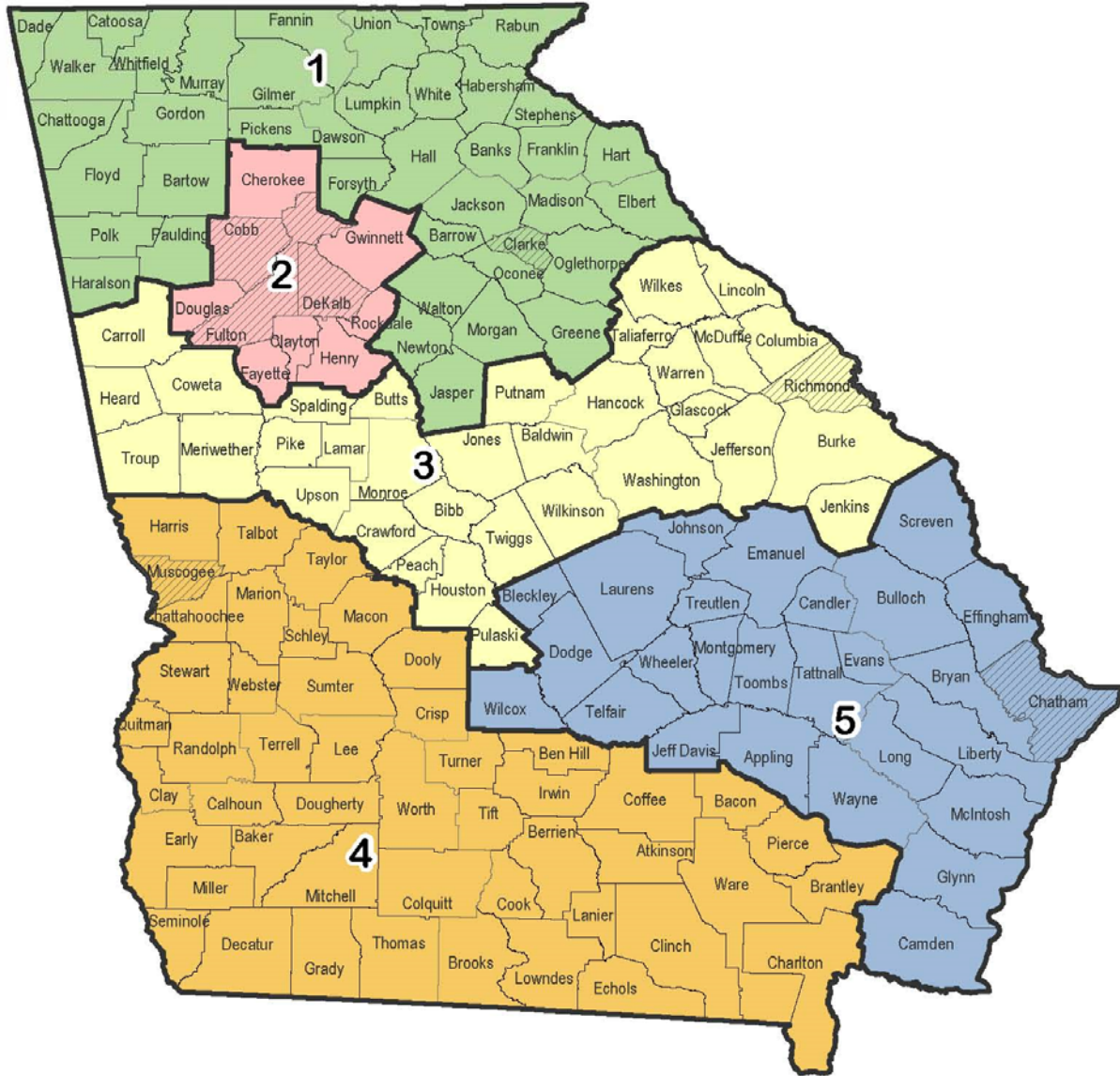
Lastly, GHFA will work to maximize the use of HMIS data in order to meet the Continuum’s obligations through the HUD rule to coordinate with ESG Entitlements (Clayton, Gwinnett, Macon-Bibb and State) and HUD Consolidated Planning jurisdictions (the cities of Albany, Brunswick, Dalton, Gainesville, Hinesville, Macon, Rome, Valdosta, Warner Robins, and the counties of Cherokee, Gwinnett, Clayton and Henry) within the Continuum.


F. Procedural Processes

By numerical order the work of the Balance of State Continuum of Care governance became operational as follows:

1. Initial Continuum Membership was established by DCA, as the Collaborative Applicant, based upon full membership meetings held September 30 and October 2, 2013. Through these meetings and through follow-up survey input was received by Members and much of said input was incorporated into the Founding Governance Charter.
2. The Founding Governance Charter dated January 9, 2014 was first posted on the Continuum's website by DCA for review ratification by a majority vote of Continuum membership.
3. Upon ratification of the Founding Governance Charter, DCA obtained Board appointments from appointing authorities, and the Inaugural Board consisted of appointed members.
4. While awaiting agency appointments for the Founding Board, DCA, as the Collaborative Applicant, worked with an Interim Membership and Rules Committee and an Interim Standards, Rating, and Project Selection Committee. Both were approved at the inaugural Board Meeting on January 21, 2015.
5. The Membership and Rules Committee:
 - a. Reviewed and approved appointed Board members, as required in the Governance Charter, on December 16, 2014;
 - b. Developed criteria for approval and for the election of regional Board members, which was approved September 8, 2014;
 - c. Called upon membership for nominees by email notification on September 10, 2014; and
 - d. Developed the initial slate of nominees for review by Members on November 18, 2014.
6. The Collaborative Applicant conducted elections for regional Board members.
7. The full Board held its first meeting and appointed the Interim Membership and Rules Committee and the Interim Standards, Rating, and Project Selection Committee were approved on January 21, 2015. The Assessment, Placement, and Services Committee was appointed at a special meeting on September 29, 2015, and the HMIS Committee was appointed on November 18, 2015.

BoS CoC Super Regions



 Counties outside of the Balance of State CoC

Map prepared by: Georgia Department of Community Affairs, 2014

Exhibit B

24 CFR 578.95 Conflicts of interest.

(a) Procurement. For the procurement of property (goods, supplies, or equipment) and services, the recipient and its subrecipients must comply with the codes of conduct and conflict-of-interest requirements under 24 CFR 85.36 (for governments) and 24 CFR 84.42 (for private nonprofit organizations).

(b) Continuum of Care board members. No Continuum of Care board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.

(c) Organizational conflict. An organizational conflict of interest arises when, because of activities or relationships with other persons or organizations, the recipient or subrecipient is unable or potentially unable to render impartial assistance in the provision of any type or amount of assistance under this part, or when a covered person's, as in paragraph (d)(1) of this section, objectivity in performing work with respect to any activity assisted under this part is or might be otherwise impaired. Such an organizational conflict would arise when a board member of an applicant participates in decision of the applicant concerning the award of a grant, or provision of other financial benefits, to the organization that such member represents. It would also arise when an employee of a recipient or subrecipient participates in making rent reasonableness determinations under §578.49(b)(2) and §578.51(g) and housing quality inspections of property under §578.75(b) that the recipient, subrecipient, or related entity owns.

(d) Other conflicts. For all other transactions and activities, the following restrictions apply:

(1) No covered person, meaning a person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient or its subrecipients and who exercises or has exercised any functions or responsibilities with respect to activities assisted under this part, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under this part, may obtain a financial interest or benefit from an assisted activity, have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity, or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one-year period following his or her tenure.

(2) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of this section on a case-by-case basis, taking into account the cumulative effects of the criteria in paragraph (d)(2)(ii) of this section, provided that the recipient has satisfactorily met the threshold requirements of paragraph (d)(2)(ii) of this section.

(i) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation:

(A) Disclosure of the nature of the conflict, accompanied by a written assurance, if the recipient is a government, that there has been public disclosure of the conflict and a description of how the public disclosure was made; and if the recipient is a private nonprofit organization, that the conflict has been disclosed in accordance with their written code of conduct or other conflict-of-interest policy; and

(B) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law, or if the subrecipient is a private nonprofit organization, the exception would not violate the organization's internal policies.

(ii) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the threshold requirements under paragraph (c)(3)(i) of this section, HUD must conclude that the exception will serve to further the purposes of the Continuum of Care program and the effective and efficient administration of the recipient's or subrecipient's project, taking into account the cumulative effect of the following factors, as applicable:

(A) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;

(B) Whether an opportunity was provided for open competitive bidding or negotiation;

(C) Whether the affected person has withdrawn from his or her functions, responsibilities, or the decision-making process with respect to the specific activity in question;

(D) Whether the interest or benefit was present before the affected person was in the position described in paragraph (c)(1) of this section;

(E) Whether undue hardship will result to the recipient, the subrecipient, or the person affected, when weighed against the public interest served by avoiding the prohibited conflict;

(F) Whether the person affected is a member of a group or class of persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; and

(G) Any other relevant considerations.



GA HMIS Interim Policies and Standard Operating Procedures

This document details the Interim policies, procedures, guidelines, and standards that govern the operations of the GA Homeless Management Information System (GA HMIS).

GA HMIS Policies and Standard Operating Procedures

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GA HMIS Policies and Standard Operating Procedures

Introduction

This document details the policies, procedures, guidelines, and standards that govern the operations of the GA Homeless Management Information System (GA HMIS). It outlines the roles and responsibilities of all agencies and persons with access to GA HMIS data, and it contains important and useful information about the ways in which GA HMIS data is secured and protected. All Providers using the GA HMIS should read this document in full and train every end user within its agency and programs to understand its contents as necessary. Appendix A is a user license agreement, which includes a statement that the user has read and understands these operating procedures as per the Agency Participation Agreement.

The US Department of Housing and Urban Development (HUD), other federal and state Partners, and the GA Collaborative, also known as Continuums of Care (CoCs), require GA HMIS to provide unduplicated statistical demographic reports on the numbers and characteristics of clients served as well as on program outcomes. In order to address the reporting requirements mandated by HUD and Department of Community Affairs has implemented an electronic management information system that will provide the necessary demographic information and reports. This system is called the GA Homeless Management Information System (GA HMIS) and is administered by the GA Department of Community Affairs (DCA). All Providers funded by certain HUD as well as some providers funded locally are required to Participate in the GA HMIS, and some privately funded providers Participate on a voluntary basis.

Providers' participating in the GA HMIS are required to collect and record HUD required data elements for all new and continuing clients in the HMIS. Data entry should be completed weekly with the exception of Emergency Shelter, which should enter daily data. All Providers using the GA HMIS are also required to comply with HUD's *HMIS Data and Technical Standards* available at www.hudhre.info and on the DCA website at <http://www.dca.state.ga.us/housing/specialneeds/programs/hmis.asp>.

GA recognizes the importance of maintaining confidential client records in a secure environment to ensure that the information is not misused or accessed by unauthorized people. The following Policies and Standard Operating Procedures (SOP) have been developed to establish standards for the collection, storage and dissemination of confidential information by the users of the GA HMIS. GA has developed a privacy policy regarding the use and disclosure of data in the GA HMIS and by programs operated directly by GA HMIS (see Appendix C for a copy of this policy).

The GA HMIS is an "open" system which allows for the sharing of client-level data electronically between collaborating agencies, which must adhere to the GA HMIS privacy policy as well as the policies and operating procedures in this document. Agencies may also be able to share information through other methods unrelated to the GA HMIS, as outlined in their specific program policies. Data shared outside of GA HMIS is not able to be controlled or monitored by GA; therefore this data is not covered by the GA HMIS privacy policy. GA is the System Administrator for the GA HMIS and as such is the only entity with

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access to all client-level information, including personal identifiers, contained in the GA HMIS. Acceptable uses and disclosures of the data are outlined in the GA HMIS privacy policy. For example, GA may disclose data that is required under a court order issued by a judge, to protect the health and safety of those being served in its programs, and may use de-identified data for research and analysis purposes. Except in rare cases, GA does not provide access to client-level data containing personal identifiers to any non-Participating agency. Additionally, HUD does not require any client-level information from the GA HMIS for the programs it funds. Thus, only de-identified and/or aggregate-level data is shared with non-participating agencies and HUD.

GA HMIS Goals

The goals of the GA HMIS are to support and improve the delivery of homeless services in the jurisdictions it serves. Inclusive in these goals is the improvement of the knowledge base about homelessness that contributes to an enlightened and effective public response to homelessness. The GA HMIS is a tool that facilitates the following:

- *Improvements in service delivery* for clients as case Administrators assess the client's needs, inform the client about available services on site or through referral, help the client find and keep permanent housing, and improve service coordination when information is shared between programs within one agency that are serving the same client.
- *A confidential and secure environment* that protects the collection and use of all client data including personal identifiers.
- *The automatic generation of standard reports* required by HUD or other stakeholders and funders, including participation in the national Annual Homelessness Assessment Report (AHAR).
- *Generation of system-level data* and analysis of resources, service delivery needs and program outcomes for the Commonwealth's homeless population.
- *A data collection and management* tool for authorized agencies to administer and supervise their programs.

GA recognizes the need to maintain each client's confidentiality, and will treat the personal data contained within the GA HMIS with respect and care. As the guardians entrusted with this personal data, GA has both an ethical and a legal obligation to ensure that data is collected, accessed and used appropriately. Of primary concern to GA are issues of security (i.e. encryption of data traveling over the Internet, the physical security of the GA HMIS servers), and the policies governing the release of this information to the public, government and funders. Meeting the needs of homeless persons served by GA HMIS and its Providers is the underlying and most basic reason for having the GA HMIS, and employing it for continued improvements in program quality.

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Definitions

Agency Administrator: The person responsible for system administration at the agency level. This person is, or is appointed by an Agency's Executive Director.

Authorized/Participating Agency: Any agency, organization or group who has a GA HMIS Participation Agreement and/or contract with DCA and that is allowed access to the GA HMIS Client Track application. These Agencies connect independently to the application via the Internet.

Client: shall mean any recipient of services offered by a Provider or Authorized/Participating Agency.

Client-level Data: Data collected or maintained about a specific person. This type of data can be de-identified for purposes of data analysis, which means that personally identifying information is removed from the record for reporting.

GA HMIS: The specific HMIS system utilized by the GA HMIS CoC's and other participating jurisdictions.

GA HMIS System Administrator: The job title of the person at DCA who provides oversight of GA HMIS. This person has the highest level of user access in GA HMIS and has full access to all user and administrative functions.

Database: An electronic system for organizing data so it can easily be searched and retrieved; usually organized by fields and records.

Encryption: Translation of data from plain text to a coded format. Only those with the "key" have the ability to correctly read the data. Encryption is used to protect data as it moves over the .

Firewall: A method of controlling access to a private network, to provide security of data. Firewalls can use software, hardware, or a combination of both to control access.

HMIS: Homeless Management Information System. This is a generic term for any system used to manage data about homelessness and housing.

HUD HMIS Data and Technical Standards: The initial HUD Data & Technical Standards were published July 30, 2004 Federal Register, Vol. 69, No. 146, pp. 45888 through 45934. The Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS), and the Department of Veterans Affairs (VA) released the [2017 HMIS Data Standards](#) on May 2, 2017. The HMIS Data Standards provide communities with baseline data collection requirements developed by HUD, HHS, and VA.

Identifying Information: Information that is unique to an individual and that may be used to identify a specific person. Examples of identifying information are name and social security number.

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Provider: Shall mean any organization within a CoC that provides outreach, shelter, housing, employment and/or social services to homeless people. For the purposes of this document, the term “provider” is synonymous with “Authorized Agency.”

Server: A computer on a network that manages resources for use by other computers in the network. For example, a file server stores files that other computers (with appropriate permissions) can access. One file server can “serve” many files to many client computers. A database server stores a data file and performs database queries for client computers.

User: An individual who uses a particular software package; in this case, the GA HMIS *Client Track* software.

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Organization and Management of GA HMIS

Program Management

Policy: The Georgia Department of Community Affairs (DCA) is responsible for project management and coordination of the GA HMIS. DCA contracts with Eccovia who provides System Administration for the GA HMIS and is responsible for baseline training, system changes, reporting, custom reporting, addressing end user tickets and system change coordination. The System Administrator is the primary contact with GA HMIS Lead to implement any necessary or desired system-wide changes and updates. In this role as Project Administrator, GA endeavors to provide a uniform GA HMIS that yields the most consistent data for client management, agency reporting, and service planning.

Procedure: All concerns relating to the policies and procedures of the HMIS should be addressed with the GA HMIS Lead.

System Administration

Policy: DCA contracts with Eccovia who provides System Administration for the GA HMIS and is responsible for baseline training, system changes, reporting, custom reporting, addressing end user tickets and system coordination and administration. In the absence of the System Administrator, the backup staff member/ proxy for responding to Authorized Agencies is the DCA HMIS Coordinator.

Procedure: The GA HMIS System Administrator administers the day-to-day operations of the GA HMIS and is governed by Georgia Bylaws Code of Conduct. Among other things, this Code of Conduct governs access to the Georgia data (client level or otherwise). All system-wide questions and issues should be directed to the GA HMIS System Administrator or proxy, if System Administrator is absent. DCA HMIS Lead is ultimately responsible for all final decisions regarding planning and implementation of the GA HMIS.

Agency Administration

Policy: Each Authorized Agency must designate a staff member to be the GA HMIS Agency Administrator who is responsible on a day-to-day basis for enforcing the data and office security requirements under these Policies and Standard Operating Procedures. While one person per Authorized Agency may be designated as the Agency Administrator; a backup Administrator should be considered.

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Procedure: The Executive Director of the Authorized Agency must identify an appropriate Agency Administrator and provide that person's name and contact information to the GA HMIS System Administrator and respective CoC Administrator. Changes to that information over time should be reported immediately to the GA HMIS System Administrator respective CoC Administrator. The GA HMIS Lead is responsible for maintaining a current list of Agency Administrators.

Agency Administrators are responsible for the following:

- Serves as the primary contact between the Authorized Agency and System Admin and HMIS Lead.
- Must have a valid email address and be an active, trained user.
- Communicates the need to remove end users from the GA HMIS immediately upon termination from agency, placement on disciplinary probation, or upon any change in duties not necessitating access to GA HMIS information. All changes must be relayed to the GA HMIS System Administrator or proxy.
- Must be technically proficient with web-based software since he/she will be responsible for maintaining the Authorized Agency's GA HMIS organizational structure and information.
- Has access to all client data, user data, and agency administration information for the Authorized Agency; thus, is responsible for the quality and accuracy of this data.
- Ensures the stability of the agency connection to the Internet and *GA HMIS*, either directly or in communication with other technical professionals.
- Ensures Privacy Posting is posted and visible to all clients.
- Monitors and enforces compliance with standards of client confidentiality and ethical data collection, entry, and retrieval at the agency level.

User Access Levels

Policy: All GA HMIS Users will have a level of access to data that is appropriate to the duties of their position so that information is recorded and accessed on a "need to know" basis. All users should have the level of access that allows efficient job performance without compromising the security of the GA HMIS or the integrity of client information.

Procedure: Each CoC Representative (and/or its CoC HMIS Administrator) will identify the level of access each end user will have to the GA HMIS database. Privilege levels are detailed below:

- Manage Clients - The ability to create and edit client records and enroll clients in programs
- Manage Programs - The same privileges as "Manage clients" with the addition of the ability to edit relevant program profile information
- Manage Users - The same privileges as "Manage Programs" with the addition of the ability to manage user access and permission to programs

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- Manage Agency - The same privileges as “Manage Users” with the addition of the ability to edit Agency information and create/ manage sites
- HMIS Lead – A “super user” privilege level used by the DCA HMIS Lead staff to allow “Manage Agency” access to multiple agencies (a service area).
- System Administrator - Full privileges to GA HMIS - GA HMIS System Administrator, Help Desk, and programmers only

GA Communication with Authorized Agencies

Policy: The GA HMIS Lead is responsible for relevant and timely communication with CoC Representative, who is then in turn responsible to communicate to each agency regarding the GA HMIS. The GA HMIS Lead will communicate system-wide changes and other relevant information to Agencies as needed.

Procedure: General communications from the GA HMIS Lead will be directed towards all users. Specific communications will be addressed to the person or people involved. The GA HMIS Lead will be available via email, phone, and mail. The GA HMIS email list will also be used to distribute HMIS information. While specific problem resolution may take longer, the GA HMIS System Administrator will strive to respond to Authorized Agency questions and issues within 24 hours of receipt. CoC Admins and Agency Administrators are responsible for distributing information to any additional people at their agency who may need to receive it, including, but not limited to, Executive Directors, client intake workers, and data entry staff. Agency Administrators are responsible for communication with all of their agency’s users.

System Availability

Policy: GA and GA HMIS will provide a highly available database server and will inform users in advance of any planned interruption in service.

Explanation: A highly available database affords agencies the opportunity to plan data entry, management, and reporting according to their own internal schedules. Availability is the key element in maintaining an HMIS that is a useful tool for Authorized Agencies to use in managing programs and services.

Procedure: No computer system achieves 100% uptime. Downtime may be experienced for routine maintenance, in the event of a disaster, or due to systems failures beyond the control of GA HMIS System Administrator or the GA HMIS Lead. In the event of disaster or routine planned server downtime, the GA HMIS Lead will use Constant Contact to send correspondence that informs users of the cause and duration

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of the interruption in service. The HMIS Client Track system is backed up every four hours and the entire system is backed up daily so it can be restored as quickly as possible if necessary.

Inter-Agency Data Sharing

Policy: GA HMIS is an “open” system, meaning that data can be shared between GA HMIS participating agencies. Whether data is actually shared or not is determined on a per client basis, based on user input and client data sharing preferences.

Explanation: The need for client confidentiality and the benefit of integrated case management needs to be balanced. In light of new regulations for Coordinated Entry and community needs, the privacy and security policies were designed to permit Inter-Agency data sharing while still safeguarding client confidentiality.

Procedure: When new clients are entered into GA HMIS, the initiating user must set the Client’s data sharing permission (Restrict to MOU) based on the Client’s response on the Release of Information form) before data sharing is permitted. These permissions control the information that is shared about the client globally.

Users must record the actual responses received by the client when setting up the client’s electronic data sharing policy. Users may be monitored to ensure compliance with this policy at any time by Agency Administrators, HMIS Leads, or the GA HMIS System Administrator, in which case users will need to provide a copy of any Release of Information forms that are requested. Any user found to not adhere to the data sharing permissions allowed by the client will be immediately and permanently banned from GA HMIS, and may face possible legal action. If a user feels it is in the best interest of the client, they may further restrict the client’s electronic sharing policy by setting sharing to Restrict to Org, but users may never choose to implement a less restrictive data sharing policy without collecting a new Release of Information form that has been signed by the client and permits less restrictive data sharing.

Ethical Data Use

Policy: Data contained in the GA HMIS will only be used to support or report on the delivery of homeless and housing services in Georgia. Each GA HMIS End User will affirm the principles of ethical data use and client confidentiality contained in the GA HMIS Policies and Standard Operating Procedures Manual, the GA HMIS Participation Agreement, and the GA HMIS End User Agreement. Each Authorized Agency must have a written privacy policy, including specific policies related to employee misconduct or violation of client confidentiality. All GA HMIS End Users must understand their Agency’s privacy policy, and a signed policy statement must become a permanent part of the employee’s personnel file.

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Procedure: All GA HMIS users will sign a GA HMIS System End User Agreement before being given access to the GA HMIS. Any individual or Authorized Agency misusing, or attempting to misuse GA HMIS data will be denied access to the database, and his/her/its relationship with the GA HMIS may be terminated. Any Authorized Agency for which the relationship with the GA HMIS is terminated will also likely be de-funded by GA and/ or the Continuum of Care in which they are located because of the statutory requirement to participate in the Continuum's HMIS.

Access to Core Database

Policy: No one but GA HMIS System Administrator/GA HMIS Lead staff will have direct access to the GA HMIS database through any means other than the GA HMIS user interface, unless explicitly given permission by GA HMIS System Administrator/GA HMIS Lead.

Procedure: GA HMIS System Administrator/GA HMIS Lead staff will monitor employ updated security methods to prevent unauthorized database access.

Client Rights and Confidentiality of Records

Policy: The GA HMIS System operates under a protocol of *inferred consent* to include client data in the GA HMIS. Each Authorized Agency is required to post a sign about their privacy policy in a place where clients may easily view it (i.e. - at the point of intake, on a clipboard for outreach providers, in a case management office). The privacy posting should include a statement about the uses and disclosures of client data as outlined in this document. Written authorization for inclusion of a client's data in GA HMIS is not required, but is inferred when a client accepts the services offered by the program and when the privacy posting is displayed for client review.

Clients may opt out of GA HMIS or be unable to provide basic personal information. Clients have the right of refusal to provide personal identifying information to the GA HMIS, except in cases where such information is required to determine program eligibility or is required by the program's funders. Such refusal or inability to produce the information shall not be a reason to deny eligibility or services to a client. When a client exercises his/her right of refusal, de-identified demographic (anonymous) information will be entered into the GA HMIS.

Each Authorized Agency shall take appropriate steps to ensure that authorized users only gain access to confidential information on a "need-to-know" basis in accordance with this document and their own Privacy Policy. Duly authorized representatives of GA may inspect client records (including electronic records) at any time, although non-GA HMIS staff will not, as a matter of routine, be permitted to access protected private information. GA and Authorized Agencies will ensure the confidentiality of all client data as described in this document.

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Explanation: The data in the GA HMIS is personal data, collected from people in a vulnerable situation. GA System Administrators, HMIS Representatives, CoC Administrators, the HMIS Lead and Authorized Agencies are ethically and legally responsible to protect the confidentiality of this information. The GA HMIS will be a confidential and secure environment protecting the collection and use of client data.

Procedure: Access to client data will be controlled using restrictive access policies. Each Authorized Agency must develop and make available a privacy policy related to client data captured in GA HMIS and through other means. A posting that summarizes the privacy policy must be placed in an area easily viewed by clients, and must also be placed on the Authorized Agency's web site (if they have one). Only individuals authorized to view or edit individual client data in accordance with the stated privacy policies and these Standard Operating Procedures will have access to that data.

Authorized Agency Grievances

Policy: Authorized Agencies will contact the GA HMIS System Administrator to resolve GA HMIS problems including but not limited to operation or policy issues. If an issue needs to be escalated, the GA HMIS System Administrator may contact GA HMIS Lead for further guidance. The GA HMIS Lead and the CoC HMIS Steering Committee, will have final decision-making authority over all grievances that arise pertaining to the use, administration, and operation of the GA HMIS.

Procedure: Users at Authorized Agencies will bring GA HMIS problems or concerns to the attention of their Agency Administrator. If problems, concerns, or grievances cannot be addressed by the Agency Administrator, the Agency Administrator will contact their respective CoC Representative, who may ask for these issues to be stated in writing. If the grievance requires further attention, the GA HMIS Lead may consult with Georgia's legal counsel. The Georgia HMIS Lead along with the GA HMIS Steering Committee shall have final decision-making authority in all matters regarding the GA HMIS.

Client Grievances

Policy: Clients must contact the Authorized Agency with which they have a grievance for resolving of GA HMIS problems. Authorized Agencies will report all GA HMIS-related client grievances to the respective CoC Representatives, who in turn, will report these grievances to the GA HMIS Lead. If the Authorized Agency's grievance process has been followed without resolution, the Authorized Agency may escalate the grievance to the respective GA CoC Representative as outlined in the "Authorized Agency Grievances" section.

Procedure: Each Authorized Agency is responsible for answering questions, complaints, and issues from their own clients regarding the GA HMIS. Authorized Agencies will provide a copy of their privacy

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policy and/or copies of the GA HMIS Privacy Policy or GA HMIS Policies and Standard Operating Procedures upon client request. Client complaints should be handled in accordance with the Authorized Agency's internal grievance procedure, and then escalated to the appropriate CoC Representative in writing if no resolution is reached. The GA HMIS Lead is responsible for the overall use of the GA HMIS, and will respond if users or Authorized Agencies fail to follow the terms of the GA HMIS agency agreements, breach client confidentiality, or misuse client data. Authorized Agencies are obligated to report all GA HMIS-related client problems and complaints to their CoC Representative, who will determine the need for further action. Resulting actions might include further investigation of incidents, clarification or review of policies, or sanctioning of users and Agencies if users or Agencies are found to have violated standards set forth in GA HMIS Agency Agreements or the Policies and Standard Operating Procedures Manual. Upon the client's request for data removal from the GA HMIS, the Agency Administrator will delete all personal identifiers of client data within 72 hours. A record of these transactions will be kept for a period of three years by the Agency Administrator and provided to GA upon request.

Authorized Agency Hardware/Software Requirements

Policy: Authorized Agencies will provide their own computer and method of connecting to the Internet, and thus to the GA HMIS Client Track system. If possible and as funds permit, GA HMIS Lead or the respective CoC may choose to assist Authorized Agencies in obtaining computers and Internet access for the GA HMIS.

Procedure: Contact your local CoC Representative for the current status of assistance.

Hardware/Software Requirements: GA HMIS is web-enabled software; all that is required to use the database is a computer, a valid username and password, and the ability to connect to the Internet using internet browser software (Chrome, Internet Explorer, Firefox, etc.). There is no unusual hardware or additional GA HMIS-related software or software installation required. The following workstation specifications are recommended.

Minimum Workstation Requirements

- Computer: PC 500 MHz or better
- Web Browser: Google Chrome 4.0.249 or higher, Microsoft Internet Explorer 5 or higher, Mozilla Firefox 3.0 or higher, or Netscape Navigator 6.0 or higher
- Hard Drive: 2 GB
- 64 MB RAM
- Internet Connectivity (broadband or high-speed)
- SVGA monitor with 800 x 600+ resolutions
- Keyboard and Mouse

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Recommended Workstation Requirements

- Computer: 1 Gigahertz Pentium Processor PC
- Browser: Google Chrome 17.0.963 or higher, Microsoft Internet Explorer 8.0 or higher (preferred)
- 20 GB Hard Drive
- 512 MB RAM
- Broadband Internet Connection - 128 Kbps (hosted version) or LAN connection
- SVGA monitor with 800x600 + resolution
- Keyboard and mouse

Although there is no unusual hardware or additional GA HMIS-related software required to connect to the database, the speed and quality of the Internet connection and the speed of the hardware and could have a profound effect on the ease of data entry and report extraction. A high-speed Internet connection, like a DSL or ISDN line with speeds at or above 128.8 Kbps, is preferred, as is a computer with speeds above 166MHz. Google Chrome 17.0.963 or higher is the recommended platform to eliminate certain technical problems.

Authorized Agency Technical Support Assistance

Policy: GA HMIS System Administrators and the GA HMIS Lead will provide technical assistance including a help desk, training, and ongoing software support for users of the GA HMIS. Technical issues with the GA HMIS software should be addressed by submitting a ticket while logged into the Client Track system or submit an email at GAHMISsupport@dca.ga.gov. Internal hardware and internet connectivity issues should be addressed by the Authorized Agency's internal IT staff to the extent possible.

Procedure: Hardware and connectivity issues not related to the GA HMIS software are not under the control of the GA HMIS Lead or GA HMIS System Administrator and should be addressed by the Authorized Agency's internal IT staff. Authorized Agencies may send an email to GAHMISsupport@dca.ga.gov for technical support to learn what is necessary to connect to the GA HMIS Client Track system as well as to request assistance with the application itself.

Videos, Guides, Etc.

Policy: The GA System Administrators and the GA HMIS Lead will provide an array of materials to assist all GA HMIS End Users on use and functionality of the system. Each GA HMIS End User will be required to view several videos and completing an assessment prior to obtaining system access. These videos, documentation, forms, etc. will be posted in the GA HMIS webpage <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>.

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Explanation: A variety of training methods and materials targets various learning styles to provide software users with information about how the software product is used. Videos and reference guides will provide specific technical instruction to GA HMIS End Users about how to use GA HMIS Client Track.

Procedure: The GA HMIS System Administrators and GA HMIS Lead staff will create, distribute and update the necessary videos, reference guides, etc. These will include procedures that are held in common for all Authorized Agencies.

Monitoring and Evaluation

Policy: The GA HMIS Lead and participating CoCs will regularly monitor and evaluate the effectiveness of the GA HMIS Implementation and, based on the information received, will continue to make enhancements to the GA HMIS system and the Policies and Standard Operating Procedures as necessary.

Explanation: Monitoring and evaluation helps ensure security and proper usage of the GA HMIS system.

Procedure: The GA HMIS System Administrator will conduct internal system monitoring. This information will be shared with the CoCs and may be used by the CoC to monitor programs funded through the CoC as required by HUD. The HMIS Lead is authorized to conduct monitoring on behalf of the GA HMIS System Administrator and/or their CoC.

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Security and Access

User Access

Policy: Only the GA HMIS System Administrators or the GA HMIS Lead staff will be authorized to grant user access to GA HMIS. User accounts will be unique for each user and may not be exchanged or shared with other users.

Explanation: Unique user names and passwords are the most basic building block of data security. Not only is each user name assigned a specific access level, but in order to provide to clients or program management an accurate record of who has altered a client record, when it was altered, and what the changes were (called an “audit trail”) it is necessary to log a user name with every change. Exchanging or sharing user names seriously compromises the security of the GA HMIS system, and *will be considered a breach of the system user agreement* and will trigger appropriate repercussions and/or sanctions for the user and agency.

Procedure: Users are not able to access any data until they are trained, all agreements are collected, and the account is activated by GA HMIS staff. The GA System Administrator and GA HMIS Lead staff will have access to the list of active end user names. Additionally, Agency Administrators will monitor the users in their agency to ensure that accounts are current.

User Changes

Policy: The Authorized Agency Administrator will notify the System Administrator and GA HMIS Lead of needed changes to the Authorized Agency user accounts. This includes revoking authorization for staff who are no longer with the agency and any needed changes to the users’ agency access and privilege levels, etc.

Procedure: The Agency Administrator is required to inform the System Administrator through the ticketing system within the Client Track application of the need to revoke the user account of a terminated employee immediately upon termination of employment. For employees with user access otherwise leaving the agency, the user account should be revoked at the close of business on the person’s last day of employment.

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Passwords

Policy: GA End Users will have access to the GA HMIS Client Track system via a user name and password. Passwords must be changed a minimum of once every 90 days. Users will keep passwords confidential. Under no circumstances shall a user share a password nor shall they post their password in an unsecured location; to do so *will be considered a breach of the system user agreement* and will trigger appropriate repercussions and/or sanctions for both the user and agency.

Procedure: Upon sign in with the user name and temporary password, the user will be required by the software to select a unique password that will be known only to him/her. Every 90 days, end users will be prompted to change their password. See Section entitled “User Access” for additional detail on Password security.

Password Recovery

Policy: The GA HMIS System Administrators and GA HMIS Lead staff DO NOT have access to User account passwords.

Procedure: In the event of a lost or forgotten password, the end user will use the password recovery option to reset their password. The system will ask the user for their email address, and then ask for the answer to their security question. As an extra layer of security, End Users may not choose where the password reset email is sent. Once the security question is answered correctly, an email will be sent only to the email address listed in the End User’s account profile. If this account is no longer active, the End User must request assistance from the System Administrator or HMIS Lead to reactivate their account. This request must be sent to the GAHMISsupport@dca.ga.gov address. Once users receive the Password reset email which contains a temporary Password, Users must login and change their password immediately before gaining access to Agency and Client data. Each request for a new password is logged in an audit trail.

Extracted Data

Policy: GA HMIS end users will maintain the security of any client data extracted from the database and stored locally, including all data used in custom reporting. GA HMIS users will not electronically transmit any unencrypted client data across a public network. Any custom reports (electronic or printed) which are shared with non-Participating agency, must remove Client and Household names.

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Procedure: Data extracted from the database and stored locally will be stored in a secure location (not on floppy disks/CDs or other temporary storage mechanisms like flash drives or on unprotected laptop computers, for example) and will not be transmitted outside of the private local area network unless it is properly protected via encryption or by adding a file-level Password. The GA HMIS System Administrator will provide help in determining the appropriate handling of electronic files. All security questions will be addressed to the GA HMIS System Administrator via the internal ticketing system. Breach of this security policy will be considered a violation of the user agreement, which may result in personnel action and/or agency sanctions.

Data Access Computer Requirements

Policy: Users will ensure the confidentiality of client data, following all security policies in the GA HMIS Policies and Standard Operating Procedures Manual and adhering to the standards of ethical data use, regardless of the location of the connecting computer. All Policies and Procedures and security standards will be enforced regardless of the location of the connecting computer. The participating CoC may restrict access to the GA HMIS system to specific computers in the future.

Explanation: Because GA HMIS is web-enabled, software end users could conceivably connect to the database from locations other than the Authorized Agency itself, using computers other than agency-owned computers. Connecting from a non-agency location may introduce additional threats to data security, such as the ability for non-GA HMIS users to view client data on the computer screen or the introduction of a virus. If such a connection is made, the highest levels of security must be applied, and client confidentiality must still be maintained. This includes only accessing the GA HMIS via a computer that has virus protection software installed and updated.

Procedure: Each Authorized Agency and Agency Administrator is responsible for:

- a) Physical space: Authorized Agencies must take reasonable steps to ensure client confidentiality when authorized users are accessing the GA HMIS system. Authorized end users are required to conduct data entry in a protected physical space to prevent unauthorized access to the computer monitor while confidential client information is accessible.
- b) Use of a non-agency computer located in a public space (i.e. internet café, public library) to connect to HMIS is prohibited.
- c) Time-Out Routines: Time-out (login/logout) routines on every computer to shut down access to the GA HMIS Client Track system when a computer is unattended. Time-out routines will be engaged at a minimum after 10 minutes of inactivity or at other intervals as GA HMIS Steering Committee determines.
- d) Each computer that accesses GA HMIS Client Track system must have current virus software that updates automatically installed.

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- e) If the GA HMIS Client Track system is accessed over a network, the network must be protected by a hardware or software firewall at the server. A stand-alone machine that accesses the GA HMIS client data must also have a hardware or software firewall installed and active. This may be the firewall protection included as part of the operating system or the virus protection software installed on the computer.

Questions about security of the GA HMIS should be referred to the GA HMIS System Administrator via the internal ticketing system.

GA HMIS Policies and Standard Operating Procedures

Agency Participation Requirements

GA HMIS Agency Participation Agreements

Policy: Only Authorized Agencies will be granted access the GA HMIS Client Track system. The GA CoC's shall make the sole determination to identify Authorized Agencies that will participate in their Continuum of Care. The Executive Director of each Authorized Agency will be required to sign a "GA HMIS Agency Participation Agreement" (Appendix B) binding their organization to the GA HMIS Policies and Standard Operating Procedures and all applicable Federal, State, and local laws and regulations regarding the handling of client data before access is granted.

Procedure: Authorized Agencies will be given a copy of the GA HMIS Agency Participation Agreement, the Policies and Standard Operating Procedures Manual, and any other relevant GA HMIS paperwork prior to any end user for the agency accessing the ClientTrack system. The Executive Director should review and then signed the paperwork and return to the GA HMIS Lead. The Agency account must first be setup prior to activating an end user account under that agency.

User Accounts

Policy: In order to activate an account, an end user review and sign the GA HMIS End User Agreement and send to the GA HMIS Lead. Additionally, Agency end users will be trained to use GA HMIS Client Track system by completing the initial end user video playlist or by the System Administrator at a training sessions scheduled by the GA HMIS System Administrator or GA HMIS Lead. Once training has been completed, the end user will complete the associated training assessment and then will activate each user's account.

Sharing of accounts, User IDs, or Passwords is strictly prohibited. Users may not even share accounts, User IDs, or Passwords with management within their agency.

Procedure: Each Agency Administrator (or Executive Director) will identify the authorized users for the agency. These authorized user names should be submitted to the respective CoC in which the agency resides. The CoC Representative or CoC Admin from the CoC will notify the GA HMIS System Administrator via the internal ticket system of the need to set up new authorized end user accounts.

GA HMIS Policies and Standard Operating Procedures

GA HMIS System User Agreements

Policy: Each Authorized Agency User will sign a GA HMIS Collaborative System User Agreement before being granted access to the GA HMIS.

Explanation: Before being granted access to the GA HMIS, each user must sign a GA HMIS End User Agreement, stating that he/she will abide by the GA HMIS Policies and Standard Operating Procedures Manual, will appropriately maintain the confidentiality of client data, and will only collect, enter, and retrieve data in the GA HMIS relevant to the delivery of services to people in housing crisis.

Procedure: The CoC will distribute GA HMIS System End User Agreements to new GA HMIS Users for signature. The user will sign the GA HMIS System End User Agreement and the agreement will be faxed or emailed/scanned to the GA HMIS Lead or the System Administrator. The CoC will also file the signed GA HMIS System End User Agreements for all users. The existence of a signed GA HMIS End User Agreement for each active user will be verified in any on-site reviews or may be checked during regular monitoring of contracts. Allowing a user access to the GA HMIS system without a signed user agreement is a violation of the GA HMIS Policies and Standard Operating Procedures and may result in sanctions.

Training

Policy: The GA HMIS System Administrator and GA HMIS Lead are responsible for defining training needs and organizing training sessions for Authorized Agencies. Various training options will be provided, to the extent possible, based on the needs of GA HMIS end users. GA HMIS Client Track training materials will be provided on <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp> that may be used by Agency Administrators, CoC Representatives and CoC Admins to provide extra training opportunities.

Explanation: In order for the GA HMIS to be a benefit to clients, a tool for Authorized Agencies and a guide for planners, all users must be adequately trained to collect, enter, and extract data.

Procedure: The GA HMIS System Administrator and GA HMIS Lead will provide access to training for all GA HMIS users. The GA HMIS System Administrator and GA HMIS Lead will provide support to Agency Administrators, CoC Representatives and CoC Admins, who will in turn provide for end user training above and beyond the initial training.

GA HMIS Policies and Standard Operating Procedures

Contract Termination Initiated by Authorized Agency

Policy: Authorized Agencies that are not contracted to GA HMIS may terminate the GA HMIS Agency Participation Agreement with or without cause upon 30 days written notice to GA HMIS and according to the terms specified in the GA HMIS Agency Participation Agreement. The termination of the GA HMIS Agency Participation Agreement by the Authorized Agency may affect other contractual relationships with DCA and/or requirements set forth in contracts issued by HUD. In the event of termination of the GA HMIS Agency Participation Agreement, all data entered into the GA HMIS will remain an active part of the GA HMIS system.

Explanation: While non-GA HMIS contracted Authorized Agencies may terminate relationships with DCA and the GA HMIS Collaborative, the data entered prior to that termination would remain part of the database. This is necessary for the database to provide accurate information over time and information that can be used to guide planning for community services in GA. The termination of the GA HMIS Agency Participation Agreement may affect other contractual relationships with DCA, HUD, or other funders.

Procedure: GA HMIS Provider Agencies are required to participate in the GA HMIS system as a condition of their funding. For all non-GA HMIS contracted Authorized Agencies terminating the GA HMIS Agency Participation Agreement, the person responsible for signing the GA HMIS Agency Participation Agreement (or a person in the same position within the agency) will notify the GA HMIS System Administrator 30 days or more prior to the date of termination. In all cases of termination of GA HMIS Agency Participation Agreement, the GA HMIS System Administrator will disable all user accounts from that Authorized Agency on the date of termination of agreement.

Contract Termination Initiated by GA

Policy: DCA may terminate the GA HMIS Agency Participation Agreement for non-compliance with the terms of the agreement or with the GA HMIS Standard Operating Procedures with written notice to the Authorized Agency. DCA may also terminate the GA HMIS Agency Participation Agreement with or without cause with 30 days written notice to the Authorized Agency and according to the terms specified in the GA HMIS Agency Participation Agreement. If a GA HMIS contract is terminated under the terms of that contract, the GA HMIS Agency Participation Agreement(s) for GA HMIS access for that/those Agency(ies) will also be terminated. In that case, access may be renegotiated by DCA and the agency if appropriate and in accordance with these standard operating procedures. The termination of the GA HMIS Agency Participation Agreement or contract with DCA may affect other contractual relationships with GA, HUD, or other funders. In the event of termination of the GA HMIS Agency Participation Agreement or GA HMIS contract, all data entered into the GA HMIS will remain a part of the GA HMIS. If termination of the GA HMIS Agency Participation Agreement or GA HMIS contract occurs, all Authorized Agency end user

GA HMIS Policies and Standard Operating Procedures

accounts will be disabled on the date the GA HMIS Agency Participation Agreement or contract is terminated.

Explanation: While DCA may terminate the GA HMIS Agency Participation Agreement or its contract with the Authorized Agency, the data entered by that Authorized Agency prior to termination of contract would remain part of the database. This is necessary for the database to provide accurate information over time and information that can be used to guide planning for community services in GA. The termination of the GA HMIS Agency Participation Agreement may affect other contractual relationships with GA, HUD, or other funders.

Procedure: GA HMIS Provider Agencies are required to participate in the GA HMIS as a condition of their funding. Willful neglect or disregard of the Standard Operating Procedures will result in immediate termination of an Authorized Agency from the GA HMIS. If a contract with an authorized agency or collaborative of authorized agencies is terminated, that/those Agency(ies) will be terminated from GA HMIS. For all non-GA HMIS contracted Authorized Agencies for which the GA HMIS Agency Participation Agreement is terminated, the GA HMIS System Administrator will notify the CoC Representative 30 days or more from the date of termination. The CoC will notify the Provider Agency. In all cases of termination of GA HMIS Agency Participation Agreement, the GA HMIS System Administrator will disable all user accounts from that Provider Agency on the date of termination of agreement.

GA HMIS Policies and Standard Operating Procedures

Data Collection, Quality Assurance and Reporting

Required Data Collection

Policy: Authorized Agencies funded by HUD (either through DCA or directly) through the Supportive Housing Program, Shelter Plus Care, HOPWA, Section 8 Moderate Rehabilitation, the Emergency Shelter Grant, the Homelessness Prevention and Rapid Rehousing Program, or Emergency Solutions Grant are required to participate in HMIS by HUD. Other providers contracted by other State or Federal departments may also be required to participate in the GA HMIS. All Authorized Agencies that participate in HMIS are considered “Covered Homeless Organizations” (CHO) and are required to comply with HUD’s *HMIS Data and Technical Standards* unless those standards are in conflict with local laws. This includes the collection of required data elements.

Authorized Agencies shall collect and enter all HUD required data elements on every client served by the Provider upon intake into the Provider’s facility or program. Authorized Agencies may choose to collect more client information for their own case management and planning purposes or to comply with requirements from their CoC or funders.

Timeliness of Data Entry: Providers are required to enter basic client intake data into the GA HMIS weekly. Emergency Shelter programs must complete all data entry within 24 hours of a client being served which includes their entry or exit from their Program.

Procedure: Each agency should review and enter all HUD required data into GA HMIS as specified by HUD per Program Type.

Client Consent

Policy: Each agency must post a sign at each intake or comparable location and on its web site (if applicable) explaining the reasons for data collection for those seeking services. Consent for entering of data into GA HMIS may be inferred when the proper privacy notice is posted and if the client accepts the services offered. If a client chooses to not share their data through GA HMIS, all of the client’s data may still be collected and stored in GA HMIS, but data sharing must be disabled for that client’s record (i.e. “locked”).

GA HMIS Policies and Standard Operating Procedures

Explanation: Privacy Policies should be in effect for each agency to both inform clients about the uses and disclosures of their personal data and to protect the agency by establishing standard practices for the use and disclosure of data. Each client must give permission for the disclosure and/or use of any client data outside of the privacy policy developed and posted by the agency. Client consent notices must contain enough detail so that the client may make an informed decision. Clients may withdraw permission to have their personal protected information in the HMIS, or may make a request to see copies of his or her client record.

Procedure: Authorized Agencies will develop a privacy posting, which will be posted in appropriate areas for client review.

Client Consent Forms for Data Sharing

Policy: GA HMIS participating/authorized agencies must use the GA HMIS Client Consent to Share form to collect all clients' sharing consent (Appendix F). Each agency should include in its privacy policy that data collected by the agency is disclosed to the DCA HMIS Lead as part of its administrative responsibility for the GA HMIS and that the data may be used for analysis and reporting purposes. DCA HMIS Lead will only report aggregate and/or de-identified data as part of its responsibilities, and agrees to maintain the data with the highest level of confidentiality and within the security guidelines set forth in this document.

Procedure: Each client must have a signed GA HMIS Client Consent to Share form on file which records their permission (or lack thereof) before users can share their data via GA HMIS.

Appropriate Data Collection

Policy: GA HMIS end users will only collect client data relevant to the delivery of services to people in housing crises as required by HUD and/or required by funders or by law.

Explanation: The purpose of the GA HMIS is to support the delivery of homeless and housing services in Georgia. The database should not be used to collect or track information not related to serving people in housing crises or otherwise required for policy development, planning, or intake purposes.

Procedure: Agency Administrators will ask the GA HMIS System Administrator for any necessary clarification of appropriate data collection. The GA HMIS System Administrator, in consultation with GA HMIS Steering Committee, will make decisions about the appropriateness of data being entered into the

GA HMIS Policies and Standard Operating Procedures

database. The GA HMIS Lead may periodically audit an agency's data collection practices to ensure the database is being used appropriately.

Ownership

Policy: The GA HMIS, including any and all data stored in the GA HMIS, is the property of the DCA. DCA has authority over the creation, maintenance, and security of the GA HMIS. Violations of the GA HMIS Agency Participation Agreement, the Standard Operating Procedures, and Privacy Policies may be subject to discipline and/or termination of access to the GA HMIS.

Procedure: The GA HMIS Agency Participation Agreement includes terms regarding the maintenance of the confidentiality of client information, an acknowledgement of receipt of the Policies and Standard Operating Procedures Manual, and an agreement to abide by all policies and procedures related to the GA HMIS including all security provisions contained therein. Because programs participating in the GA HMIS are funded through different streams with different requirements, DCA shall maintain ownership of the database in its entirety in order that these funders cannot access data to which they are not legally entitled.

Data Entry - Client Profile Sharing Level

Policy: Users will accurately record the real time data sharing level(s) indicated by the client. Repeated violation of this policy may lead to personnel action and or action against the Authorized Agency, including but not limited to immediate termination of user and/or agency access.

Procedure: Client information will not ever be shared unless the user expressly sets up a data sharing policy in the client's profile. It is imperative that, once a data sharing policy is set up for a client, users at an Authorized Agency keep this information current, modifying a current policy record or creating a new policy record as necessary, in accordance with changes to the client's GA HMIS Client Consent to Share form.

Additional Customization

Policy: Authorized Agencies may request additional desired customization (such as special reports) directly from the respective CoC Representative. Agency or CoC level customizations will be considered

GA HMIS Policies and Standard Operating Procedures

by the GA HMIS Steering Committee on a case-by-case basis. If the customization requires development by Eccovia, billing will be set up based upon a contract between the Authorized Agency(ies)/CoC and GA.

Explanation: It is the responsibility of individual Agencies to determine the best way to use GA HMIS for internal data collection, tracking, and reporting. This may include purchasing additional customization.

Procedure: Authorized Agencies will contact their CoC Representative in order to discuss additional customization needs.

Data Integrity

Policy: GA HMIS users will be responsible for the accuracy of their data entry. Authorized Agency leadership will be responsible for ensuring that data entry by users is being conducted in a timely manner and will also ensure the accuracy of the data entered. Data may also be used to measure program efficacy, which impacts funding opportunities during competitive funding processes such as the annual Continuum of Care application to HUD or annual ESG applications.

Procedure: It is the responsibility of each Authorized Agency to monitor the quality and accuracy of its GA HMIS data, not the GA HMIS Lead. However, the GA HMIS Lead may periodically audit data integrity. In order to test the integrity of the data contained in the GA HMIS, the GA HMIS System Administrator will perform periodic data integrity checks on the GA HMIS. The data integrity checks will include reporting of “overlaps,” possible verification of data and comparison to hard files, as well as querying for internal data consistency and null values. Any patterns of error will be reported to the GA HMIS Lead and the GA HMIS Steering Committee. When patterns of error have been discovered, users will be required to make corrections where possible, correct data entry techniques, and improve the accuracy of their data entry.

Quality Control: Data Integrity Expectations

Policy: Accurate and consistent data entry is essential to ensuring the usefulness of the GA HMIS. Authorized Agencies will provide acceptable levels of timeliness and accuracy. Authorized Agencies without acceptable levels of data quality or timeliness may have payments withheld or incur other contract sanctions until the problems are addressed.

Procedure: The Continuum of Care, will perform data integrity checks on its respective GA HMIS authorized agencies.

GA HMIS Policies and Standard Operating Procedures

On-Site Review

Policy: The DCA Lead may perform reviews of an Authorized Agency's procedures related to the GA HMIS as part of monitoring. Additional monitoring may take place by funding bodies, or CoCs.

Procedure: Reviews enable the GA HMISs Lead and the CoCs to monitor compliance with the Policies and Standard Operating Procedures Manual and GA HMIS Agency Participation Agreements. The exact procedures for on-site reviews will be determined in advance of the actual on-site review.

Client Data Retrieval

Policy: Any client may request to view, or obtain a printed copy of, his or her own records contained in the GA HMIS. This information should be made available to clients within a reasonable time frame of the request. No client shall have access to another client's records in the GA HMIS.

Procedure: A client may ask his/her case Administrator or other agency staff to see his or her own record. The case Administrator, or any available staff person with GA HMIS access, will verify the client's identity and print all requested information. The client may request changes to the record, The agency can follow applicable law regarding whether to change information based on the client's request. A log of all such requests and their outcomes should be kept on file in the client's record.

Public Data Retrieval

Policy: The GA HMIS Lead will address all requests for data from entities other than Authorized Agencies or clients. No individual client data will be provided to any group or individual that is neither the Authorized Agency that entered the data or the client him or herself without proper authorization or consent.

Procedure: All requests for data from anyone other than an Authorized Agency or a client must be directed solely to GA HMIS Lead. GA may also issue periodic public reports about homelessness and housing issues in the areas covered by GA HMIS. No individually identifiable client data will be reported in any of these documents.

GA HMIS Policies and Standard Operating Procedures

Data Retrieval Support/Reporting

Policy: Authorized CoC HMIS Administrators will create and run CoC- level and agency-level reports.

Explanation: Authorized CoC HMIS Administrators and the System Administrators have the ability to create and execute reports on CoC –wide and agency-wide data, depending on their privilege level. This allows Authorized CoC HMIS Administrators to support CoC-level and agency-level goals.

Procedure: The CoC HMIS Administrators will be trained in the use of reporting tools by the System Administrator. The System Administrator will provide query functionality and templates for reports specifically for GA HMIS. The System Administrator may assist with the development of or running of reports/queries.

GA HMIS Policies and Standard Operating Procedures

DATA SHARING & SECURITY

- Clients are uniquely identified by a database-managed identity field.
- GA HMIS maintains the following:
 - a. User permissions are assigned by role and by Agency/Site
 - b. Users are logged out of the system after a configurable period of inactivity (20 minutes)
 - c. Passwords must be changed periodically (90 days)
 - d. Inactive end users must contact the System Administrator to re-activate the end user account.
- GA HMIS uses HTTPS/SSL Standards for data transmission.
- Passwords must be updated every 90 days, and cannot be reused.

DISASTER RECOVERY

- Disaster recovery for the GA HMIS application is managed by Eccovia.
- A full back up of the Database is performed nightly. Incremental and Transactional backups are done periodically during the day. All back up files are moved off site.

GA HMIS Policies and Standard Operating Procedures

Appendix A: GA HMIS End User Participation Agreement

Appendix A: GA HMIS End User Participation Agreement

GA HMIS End User Participation Agreement

Agency Name (Please Print): _____

User Name (Please Print): _____

In this End User Participation Agreement, “Agency” refers to the agency named above. Agency recognizes the privacy of client needs in the design and management of the Georgia HMIS (“GA HMIS”). These include both the need to continually improve the quality of homeless and housing services with the goal of eliminating homelessness in our community, and the need to vigilantly maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care.

GA HMIS End Users (“Users”) have a moral and a legal obligation to ensure that the data is being collected, stored, accessed and used appropriately. It is also the responsibility of each User to ensure that client data is only used for the purposes for which it was collected. Proper user training; compliance with the terms and conditions as stated in the User Agreement, and the GA HMIS Privacy Policy.

Relevant points regarding client confidentiality include:

- A client consent form must be signed by each client whose data is shared with a GA HMIS participating agency via the GA HMIS system. Users may not share client data with other GA HMIS participating agencies via the GA HMIS system without obtaining this written permission from the client.
- Client consent may be revoked by that client at any time by completing the GA HMIS Client Consent to Share Revocation Form at any GA HMIS participating agency.
- No client may be denied services for failure to provide consent for GA HMIS data sharing or collection.
- With the exception of case notes, Clients have a right to inspect, receive a copy of, and request changes to their GA HMIS records.
- Users will maintain GA HMIS data in such a way as to protect the identity of clients from further participating agencies, individuals or entities.
- Any User failing to protect client confidentiality as set forth in this User Agreement and the GA HMIS Privacy Policy, may be denied access to the GA HMIS.

I have received and read a copy of the GA HMIS End User Participation Agreement, the GA HMIS Privacy Policy, and the GA HMIS Policies and Procedures Manual and affirm the following:

1. I have received GA HMIS Privacy Policy.
2. I have read and will abide by the terms of the GA HMIS User Agreement, the GA HMIS Privacy Policy and the GA HMIS Policies and Procedures Manual.
3. I will maintain the confidentiality of client data in the GA HMIS as outlined above and as outlined in the User Agreement, the GA HMIS Privacy Policy, and the GA HMIS Policies and Procedures Manual.
4. I will only collect, enter, and extract data in the GA HMIS relevant to the delivery of services to homeless, at risk of becoming homeless, and formerly homeless people experiencing a crisis in our community.

User Signature

Date

Appendix A: GA HMIS End User Participation Agreement

Due to the sensitive nature of the data stored in GA HMIS, each User is required to be trained in Privacy, Security and Confidentiality practices and End User Onboarding Training prior to being allowed access. These trainings are recorded and updated as necessary, and posted to <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>. Additionally, users will be able to find the training calendar which lists the availability of any live training, videos and webinars along with registration information.

To ensure that each user has been trained, GA HMIS staff tracks training attendance. Users who have not yet attended mandatory training are not permitted access to the system. GA HMIS staff realizes that in some cases, a user may need to be able to be trained quickly so as not to adversely affect their agency's ability to utilize GA HMIS. In the event a training is not offered and presents an undue hardship on a participating Agency that has limited staffing and was forced to wait for training. In these cases, new users may be trained by their respective GA HMIS CoC Admin (or designated Representative). The CoC Admin or designated Representative may use any materials posted by GA HMIS staff on <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp> to assist them in providing a complete training consisting of Privacy, Security and Confidentiality, and system use appropriate with the user's needed access level. If the CoC Admin (or designated Representative needs to provide training in the stead of GA HMIS staff, the user's account will not be activated until the CoC Admin (or designated Representative completes this form and certifies that the user has been trained. Please note that the CoC Admin (or designated Representative does not need to complete this form for any users trained directly by GA HMIS staff or System Admin. Additionally, the CoC Admin (or designated Representative may only be trained by GA HMIS staff directly or by the System Admin. HMIS Lead users may only be trained by GA HMIS staff or System Admin staff.

Signature, User

Date

I authorize, as the Executive Director (or Designee) the aforementioned User to have access to the HMIS system for this designated agency.

Signature, Executive Director (or Designee)

Date

I certify the aforementioned User has completed the required trainings necessary to access the HMIS system (complete if applicable).

Training completed

Date

Training completed

Date

Signature, CoC Admin (or Designee)

Date

GA HMIS Policies and Standard Operating Procedures

Appendix B: GA HMIS Agency Participation Agreement

Appendix B: GA HMIS Agency Participation Agreement

HMIS AGENCY PARTICIPATION AGREEMENT

_____ (“Agency”) has elected to participate in the Homeless Management Information System (“HMIS”). The HMIS software is licensed by the Georgia Housing Finance Authority, who has designated it to be solely administered by the Georgia Department of Community Affairs (“DCA”). Agency is entering into this HMIS Participation Agreement for Agencies (“Agreement”). The HMIS is a database that collects and maintains information on the characteristics and service needs of clients. The system collects and stores client-level data, which can be used to generate unduplicated and aggregate reports to determine the use and effectiveness of the services being provided to the homeless population.

In consideration of their mutual undertakings and covenants, the Agency and DCA agree as follows:

1. General Understandings:

- A. Definitions. In this Agreement, the following terms will have the following meanings:
- i. “Agency” (sometimes called “Participating Agency”) refers to any service provider or organization signing this document that is participating or planning to participate in the HMIS.
 - ii. “Agency staff” refers to employees, volunteers, contractors, or any other agents of the Agency.
 - iii. “Client” refers to a person receiving services from the Agency.
 - iv. “DCA” refers to the Georgia Department of Community Affairs.
 - v. “De-Identifying Information” (also referred to as “non-identifying” information) refers to data that has specific Client demographic information removed, to allow use of the data without identifying a specific Client.
 - vi. “End User” refers to Agency employees, volunteers, contractors, or any other agents of the Agency authorized to have, and having, access to the HMIS.
 - vii. “Enter(ing)” or “entry” refers to the entry of any Client information into the HMIS.
 - viii. “GA HMIS Privacy Policy” is a document related to the processing of protected personal client information by end users of the GA HMIS.

Appendix B: GA HMIS Agency Participation Agreement

- ix. “GA HMIS End User Agreement/Code of Ethics is a document outlining the agreement between the End User and DCA.
- x. “GHFA” refers to the Georgia Housing Finance Authority.
- xi. “HMIS” refers to the Homeless Management Information System.
- xii. “HMIS staff” refers to the employees, contractors, or agents of DCA assigned to administer the HMIS, as well as to analyze, review and report on the data contained in HMIS.
- xiii. “HMIS Policies and Procedures” is a document referring to the day to day policies and procedures to be followed.
- xiv. “Identifying Information” (also referred to as confidential data or confidential information) refers to information about a Client that can be used to distinguish or trace the Client’s identity, either alone or when combined with other personal or identifying information using methods reasonably likely to be used.
- xv. “Information” refers to both De-Identifying Information and Identifying Information.
- xvi. “Share(ing),” or “information share(ing)” refers to entering information into HMIS, or providing Identifying Information to other agencies, organizations, individuals, or providers that participate in the HMIS.

B. Use and Disclosure. Whenever Agency enters information into HMIS, such Identifying Information will be available to the HMIS staff who may use it to: administer HMIS, conduct analysis, coordinate services, and prepare reports to be submitted to others in a de-identifying form. Identifying Information entered into the HMIS may also be viewed by other agencies that participate in the HMIS who are serving that client with appropriate authorization, have executed a GA HMIS End User Agreement/Code of Ethics (“End User Code of Ethics”) and have agreed to be bound by the GA HMIS Privacy Policy (“Privacy Policy”) and HMIS Policies and Procedures (“HMIS Policies”). Agency may use and disclose HMIS Identifying Information only in accordance with the above documents.

C. Incorporation and Modification of Other Documents. The Privacy Policy, HMIS Policies and Procedures, and End User Code of Ethics are incorporated into this Agreement as if restated in full, and are attached to this Agreement as Appendices “A”, “B” and “C” respectively. All three of these documents may be amended from time to time at the discretion of DCA, and all parties are bound by such amendments. Notice of any amendments will be done through DCA’s website at: <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>

Appendix B: GA HMIS Agency Participation Agreement

D. Access. Agency agrees to allow DCA and its subcontractors access to information provided by the Agency in accordance with this Agreement and to carry out its duties with respect to the HMIS, which includes without limitation, HMIS administration, testing, problem identification and resolution, management of the HMIS database, and data aggregation and analysis activities, as permitted by applicable state and federal laws and regulations.

2. Confidentiality:

A. Agency shall not:

- i. enter information into the HMIS which it is not authorized to enter, or
- ii. share information that Agency is not authorized to share.

By entering information into the HMIS, Agency represents that it has the authority to enter such information into the HMIS. To the best of Agency's knowledge, any information entered into the HMIS does not violate any of the Client's rights, under any relevant federal, state, or local confidentiality laws, regulations or other restrictions applicable to Client information.

If Agency is subject to any laws or requirements which restrict Agency's ability either to disclose or enter certain data elements into HMIS, Agency will ensure that any entry it makes in the HMIS or disclosure of any data elements complies with all applicable laws or other restrictions. Agency is solely responsible for determining if any disclosures of Client information are restricted under any state or federal laws and regulations including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Federal Drug and Alcohol Confidentiality Regulations, 42 CFR Part 2 ("Confidentiality Regulations").

B. To the extent that information entered by Agency into the HMIS is or becomes subject to disclosure restrictions, Agency will immediately inform DCA in writing of such restrictions and submit by mail to the address given herein for written notices.

3. Display of Notice:

Pursuant to the notice published by the Department of Housing and Urban Development ("HUD") on July 30, 2004, Agency will prominently display at each intake desk (or comparable location) the Privacy Policy provided by DCA, that explains generally the reasons for collecting Identifying Information in the HMIS and the Client rights associated with providing Agency staff with Identifying Information. It is Agency's responsibility to ensure that each Client understands his or her rights. Additionally, if Agency maintains a public webpage, the current version of the Privacy Policy must be posted on the webpage. The current form of Privacy Policy, which may be modified from time to time at DCA's discretion, is attached to and incorporated into this Agreement by reference, and is available from DCA or on its website, <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>

4. Information Collection, Release and Sharing Consent:

Appendix B: GA HMIS Agency Participation Agreement

A. Collection of Identifying Information. Agency must collect information by lawful and fair means, and with the knowledge or consent of the Client.

Any Identifying Information collected by the Agency must be relevant to the purpose for which it is to be used. To the extent necessary for those purposes, Identifying Information should be accurate, complete and timely.

B. Sharing. Prior to sharing any of a Client's information with an agency or organization, except as provided in the Privacy Policy, Agency will provide the Client with a copy of its GA HMIS Consent to Share Form ("Consent"). Following an explanation regarding the entity or individual that the information will be shared with and how it will be used, the Agency will obtain the informed consent of the Client by having the Client sign the Consent Form.

If a Client does not sign the Consent form, information may not be shared with other agencies except as may be allowed in the Privacy Policy. Agency shall keep all copies of the signed Consent form for a period of seven (7) years after the Client last received services at or from the Agency. Such forms shall be available for inspection and copying by DCA and/or the U.S. Department of Housing and Urban Development, at any time.

C. Refusal of Services. Agency may not refuse or decline services to a Client or potential Client if that person:

- i. objects to the entry of its information in the HMIS; or
- ii. refuses to share his or her personal information with the Agency or cannot remember certain information; however, some information may be required by the program to determine eligibility for housing or services, to assess needed services, or to fulfill reporting requirements.

5. **HMIS Policies and Procedures:**

Notwithstanding any other provision of this Agreement, Agency's use of and participation in the HMIS, and the use, disclosure, and submission of data to and from the HMIS shall, at all times, be governed by the Privacy Policy and the HMIS Policies, as may be revised from time to time. The Privacy Policy shall control any disagreements between the referenced documents.

6. **Disclosure to Third Parties:**

Agency shall not release any Identifying Information received from the HMIS to any other person or organization without the written informed Consent of the Client, unless such disclosure is required by law or in accordance with the Privacy Policy.

7. **Client Inspection/Correction:**

Appendix B: GA HMIS Agency Participation Agreement

Upon receipt of a written request from a Client, Agency shall allow the Client to inspect and obtain a copy of his or her own information during regular business hours. Agency is not required to provide a Client access to information (a) compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; (b) about another individual; (c) obtained under a promise of confidentiality if disclosure would reveal the source of the information; and (d) which, if disclosed, would be reasonably likely to endanger the life or physical safety of any individual. Agency must allow a Client to correct information that is inaccurate or incomplete; provided, however, that prior to correcting such information, Agency shall consult with DCA. Such consultation is necessary to ensure proper coordination between the Agency's response and the capabilities of the HMIS system, unless the requested correction is a routine correction of a common data element for which a field exists in HMIS (e.g., date of birth, prior residence, social security number, etc.). Agency is not required to remove any information as a result of a correction, but may, in the alternative, mark information as inaccurate or incomplete and may supplement it with additional information.

8. Security:

Agency shall maintain the security and confidentiality of information in the HMIS and is responsible for the actions of its employees, contractors, volunteers, or agents and their proper training and supervision. Agency agrees to follow the HMIS Policies. At its discretion, DCA may conduct periodic assessments of Agency to monitor its compliance. The steps Agency must take to maintain security and confidentiality include, but are not limited to:

A. Access. Agency will permit password-protected access to the HMIS only to authorized Agency staff who need information from the HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). Agency will limit the access of such staff to only those records that are immediately relevant to their work assignments.

B. End User Code of Ethics. Prior to permitting any End User to access HMIS, Agency will require the End User to sign an End User Code of Ethics. Agency will comply with and enforce the End User Code of Ethics and will inform DCA immediately in writing of any breaches of the End User Code of Ethics.

- i. any staff, volunteer or other person who has been granted an End User ID and password and is found to have committed a breach of system security and/or Client confidentiality will have his/her access to the database revoked immediately.
- ii. in the event of a breach of system security or Client confidentiality, the Director of the Agency or designee shall notify DCA in writing immediately, but in no event later than twenty-four (24) hours. This correspondence should be sent to address given herein for notice. Any Agency that is found to have had breaches of system security and/or Client confidentiality shall enter a period of probation, during which technical assistance shall be provided to help the Agency prevent further breaches.

Appendix B: GA HMIS Agency Participation Agreement

Probation shall remain in effect until DCA has evaluated the Agency's security and confidentiality measures and found them compliant with the policies stated in this Agreement and the End User Code of Ethics. Subsequent violations of system security may result in suspension from the HMIS.

C. Computers: Security for data maintained in the HMIS depends on a secure computing environment. Computer security is adapted from relevant provisions of the Department of Housing and Urban Development's ("HUD") "Homeless Management Information Systems (HMIS); Data and Technical Standards Proposed Rule" (Docket No. FR 5475-P-01- Fed. Reg. Vol. 76, No. 237 (December 9, 2011/Proposed Rules). Agencies are encouraged to directly consult that document for complete documentation of HUD's standards relating to HMIS, and hereby agree to incorporate any changes to HUD policy into their computing environment on the timeline specified by HUD. Agency will allow access to the HMIS only from computers which are:

- i. protected from viruses by commercially available virus protection software (a) that includes, at a minimum, automated scanning of files as they are accessed by End Users on the system on which the HMIS application is accessed and (b) with virus definitions that are regularly updated from the software vendor;
- ii. protected with a secure software or hardware firewall between, at least, the workstation and any systems (including the internet and other computer networks) located outside of the Agency;
- iii. maintained to ensure that the computer operating system running the computer used for the HMIS is kept up to date in terms of security and other operating system patches, updates, and fixes;
- iv. accessed through web browsers with 128-bit encryption (e.g., Internet Explorer, and Google Chrome). Some browsers have the capacity to remember passwords, so that the End User does not need to type in the password when returning to password-protected sites. This default shall not be used with respect to the HMIS; the End User is expected to physically enter the password each time he or she logs on to the system; and
- v. staffed at all times when in public areas. When computers are not in use and staff is not present, steps should be taken to ensure that the computers and data are secure and not usable by unauthorized individuals. These steps should minimally include (a) logging off the HMIS system, (b) physically locking the computer in a secure area, (c) shutting down the computer entirely, or (d) using a password protected screen saver.

D. End User Authentication: Agency will permit access to HMIS only with use of an End User authentication system consisting of an End User name and a password which the End User may not share with others. Written information pertaining to End User access (e.g., End User name and password) shall not be stored or displayed in any publicly accessible location. Passwords shall be

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between eight and twelve characters long and include both letters and numbers. Passwords shall not be, (or include) the End User name, the HMIS vendor's name, the HMIS name, the Agency's name, or consist entirely of any word found in the common dictionary or any of the forenamed words spelled backwards. The use of default passwords on initial entry into the HMIS application is allowed so long as the End User changes the default password on first use. Individual End Users must not be able to log on to more than one workstation at a time, or be able to log on to the network at more than one location at a time. Passwords and End User names shall be consistent with guidelines issued from time to time by HUD and DCA. Passwords and End User names shall not be exchanged electronically without DCA's approval.

E. Hard Copies: The Agency must secure any paper or other hard copy containing Identifying Information that is generated either by or for the HMIS, including, but not limited to reports, data entry forms and signed consent forms. Any paper or other hard copy generated by or for the HMIS that contains such information must be supervised at all times when it is in a public area. If Agency staff is not present, the information must be secured in areas that are not publicly accessible. Agencies wishing to dispose of hard copies containing Identifying Information must do so by shredding the documents or by other equivalent means with written approval by DCA. Written information specifically pertaining to End User access (e.g., End User name and password) must not be stored or displayed in any publicly accessible location.

F. Training/Assistance: Agency will ensure End Users have received the required GA HMIS Privacy, Security and Confidentiality Training and the End User Onboarding Training prior to accessing the HMIS system. Agency will participate in such training as is provided from time to time by DCA. Representatives of DCA will be reasonably available during DCA's defined weekday business hours for technical assistance (e.g., troubleshooting and report generation).

9. Information Entry Standards:

A. Information entered into HMIS by Agency will be truthful, accurate, complete and timely to the best of Agency's knowledge.

B. Agency will not solicit from Clients or enter information about Clients into the HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.

C. Agency will only enter information into the HMIS database with respect to individuals which it serves or intends to serve, including through referral.

D. Agency will enter information into the HMIS database within seven (7) days of data collection.

E. Agency will not alter or over-write information entered by another Agency.

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DCA reserves the right to, in its sole discretion, delete or segregate information entered into the HMIS by an Agency, or take any other appropriate measures, to maintain the accuracy and integrity of the HMIS or to avoid compromising the HMIS' goal of maintaining unduplicated counts of Clients.

10. Use of the HMIS:

A. Agency will not access Identifying Information for any individual for whom services are neither being sought nor provided by the Agency.

B. Agency may report non-identifying information to other entities for funding or planning purposes. Such non-identifying information shall not directly identify individual Clients.

C. Agency and DCA will report only non-identifying information in response to requests for information from the HMIS, including but not limited to requests for information related to research

D. Agency will not use the HMIS in violation of any federal or state law, including, but not limited to, copyright, trademark and trade secret laws, and laws prohibiting the transmission of material which is threatening, harassing, or obscene. Software licensing was purchased from ClientTrack, Inc. ("Supplier") to implement the HMIS. Without limiting the foregoing covenant, Agency agrees that the data and information related to the software licensed by Supplier, and related documentation and support services, may be confidential and proprietary information ("Confidential Information") of the Supplier and agrees to use such Confidential Information only in connection with Agency's authorized use of the HMIS and support services and further agrees not to disclose such Confidential Information to any third party, other than as required by law. Furthermore, Agency acknowledges and agrees that the Supplier will retain all right, title, interest and ownership in and to the HMIS software, including any customization or modification thereof, and Agency will not copy any documentation related to the HMIS software other than for internal business purposes, nor shall Agency disassemble, decompose or reverse engineer the HMIS software, except as otherwise provided herein, use the HMIS software on behalf or for the benefit of any other person or entity or otherwise infringe upon any of the Supplier's trademarks, trade secrets, copyrights, patents or other intellectual property rights. Agency shall include all Supplier copyright and other proprietary notices on any copy of the documentation related to HMIS software reproduced, used, or made available by Agency.

E. Agency will not use the HMIS to defraud federal, state or local governments, individuals or entities, or conduct any illegal activity.

F. Agency shall not use the HMIS to aggregate data to compare the performance of other participating Agencies, without the express written consent of DCA and each of the Participating Agencies being compared.

G. Notwithstanding any other Section of this Agreement, the parties may use or disclose for any lawful purpose information that: (a) is in the possession of the party prior to the time of the disclosure to the

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party through the HMIS and was not acquired, directly or indirectly, from the HMIS; or (b) is made available to the party by a third party who has the legal right to do so.

11. Proprietary Rights of the HMIS:

A. Agency or HMIS Staff shall assign passwords and access codes for all Agency Staff that meet other privacy, training and conditions contained within this Agreement.

B. Agency or HMIS Staff shall not assign passwords or access codes to any other person not directly connected to or working for the Agency.

C. Agency shall be solely responsible for all acts and omissions of its End Users, and all other individuals who access the HMIS either through the Agency or by use of any password, identifier or log-on received or obtained, directly or indirectly, lawfully or unlawfully, from the Agency or any of the Agency's Authorized End Users, with respect to the HMIS and/or any confidential and/or other information accessed in connection therewith, and all such acts and omissions shall be deemed to be the acts and omissions of the Agency. Each Agency shall certify:

- i. that its End Users have received training regarding the confidentiality of HMIS information under all applicable federal, state, and local laws and agree to protect the Information in compliance with such laws and this Agreement;
- ii. that its End Users shall only access the HMIS for purposes approved by the Agency and that are consistent with this Agreement;
- iii. that its End Users have agreed to hold any passwords, or other means for accessing the HMIS, in a confidential manner and to release them to no other individual or entity. Agency shall ensure that all End Users understand that sharing passwords and other means for accessing the HMIS is expressly prohibited;
- iv. that its End Users agree and understand that their failure to comply with the terms of this Agreement may result in their exclusion from the HMIS and may constitute cause for disciplinary action by the Agency; and
- v. that it has restricted access to the HMIS only to the End Users that the Agency has identified pursuant to this Section.

D. Agency shall inform the CoC Administrator or System Administrator at DCA via email to terminate the rights of an End User immediately upon the End User's termination or resignation from his or her position. The Agency is responsible for following up to verify that the End User is removed from the system. It shall be the responsibility of the Agency to routinely ensure that End Usernames and passwords are current and to immediately notify HMIS staff in the event that End Usernames and passwords are not current.

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E. Agency shall be diligent not to cause in any manner or way, corruption of the HMIS, and Agency agrees to be responsible for any damage it may cause.

12. Data Collection & Evaluation Committee:

DCA and HMIS staff will consult with the Data Collection & Evaluation Committee under the Georgia HMIS By-Laws from time to time regarding issues such as revision to the form of this Agreement. Written Agency complaints that are not resolved may be forwarded to the Data Collection & Evaluation Committee under the GA HMIS By-Laws, which will try to reach a voluntary resolution of the complaint. Unresolved issues would then go to the Steering Committee for resolution.

13. Limitation of Liability and Indemnification:

Note: Under sections 13 and 14, the term DCA includes both GHFA and DCA. It is the intention of the parties that all limitations of liability and indemnification agreed to apply to DCA also apply to GHFA. Parties acknowledge that this is an essential provision of this Agreement.

A. Except as provided in Section 13, no party to this Agreement shall assume any additional liability of any kind due to its execution of this Agreement or its participation in the HMIS system. It is the intent of the parties that each party shall remain liable, to the extent provided by law, regarding its own acts and omissions; but that no party shall assume additional liability on its own behalf or liability for the acts of any other person or entity through participation in HMIS except for the acts and omissions of its own employees, volunteers, agents or contractors unless any such liability is expressly created herein. The parties specifically agree that this Agreement is for the benefit of the parties only and creates no rights in any third party.

B. IT IS EXPRESSLY AGREED THAT IN NO EVENT SHALL DCA BE LIABLE TO AGENCY FOR ANY SPECIAL, DIRECT, INDIRECT, CONSEQUENTIAL, EXEMPLARY, OR OTHER DAMAGES, INCLUDING BUT NOT LIMITED TO LOSS OR PROFITS OR REVENUES, LOSS OF USE, LOSS OF INFORMATION/DATA, OR OTHER DAMAGES NOT SPECIFIED HEREIN. This is agreed whether a claim for any such liability or damages is premised upon breach of contract, breach of warranty, negligence, strict liability, equitable theory, tort, or any other theories of liability, even if DCA has been apprised of the possibility or likelihood of such damages occurring. Parties acknowledge that this is an essential provision of this Agreement, with adequate consideration made.

C. Agency agrees to indemnify, defend and hold harmless DCA including its directors, officers, employees, representatives, and agents from and against any and all claims and liabilities (including, without limitation, all damages, costs, and expenses, including legal fees and disbursements paid or incurred) arising from the intentional acts or omissions, negligence, or strict liability of Agency, its directors, officers, employees, representatives, or agents, or Agency's breach of this Agreement. This Section shall survive the termination of this Agreement.

Appendix B: GA HMIS Agency Participation Agreement

D. Without limiting any other provision of this Agreement, Agency and its End Users shall be solely responsible for all decisions and actions taken or not taken involving services, treatment, patient care, utilization management, and quality management for their respective Clients resulting from or in any way related to the use of the HMIS or the Information made available thereby. Agency and End Users shall have no recourse against, and hereby waive, any claims against DCA for any loss, damage, claim or costs relating to or resulting from its own use or misuse of the HMIS.

E. HMIS uses available technology to match Client identities with their records in the HMIS to provide Agencies with information regarding Clients. Because Client information is maintained in multiple places and because not all information is kept in a standard fashion, it is possible that false matches may occur or that there may be errors or omissions in the information provided to Agency. To that end, it is incumbent upon the Agency and its End Users to verify the Client's information before the information is relied upon in providing services to a Client. Neither DCA nor the HMIS in general independently verifies or reviews the information transmitted through the HMIS for accuracy or completeness. Further, neither DCA nor the HMIS make any representations or promises regarding the continued participation of any particular Agency in the HMIS. Agencies may be added to or deleted from the HMIS at any time and such changes may be beyond the control of DCA or the HMIS and may occur without prior notice to Agency.

F. Agency acknowledges and agrees that the HMIS is an information management tool only and that it contemplates and requires the involvement of Agencies and End Users that are qualified to maintain, collect and enter information into the HMIS. Agency further acknowledges and agrees that DCA has not represented its services as having the ability to perform any tasks that constitute the practice of medicine or of other professional or academic disciplines. DCA shall not be responsible for any errors, misstatements, inaccuracies, or omissions regarding the content of the HMIS, although every effort has been made to ensure its quality and accuracy. Agency assumes all risk for selection and use of the content in the HMIS.

G. All data to which access is made through the HMIS originates from Agencies, and not from DCA. All such data is subject to change arising from numerous factors, including without limitation, changes to Client information made at the request of the Client, changes in the Client's condition, the passage of time and other factors. DCA neither initiates the transmission of any data nor monitors the specific content of data being transmitted. Without limiting any other provision of this Agreement, DCA shall have no responsibility for or liability related to the accuracy, content, currency, completeness, content or delivery of any data either provided by Agency, or used by Agency, pursuant to this Agreement.

H. Access to the HMIS and the information obtained by Agency pursuant to the use of those services are provided "as is" and "as available." Agency is solely responsible for any and all acts or omissions taken or made in reliance on the HMIS or the information in the HMIS, including inaccurate or incomplete information.

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I. DCA shall not be liable for any cessation, delay or interruption of services, nor for any malfunction of hardware, software or equipment for whatever reason.

14. Disclaimer of Warranties:

DCA makes no warranties, express or implied, including warranties of merchantability or fitness for a particular purpose, to any Agency or any other person or entity as to the services of the HMIS or as to any other matter.

15. Notice

All notices under this Agreement to DCA will be made as follows. This Notice address may be modified in writing.

Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, GA 30329
ATTN: Jeanette Pollock

Notices to the Agency under this Agreement will be made according to the Authorized Officer at the mailing address specified in the signature block of this Agreement. This Notice address may be modified in writing.

16. Prohibition of Unauthorized Customization

For customization of any features of HMIS that may be desired by an Agency, Agency will first contact their local Continuum of Care, who will forward any such request directly to DCA for approval. DCA has the absolute right to approve or disapprove of any requested modification at its' sole discretion. Such requests will not be unreasonably withheld. Agency understands that it may be liable for the complete cost of any such approved customization.

17. Survival

The following provisions shall survive any termination of this Agreement: Sections 1, 2, 4B, 5, 6, 7, 8E, 9, 10, 11c, 11e, 13, 14, 15, 17. It is the intention of the parties that termination does not relieve any party of any obligations detailed in the Agreement generally up until the point the Agreement is terminated.

18. Term

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This agreement will continue until terminated by either party pursuant to the provisions contained herein.

19. Additional Terms and Conditions:

A. Agency will abide by such guidelines as are promulgated by HUD and DCA from time to time regarding administration of the HMIS.

B. Agency and DCA intend to abide by applicable State and Federal laws. Should any term of this Agreement be inconsistent with applicable law, or should additional terms be required by applicable law, Agency and DCA agree to modify the terms of this Agreement so as to comply with applicable law.

C. Neither DCA nor Agency will transfer or assign any rights or obligations regarding the HMIS without the written consent of the other party.

D. This Agreement will be in force until terminated by either party. Either party may terminate this Agreement with thirty (30) days written notice, for any reason. Either party may also terminate this Agreement immediately upon a material breach of this Agreement by the other party, including but not limited to a breach of the HMIS Policies or Privacy Policy by Agency. Upon termination of this Agreement, Agency shall remain liable for (and nothing in this Agreement shall prevent DCA from recovering) any fees, costs, or expenses that have been incurred prior to the termination of this Agreement.

DCA and the remaining Participating Agencies will maintain their rights to use all of the information previously entered by Agency except to the extent a restriction is imposed by the Client or applicable law.

E. Copies of Agency data will be provided to the Agency upon termination of this Agreement at the Agency's written request to DCA made within sixty (60) days after the termination of this Agreement. Information will be provided on hard drive or other mutually agreed upon media. Unless otherwise specified in writing, copies of data will be delivered to Agency within sixty (60) calendar days of receipt of written requests for data copies. DCA reserves the right to charge Agency DCA's actual costs for providing such data to Agency.

F. Except as otherwise provided, no action taken by either party, or its officers, employees or agents, pursuant to this Agreement, shall be deemed to constitute an action of the other party, or shall be construed to place the parties in a relationship of partners, joint ventures, principal and agent, or employer and employee, or shall be deemed to confer upon either party any express or implied power, right or authority to enter into any agreement or commitment, express or implied, or to incur any obligation or liability on behalf of the other party except as expressly provided herein. DCA and Agency intend and agree that they and their respective agents or employees shall serve as independent contractors and not as employees of the other party, and this Agreement shall not be considered a hiring by either party or a contract of employment.

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G. During the term of this Agreement, Agency shall not (without the written consent of DCA) directly or indirectly, hire, employ or attempt to hire or employ any person who is an employee of DCA, or who was within the preceding twelve (12) month period an employee of DCA, or in any way solicit, induce, bring about, influence, promote, facilitate, encourage, cause or assist or attempt to cause or assist any current employee of DCA to leave his or her employment with DCA.

H. This Agreement may be amended or modified, and any of the terms, covenants, representations, warranties or conditions of this Agreement may be waived, only by a written instrument executed by the Parties, or in the case of a waiver, by the party waiving compliance.

I. Any waiver by any party of any condition, or of the breach of any provision, term, covenant, representation or warranty contained in this Agreement, in any one or more instances, shall not be deemed to be or construed as a further or continuing waiver of any such condition or breach of any other condition or the breach of any other provision, term, covenant, representation, or warranty of this Agreement.

J. Neither party shall assign its rights or delegate its duties hereunder without the prior written consent of the other, which consent will not be unreasonably withheld. All of the terms, provisions, covenants, conditions and obligations of this Agreement shall be binding on and inure to the benefit of the successors and assigns of the parties hereto.

K. Any notice required or permitted to be given under this Agreement shall be conclusively deemed to have been received by a party Three days after mailing, or upon actual signature date for registered/certified mail.

L. This Agreement sets forth the entire understanding between the parties with respect to the matters contemplated by this Agreement and supersedes and replaces all prior and contemporaneous agreements and understandings, oral or written, with regard to these matters.

M. If any provision of this Agreement is determined to be invalid or unenforceable, such invalidity or unenforceability shall not affect the validity or enforceability of any other provisions of this Agreement that can be given effect without the invalid or unenforceable provisions, and all unaffected provisions of this Agreement shall remain in full force and effect as if this Agreement had been executed without such invalid or unenforceable provisions.

N. The Parties affirm that this Agreement has been entered into in the State of Georgia and will be governed by and construed in accordance with the laws of the State of Georgia, notwithstanding any state's choice of law rules to the contrary. Any action to enforce, challenge or construe the terms or making of this Agreement or to recover for its breach shall be litigated exclusively in a state court located in the State of Georgia, DeKalb County, or in Federal Court in the Northern District of Georgia.

O. Headings used in this Agreement are for the convenience of the parties, and shall not be used to assist in the interpretation of the Agreement.

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P. This Agreement may be executed in two or more counterparts, each of which will be deemed an original, but all of which together shall constitute one and the same instrument.

THE REMAINDER OF THIS PAGE IS LEFT BLANK INTENTIONALLY

Appendix B: GA HMIS Agency Participation Agreement

In Witness Whereof, Agency and DCA have, through their duly authorized representatives, entered into this Agreement. The parties, having read and understood the foregoing terms of this Agreement, do by their respective signatures dated below hereby agree to the terms thereof.

Agency Name

Name of Authorized Officer: _____

Signature of Authorized Officer: _____

Date: _____

Title of Authorized Officer: _____

Agency Street Address: _____

Mailing Address for notice (if different): _____

Telephone: _____ Facsimile: _____

Email: _____

DCA

Name of Authorized Officer: _____

Signature of Authorized Officer: _____

Date: _____

Title of Authorized Officer: _____

Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329

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Appendix A

NOTICE GA HMIS Privacy Policy

This notice describes the privacy policy of the Georgia Homeless Management Information System (“GA HMIS”). GA HMIS is administered by the HMIS Lead Agency, the Georgia Department of Community Affairs (“DCA”), operating on behalf of the Georgia Housing and Finance Authority (GHFA). DCA administers GA HMIS on behalf of the regional homeless services planning bodies (individually referred to as “Continuum of Care” or “CoC” and collectively referred to as “The Collaborative” or “CoCs”) in Georgia that participate in the statewide GA HMIS implementation. DCA may amend this GA HMIS Privacy Policy at any time, and will maintain a record of any changes made, as well as post new versions on the GA HMIS website located at <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>.

This notice applies to the personal information of individuals whose personal data is collected or maintained in hard copy or in electronic formats in the GA HMIS.

In relation to this personal information, users entering data in the GA HMIS:

- Collect personal client information only when appropriate or required by entities providing funding for homeless services (“the Funder or Funders”);
- May use or disclose information in order to facilitate service delivery;
- May also use or disclose information to comply with legal requirements or other obligations as described in the notice;
- Will not disclose personal information without written consent unless specifically stated within the notice; and
- Assume that, unless stated otherwise, persons applying for or receiving services from one of the GA HMIS Participating Agencies agree to allow users of the GA HMIS to collect, use, or disclose information as described in this notice.

Each person providing personal information may:

- Inspect his/her personal information that is maintained in the GA HMIS, with the exception of case notes;
- Ask the agency entering data for the GA HMIS to correct inaccurate or incomplete information within the record;
- Ask about the GA HMIS’ privacy policy or practices;
- File a grievance regarding GA HMIS’ privacy policies and practices. DCA will respond to questions and complaints;
- Request a copy of this full notice for more details.

A. What this notice covers

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1. This notice describes the privacy policy and practices of the GA HMIS, administered by DCA, which is the lead agency for the GA HMIS. DCA's main office is located at 60 Executive Park South, NE, Atlanta, GA 30329. DCA's phone number for purposes of GA HMIS is (404) 679-4840. Information about GA HMIS is on DCA's web site which is located at:
<http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>.
2. The policy and practices in this notice cover the processing of protected personal client information by users of the GA HMIS within The Collaborative. This notice covers all personal information policies set forth by DCA in its role as a program administrator for CoC programs and in its role as the administrator of the GA HMIS. GA HMIS Participating Agencies may have additional privacy policies on information entered and accessed by users.
3. Protected Personal information (PPI) is any information GA HMIS maintains about a client that:
 - Allows identification of an individual directly or indirectly; **and**
 - Can be manipulated by a reasonably foreseeable method to identify a specific individual; **or**
 - Can be linked with other available information to identify a specific client.

When this notice refers to personal information, it means PPI.

4. DCA and each CoC in The Collaborative have adopted this policy in accordance with the Homeless Management Information Systems Data and Technical Standards and subsequent HMIS notices issued by the U.S. Department of Housing and Urban Development (HUD) and their federal partners through the U.S. Interagency Council on Homelessness (USICH). DCA's policies and practices are consistent with those standards and with industry standard best practices. DCA's policies are also consistent with requirements outlined in other applicable state and local laws.
5. This notice informs clients, staff, contractors, GA HMIS Participating Agency users, Funders and others how personal information is processed by the GA HMIS Collaborative.
6. DCA may amend this notice and change the policy or practices at any time. Amendments may affect personal information that DCA or the GA HMIS Participating Agencies obtained before the effective date of the amendment. Any changes to this privacy policy will be posted as a notice at <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>.
7. DCA and/or GA HMIS Participating Agencies will provide a written copy of this notice to any individual or organization that requests one. DCA also maintains a copy of this notice on its website located at <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>.

B. How and Why We Collect Personal Information

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1. DCA (including DCA's contractors), CoC Administrator Agencies (an agency other than DCA, duly authorized in writing by a respective CoC, to have an employee(s) with access to the client-level data of that specific CoC for purposes of system administration activities), and the GA HMIS Participating Agencies may collect and/or maintain personal information for some or all the following purposes:
 - To provide or coordinate services to clients;
 - To locate other programs that may be able to assist clients;
 - For functions related to payment or reimbursement from others for services provided by DCA or DCA's contractors;
 - To carry out administrative functions, including legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions;
 - To comply with government and Funder reporting obligations;
 - For research, data analysis, and community reporting purposes, including reporting to the GA HMIS Steering Committee to inform policy decisions; and
 - When required by law.
2. DCA (including DCA's contractors), CoC Administrator Agencies, and the GA HMIS Participating Agencies shall use only lawful and fair means to collect and/or maintain personal information.
3. By seeking assistance at one of the GA HMIS Participating Agencies and providing personal information, it is assumed that a person consents to the collection of information as described in this notice and that the collected information may be entered into the GA HMIS unless they decline orally or in writing.
4. DCA (including DCA's contractors), CoC Administrator Agencies, and the GA HMIS Participating Agencies may also obtain information about those seeking services from:
 - Other individuals who are accompanying the person seeking services, such as a guardian, caretaker, or advocate;
 - Referring organizations and/or service providers (with proper written consent);
 - DCA's contractors and/or GA HMIS Participating Agency users that are providing services.
5. GA HMIS Participating Agencies are required to post a sign at their intake desks or offices explaining the reasons personal information is requested. GA HMIS Participating Agencies may have additional policies not required by DCA that they must follow, but at a minimum, they must adhere to this Notice. While GA HMIS Participating Agencies are required to adopt their own privacy policies and postings for data collection unrelated to GA HMIS, DCA provides a posting template to GA HMIS Participating Agencies which reads:

Privacy Posting

Georgia Homeless Management Information System

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The U.S. Department of Housing and Urban Development (HUD) and other federal and state partners require that each jurisdiction that receives homeless funding have a Homeless Management Information System (HMIS) in place. Therefore, this Agency is required to participate in the GA Homeless Management Information System (GA HMIS), a computerized system that collects and stores basic information about the persons who receive services from this Agency. The goal of the GA HMIS is to assist us in determining your needs and to provide a record for evaluating the services we are providing to you.

We only collect information that is needed to provide you services, or that we consider relevant to helping us understand the scope and dimensions of homelessness in order to design effective service delivery. We do not use or disclose your information without written consent, except when required by our funders or by law, or for specific administrative or research purposes outlined in our privacy policy. By requesting and accepting services from this project, you are giving consent for us to enter your personal information into the GA HMIS.

The collection and use of all personal information is guided by strict standards of confidentiality as outlined in our privacy policy. A copy of our agency's Privacy Policy and a copy of the Georgia HMIS Privacy Policy is available upon request for your review.

C. Usage and Disclosure of Personal Information

1. **DCA, CoC Administrator Agencies, and the GA HMIS Participating Agencies** may use or disclose personal information for the following purposes:
 - a) To provide or coordinate services for individuals to help them end their homelessness. GA HMIS may be used to share portions of client records (with written consent) with GA HMIS Participating Agencies that, at a minimum, must adhere to this notice and may have additional privacy policies and that may allow different uses and disclosures of the information;
 - b) For functions related to payment or reimbursement for services;
 - c) To carry out administrative functions, such as legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions;
 - d) When required by law to the extent that use or disclosure complies with and is limited to the requirements of the law.
 - e) To avert a serious threat to health or safety if:
 - It is believed in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
 - The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.
 - f) To report about an individual that DCA, a CoC Administrator Agency, or a GA HMIS Participating Agency reasonably believes to be a victim of abuse, neglect or domestic violence to a governmental authority (including a social service or protective services agency)

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authorized by law to receive reports of abuse, neglect or domestic violence under any of the following circumstances:

- where the disclosure is required by law and the disclosure complies with and is limited to the requirements of the law;
 - if the individual agrees to the disclosure; or
 - to the extent that the disclosure is expressly authorized by statute or regulation; and
 - DCA, a CoC Administrator Agency, or a GA HMIS Participating Agency believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
 - if the individual is unable to agree because of incapacity, then a law enforcement or other public official authorized to receive the report must represent that the PPI for which disclosure is sought is not intended to be used against the individual, and must represent that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and
 - when DCA, a CoC Administrator Agency, or a GA HMIS Participating Agency makes a permitted disclosure about a victim of abuse, neglect or domestic violence, DCA, the CoC Administrator Agency, or the GA HMIS Participating Agency will promptly inform the individual who is the victim that a disclosure has been or will be made, except if:
 - i. in the exercise of professional judgment DCA, the CoC Administrator Agency, or the GA HMIS Participating Agency believes informing the individual would place the individual at risk of serious harm, or
 - ii. DCA, the CoC Administrator Agency, or the GA HMIS Participating Agency would be informing a personal representative (such as a family member or friend) and reasonably believe the personal representative is responsible for the abuse, neglect or other injury; such that informing the personal representative would not be in the best interests of the individual as DCA determines in the exercise of professional judgment.
- g) To a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under the following circumstances:
- In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena;
 - If the law enforcement official makes a written request for PPI that:
 - i. is signed by a supervisory official of the law enforcement agency seeking the PPI;
 - ii. states that the information is relevant and material to a legitimate law enforcement investigation;
 - iii. identifies the PPI sought;

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- iv. is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
 - v. states that de-identified information could not be used to accomplish the purpose of the disclosure.
- If it is believed in good faith that the PPI constitutes evidence of criminal conduct that occurred on the premises of DCA or the premises of a GA HMIS Participating Agency;
 - In response to a written request as described above for the purpose of identifying or locating a suspect, fugitive, material witness or missing person and the PPI disclosed consists only of name, address, date of birth, place of birth, Social Security Number, and distinguishing physical characteristics; or
 - If the official is an authorized federal official seeking PPI for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others); and if the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which it is sought.
- h) To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.
2. ***DCA and CoC Administrator Agencies*** may use or disclose personal information for activities set forth below and for activities DCA determines to be compatible with such activities. DCA assumes that you consent to the use or disclosure of your personal information for such purposes.
- a) To carry out maintenance and operation of GA HMIS.
 - b) To create de-identified (anonymous) information that can be used for research and statistical purposes without identifying clients.
 - c) For academic research purposes, release of PPI will be allowed if research is:
 - Conducted by an individual or institution that has or enters into a formal relationship with DCA and/ or with a CoC Administrator Agency, if the research is conducted by either:
 - i. an individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by DCA and/ or the CoC Administrator Agency, (other than the individual conducting the research); or
 - ii. an institution for use in a research project conducted under a written research agreement approved in writing by DCA and/ or the CoC Administrator Agency; and
 - The formal relationship is contained in a written research agreement that must:

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- i. establish rules and limitations for the processing and security of PPI in the course of the research;
 - ii. provide for the return or proper disposal of all PPI at the conclusion of the research;
 - iii. restrict additional use or disclosure of PPI, except where required by law;
 - iv. require that the recipient of data formally agree to comply with all terms and conditions of the agreement;
 - The written research agreement is not a substitute for approval (if appropriate) of a research project by an Institutional Review Board, Privacy Board, or other applicable human subjects protection institution.
3. Before DCA, a CoC Administrator Agency, or the GA HMIS Participating Agencies make any use or disclosure of your personal information that is not described herein and above, we will seek your consent.

D. How to Inspect and Correct Personal Information

1. Clients may inspect and have a copy of their PPI that is maintained in GA HMIS, with the exception of case notes. DCA, a CoC Administrator Agency, and/or the GA HMIS Participating Agency, will respond to any such request made by a client within a reasonable time frame, usually 2-3 business days. GA HMIS Participating Agency staff will offer to explain any information in the file. For data that is maintained by DCA as the administrator of GA HMIS but was not entered by the DCA staff, DCA may require that the request for inspection be managed through the GA HMIS Participating Agency that entered the information.
2. DCA, a CoC Administrator Agency, and/or the GA HMIS Participating Agency will consider requests for correction of inaccurate or incomplete personal information from clients. If DCA, a CoC Administrator Agency, and/or the GA HMIS Participating Agency agrees that the information is inaccurate or incomplete, the personal information may be deleted or supplemented with additional information.
3. To inspect, get a copy of, or ask for correction of personal information, a client can contact any GA HMIS Participating Agency staff member at the GA HMIS Participating Agency at which he or she received services. The appropriate GA HMIS Participating Agency staff member will be located to assist with the review and/or correction of the file within a reasonable time period, usually 2-3 business days.
4. DCA, a CoC Administrator Agency, and/or a GA HMIS Participating Agency may deny a direct request for inspection or copying of personal information if:
 - the information was compiled in reasonable anticipation of litigation or comparable proceedings;

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- the information is about another individual;
 - the information was obtained under a promise of confidentiality and if the disclosure would reveal the source of the information; or
 - disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.
5. If a request for access or correction is denied, the organization that denies the request (DCA, the CoC Administrator Agency, and/or the GA HMIS Participating Agency) will explain the reason for the denial. DCA, the CoC Administrator Agency, and/or the GA HMIS Participating Agency will also include, as part of the personal information that is maintained, documentation of the request and the reason for the denial.
 6. DCA, a CoC Administrator Agency, and/or a GA HMIS Participating Agency may reject repeated or harassing requests for access or correction.

E. Data Quality

1. The Collaborative collects only personal information that is relevant to the purposes for which it plans to use it or as required for reporting to funders. To the extent necessary for those purposes, The Collaborative seeks to maintain only personal information that is accurate, complete, and timely.
2. DCA may implement a plan to dispose of personal information not in current use seven years after the information was created or last changed. As an alternative to disposal, DCA may choose to remove identifiers from the information so that the data can be maintained for analysis purposes.
3. DCA may keep information for a longer period if it chooses or if it is required to do so by statute, regulation, contract, or other requirement.

F. Complaints and Accountability

1. DCA, on behalf of The Collaborative, accepts and considers questions or complaints about GA HMIS' privacy and security policies and practices. To file a complaint or question, a person should do the following:
 - If the complaint is about one of the GA HMIS Participating Agencies using GA HMIS, the client should first follow the questions and/or grievance procedure of that organization. If the grievance cannot be resolved at the GA HMIS Participating Agency level, the question/complaint should be addressed to DCA in writing to: Georgia Department of Community Affairs, 60 Executive Park South, Atlanta, GA 30329 Attn: Jeanette Pollock. DCA's phone number for purposes of GA HMIS is (404) 679-4840. Written correspondence may be made at the above address MUST be sent to the attention of Jeanette Pollock;
 - If the complaint is received by DCA, in writing or in person, about a GA HMIS Participating Agency or about an internal DCA program, it will be reviewed by the staff responsible for administering GA HMIS first. If the question or complaint cannot be resolved at that level

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it will be brought to the attention of the GA HMIS Steering Committee and/or DCA's Office of General Counsel, whichever is most appropriate for the particular situation.

2. All members of DCA (including employees, volunteers, affiliates, contractors and associates), CoC Administrator Agencies and GA HMIS Participating Agencies are required to comply with this notice. Each individual with access to GA HMIS must receive and acknowledge receipt of a copy of this notice and pledge to comply with this notice in writing.

G. Privacy Policy Change History

Each copy of this notice will have a history of changes made to the document. This document's change history is as follows:

- Version 1 – 2005 - Initial Policy
- Version 2 – New policy Draft (Insert approval date here and remove drafts below)
 - October 19th, 2015 (Initial revised Draft)
 - December 14th, 2015 (2nd revised Draft)

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Appendix B GA HMIS Policies and Procedures

Section A. Background and Structure

A.1 HMIS Background

A Homeless Management Information System (HMIS) is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, share information and better serve their clients.

HMIS implementations can cover geographic areas ranging from a single county to an entire state. They are based primarily on the Continuum of Care geography. A HUD Continuum of Care is the primary decision making entity defined in the funding application to HUD as the official body representing a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. An HMIS helps to link homeless assistance providers within a community and create a more coordinated and effective housing and service delivery system.

The U. S. Department of Housing and Urban Development (HUD) and other planners and policymakers at the federal, state and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, an HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

The Georgia Homeless Management Information System was started in 2002. Currently the Georgia HMIS has over 400 active agencies and covers eight of the nine Georgia Continuum's of Care. Active agencies have entered over 1,643,233 individuals and families since 1999. The Georgia HMIS is a shared system, meaning agencies that are serving the same person can view information and coordinate services using HMIS.

A.2 HUD Requirements and HMIS Data Standards

The HMIS Data Standards (2014 HMIS Data Dictionary and HMIS Data Manual), released August, 2016 provides communities with baseline data collection requirements developed by each of these federal partners. The Manual is intended to serve as a reference and provide basic guidance on HMIS data elements for CoCs, HMIS Lead Agencies, HMIS System Administrators and users. This release of the 2014 HMIS Data Manual is Version 5.1 and is an update to the 2014 Data Standards Manual. The companion document to the HMIS Data Manual is the HMIS Data Dictionary which defines all of the data elements and requirements for HMIS compliance for HMIS Vendors and System Administrators.

The privacy and system security standards for providers remain the same as presented in the July 30, 2004 Final Notice.

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Access the current HMIS Data Manual at:

<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

Access to the current HMIS Data Dictionary Manual at:

<https://www.hudexchange.info/resources/documents/HMIS-Data-Dictionary.pdf>

Access the Privacy and System Security Standards from the July 30, 2004 Final Notice at:

<https://www.hudexchange.info/resource/1318/2004-hmis-data-and-technical-standards-final-notice/>

A.3 Annual Homeless Assessment Report (AHAR)

The Annual Homeless Assessment Report (AHAR) is a report to the U.S. Congress on the extent and nature of homelessness in America. The report is prepared by the Department of Housing and Urban Development (HUD) and provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The report is based primarily on Homeless Management Information Systems (HMIS) data about persons who experience homelessness during a 12-month period.

The AHAR uses aggregate HMIS data from communities across the country to produce a national report on homelessness to the U.S. Congress. The AHAR is designed to:

- Develop an estimate of the number of homeless persons nationwide;
- Create a descriptive profile of homeless persons;
- Understand service use patterns; and,
- Estimate the nation's capacity to house homeless persons.

The AHAR is based on an unduplicated count of homeless persons within each community, and focuses on persons who use emergency or transitional shelters. Thus, the AHAR reports only on the number of sheltered homeless persons and does not account for homeless persons who: only use a supportive service program, are formerly homeless and living in permanent supportive housing; or are service resistant and do not access any type of homeless service program during the study period.

Eventually, all Continuum of Care will most likely submit AHAR data. Therefore, it is important that all programs, especially those that provide shelter or housing, enter data accurately and in a timely manner.

For more information on Annual Homeless Assessment Report, see <http://www.hudhdx.info/>

A.4 Georgia HMIS Organization, Management and Contacts

Project Goals

The goals of the GA HMIS Project are:

- 1) Assist homeless persons to navigate the continuum of care
- 2) Assist homeless service agencies with information allowing them to better serve their clients
- 3) Assist homeless agencies, local, state and Federal entities with information on numbers of homeless persons, reasons for homelessness, services they require, services they receive, gaps in services, etc.

Project Organization

The Georgia HMIS is a collaborative statewide effort to implement HMIS across eight of the nine Georgia continuums of care. Columbus-Muscogee has a separate HMIS implementation. The Lead Agency for the Georgia HMIS project is the Department of Community Affairs. The lead agency oversees the HMIS project and manages the Supportive Housing Program grant from HUD, however each Continuum of Care is responsible for ensuring that the implementation is successful in their Continuum. Many of the Continuum of Care also have HMIS staff that work specifically on HMIS issues in that Continuum.

HMIS System Development and Planning

Each CoC is responsible for soliciting feedback from agencies and stakeholders and communicating that feedback to the Steering Committee. Each CoC should establish an advisory group made up of agencies and other stakeholders in order to solicit feedback on HMIS implementation. The CoC representative should then bring this feedback to the Steering Committee.

The Steering Committee is made up of representatives from each of the eight continuum of care and the DCA project manager. The role of the steering committee is to oversee overall implementation and request enhancements to the ClientTrack system.

HMIS Implementation

Each CoC is responsible for ensuring that all agencies in that CoC are adhering to the State or Local CoC HMIS policies. The CoC lead should coordinate with DCA in order to develop a training and technical assistance plan that will allow them to troubleshoot any problems in implementation. Agencies can also request training and technical assistance from their CoC Representative.

If a user or agency has a request for a **system enhancement** they are required to communicate the request to their CoC lead that will pass it on to the project manager for review. This request will be reviewed by the GA HMIS Steering Committee.

ClientTrack System Errors

For issues related to system errors, agencies and the continuum of care representatives should communicate directly with ClientTrack. System errors can be reported through the system itself using the “Contact Support” link. You may also contact Support by email at GAHMISsupport@dca.ga.gov. ClientTrack will provide the steering committee and project management with regular updates on any system errors reported and the status of their repair.

Contacts

The HMIS Lead contact at the Department of Community Affairs is Jeanette Pollock at Jeanette.pollock@dca.ga.gov.

The CoC lead contact for HMIS issues are:

Athens – Ryan Halsey – Ryan.Halsey@athensclarkecounty.com

Atlanta – Cathryn Marchman – CFMarchman@AtlantaGa.Gov

Augusta – Daniel Evans - devans@augusta.gov

Balance of State – Tina Moore - tina.moore@dca.ga.gov

Cobb – Carolyn Bridges - CarolynBridges@thecfr.org

.DeKalb – Melvia Richards - mwrichards@dekalbcountyga.gov

Fulton – Leonard Westmoreland - Leonard.Westmoreland@fultoncountyga.gov

Savannah – Janice Sheffield - janice@homelessauthority.org

If your agency is located in Columbus/Muscogee, you should contact the Continuum of Care Lead of Home for Good, Pat Frey, Executive Director at pat@unitedwayofthecv.org for information on the Columbus/Muscogee HMIS Implementation.

ROLES AND RESPONSIBILITIES

End User

- Obtain Client Consent
- Enter and Update Data
- Adhere to Privacy, Security and Confidentiality Policies
- Adhere to GA HMIS Standard Operating Procedures

Agency

- Attend Advisory/User Group Meetings
- Ensure Adherence to Relevant HMIS Policies
- Ensure Adherence to GA HMIS Privacy, Security and Confidentiality Policies

Continuum of Care HMIS Representative(s)

- Run Continuum User Group
- Attend Steering Committee
- Inform Agencies of Continuum Specific Policies
- Monitor HMIS Utilization by CoC Agencies
- Communicate Concerns and Enhancement Requests to Project Manager
- Communicate system issues to the System Administrator or DCA
- Troubleshoot Implementation and Training Needs
- Provide additional assistance to agencies as needed
- AHAR submission

Lead Agency Staff (DCA)

- Manage GA HMIS Grant
- Coordinate Steering Committee
- Obtain Feedback from Continuum Representatives
- Compile Continuum Requested Enhancements for Steering Committee
- Monitor Project Progress and Deliverables
- Monitor Adherence to HUD HMIS Data and Technical Standards and Guidelines
- Communicate National HMIS Best Practices to Steering Committee

System Admin Staff

- Develop Enhancements as Directed by Steering Committee
- Assist Continuums with Monitoring Data Quality and Completeness
- Monitor Agency and System Security
- Repair System Errors in a Timely Manner
- Ensure System is Operational and Accessible
- Provide Ongoing Reports to Project Manager and Steering Committee regarding: Data Quality; Training and Technical Assistance Provided; Enhancement Project Progress; Fixes; HMIS Utilization Rates; Security Audit Findings

A.5 State and Local HMIS Policies

DCA has developed a policy regarding utilization of HMIS for all DCA grantees and Balance of State Continuum of Care grantees. The policy can be found on the DCA website at: http://www.dca.ga.gov/housing/specialneeds/programs/documents/HMIS_Policy_7-07-09.pdf. This policy may be updated periodically.

Each additional Continuum of Care may have a Continuum policy regarding HMIS implementation. Agencies should contact Continuum leadership regarding any Continuum specific requirements. If there are no specific Continuum Policy for their county and the agency is not a DCA grantee, the agency should follow general the Georgia HMIS Standard Operating Procedures on HMIS implementation found herein.

Additional funders (e.g. United Way, Salvation Army, local governments) may have additional requirements regarding the use of the ClientTrack System. Agencies should consult each of their funders to ensure they are aware of all relevant requirements.

A.6 Domestic Violence Agencies

According to the HUD Federal Register dated March 16, 2007 [FR-5056-N-01], agencies that are classified as Domestic Violence Agencies should not enter any identifying information into HMIS. Specifically, the register states:

“The new Confidentiality provision directs victim service providers not to disclose, for the purposes of HMIS, personally identifying information about any client. In accordance with this statutory requirement, victim service providers must maintain the confidentiality of personally identifying information of the providers’ clients.”

At this point in time, HUD has instructed Domestic Violence agencies not to use HMIS to enter any client level information, including non-identifying information.

Section B. Agency and User Procedures

B.1 New Agency Procedures

Step 1. Sign Agency Agreements

1. Complete and return the signed DCA Agency Agreement.
2. Ensure system and equipment requirements are met

All agency forms should be completed and returned by mail to the Special Projects Manager, Georgia Department of Community Affairs, 60 Executive Park South NE, Atlanta, GA 30329; or email: Jeanette.pollock@dca.ga.gov; or fax: 770.302.9508. Keep a copy of all documents for your files.

Step 2. Ensure Agency Meets Technical Requirements

Recommended Computer Specifications:

Processor:	300 MHz Processor PC
Operating System:	Windows 98 or above
Memory:	128 MB RAM
Browser:	Internet Explorer or Google Chrome Internet
Access:	DSL or better

Agencies must also be able to meet applicable security requirements. Detail on security requirements can be found in section D.2 of this manual.

Step 3. Designate ClientTrack Agency Administrator

Step 4. Designate who will be authorized system users and their access level

Section C. Data Entry and Data Quality

C.1 Client Consent to Share and Client Consent to Share Revocation

The client has the right to revoke their consent at any time for any reason. If the client wishes to revoke their consent, the GA HMIS Client Consent to Share Revocation form should be completed, signed and dated and inserted into the client file.

Client Intake:

This is the process in which a client or potential client will go through a process where information is gathered and entered into the ClientTrack system. Client Intake includes entering new client data or updating information for a client that is already in the ClientTrack system. Any client intake should start with a thorough client search to make sure the client is not already in ClientTrack. All efforts should be taken to ensure duplicate records are not created within the ClientTrack system. Conducting a thorough client search at Intake will help reduce the number of duplicates within the system. For further instructions on how to conduct a client search to avoid duplicates, refer to the ClientTrack User Guide.

Each agency should enter and/or update the Universal Data Elements for all household members and Program Specific Data Elements (where required) at intake. Detailed information about these data elements can be found below. Ideally, an agency would input the information into ClientTrack during the intake, however when paper intake forms are necessary please use the Intake and Project Update forms that have been provided. These forms can also be accessed from the HMIS website:

<http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>

Care should be taken to make sure that all of a client's information is updated (such as housing status, marital status, household, etc.) at intake if they have an existing record in the system.

C.2 Required Data Elements

The HUD Data Standards outline three categories of required data elements. Two of these categories are at the client level and the third, Program Descriptor, is at the program level.

The Universal Data Elements section provides information on data elements required to be collected by all projects using an HMIS as part of a CoC implementation. This includes all projects funded by any of the HMIS federal partners and those projects that receive other funding, including those who receive no federal funding.

HUD Universal Data Elements:

The Universal Data Elements are to be collected from all clients served by all homeless assistance programs reporting to the HMIS. The Universal Data Elements section provides information on data elements required to be collected by all projects using an HMIS as part of a CoC Implementation. **This includes all projects funded by any of the HMIS federal partners and those that receive other funding, including those who receive no federal funding.** The Universal data elements are needed for Continuums of Care (CoC) to understand the basic dynamics of homelessness in their communities and for HUD to meet Congressional direction to: develop unduplicated counts of homeless services users at the local level; describe their characteristics; and identify their use of homeless assistance and mainstream resources.

The Universal data elements are: **Name, Social Security Number, Date of Birth, Ethnicity, Race, Gender, Veteran Status, Disabling Condition, Residence Prior to Program Entry, Project Entry Date, Project Exit Date, Destination, Personal ID, Household ID, Relationship to Head of Household, Client Location, Length of Time on Street, in an Emergency Shelter, or Safe Haven.**

The ClientTrack system automatically generates the unique person identification number, the project identification number and household identification number data elements.

HUD Program Specific Data Elements:

Program Specific Data Elements as defined in the final Notice, are data elements that are required for programs receiving certain types of funding, but are optional for other programs. Program specific data elements are necessary to complete the Annual Progress Reports (APR's) required by programs.

The program specific data elements that are required for HUD's current APR reporting include: Housing Status, Income and Sources, Non-Cash Benefits, Health Insurance, Physical Disability, Developmental Disability, Chronic Health condition, HIV/AIDS, Mental Health, Substance Abuse, Domestic Violence, Contact, Date of Engagement, Services Provided, Financial Assistance Provided, Referrals Provided, Move –In Date, Housing Assessment Disposition and Housing Assessment at Exit. Some of these elements may be required for certain programs and funding streams.

Program Descriptor Data Elements

These elements are required of all programs in a Continuum of Care and provide descriptive information about an agency and their programs. For more guidance on the HUD data standards: <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

Continuum of Care Data Requirements

Each Continuum of Care may have additional data element requirements. You will need to consult with your CoC to verify what additional data elements may be required. Balance of State Continuum of Care Grantees should follow all DCA HMIS and HSS requirements.

Timelines for Data Entry

Each agency should follow the guidelines set forth by their respective Continua of Care relating to data entry timelines. However, whenever possible, it is best to input the data as soon as possible, in order to maintain the most current support being offered to a client.

DCA and Balance of State Continuum of Care Grantees, data should be entered within one week of intake/enrollment. Clients should be discharged from the HMIS program within one week of their discharge.

When client information is entered, the dates entered for enrollment and discharge should be the ACTUAL dates that an individual entered or left the program, not the date of data entry/update.

C.3 Programs (Enrollment and Discharge)

Program entry and exit dates should be recorded upon any program entry or exit on all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence in a program's housing before the participant leaves the shelter or the last day a service was provided.

Program Enrollment:

The ClientTrack system includes a program enrollment workflow that allows the user to enroll a client in to one or more programs. The client remains in the program based upon the expected length of stay as determined by the agency administrator. This requires programs to be configured prior to enrolling a client into a program.

Program Discharge:

In order for a client to be discharged from a program, the client must first be enrolled in a program. Once the client has completed or the time has expired for the client to be in the program, such as Emergency Shelter or Transitional Housing, the client should be discharged from the program. Failure to discharge the client on a timely basis will skew the data and will impact the accuracy of reporting, such as the HUD APR Entry Report and the HUD APR Exit Report.

C.4 Updating Data

Care should be taken to make sure that the clients information is updated (such as housing status, marital status, household, etc.) each time the client file is reviewed. At the very minimum, data should be updated at program enrollment, once a year for long term programs, and at program discharge. It is recommended that at every visit by a client, the universal data elements should be verified to ensure the latest information in the client record is complete. Suggested updates that should also occur with each client visit should include: Income, Services Rendered, Housing Status/Residence, Household composition. While there are more suggested data elements, updating information on a client should occur as often as reasonably possible.

C.5 Data Quality and Data Integrity

Reducing Duplicates:

All efforts should be taken to ensure duplicate records are not created within the ClientTrack system. Conducting a thorough client search at Intake will help reduce the number of duplicates within the system. For further instructions on how to conduct a client search to avoid duplicates, refer to the ClientTrack User Guide or click on the Conducting a client search tutorial. If you do create a duplicate, please contact ClientTrack Support regarding ways to eliminate the duplicate.

Improving data quality

- One of the most effective ways to collect quality data is to make sure your agency develops clear data collection and entry standards that are implemented by all staff members entering data into the ClientTrack HMIS system.
- There should be a shared understanding of purpose and process. Minimally, each staff member should have a document that outlines the data collection process and explains the importance of accurate data and maintaining data quality.
- Establish a Rapport with Consumers. Often people in a vulnerable position of being homeless may give incorrect information intentionally or unintentionally for a host of reasons. Inaccurate information can be minimized by establishing a rapport with the consumer.
- Paper forms should closely resemble the layout of the Intake screens within the ClientTrack system. Intake forms will be provided and can be found on the DCA website: <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>
- Proofread any hard copy of information that has been entered.
- Periodically review data quality at your agency. Emphasize and communicate any issues with data quality into already scheduled staff meetings.

Section D. Data Ownership, Security and Access

D.1 HMIS Privacy and Security Standards

HUD released HMIS Privacy and Security Standards in the Homeless Management Information System (HMIS) Data and Technical Standards Final Notice on July 30, 2004. The notice presents privacy and system security standards for providers, Continuums of Care and all other entities that use or process HMIS data.

Access the Privacy and System Security Standards from the July 30, 2004 Final Notice at:
<http://www.hmis.info/Resources/724/Data-Standards-Training-Module-1-Handout-HUD-Data-and-Technical-Standards.aspx>

D.2 Agency Privacy and Security Procedures

All agencies must comply with the current HMIS Privacy, Confidentiality, and Security standards issued in the HUD Notice on 7/31/2004. These standards require, but are not limited to: installing virus protection software, with an automatic update on every computer that accesses HMIS; activating a locking screen saver on every computer that accesses HMIS; developing a data privacy policy and notice; posting the agency's privacy notice on its premises and website (if one exists); installing an individual or network firewall; and posting "purpose for data collection" signs at each intake desk. Information on how to develop a privacy policy can be found at:

<http://www.dca.ga.gov/housing/specialneeds/programs/downloads/HUDPrivacyPolicyRequirements.pdf>

For information about how to implement the security procedures required by HUD, please contact your Continuum of Care Representative.

D.3 ClientTrack Security Procedures

ClientTrack Security Policy

ClientTrack takes every precaution to protect the information. Only employees who need the information to perform a specific job (for example, a technical support representative) are granted access to personally identifiable information. Furthermore, ALL employees are kept up-to-date on our security and privacy practices. The servers with personally identifiable information is kept in a secure environment.

The use of this system constitutes an express consent to the monitoring of system use and security at all times. If such monitoring reveals possible violations of the law, pertinent information will be provided to law enforcement officials. Any persons using this system or information obtained from this application, without proper authorization or in violation of these policies and procedures may be subject to civil and/or criminal prosecution. Any persons enabling access by an unauthorized individual may also be subject to internal disciplinary actions in addition to civil and/or criminal prosecution.

These policies are applicable to all users (employees, contractors, and others) of agencies, partners and funders and the computer systems, networks, and any other electronic processing or communications and related resources used in conjunction with the ClientTrack HMIS system and/or data obtained through the HMIS system.

ClientTrack places highest priority on the security of its systems, and the private information they contain. ClientTrack, its staff and volunteers continually work to protect data and systems:

1. Confidentiality. Access to client information must be tightly controlled and people with access to confidential information must understand their personal responsibility to maintain its confidentiality.
2. Integrity. Client information must be protected so that it cannot be modified while in transit or storage. Reported data must be accurate.
3. Availability. Systems must be available to users when and where they need them.

If an employee leaves your agency, inform the CoC Administrator or System Administrator at DCA via email as soon as possible so that their account can be deactivated.

Information Security Procedures:

All ClientTrack employees and volunteers are responsible for protecting the confidentiality and security of ClientTrack systems and the human services client information they contain. Information concerning the security related tasks an employee is responsible for are included in the employee's job description. The agency is responsible for ensuring that information that is printed from the ClientTrack system is also kept confidential, private and secure.

HIPAA

Agencies that are covered by HIPAA include health care providers, health care plans, or healthcare clearinghouse should ensure that they are in compliance with all HIPAA regulations.

For more information about HIPAA visit the following website:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveridentities/index.html>

D.4 Access to Data

Data Sharing across Providers

The ClientTrack HMIS gives individual clients complete control over which agencies can view their information. At point of service the client may authorize an agency to share existing information in the HMIS.

“Protected” Information

Protected Agency: Certain agencies that deal substantially with HIV/AIDS, domestic violence, substance abuse, mental illness, or legal services are designated as Protected Class agencies. If your agency is a Protected Class agency, all Client Services Information records (including referrals) are hidden, or protected, from view by any other agency.

Access to Data for Monitoring

Department of Community Affairs, as the lead HMIS agency, and your Continuum of Care representative will have access to your agency's data for monitoring purposes and aggregate reporting purposes. Other funders may have access to your data for monitoring purposes based on their funding agreement with your agency.

Unauthorized Access to the ClientTrack system:

Any user accessing the ClientTrack system must be affiliated with an active member agency. Additionally, each system user must attend the required Training in order to be given a User Id and Password. Unauthorized access is prohibited and are grounds for legal action.

D.5 Client Grievances

Grievance Procedure:

DCA, on behalf of The Collaborative, accepts and considers questions or complaints about GA HMIS' privacy and security policies and practices. To file a complaint or question, a person should do the following:

If the complaint is about one of the GA HMIS Participating Agencies using GA HMIS, the client should first follow the questions and/or grievance procedure of that organization. If the grievance cannot be resolved at the GA HMIS Participating Agency level, the question/complaint should be addressed to DCA in writing to: Georgia Department of Community Affairs, 60 Executive Park South, Atlanta, GA 30329 Attn: Jeanette Pollock. DCA's phone number for purposes of GA HMIS is (404) 679-4840. Written correspondence may be made at the above address MUST be sent to the attention of Jeanette Pollock;

If the complaint is received by DCA, in writing, about a GA HMIS Participating Agency or about an internal program, it will be reviewed by the staff responsible for administering GA HMIS first. If the question or complaint cannot be resolved at that level it will be brought to the attention of the GA HMIS Steering Committee and/or DCA's Office of General Counsel, whichever is most appropriate for the particular situation

Revoking Consent:

The client has the right to revoke their Consent at any time for any reason. If the client wishes to revoke the client consent, the GA HMIS Client Consent to Share Revocation form should be completed, signed and dated and inserted into the client file.

Section E. Reporting

E.1 Introduction to ClientTrack Reporting

The reporting module provides quick intuitive on demand reporting, analysis and data export for sharing the information stored in your HMIS.

Reports were designed to help you

- Make better decisions that support the success of your organization
- Know and understand your clients (What is working)
- Tap into and analyze data

- Help manage your organization and resources
- Produce accurate and up to date counts
- Monitor Agency Performance

The reports can provide users a variety of options for printing and sharing their HMIS information. An abundance of standard reports and data exports can be accessed by any user that has access rights.

Your System Administrator controls access to different reports for each user. You should contact them if you would like access to the reports available in ClientTrack.

All reports depend on the quality of information captured during data entry. Complete and accurate data is crucial for accurate reporting. Accurate reports, in turn help with funding, grant writing, staffing, tracking services and forecasting.

Section F. System Support, Training and Technical Assistance

F.1 Training

The System Administrator will maintain a training calendar. All ClientTrack training, locations, dates and times are listed on <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>. Each user can register for the training most conducive to their learning style.

F.2 Technical Assistance

Technical Assistance Process:

The System Admin will work with the CoC Administrator to help them achieve HMIS compliance on the ClientTrack system. The proper personnel should be in attendance to make sure each user within the agency follows the same protocols and procedures needed to ensure good data quality.

F.3 Reporting System Issues

ClientTrack provides several ways in which to report system outage, problems, or questions. Users can communicate with the Support Team by clicking on the Help link while in the ClientTrack application or via email: GAHMISsupport@dca.ga.gov.

F.4 Requesting Enhancements

An enhancement to the system includes an additional data element, report, or function that was not previously in the system. Enhancements do not include fixing an existing function of the system. System errors should be communicated directly to the System Admin. If ClientTrack Support determines the request is an enhancement rather than a System Error, they will communicate this to the requestor who should then follow enhancement request protocol.

If an agency would like to request an enhancement to the system, they should communicate this request to the HMIS representative for their Continuum of Care directly or through the advisory/user group. Continuum of Care HMIS contacts can be found on page 6 of this manual.

Once the continuum of care HMIS representative has determined that the request is a priority for the continuum, they will communicate this request to the System Admin. The System Admin will then compile all requested enhancements for consideration by the HMIS Lead, DCA.

Section G. Monitoring

G.1 Data Monitoring

Each continuum of care or funder may have individual monitoring procedures. For specific information on monitoring, agencies should contact their funder or Continuum of Care representative.

If your agency receives DCA funding, agency utilization of the system is monitored on a quarterly basis in addition to being monitored during on-site visits. For more information about DCA monitoring, contact Tina Moore at tina.moore@dca.ga.gov.

G.2 Privacy and Security Monitoring

Security Audits will be conducted periodically by the System Admin Staff in pursuant to the baseline standards defined in the HUD 2004 Data and Technical Standards.

<https://www.hudexchange.info/resource/1318/2004-hmis-data-and-technical-standards-final-notice/>

These Security Audits will focus on the following areas:

Physical access to Systems with access to HMIS

Data Disaster Protection and Recovery

Disposal

System Monitoring User

Authentication

Electronic Data Submission

Electronic Data Storage Security

Privacy Standards

DCA and other funders may also monitor during on-site visits to ensure that the agency is following the key privacy and security standards.

ADDITIONAL RESOURCES

ClientTrack Documents, Forms and Tutorials –

<http://www.ClientTracktraining.org/>

DCA HMIS Website –

<http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>

HUD Homelessness Resource Exchange –

<http://www.hudhdx.info/>

Appendix C
GA HMIS End User Participation Agreement

Agency Name (Please Print): _____

User Name (Please Print): _____

In this End User Participation Agreement, “Agency” refers to the agency named above. Agency recognizes the privacy of client needs in the design and management of the Georgia HMIS (“GA HMIS”). These include both the need to continually improve the quality of homeless and housing services with the goal of eliminating homelessness in our community, and the need to vigilantly maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care.

GA HMIS End Users (“Users”) have a moral and a legal obligation to ensure that the data is being collected, stored, accessed and used appropriately. It is also the responsibility of each User to ensure that client data is only used for the purposes for which it was collected. Proper user training; compliance with the terms and conditions as stated in the GA HMIS End User Agreement, and the GA HMIS Privacy Policy.

Relevant points regarding client confidentiality include:

- A client consent form must be signed by each client whose data is shared with a GA HMIS participating agency via the GA HMIS system. Users may not share client data with other GA HMIS participating agencies via the GA HMIS system without obtaining this written permission from the client.
- Client consent may be revoked by that client at any time by completing the GA HMIS Client Consent to Share Revocation Form at any GA HMIS participating agency.
- No client may be denied services for failure to provide consent for GA HMIS data sharing or collection.
- With the exception of case notes, Clients have a right to inspect, receive a copy of, and request changes to their GA HMIS records.
- Users will maintain GA HMIS data in such a way as to protect the identity of clients from further Participating agencies, individuals or entities.
- Any User failing to protect client confidentiality as set forth in this System User Agreement and the GA HMIS Privacy Policy, may be denied access to the GA HMIS.

I have received and read a copy of the GA HMIS System User Agreement, the GA HMIS Privacy Policy, and the GA HMIS Policies and Procedures Manual and affirm the following:

1. I have received GA HMIS Privacy Policy.
2. I have read and will abide by the terms of the GA HMIS End User Agreement, the GA HMIS Privacy Policy and the GA HMIS Policies and Procedures Manual.
3. I will maintain the confidentiality of client data in the GA HMIS as outlined above and as outlined in the GA HMIS End User Agreement, the GA HMIS Privacy Policy, and the GA HMIS Policies and Procedures Manual.
4. I will only collect, enter, and extract data in the GA HMIS relevant to the delivery of services to homeless, at risk of becoming homeless, and formerly homeless people experiencing a crisis in our community.

User Signature

Date

Due to the sensitive nature of the data stored in GA HMIS, each User is required to be trained in Privacy, Security and Confidentiality practices and End User Onboarding Training prior to being allowed access. These trainings are recorded and updated as necessary, and posted to <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>. Additionally, users will be able to find the training calendar which lists the availability of any live training, videos and webinars along with registration information.

To ensure that each user has been trained, GA HMIS staff tracks training attendance. Users who have not yet attended mandatory training are not permitted access to the system. GA HMIS staff realizes that in some cases, a user may need to be able to be trained quickly so as not to adversely affect their agency's ability to utilize GA HMIS. In the event a training is not offered and presents an undue hardship on a Participating Agency that has limited staffing and was forced to wait for training. In these cases, new users may be trained by their respective GA HMIS CoC Admin (or designated Representative). The CoC Admin or designated Representative may use any materials posted by GA HMIS staff on <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp> to assist them in providing a complete training consisting of Privacy, Security and Confidentiality, and system use appropriate with the user's needed access level. If the CoC Admin (or designated Representative needs to provide training in the stead of GA HMIS staff, the user's account will not be activated until the CoC Admin (or designated Representative completes this form and certifies that the user has been trained. Please note that the CoC Admin (or designated Representative does not need to complete this form for any users trained directly by GA HMIS staff or System Admin. Additionally, the CoC Admin (or designated Representative may only be trained by GA HMIS staff directly or by the System Admin. HMIS Lead users may only be trained by GA HMIS staff or System Admin staff.

In Witness Whereof, End User and DCA have, through their duly authorized representatives, entered into this End User Agreement. The parties, having read and understood the foregoing terms of this Agreement, do by their respective signatures dated below hereby agree to the terms thereof.

Signature, End User

Date

I authorize, as the Executive Director (or Designee) the aforementioned User to have access to the HMIS system for this designated agency.

Signature, Executive Director

Date

I certify the aforementioned User has completed the required trainings necessary to access the HMIS system (if applicable).

Training completed

Date

Training completed

Date

Signature, CoC Admin (or Designee)

Date

GA HMIS Policies and Standard Operating Procedures

Appendix C: GA HMIS Privacy Policy

GA HMIS Privacy Policy

This notice describes the privacy policy of the Georgia Homeless Management Information System (“GA HMIS”). GA HMIS is administered by the HMIS Lead Agency, the Georgia Department of Community Affairs (“DCA”), operating on behalf of the Georgia Housing and Finance Authority (GHFA). DCA administers GA HMIS on behalf of the regional homeless services planning bodies (individually referred to as “Continuum of Care” or “CoC” and collectively referred to as “The Collaborative” or “CoCs”) in Georgia that participate in the statewide GA HMIS implementation. DCA may amend this GA HMIS Privacy Policy at any time, and will maintain a record of any changes made, as well as post new versions on the GA HMIS website located at <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>.

This notice applies to the personal information of individuals whose personal data is collected or maintained in hard copy or in electronic formats in the GA HMIS.

In relation to this personal information, users entering data in the GA HMIS:

- Collect personal client information only when appropriate or required by entities providing funding for homeless services (“the Funder or Funders”);
- May use or disclose information in order to facilitate service delivery;
- May also use or disclose information to comply with legal requirements or other obligations as described in the notice;
- Will not disclose personal information without written consent unless specifically stated within the notice; and
- Assume that, unless stated otherwise, persons applying for or receiving services from one of the GA HMIS Participating Agencies agree to allow users of the GA HMIS to collect, use, or disclose information as described in this notice.

Each person providing personal information may:

- Inspect his/her personal information that is maintained in the GA HMIS, with the exception of case notes;
- Ask the agency entering data for the GA HMIS to correct inaccurate or incomplete information within the record;
- Ask about the GA HMIS’ privacy policy or practices;
- File a grievance regarding GA HMIS’ privacy policies and practices. DCA will respond to questions and complaints;
- Request a copy of this full notice for more details.

A. What this notice covers

1. This notice describes the privacy policy and practices of the GA HMIS, administered by DCA, which is the lead agency for the GA HMIS. DCA’s main office is located at 60 Executive Park South, Atlanta, GA 30329. DCA’s phone number for purposes of GA HMIS is (404) 679-4840. Information about GA HMIS is on DCA’s web site which is located at: <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>.

Appendix C: GA HMIS Privacy Policy

2. The policy and practices in this notice cover the processing of protected personal client information by users of the GA HMIS within The Collaborative. This notice covers all personal information policies set forth by DCA in its role as a program administrator for CoC programs and in its role as the administrator of the GA HMIS. GA HMIS Participating Agencies may have additional privacy policies on information entered and accessed by users.
3. Protected Personal information (PPI) is any information GA HMIS maintains about a client that:
 - Allows identification of an individual directly or indirectly; **and**
 - Can be manipulated by a reasonably foreseeable method to identify a specific individual; **Or**
 - Can be linked with other available information to identify a specific client.

When this notice refers to personal information, it means PPI.

4. DCA and each CoC in The Collaborative have adopted this policy in accordance with the Homeless Management Information Systems Data and Technical Standards and subsequent HMIS notices issued by the U.S. Department of Housing and Urban Development (HUD) and their federal partners through the U.S. Interagency Council on Homelessness (USICH). DCA's policies and practices are consistent with those standards and with industry standard best practices. DCA's policies are also consistent with requirements outlined in other applicable state and local laws.
5. This notice informs clients, staff, contractors, GA HMIS Participating Agency users, Funders and others how personal information is processed by the GA HMIS Collaborative.
6. DCA may amend this notice and change the policy or practices at any time. Amendments may affect personal information that DCA or the GA HMIS Participating Agencies obtained before the effective date of the amendment. Any changes to this privacy policy will be posted as a notice at <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>.
7. DCA and/or GA HMIS Participating Agencies will provide a written copy of this notice to any individual or organization that requests one. DCA also maintains a copy of this notice on its website located at <http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp>.

B. How and Why We Collect Personal Information

1. DCA (including DCA's contractors), CoC Administrator Agencies (an agency other than DCA, duly authorized in writing by a respective CoC, to have an employee(s) with access to the client-level data of that specific CoC for purposes of system administration activities), and the GA HMIS Participating Agencies may collect and/or maintain personal information for some or all the following purposes:
 - To provide or coordinate services to clients;
 - To locate other programs that may be able to assist clients;
 - For functions related to payment or reimbursement from others for services provided by DCA or DCA's contractors;
 - To carry out administrative functions, including legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions;

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- To comply with government and Funder reporting obligations;
 - For research, data analysis, and community reporting purposes, including reporting to the GA HMIS Steering Committee to inform policy decisions; and
 - When required by law.
2. DCA (including DCA's contractors), CoC Administrator Agencies, and the GA HMIS Participating Agencies use only lawful and fair means to collect and/or maintain personal information.
 3. By seeking assistance at one of the GA HMIS Participating Agencies and providing personal information, it is assumed that a person consents to the collection of information as described in this notice and that the collected information may be entered into the GA HMIS.
 4. DCA (including DCA's contractors), CoC Administrator Agencies, and the GA HMIS Participating Agencies may also obtain information about those seeking services from:
 - Other individuals who are accompanying the person seeking services, such as a guardian, caretaker, or advocate;
 - Referring organizations and/or service providers (with proper written consent);
 - DCA's contractors and/or GA HMIS Participating Agency users that are providing services.
 5. GA HMIS Participating Agencies are required to post a sign at their intake desks or offices explaining the reasons personal information is requested. GA HMIS Participating Agencies may have additional policies not required by DCA that they must follow, but at a minimum, they must adhere to this Notice. While GA HMIS Participating Agencies are required to adopt their own privacy policies and postings for data collection unrelated to GA HMIS, DCA provides a posting template to GA HMIS Participating Agencies which reads:

Privacy Posting

Georgia Homeless Management Information System

The U.S. Department of Housing and Urban Development (HUD) and other federal and state partners require that each jurisdiction that receives homeless funding have a Homeless Management Information System (HMIS) in place. Therefore, this Agency is required to participate in the GA Homeless Management Information System (GA HMIS), a computerized system that collects and stores basic information about the persons who receive services from this Agency. The goal of the GA HMIS is to assist us in determining your needs and to provide a record for evaluating the services we are providing to you.

We only collect information that is needed to provide you services, or that we consider relevant to helping us understand the scope and dimensions of homelessness in order to design effective service delivery. We do not use or disclose your information without written consent, except when required by our funders or by law, or for specific administrative or research purposes outlined in our privacy policy. By requesting and accepting services from this project, you are giving consent for us to enter your personal information into the GA HMIS.

The collection and use of all personal information is guided by strict standards of confidentiality as outlined in our privacy policy. A copy of our agency's Privacy Policy and a copy of the Georgia HMIS Privacy Policy is available upon request for your review.

Appendix C: GA HMIS Privacy Policy

C. Usage and Disclosure of Personal Information

1. **DCA, CoC Administrator Agencies, and the GA HMIS Participating Agencies** may use or disclose personal information for the following purposes:
 - a) To provide or coordinate services for individuals to help them end their homelessness. GA HMIS may be used to share portions of client records (with written consent) with GA HMIS Participating Agencies that, at a minimum, must adhere to this notice and may have additional privacy policies and that may allow different uses and disclosures of the information;
 - b) For functions related to payment or reimbursement for services;
 - c) To carry out administrative functions, such as legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions;
 - d) When required by law to the extent that use or disclosure complies with and is limited to the requirements of the law.
 - e) To avert a serious threat to health or safety if:
 - It is believed in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
 - The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.
 - f) To report about an individual that DCA, a CoC Administrator Agency, or a GA HMIS Participating Agency reasonably believes to be a victim of abuse, neglect or domestic violence to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence under any of the following circumstances:
 - where the disclosure is required by law and the disclosure complies with and is limited to the requirements of the law;
 - if the individual agrees to the disclosure; or
 - to the extent that the disclosure is expressly authorized by statute or regulation; and
 - DCA, a CoC Administrator Agency, or a GA HMIS Participating Agency believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
 - if the individual is unable to agree because of incapacity, then a law enforcement or other public official authorized to receive the report must represent that the PPI for which disclosure is sought is not intended to be used against the individual, and must represent that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and
 - when DCA, a CoC Administrator Agency, or a GA HMIS Participating Agency makes a permitted disclosure about a victim of abuse, neglect or domestic violence, DCA, the CoC Administrator Agency, or the GA HMIS Participating Agency will promptly inform the individual who is the victim that a disclosure has been or will be made, except if:

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- i. in the exercise of professional judgment DCA, the CoC Administrator Agency, or the GA HMIS Participating Agency believes informing the individual would place the individual at risk of serious harm, or
 - ii. DCA, the CoC Administrator Agency, or the GA HMIS Participating Agency would be informing a personal representative (such as a family member or friend) and reasonably believe the personal representative is responsible for the abuse, neglect or other injury; such that informing the personal representative would not be in the best interests of the individual as DCA determines in the exercise of professional judgment.

- g) To a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under the following circumstances:
 - In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena;
 - If the law enforcement official makes a written request for PPI that:
 - i. is signed by a supervisory official of the law enforcement agency seeking the PPI;
 - ii. states that the information is relevant and material to a legitimate law enforcement investigation;
 - iii. identifies the PPI sought;
 - iv. is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
 - v. states that de-identified information could not be used to accomplish the purpose of the disclosure.

 - If it is believed in good faith that the PPI constitutes evidence of criminal conduct that occurred on the premises of DCA or the premises of a GA HMIS Participating Agency;
 - In response to a written request as described above for the purpose of identifying or locating a suspect, fugitive, material witness or missing person and the PPI disclosed consists only of name, address, date of birth, place of birth, Social Security Number, and distinguishing physical characteristics; or
 - If the official is an authorized federal official seeking PPI for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others); and if the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which it is sought.

- h) To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

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2. **DCA and CoC Administrator Agencies** may use or disclose personal information for activities set forth below and for activities DCA determines to be compatible with such activities. DCA assumes that you consent to the use or disclosure of your personal information for such purposes.
 - a) To carry out maintenance and operation of GA HMIS.
 - b) To create de-identified (anonymous) information that can be used for research and statistical purposes without identifying clients.
 - c) For academic research purposes, release of PPI will be allowed if research is:
 - Conducted by an individual or institution that has or enters into a formal relationship with DCA and/ or with a CoC Administrator Agency, if the research is conducted by either:
 - i. an individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by DCA and/ or the CoC Administrator Agency, (other than the individual conducting the research); or
 - ii. an institution for use in a research project conducted under a written research agreement approved in writing by DCA and/ or the CoC Administrator Agency; and
 - The formal relationship is contained in a written research agreement that must:
 - i. establish rules and limitations for the processing and security of PPI in the course of the research;
 - ii. provide for the return or proper disposal of all PPI at the conclusion of the research;
 - iii. restrict additional use or disclosure of PPI, except where required by law;
 - iv. require that the recipient of data formally agree to comply with all terms and conditions of the agreement;
 - The written research agreement is not a substitute for approval (if appropriate) of a research project by an Institutional Review Board, Privacy Board, or other applicable human subjects protection institution
3. Before DCA, a CoC Administrator Agency, or the GA HMIS Participating Agencies make any use or disclosure of your personal information that is not described herein and above, we will seek your consent.

D. How to Inspect and Correct Personal Information

1. Clients may inspect and have a copy of their PPI that is maintained in GA HMIS, with the exception of case notes. DCA, a CoC Administrator Agency, and/or the GA HMIS Participating Agency, will respond to any such request made by a client within a reasonable time frame, usually 2-3 business days. GA HMIS Participating Agency staff will offer to explain any information in the file. For data that is maintained by DCA as the administrator of GA HMIS but was not entered by the DCA staff, DCA may require that the request for inspection be managed through the GA HMIS Participating Agency that entered the information.
2. DCA, a CoC Administrator Agency, and/or the GA HMIS Participating Agency will consider requests for correction of inaccurate or incomplete personal information from clients. If DCA, a CoC Administrator Agency, and/or the GA HMIS Participating Agency agrees that the information is

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inaccurate or incomplete, the personal information may be deleted or supplemented with additional information.

3. To inspect, get a copy of, or ask for correction of personal information, a client can contact any GA HMIS Participating Agency staff member at the GA HMIS Participating Agency at which he or she received services. The appropriate GA HMIS Participating Agency staff member will be located to assist with the review and/or correction of the file within a reasonable time period, usually 2-3 business days.
4. DCA, a CoC Administrator Agency, and/or a GA HMIS Participating Agency may deny a direct request for inspection or copying of personal information if:
 - the information was compiled in reasonable anticipation of litigation or comparable proceedings;
 - the information is about another individual;
 - the information was obtained under a promise of confidentiality and if the disclosure would reveal the source of the information; or
 - disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.
5. If a request for access or correction is denied, the organization that denies the request (DCA, the CoC Administrator Agency, and/or the GA HMIS Participating Agency) will explain the reason for the denial. DCA, the CoC Administrator Agency, and/or the GA HMIS Participating Agency will also include, as part of the personal information that is maintained, documentation of the request and the reason for the denial.
6. DCA, a CoC Administrator Agency, and/or a GA HMIS Participating Agency may reject repeated or harassing requests for access or correction

E. Data Quality

1. The Collaborative collects only personal information that is relevant to the purposes for which it plans to use it or as required for reporting to our Funders. To the extent necessary for those purposes, The Collaborative seeks to maintain only personal information that is accurate, complete, and timely.
2. DCA may implement a plan to dispose of personal information not in current use seven years after the information was created or last changed. As an alternative to disposal, DCA may choose to remove identifiers from the information so that the data can be maintained for analysis purposes.
3. DCA may keep information for a longer period if it chooses or if it is required to do so by statute, regulation, contract, or other requirement.

Appendix C: GA HMIS Privacy Policy

F. Complaints and Accountability

1. DCA, on behalf of The Collaborative, accepts and considers questions or complaints about GA HMIS' privacy and security policies and practices. To file a complaint or question, a person should do the following:
 - If the complaint is about one of the GA HMIS Participating Agencies using GA HMIS, the client should first follow the questions and/or grievance procedure of that organization. If the grievance cannot be resolved at the GA HMIS Participating Agency level, the question/complaint should be addressed to DCA in writing or in person for resolution. DCA's main office is located at 60 Executive Park South, Atlanta, GA 30329. DCA's phone number for purposes of GA HMIS is (404) 679-4840;
 - If the complaint is received by DCA, in writing or in person, about a GA HMIS Participating Agency or about an internal program, it will be reviewed by the staff responsible for administering GA HMIS first. If the question or complaint cannot be resolved at that level it will be brought to the attention of the GA HMIS Steering Committee and/or DCA's Office of General Counsel, whichever is most appropriate for the particular situation.
2. All members of DCA (including employees, volunteers, affiliates, contractors and associates), CoC Administrator Agencies and GA HMIS Participating Agencies are required to comply with this notice. Each individual with access to GA HMIS must receive and acknowledge receipt of a copy of this notice and pledge to comply with this notice in writing.

G. Privacy Policy Change History

Each copy of this notice will have a history of changes made to the document. This document's change history is as follows:

- Version 1 – 2005 - Initial Policy
- Version 2 – New policy Draft (Insert approval date here and remove drafts below)
 - October 19th, 2015 (Initial revised Draft)
 - December 14th, 2015 (2nd revised Draft)

GA HMIS Policies and Standard Operating Procedures

Appendix D: GA HMIS Client Consent Form

Appendix D: GA HMIS Client Consent Form

Georgia Homeless Management Information System (GA HMIS) Collaborative Client Consent to Share Information

The Georgia Homeless Management Information System (“GA HMIS”) is an online database that is used to collect information (data) about clients accessing housing and homeless services throughout the State of Georgia. Organizations that receive homeless funding from the US Department of Housing and Urban Development (HUD) and other federal and state partners are required to collect and store basic information about the persons who receive their services. This organization participates in the GA HMIS and by requesting and accepting services from them you are providing consent to enter your personal information into the GA HMIS. This information is utilized to determine your needs and provide supportive services to you and your household, and information is shared with other organizations that use this database, based on your signed consent.

What type of information may be shared in the HMIS?

We collect general and Protected Personal Information about you and record it in GA HMIS. Depending on your situation, this may include, but is not limited to:

- Your basic identifying information (including name, Social Security Number, date of birth, gender, race/ ethnicity, marital and family status, household relationships, contact information, veteran status, disability status)
- Your history of homelessness and housing (including your current housing status and where and when you have accessed services)
- Your income information (sources and amounts of household income, employment information, work skills) and other resources, such as non-cash benefits
- Your legal history/information
- Your general, self-reported medical history including any mental health and substance abuse issues (however, detailed medical or treatment information will never be shared), and type of health insurance
- Your service needs and the outcomes of services provided
- Your emergency contact information

How do you benefit from sharing your information?

The information you provide to GA HMIS helps us coordinate the most effective services for you and/or your family. By sharing your information, you may be able to avoid being screened more than once, get faster and more personalized services, and minimize how many times you have to tell your ‘story.’ Collecting this information also gives us a better understanding of homelessness in your local area and the effectiveness of the services provided in your area.

Who can have access to your information?

The GA HMIS participating organizations can have access to your data. These organizations may include homeless service providers, other social services organizations, housing providers, and healthcare providers. System users at participating organizations who have access to your information have signed an agreement to maintain the security and confidentiality of your information.

How is your personal information protected?

Your information in the HMIS is secured by passwords and encrypted transmission technology. In addition, each participating organization and system user must sign an agreement to maintain the security and confidentiality of the information. Your information is protected by the federal HMIS Privacy Standards. In some instances, depending on the services provided by a participating organization, your information may also be protected by additional Federal and/or State regulations, which may require additional written consent prior to any disclosure.

By signing below, you understand that:

- You have the right to receive services even if you do not sign this consent form.
- Signing this consent form does not guarantee you services.
- You have the right to receive a copy of this consent form.
- Your consent allows your record to be updated by any participating organization with which you interact without you being required to sign another consent form.
- This consent is valid for seven (7) years from the date after the Protected Personal Information was created or updated.

Appendix D: GA HMIS Client Consent Form

- You may cancel your consent at any time, but your cancellation must be done either in writing or by completing the Client Revocation of Consent to Share Information form. You further understand that any cancellation of this consent will not retroactively change information that has already been disclosed or actions already taken under your previous authorization.
- The GA HMIS Privacy Policy contains more detailed information about how your information may be used and disclosed.
- Upon your request, we will provide you with:
 - A copy of the Client Revocation of Consent to Release Information;
 - A copy of the GA HMIS Privacy Policy;
 - A copy of your full HMIS records (apart from case notes) within five (5) business days of your request;
 - A current list of participating organizations that have access to your data.
- If you find inaccurate or incomplete Protected Personal Information in your records, you have the right to request a correction.
- Aggregate or statistical data that is released from HMIS will not disclose any of your Protected Personal Information.
- You have the right to file a grievance against any organization you feel has violated your confidentiality.
- If you need to be referred to another agency for services, certain information may need to be forwarded through HMIS to facilitate a referral. If you do not provide consent to share your information, it may negatively affect participating providers from addressing your service needs in a coordinated fashion.
- You are not waiving any rights protected under Federal and/or Georgia law.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form and have received answers to your questions. Please indicate your sharing preference by choosing one of the options below:

- I consent to allow my information, and that of my minor children (if applicable, as listed below), to be shared via the GA HMIS as described in this consent form.
- I consent to allow my information, and that of my minor children (if applicable, as listed below), to be shared via the GA HMIS; however, I wish to limit that sharing as specified in the Client Consent to Share Information – Supplement form.
- I do not consent to allow my information to be shared via the GA HMIS. I understand that this choice may negatively affect the quality of services the GA HMIS participating providers are able to provide.

Client/ Legal Guardian Name (Please print): _____ **DOB:** _____ **Last 4 digits of SS** _____

Signature _____ **Date** _____

Minor Children (if any):

Client Name: _____ **DOB:** _____ **Last 4 digits of SS** _____

Client Name: _____ **DOB:** _____ **Last 4 digits of SS** _____

Client Name: _____ **DOB:** _____ **Last 4 digits of SS** _____

For Agency Personnel Use Only:

Print Name of Organization

Print Name of Organization Staff

Signature of Organization Staff

Date

Attachment

2017 Balance of State Continuum of Care

09. PHA Administrative Plan (Applicable Section(s) Only)

1. Housing Authority of the City of Macon-Bibb
2. Northwest GA Housing Authority
3. Housing Authority of the City of Brunswick
4. Housing Authority of the City of Americus

C. RECEIPT OF APPLICATION FOR ADMISSION and TENANT SELECTION

C.6.0 APPLICATION SELECTION AND ASSIGNMENT PLAN

Admissions Preference Guidelines and Application Ranking

1. APPLICATION RANKING (Rev. 2012)

The MHA at its sole discretion hereby adopts the following admission preference to be effective April 1, 2012. Applications will be filed first by unit size and then by unit type required (regular, elderly, or handicapped).

Applications will be deemed ineligible for a preference if a family does not qualify under the following definitions, and/or any family member is found to owe MHA a debt from a prior tenancy, either in public housing or Section 8 or is on the MHA Barred List.

Within each category of unit size and type, the order of preference to select applications is as follows:

- a. First Preference
 - i. Applicant families whose head or spouse is otherwise eligible, and who qualify as elderly, handicapped or disabled families, as defined in 24 CFR 5.603, and are receiving Social Security or SSI benefits as a result of their inability to work..
- b. Second Preference
 - i. Applicant families whose head or spouse is otherwise eligible, who are employed and have been employed for 120 days or more and are working an average of 15 hours per week as of the date of the application. "Employed" is defined as continuously working for monetary compensation with no break of 30 days or more between jobs. Employment includes Self-Employment outside of the home only.
 - ii. Applicant families otherwise eligible, whose head or spouse is currently receiving retirement benefits or disability payments (other than SS or SSI); e.g., Pension from employment, RR Retirement, Civil Service Pension, VA Benefits, Family Medical Leave (FMLA) payments, Workmen's Compensation, or other such benefits.
- c. Third Preference
 - i. Applicant families whose head or spouse is otherwise eligible, who are currently receiving other types of income; e.g., TANF, Child Support, Alimony, Regular Contributions and Gifts, SSI/SSA for children, working less than 120 days, or other types of income.
- d. Fourth Preference
 - i. All other families.

2. HOMELESS PRIORITY WITHIN EACH PREFERENCE

- a. Applicants, otherwise eligible, who meet the definition of homeless. "Homeless" is defined as any individual or family who:
 - i. Lacks a fixed, regular and adequate nighttime residence, AND
 - ii. Is living in a homeless shelter (or other temporary housing provided by an agency serving the homeless) that is controlled in whole by an agency that has a current Memorandum of Understanding on file with the MHA. An applicant family must also be referred by such agency. Referrals in this regard must be accompanied by an official certification by the referring agency as to the homeless status of the applicant.

C. RECEIPT OF APPLICATION FOR ADMISSION and TENANT SELECTION

- b. This priority cannot be claimed by:
 - i. An individual or family who is residing with relatives
 - ii. An individual or family who has created a homeless situation for the sole purpose of obtaining the priority. Creating a homeless situation includes, but is not limited to: (1) purposely setting fire to existing shelter, (2) being evicted from a rental unit for violation of the lease, or (3) voluntarily moving from an otherwise suitable unit.

Within each preference, applications will be ranked by priority along with the date and time of application as described in Section C.7.0.2 of this policy.

None of the above preferences create a property right, actual or implied, for applicant families. The burden to provide verification for any preference claimed rests solely on the applicant family. Failure to provide verification will result in denial of claimed preference.

If MHA determines that an individual or family does not qualify for a claimed preference, MHA will follow the procedures found in Section C.7.0.5 of this policy, "Grounds for Denial of Preference".

3. DWELLING UNIT OFFERS (Adopted 2003)

Matching the "ranking rentable unit" to the applicant at the top of the waiting list will be accomplished by offering that applicant the rental unit of the appropriate bedroom size that has been vacant the longest. **"Ranking rentable unit" means any vacancy that has been prepared for reoccupancy and for which there is no other applicant commitment or acceptance of any previous MHA offer and which may or may not be in the same neighborhood.** The second-ranked applicant will be offered the rental unit of the appropriate bedroom size that is the next-longest vacancy. Matching other units to other applicants will proceed in this manner.

However, other provisions of this section notwithstanding, homeless applicants within each priority will receive only one offer for the "ranking rentable unit" available at the time their eligibility is determined. If such applicants reject this offer, their priority (based on documented homelessness) will no longer be valid. In these instances such applications will be assigned to the appropriate classification, for continued processing in accordance with this Section.

When the applicant at the top of the waiting list is matched to the specific ranking unit, that dwelling unit becomes "unrentable" until the offer is made and accepted, or rejected. In order to reduce vacancy loss, it is necessary that processing from this point move as quickly as possible. To that end, the following conditions shall apply to dwelling unit offers:

- a. As an application moves near the top of the waiting list, the MHA will contact the applicant to determine continued interest, to update the application for final processing, to alert the applicant that an offer is likely in the near future, and to inform the applicant about the requirements for move-in, such as utility deposits, security deposits, deadlines, etc. For an applicant on a short waiting list, this may be included in the process of taking the complete application.
- b. Upon offer of an apartment, the applicant shall have one business day to accept or reject the apartment. An additional business day may be granted, if necessary, to allow the applicant to inspect the apartment. The applicant's failure to respond within this time period shall be counted as rejection of the offer. The Resident Services Coordinator (RSC) is required to make a reasonable effort to show the vacant apartment to the applicant during this time period.

Macon Georgia PHA HCV Preference Excerpts

From: Chapman, Laurie

Sent: Wednesday, September 20, 2017 10:11 AM

To: Austin, Mike

Subject: RE: Good Morning -- Time sensitive request for GA Balance of State Continuum of Care

2. Does your PHA have a homeless preference for its HCVP units? (yes, no or N/A) _____ (if yes, scan policy and attach to return email)

C. LOCAL PREFERENCES [24 CFR 982.207]

MHA has three local (not to be confused with any Federal definitions) preferences:

1. Homeless Preference
2. Displacement Preference
3. Disabled Preference

D. HOMELESS PREFERENCE

1. For purposes of this policy, a homeless family lacks a fixed, regular and adequate night time residence; AND
2. Has a primary night time residence that is a supervised public or private shelter providing temporary accommodations (including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings.

Memoranda of Understanding:

All individuals or families who claim a homeless preference must present a letter from an agency that has a memorandum of understanding with MHA to certify that the particular individuals or families are homeless with respect to the above definition.

Memoranda of understanding are currently on file with the following agencies:

1. Bibb County Department of Family & Children's Services
2. Macon-Bibb County Economic Opportunity Council, Inc.
3. Macon Rescue Mission, Elderly Division
4. Macon Rescue Mission, Women's Division
5. Macon Outreach

MHA reserves the right to add or remove agencies from this list at any time. MHA retains the sole right to determine whether an applicant meets the criteria for the homeless preference and may consider any other available information in making this determination.

Section X. PREFERENCE SELECTION PROCEDURE

In selecting applicants for dwelling units, NWGHA staff will be guided by the date and time of applications, by site preference, with priority given to the local preference for displaced families.

1. Local preference for applicants who are displaced:
 - A. Homeless
 - 1) Individuals and families who lack a fixed, regular and adequate night-time residence and includes a subset of 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.
 - 3) Unaccompanied youth and families with children and youth who are defined as homeless under other federal statues who do not otherwise qualify as homeless under this definition. "Youth" is defined as less than 25 years of age.
 - 4) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking and other dangerous or life-threatening conditions that relate to violence against the individual or a family member. Third party documentation is required.
 - B. Youth at least 18 years old and not more than 21 years old who left foster care at age 16 or older and who does not have adequate housing will qualify for displaced preference.
 - C. Applicant has been involuntarily displaced and is not living in standard, permanent, or replacement housing.
 - D. Disaster, flood or fire that makes a unit uninhabitable.
 - E. Governmental action in connection with code enforcement or public improvement/development program.
 - F. Housing owner action.
 - 1) Reason for owner's action is beyond applicant's ability to prevent.
2. Working Preference:
 - A. Preference may not discriminate on the basis of age or disability.
 - B. May not give preference based on amount of employment.
 - C. Applicants age 50 or older, or receiving Social Security Disability, Supplemental Security Disability, or any payment based on inability to work, must be given benefit of this preference. Near Elderly Family is defined as a family whose head or spouse is at least 50 years old, but under 62 years of age.
 - 1) If there are elderly families on the waiting list and none of them are interested in moving into the "designated for elderly" developments, NWGHA may admit the near-elderly singles or families.
 - 2) This preference is only applicable when NWGHA has determined that there are not enough eligible elderly applicants to fill all the current and expected vacancies in the designated-for-elderly developments.

The following are examples of types of program funding that may be designated by HUD for families living in a specified unit:

- A family displaced because of demolition or disposition of a public or Indian housing project
- A family residing in a multifamily rental housing project when HUD sells, forecloses or demolishes the project
- For housing covered by the Low Income Housing Preservation and Resident Homeownership Act of 1990
- A family residing in a project covered by a project-based Housing Choice Voucher HAP contract at or near the end of the HAP contract term, and
- A non-purchasing family residing in a HOPE 1 or HOPE 2 project

Applicants, who are admitted under Special Admissions, rather than from the waiting list, are not maintained on separate lists.

D. WAITING LIST PREFERENCES [24 CFR 982.207]

An applicant will not be granted any local preference if any member of the family has been evicted from housing assisted under a 1937 Housing Act program during the past five (5) years because of drug-related criminal activity.

NWGAHA will grant an exception to such a family if the responsible member has successfully completed a rehabilitation program.

If an applicant makes a false statement in order to qualify for a local preference, NWGAHA will deny admission to the program for the family.

E. LOCAL PREFERENCES [24 CFR 982.207]

Individuals who qualify for local preference will be organized based on date and time of receipt of a completed application.

NWGAHA uses the following local preference system:

Working preference. Families with at least one adult who is employed at least twenty (20) hours per week or who are active participants in accredited educational and training programs designed to prepare the individual for the job market and paying more than 30% of adjusted income toward rent and utilities. This preference is automatically extended to elderly families or a family whose head or spouse is receiving income based on their inability to work.

Victims of domestic violence. NWGAHA will offer a local preference to families that have been subjected to or victimized by a member of the family or household within the past year. NWGAHA will require evidence that the family has been displaced as a result of fleeing violence in the home. Families are also eligible for this preference if there is proof that the family is currently living in a situation where they are being subjected to or victimized by violence in the home. The following criteria are used to establish a family's eligibility for this preference:

- Actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who lives in the unit with the family.
- The actual or threatened violence must have occurred within the past ninety (90) days or be of a continuing nature.
- An applicant who lives in a violent neighborhood or is fearful of other violence outside the household is not considered involuntarily displaced.
- To qualify for this preference, the abuser must still reside in the unit from which the victim was displaced. The applicant must certify that the abuser will not reside with the applicant unless NWGHA gives prior written approval.

NWGHA will approve the return of the abuser to the household under the following conditions:

- NWGHA verifies that the abuser has received therapy or counseling that appears to minimize the likelihood of recurrence of violent behavior.
- A counselor, therapist or other appropriate professional recommends in writing that the individual be allowed to reside with the family.
- If the abuser returns to the family without approval of NWGHA, NWGHA will deny or terminate assistance for breach of the certification.

At the family's request, NWGHA will take precautions to ensure that the new location of the family is concealed in cases of domestic abuse.

Target Population Preference People with severe, chronic development disabilities who currently live in institutions or are at serious risk of institutionalization; people with serious, persistent mental illness who reside in state hospitals, are at serious risk of institutionalization, or are chronically homeless due to their disabilities, and persons qualifying for participation in Money Follows the Person program.

Involuntary Displacement. Involuntarily displaced applicants are applicants who have been involuntarily displaced and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six months from the date of verification by NWGHA

Families are considered to be involuntarily displaced if they are required to vacate housing as a result of:

1. A disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable.
2. Federal, state or local government action related to code enforcement, public improvement or development.
3. Action by a housing owner which is beyond an applicant's ability to control, and which occurs despite the applicant's having met all previous conditions of occupancy, and is other than a rent increase.

If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

For purposes of this definitional element, reasons for an applicant having to vacate a housing unit include, but are not limited to:

- Conversion of an applicant's housing unit to non-rental or non-residential use;
 - Closure of an applicant's housing unit for rehabilitation or non-residential use;
 - Notice to an applicant that s/he must vacate a unit because the owner wants the unit for the owner's personal or family use or occupancy;
 - Sale of a housing unit in which an applicant resides under an agreement that the unit must be vacant when possession is transferred; or
 - Any other legally authorized act that results, or will result, in the withdrawal by the owner of the unit or structure from the rental market.
4. To avoid reprisals because the family provided information on criminal activities to a law enforcement agency and, after a threat assessment, the law enforcement agency recommends re-housing the family to avoid or reduce risk of violence against the family.
 5. NWGHA will take precautions to ensure that the new location of the family is concealed in cases of witness protection.
 6. By hate crimes if a member of the family has been the victim of one or more hate crimes, and the applicant has vacated the unit because of the crime or the fear of such a crime has destroyed the applicant's peaceful enjoyment of the unit.
 7. A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his property and is based on the person's race, color, religion, sex, national origin, disability or familial status [including sexual orientation] and occurred within the last ninety (90) days or is of a continuing nature.
 8. Displacement by non-suitability of the unit when a member of the family has a mobility or other impairment that makes the person unable to use critical elements of the unit and the owner is not legally obligated to make changes to the unit.
Critical elements are:
 - Entry and egress of unit and building
 - A sleeping area,
 - A full bathroom,
 - A kitchen if the person with a disability must do his or her own food preparation/other.
 9. Due to HUD disposition of a multifamily project under Section 203 of the Housing and Community Development Amendments of 1978.



Homeless

1. Individuals and families who lack a fixed, regular and adequate night-time residence and includes a subset of 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.
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. "Youth" is defined as less than 25 years of age.

4. Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking and other dangerous or life-threatening conditions that relate to violence against the individual or a family member. Third party documentation is required.

Substandard Housing. Applicants who live in substandard housing are families whose dwelling meets one or more of the following criteria provided that the family did not cause the condition:

- Is dilapidated, as cited by officials of local code enforcement office and does not provide safe, adequate shelter; has one or more critical defects or a combination of defects requiring considerable repair; endangers the health, safety, and well-being of family.
- Does not have operable indoor plumbing.
- Does not have usable flush toilet in the unit for the exclusive use of the family.
- Does not have usable bathtub or shower in unit for exclusive family use.
- Does not have adequate, safe electrical service.
- Does not have an adequate, safe source of heat.
- Should, but does not, have a kitchen. (Single Room Occupancy (SRO) Housing is not substandard solely because it does not contain sanitary and/or food preparation facilities in the unit).
- Has been declared unfit for habitation by a government agency.
- Is overcrowded according to HQS

An applicant who is a "Homeless Family" is considered to be living in substandard housing. "Homeless Families":

- Lack a fixed, regular and adequate nighttime residence; AND
- Have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations (including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings.

Homeless families may maintain their place on the waiting list while completing a transitional housing program.

Families who are residing with friends or relatives on a temporary basis will not be included in the homeless definition.

Rent Burden. For purposes of this preference, "Family Income" is Gross Monthly Income as defined in the regulations.

"Rent" is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis without regard to the amount actually paid, plus the monthly amount of tenant-supplied utilities, which can be either:

- The average monthly payments the family actually made for these utilities in the most recent 12-month period, **OR**

NWGAPH additional homeless preference after July 1st



U.S. Department of Housing and Urban Development
Atlanta Multifamily Hub
Five Points Plaza
40 Marietta St.
Atlanta, Georgia 30303-2806
<http://www.hud.gov/local/atl/index.html>

RECEIVED

AUG 24 2017

August 23, 2017

Ms. Sandra Hudson
Executive Director
Northwest Georgia Housing Authority
P.O. Box 1428
Rome, GA 30162-1428

SUBJECT: Homeless Preference
Contract/FHA No. 061-11230 / REMS: 800236304
Ashland Park Apartments
Rome, GA

Dear Ms. Hudson:

We received your request dated August 16, 2017, regarding approval of the Homeless Preference for the subject property. The preference is approved as submitted.

Please send written notification of the Homeless Preference to applicants on the property's waiting list and a copy of the notification letter to the Account Executive indicating that the Homeless Preference has been implemented.

If there are any questions concerning this matter, please contact Valerie Jackson, Account Executive, Branch Team 1, at (678) 732-2061.

Sincerely,

A handwritten signature in blue ink that reads "Yolanda Perez".

Yolanda Perez
Branch Chief
Account Executive Team 1

NWGAPH additional homeless preference after July 1st



NORTHWEST GEORGIA HOUSING AUTHORITY
MANAGEMENT AGENCY FOR ASHLAND PARK
326 WEST 9TH STREET
POST OFFICE BOX 1428
ROME, GEORGIA 30162-1428



Tel (706) 290-1040
Fax (706) 290-0078

August 16, 2017


Valerie Jackson
HUD Multifamily-Asset Management
40 Marietta Street, 13th Floor
Atlanta, GA 30303

Dear Ms. Jackson:

In accordance with H-2013-21, we are requesting HUD approval of a Homeless Preference for "Project No. 061-11230 – Ashland Park Apartments" as outlined in each TSP. Please note that the Homeless Preference does not result in discrimination, violate civil rights or equal opportunity requirements, or conflict with statutory, regulatory, or program requirements.

If you have any questions, please advise.

Sincerely,


Sandra D. Hudson
Executive Director

ADMINISTRATIVE PLAN
FOR THE
HOUSING CHOICE VOUCHER PROGRAM

Product # 301-002

January 1, 2005

Revision Date	Revision Date
September 1, 2005	August 1, 2010
May 1, 2006	May 1, 2011
December 1, 2006	April 1, 2012
July 1, 2007	August 14, 2013
August 1, 2008	March 3, 2015
November 1, 2008	October 21, 2015
October 1, 2009	January 13, 2016

Approved by the HA Board of Commissioners: March 11, 2015

Submitted to HUD:

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

PHA Policy

The PHA administers the following types of targeted funding:

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

Victims of Domestic Violence

Victims of domestic violence as defined by HUD VAWA notice.

Involuntary Displacement

Involuntarily Displaced applicants are applicants who have been involuntarily displaced and are not living in standard, permanent replacement housing, or will be involuntarily displaced within no more than six months from the date of verification by the PHA.

Families are considered to be involuntarily displaced if they are required to vacate housing as a result of:

1. A disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable.
2. Federal, state or local government action related to code enforcement, public improvement or development.
3. Action by a housing owner which is beyond an applicant's ability to control, and which occurs despite the applicant's having met all previous conditions of occupancy, and is other than a rent increase.

If the owner is an immediate family relative and there has been no previous rental agreement and the applicant has been part of the owner's family immediately prior to application, the applicant will not be considered involuntarily displaced.

For purposes of this definitional element, reasons for an applicant's having to vacate a housing unit include, but are not limited to:

Conversion of an applicant's housing unit to non-rental or non-residential use;

Brunswick GA Housing Authority HCV Preference Documentation

Closure of an applicant's housing unit for rehabilitation or non-residential use;

Notice to an applicant that s/he must vacate a unit because the owner wants the unit for the owner's personal or family use or occupancy;

Sale of a housing unit in which an applicant resides under an agreement that the unit must be vacant when possession is transferred; or

Any other legally authorized act that results, or will result, in the withdrawal by the owner of the unit or structure from the rental market.

4. To avoid reprisals because the family provided information on criminal activities to a law enforcement agency and, after a threat assessment, the law enforcement agency recommends rehousing the family to avoid or reduce risk of violence against the family.

The family must be part of a Witness Protection Program, or the HUD Office or law enforcement agency must have informed the PHA that the family is part of a similar program.

The PHA will take precautions to ensure that the new location of the family is concealed in cases of witness protection.

5. By hate crimes if a member of the family has been the victim of one or more hate crimes, and the applicant has vacated the unit because of the crime or the fear of such a crime has destroyed the applicant's peaceful enjoyment of the unit.

A hate crime is actual or threatened physical violence or intimidation that is directed against a person or his property and is based on the person's race, color, religion, sex, national origin, disability or familial status including sexual orientation and occurred within the last 30 days or is of a continuing nature.

6. Displacement by non-suitability of the unit when a member of the family has a mobility or other impairment that makes the person unable to use critical elements of the unit and the owner is not legally obligated to make changes to the unit.

Critical elements are:

entry and egress of unit and building

a sleeping area,

a full bathroom,

a kitchen if the person with a disability must do their own food preparation/other.

7. Due to HUD disposition of a multifamily project under Section 203 of the Housing and Community Development Amendments of 1978.

Standard Replacement Housing

Brunswick GA Housing Authority HCV Preference Documentation

In order to receive the displacement preference, applicants who have been displaced must not be living in "standard, permanent replacement housing."

Standard replacement housing is defined as housing that is decent, safe and sanitary according to local housing code, that is adequate for the family size according to local code, and that the family is occupying pursuant to a written or oral lease or occupancy agreement.

Standard replacement housing does not include transient facilities, hotels, motels, temporary shelters, and (in the case of Victims of Domestic Violence) housing occupied by the individual who engages in such violence.

It does not include any individual imprisoned or detained pursuant to State Law or an Act of Congress. Shared housing with family or friends is considered temporary and is not considered standard replacement housing.

Substandard Housing

Applicants who live in substandard housing are families whose dwelling meets one or more of the following criteria provided that the family did not cause the condition:

Is dilapidated, and does not provide safe, adequate shelter; has one or more critical defects or a combination of defects requiring considerable repair; endangers the health, safety, and well-being of family.

Does not have operable indoor plumbing.

Does not have usable flush toilet in the unit for the exclusive use of the family.

Does not have usable bathtub or shower in unit for exclusive family use.

Does not have adequate, safe electrical service.

Does not have an adequate, safe source of heat.

Should, but does not, have a kitchen. (Single Room Occupancy (SRO) Housing is not substandard solely because it does not contain sanitary and/or food preparation facilities in the unit).

Has been declared unfit for habitation by a government agency.

Persons who reside as part of a family unit shall not be considered a separate family unit for substandard housing definition preference purposes.

Is residing in temporary housing that is not adequate for the family size and does not offer separate sleeping areas for adults and children.

Applicants living in Public Housing or publicly assisted housing shall not be denied this preference if unit meets the criteria for the substandard preference.

Brunswick GA Housing Authority HCV Preference Documentation

An applicant who is a "Homeless Family" is considered to be living in substandard housing. "Homeless Families":

Lack a fixed, regular and adequate nighttime residence; AND/OR

Have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations (including welfare hotels, congregate shelters transitional housing), or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings.

Rent Burden

This preference applies to families paying more than 50% of their income for rent and utilities for at least 90 days prior to submitting an application.

For purposes of this preference, "Family Income" is Gross Monthly Income as defined in the regulations.

"Rent" is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis without regard to the amount actually paid, plus the monthly amount of tenant-supplied utilities which can be either:

The PHA's reasonable estimate of the cost of such utilities, using the Section 8 Utility Allowance Schedule; or

The average monthly payments the family actually made for these utilities in the most recent 12-month period, or if information is not obtainable for the entire period, the average of at least the past 3 months.

An applicant family may choose which method to use to calculate utilities expense. Any amounts paid to or on behalf of a family under any energy assistance program must be subtracted from the total rent burden if included in family income. The applicant must show that they actually paid the utility bills.

To qualify for the Rent Burden preference, the applicant must pay rent directly to the landlord or agent.

Members of a cooperative are "renters" for the purposes of qualifying for the preference. In this case, "rent" would mean the charges under the occupancy agreement.

Homelessness

The PHA considers the family homeless if:

1. Lacks a fixed, regular and adequate nighttime residence and/or
2. Has a primary nighttime residence that is:
 - a. Supervised publically or privately operated shelter designed to provide temporary living accommodations

- b. Institution that provided a temporary residence for individuals intended to be institutionalized, or
 - c. Public or private place not designed for ordinary usage as a regular sleeping accommodation for human beings and/or
3. Residency has not been established at a nighttime residence or domicile.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

PHA Policy

The PHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

PHA Policy

The PHA will use the following local preferences:

In order to bring higher income families into public housing, the PHA will establish a preference for “working” families, where the head, spouse, cohead, or sole member is employed at least 20 hours per week. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference [24 CFR 960.206(b)(2)].

In order to assist families that have been involuntarily displaced, the PHA will establish a preference for families that have been involuntarily displaced by a disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable or by Federal, state, or local government action related to code enforcement, public improvement or development. This preference will only be provided if the displaced family is not living in standard, permanent replacement housing. This preference will be provided to families that will be involuntarily displaced due to governmental action within no more than six months from the date of verification by the PHA. Standard replacement housing is defined as housing that is decent, safe and sanitary according to Housing Quality Standards (HQS), that is adequate for the family size according to HQS, and that the family is occupying pursuant to a written or oral lease or occupancy agreement. It does not include transient facilities, hotels, motels, temporary shelters, or any individual imprisoned or detained pursuant to State Law or an Act of Congress. Shared housing with family or friends is not considered temporary and is not considered standard replacement housing.

* In order to help homeless individuals and families, the PHA will establish a preference for homeless individuals or families. Homeless means individuals who lack a fixed, regular, and adequate nighttime residence; and (i) includes those who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; (iii) who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar

settings. In order to qualify for this preference an individual or family must be (1) staying in a shelter, abiding by the MOU with the shelter, and be referred to the Housing Authority by the shelter, or (2) determined by the local school system that the family meets their requirements as homeless and have referred the family to the Housing Authority for assistance. **(This preference shall become effective 7/1/2017 after submission of the PHA annual and 5 year plan revisions.)**

Income Targeting Requirement [24 CFR 960.202(b)]

HUD requires that extremely low-income (ELI) families make up at least 40 percent of the families admitted to public housing during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher [*Federal Register* notice 6/25/14]. To ensure this requirement is met, the PHA may skip non-ELI families on the waiting list in order to select an ELI family.

If a PHA also operates a housing choice voucher (HCV) program, admissions of extremely low-income families to the PHA's HCV program during a PHA fiscal year that exceed the 75 percent minimum target requirement for the voucher program, shall be credited against the PHA's basic targeting requirement in the public housing program for the same fiscal year. However, under these circumstances the fiscal year credit to the public housing program must not exceed the lower of: (1) ten percent of public housing waiting list admissions during the PHA fiscal year; (2) ten percent of waiting list admissions to the PHA's housing choice voucher program during the PHA fiscal year; or (3) the number of qualifying low-income families who commence occupancy during the fiscal year of PHA public housing units located in census tracts with a poverty rate of 30 percent or more. For this purpose, qualifying low-income family means a low-income family other than an extremely low-income family.

PHA Policy

The PHA will monitor progress in meeting the ELI requirement throughout the fiscal year. ELI families will be selected ahead of other eligible families on an as-needed basis to ensure that the income targeting requirement is met.

Mixed Population Developments [24 CFR 960.407]

A mixed population development is a public housing development or portion of a development that was reserved for elderly families and disabled families at its inception (and has retained that character) or the PHA at some point after its inception obtained HUD approval to give preference in tenant selection for all units in the development (or portion of a development) to elderly and disabled families [24 CFR 960.102]. Elderly family means a family whose head, spouse, cohead, or sole member is a person who is at least 62 years of age. Disabled family means a family whose head, spouse, cohead, or sole member is a person with disabilities [24 CFR 5.403]. The PHA must give elderly and disabled families equal preference in selecting these families for admission to mixed population developments. The PHA may not establish a limit on the number of elderly or disabled families that may occupy a mixed population development. In selecting elderly and disabled families to fill these units, the PHA must first offer the units that have accessibility features for families that include a person with a disability and require the accessibility features of such units. The PHA may not discriminate against elderly or disabled families that include children (Fair Housing Amendments Act of 1988).

2A-1. GA-501 Balance of State CoC HMIS Roles and Responsibilities of the CoC and HMIS Lead Documentation

Attachment: Governance Charter (page 14), By-laws, and Georgia HMIS MOA

- CoC Governance Charter, page 14 references Bylaws;
- ByLaws page 3 CoC roles and responsibilities and pages 4-6 HMIS Lead roles and responsibilities; and
- Georgia HMIS MOA, pages 2-4 CoC roles and responsibilities and pages 4-5 HMIS Lead roles and responsibilities

Georgia Balance of State Continuum of Care Governance Charter

I. Overview

The Georgia Balance of State Continuum of Care (generally referenced in this document as “BoS CoC” or “Continuum”) is the group composed of representatives of relevant organizations that are organized to plan for and provide, as necessary, a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless or at risk of homelessness persons for a specific geographic area (named next paragraph). This group serves as the U.S. Department of Housing and Urban Development’s (HUD) recognized decision making body for the Continuum rule at 24 CFR 578, Subpart B, entitled “Establishing and Operating a Continuum of Care.”

The geographical area currently covered by the BoS CoC includes the 152 counties not covered by eight local Continuum plans. Local Continuum plans exist for the City of Atlanta, Fulton County, DeKalb County, Cobb County, Athens-Clarke County, Augusta-Richmond County, Savannah-Chatham County, and Columbus-Muscogee County. Contact information for each of the local Continuum can be found at: <https://www.hudexchange.info/grantees/?programid=3&searchText=&stateId>.

This Charter outlines the broad organizational structure and general work of the BoS CoC and is organized as follows:

- Mission and Goals
- Membership and Membership Responsibilities
- Board Selection, Structure and Governance
- Committee Responsibilities - General
- Standards, Rating and Project Selection Committee
- Homeless Management Information System (HMIS) Committee
- Membership and Rules Committee
- Assessment, Placement and Services Committee
- Collaborative Applicant Responsibilities
- HMIS Lead Responsibilities
- Procedures

jurisdictions (the cities of Albany, Brunswick, Dalton, Gainesville, Hinesville, Macon, Rome, Valdosta, Warner Robins, the counties of Cherokee, Gwinnett, Clayton and Henry, and the State) within the Continuum [578.7(c)(4)].

DCA will collect and combine all required application information from projects within the Continuum, prepare, and submit the annual Continuum application to the Board for approval and then to HUD.

E. Homeless Management Information Systems (HMIS) Lead

The Georgia Housing and Finance Authority (GHFA), a state authority attached to the Georgia Department of Community Affairs (DCA), is designated by the Georgia Balance of State Continuum of Care as the HMIS Lead for the Continuum.

The roles and responsibilities of the HMIS Lead, as well as the roles and responsibilities of the CoC, as they relate to HMIS matters, are outlined in the “Georgia HMIS Bylaws,” which were approved by the CoC HMIS Committee and the CoC Board.

GHFA shall attend all HMIS Committee meetings and coordinate closely with this Committee in all of its work.

GHFA shall have the authority to apply for and administer Continuum funds for HMIS in accordance with all HUD requirements. GHFA, in working with the Continuum’s HMIS Committee, shall review, revise and approve a privacy, security and data quality plan (or plans) for the Continuum’s HMIS.

GHFA shall exercise required due diligence in order to assure that the Continuum’s HMIS is administered in compliance with all present and future HUD requirements, and it shall ensure consistent participation by all HUD McKinney-funded recipients and subrecipients in the Continuum. For non-HUD funded Continuum agencies, GHFA shall work with those agencies as well as their funders to maximize HMIS participation.

Lastly, GHFA will work to maximize the use of HMIS data in order to meet the Continuum’s obligations through the HUD rule to coordinate with ESG Entitlements (Clayton, Gwinnett, Macon-Bibb and State) and HUD Consolidated Planning jurisdictions (the cities of Albany, Brunswick, Dalton, Gainesville, Hinesville, Macon, Rome, Valdosta, Warner Robins, and the counties of Cherokee, Gwinnett, Clayton and Henry) within the Continuum.

F. Procedural Processes

By numerical order the work of the Balance of State Continuum of Care governance became operational as follows:



GA HMIS
INTERIM BY-LAWS

Georgia HMIS Steering Committee

By-Laws

Section I: Name

The name of the organization shall be Georgia Homeless Management Information System (GA HMIS) Steering Committee. This committee serves the following Continua of Care (CoC), known collectively as the “GA HMIS Collaborative”:

GA-500	Atlanta
GA-501	Georgia Balance of State
GA-502	Fulton County
GA-503	Athens-Clarke County
GA-504	Augusta-Richmond County
GA-506	Marietta-Cobb County
GA-507	Savannah-Chatham County
GA-508	DeKalb County

Section II: Purpose

The GA HMIS Collaborative operates a Homeless Management Information System (HMIS) to record and store client -level information about the numbers, characteristics, and needs of persons who use homeless housing and supportive services and for persons who receive assistance for persons at risk of homelessness.

The Governance Structure and Authorities for the CoC’s HMIS are prescribed by federal statutes and HUD regulations that can be accessed at <https://www.onecpd.info/hmis/hmis-regulations-and-notices/>. The HMIS is used to aggregate data about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; and measure the effectiveness of homeless assistance projects and programs. Data produced is used for planning and education.

Because the CoCs listed in Section I share a single Homeless Management Information System (HMIS), it is crucial for the HMIS to be managed collaboratively and transparently, and for uniform priorities and standards to be established across the whole HMIS implementation, for the good of all participating CoCs. These By-laws outline the authority of the GA HMIS Steering Committee, the governance roles, responsibilities, a n d relationship of Georgia’s aforementioned participating CoCs and the HMIS Lead Agency. The Georgia Housing and Finance Authority (Authority), the grantee has designated the Georgia Department of Community Affairs (DCA) to serve as the HMIS Lead for the Georgia HMIS Collaborative.

The purpose of the GA HMIS Steering Committee (Committee) is to collaboratively manage the implementation and administration of the shared HMIS in accordance with the requirements established by the U.S. Department of Housing and Urban Development (HUD), its Federal partners, and the shared priorities of the GA HMIS Collaborative. Additionally, the Steering Committee strives to identify ways to help provider agencies record, report, and improve their services through the shared HMIS by serving as a conduit between CoCs and the HMIS Lead.

The benefits derived from utilizing the HMIS system include: Understanding the extent and scope of homelessness, producing an unduplicated count, identifying service gaps, informing program design and policy decisions, and development of a forum for addressing community-wide issues.

Section III: Responsibilities

Responsibilities of the Continua of Care

Each CoC listed in Section I has agreed to participate in the statewide HMIS implementation through Memoranda of Agreement (MOA) with DCA on behalf of the GHFA, and has agreed to collaboratively govern HMIS through these by-laws. The responsibilities listed below will be carried out in accordance with each CoC's governing processes. At a minimum, each CoC agrees to carry out the following responsibilities:

- Adopt and/or re-affirm adoption of these by-laws and participate in an annual review and request updates to these by-laws;
- Appoint two voting members, in writing, as specified in Section IV, to serve on the GA HMIS Steering Committee to provide oversight of the implementation and represent the Continuum in GA HMIS decision-making;
- Accept the HMIS software chosen by the GA HMIS Collaborative as the designated software for its Continuum;
- Designate the HMIS Lead chosen by the GA HMIS Collaborative to manage the Continuum's HMIS and apply for/receive HUD HMIS funding on behalf of their CoC;
- Require that all agencies and users in their respective CoC jurisdiction comply with the GA HMIS policies and procedures of the GA HMIS Collaborative;
- Ensure that service providers in their respective CoC jurisdiction adequately meet the minimum HMIS participation requirements as established by the GA HMIS Steering Committee;
- Designate at least one user in the CoC to be a CoC HMIS Administrator, who would be authorized to have administrative-level access to the data for the specific CoC for purposes of providing oversight and user support, as well as to monitor agency compliance with Federal Data Standards;
- Direct all requests and concerns to the HMIS Lead, including, but not limited to, software vendor management, HMIS enhancements, system errors, and project status to allow the HMIS Lead to more efficiently manage communications and centralize feedback and input across all participating CoCs;
- Require that participating agency users meet the minimum training requirements established by the GA HMIS Steering Committee;
- Participate in the commitment of funding the implementation of the GA HMIS project;
- Ensure HMIS privacy and security protocols are integrated into agency policies and practices;
- Conduct ongoing data analysis and evaluation to help drive planning and funding decisions; and
- Prepare, review, and submit all HUD required Continuum-level reports (i.e., Housing Inventory Chart, Point in Time Count, Annual Homeless Assessment Report, and System Performance Measures) with support from the HMIS Lead.

CoCs may individually identify additional priorities, policies, procedures, and requirements for their respective CoC, so long as no conflict is created with the priorities, policies, procedures, and requirements created by the GA HMIS Steering Committee under authority of these by-laws, and provided they assume the burden of enforcing any additional requirements.

Responsibilities of the HMIS Lead

The HMIS Lead agrees, at a minimum, to carry out the following responsibilities to the best of its ability:

Project Management

- Oversee the day-to-day operations and management of the GA HMIS;
- Enter into an Memorandum of Agreement with each CoC for the provision of HMIS services;
- Obtain and maintain GA HMIS Participation Agreements with all participating agencies and users;
- Administer HUD HMIS awards for all Continua participating in the GA HMIS Collaborative, in accordance with the MOAs between GHFA and these jurisdictions and in concert with these by-laws;
- Provide staff support for GA HMIS Steering Committee meetings;
- Develop and maintain a process for the Committee to submit, track, review, and approve requests for system enhancements and development projects; and
- Develop and maintain a tracking and communication process that will allow the Committee to stay informed about vendor activities related to compliance, enhancements, bug fixes, and new development projects.
- Develop a process for software development request.

System Functionality

- Enter into a formal contractual relationship with the GA HMIS vendor that outlines the requirements and responsibilities of the vendor, including those required by HUD and its Federal partners through its data and technical standards, rules, notices, etc.;
- Monitor the vendor's software system for compliance with all current data and technical standards, statute, regulation, and notices;
- Monitor the vendor's software system for compliance with any other required standards set by other federal partner and state programs that require HMIS use;
- Provide assistance to the GA HMIS Collaborative that the GA HMIS Steering Committee deems necessary to ensure that the comparable database used statewide by Victim Service Providers meets the minimum standards set forth by HMIS regulations and notices;
- Monitor that the software vendor provides reasonable development timeframes, provides CoCs with the ability to produce all HUD required reports, including related reports needed to assess data quality, timeliness, and completeness; and,
- Provide CoC Administrators, the CoC-identified user who is authorized to have administrative-level access to the data in a specific CoC for purposes of providing oversight and user support with tools necessary to monitor agency compliance with Federal Data Standards, including reports and access to raw agency data; and

Policies and Procedures

- Develop and maintain GA HMIS Policies and Procedures in accordance with HUD requirements and notices and CoC needs for approval by the GA HMIS Steering Committee;
- Develop and maintain a privacy plan, security plan, and data quality plan for the HMIS in accordance with HUD requirements for approval by the GA HMIS Steering Committee;
- As specified by MOA with each CoC, assist CoCs in monitoring participating agency compliance with security, privacy, and confidentiality policies; and
- Develop minimum general participation and timeliness standards for agencies for approval by the GA HMIS Steering Committee.

Training and Technical Assistance

- Develop minimum training requirements for participating agency users for approval by the GA HMIS Steering Committee;
- Ensure required basic training is available to participating agency staff and accessible on a regular basis;
- Identify and provide additional training that may be needed to ensure good data quality for HUD and the federal partners;
- Ensure technical assistance and help desk support is available and accessible to participating agencies on a regular basis; and
- Ensure CoCs have access to reports, technical assistance, and training required to develop a data quality improvement plan when necessary.

Responsibilities of the GA HMIS Steering Committee

Except where stated otherwise in these by-laws, the GA HMIS Steering Committee has authority on all matters regarding HMIS and is responsible for providing oversight of the HMIS implementation, and for providing counsel, guidance, and assistance to the staff members, governing bodies, and contributing providers within each of the eight (8) participating CoCs. The Steering Committee agrees, at a minimum, to carry out the following responsibilities to the best of its ability:

- Participate in decision making and approve system-wide priorities, policies, protocols, procedures, and other requirements needed to implement the GA HMIS, including but not limited to Standard Operating Procedures, privacy policies, security policies, data quality standards, timeliness standards, and provide input and direction to the HMIS Lead;
- Collaborate on goals and objectives that support shared HMIS activities;
- Disseminate information to the respective CoCs about GA HMIS, the Steering Committee, and HMIS Lead activities, policies, procedures, and training;
- Provide counsel, guidance, and assistance to HMIS staff within their respective CoC;
- Identify, develop, and implement strategies for improving HMIS coverage and data quality throughout the geographic region of the participating Georgia CoCs;
- Provide support to individual CoCs in their efforts to identify and eliminate potential barriers to the use and improvement of the GA HMIS;

- Confirm that the comparable database used statewide by Victim Service Providers meets the minimum standards set forth by HMIS regulations and notices;
- Monitor for the collaborative availability of funding for the implementation of the GA HMIS project.

Section IV: Membership and Officers

Committee Composition

The GA HMIS Steering Committee is a partnership of representatives from each of the participating Continua of Care listed in Section I, and the HMIS Lead, and contains one class of member. Each member shall have equal voting rights except as may be provided elsewhere in these by-laws. The Committee is composed of the following:

1. Two representatives from each Continuum of Care (one from the Collaborative Applicant, and one with a solid technical understanding of HMIS, such as an HMIS power user). Each CoC shall designate their two representatives by whatever means established within that CoC and provide those names to the HMIS Committee Chairs in writing within the timeframes stated elsewhere in these by-laws.
2. One representative from the HMIS Lead Agency, appointed by the chief official of the HMIS Lead.

Appendix A lists the appointments by each CoC and by the HMIS Lead. Necessary changes to Appendix A do not constitute a change to these by-laws and do not require Committee approval.

Terms of Office

Each Steering Committee member shall serve with no term limit. Each CoC can change their appointees at any time to ensure their membership is reflective of the CoC needs as stated in the section below.

Appointment of Committee Members

Each CoC and the HMIS Lead is responsible for the appointment of a designee to the HMIS Steering Committee Chairs in writing.

Unanticipated vacancies will be filled as outlined in Section IX.

Officers

The GA HMIS Steering Committee shall have two co-chairs, one elected chair and one chair being filled by the HMIS Lead. Any member of the GA HMIS Steering Committee is eligible to serve as a chair. The elected chair position shall be filled by a simple majority vote. The newly elected chair shall assume office at the close of that meeting and shall serve a term of one year. Elected chairs may only serve a maximum of two full terms consecutively. If an officer is elected due to a need to fill a vacancy, that officer will serve for the remainder of the vacating officer's term. This partial term will not count toward the consecutive term limitation. The current designated HMIS Lead shall fill the non-elected co-chair position without any term limitations until such time that a new HMIS Lead is designated by the GA HMIS collaborative.

The elected chairperson's duties will be to:

1. Serve as primary point of contact for the Steering Committee;
2. Co-facilitate and preside over GA HMIS Steering Committee meetings with the HMIS Lead;
3. Facilitate the development of meeting agendas with the HMIS Lead; and
4. Encourage communication and participation of all Steering Committee members.
5. Monitor effectiveness of the HMIS Lead.

The HMIS Lead's duties as a co-chair will be to:

1. Record and distribute meeting minutes;
2. Co-facilitate and preside over GA HMIS Steering Committee meetings with the elected chairperson;
3. Maintain the committee and subcommittee appointment lists;
4. Co-develop and disseminate the meeting agendas; and
5. Distribute meeting notices

The Chairpersons shall be ex-officio members of all committees created by this Steering Committee.

Section V: Subcommittees

Any member of the HMIS Steering Committee is eligible to serve on any subcommittees and are approved by a simple majority vote of the GA HMIS Steering Committee Members.

Standing Committees

Governance and Policy Subcommittee

The Governance and Policy Subcommittee is responsible for keeping these by-laws and any related appendices up to date. In addition, it will assist the HMIS Lead in policy and procedures development and maintenance by providing feedback during initial drafts. At a minimum, this means conducting an annual review of the by-laws, appendices, and all related policies and procedures and recommending changes to the Steering Committee for approval.

The Governance and Policy Subcommittee is also responsible for working with the HMIS Lead and other relevant organizations to develop and approve a template for MOAs for approval by the respective CoCs. The purpose of this is to ensure that each CoC has the same minimum requirements in their MOA and that CoCs do not add requirements that conflict with the goals of the GA HMIS Collaborative as a whole.

Ad hoc subcommittees

The GA HMIS Steering Committee may create ad hoc subcommittees as it deems necessary to carry out the work of the Georgia HMIS Implementation. Ad hoc committee participation is not restricted to GA HMIS Steering Committee members and may include any individual from the at-large GA HMIS collaborative. However, at a minimum, each ad hoc committee must have a chair, and that chair must be an existing GA HMIS Steering Committee member. If non-GA HMIS Steering Committee members will be included in an ad hoc subcommittee, the GA HMIS Steering Committee will develop a process for nominating a slate of candidates from all Participating CoCs and a process for approving subcommittee members. The creation of any ad hoc meetings will be documented in the minutes of the meeting in which the subcommittee was created.

Section VI: Meetings and Attendance

General Meetings

At a minimum, the GA HMIS Steering Committee will conduct six meetings per year, with increased frequency when needed. A minimum of two weeks advance notice of meeting dates, times, and locations will be provided to all GA HMIS Steering Committee members, as well as posted on the [GA HMIS Steering Committee Meetings](#) website. The meetings for the following calendar year will be scheduled during the last meeting of each calendar year so that members may plan accordingly.

Any action required or permitted to be taken by the GA HMIS Steering Committee may be taken without a meeting, if all members of the Steering Committee unanimously consent to taking action without a meeting. If consent is not collected at a meeting (i.e. consent is collected through electronic means instead), written consents must be filed with the minutes of the proceedings of the Steering Committee. Action by written consent has the same force and effect as the in-person vote of the Steering Committee members. Written consent includes electronic written communication such as email.

Members must maintain adequate participation to ensure continuity in the process. Remote access to the meetings will be provided as needed, and remote participation will serve as attendance. "Adequate participation" is defined as either a) a minimum member attendance of 4 meetings per year, if only six meetings are held, or b) if more than six meetings are held in a particular year, a minimum of 75% of the meetings held.

Should a member experience a last -minute issue that prevents attendance, the member shall notify the Co-Chairs via telephone or email.

Section VII: Voting

Each individual Steering Committee member shall have one vote. Committee actions shall require a majority vote from a quorum of the Steering Committee. A quorum shall be defined as a simple majority of the Committee members, subject to the provision that at least one member from each of the Continua be present. With the exception of vacancies due to lack of

appointment (as addressed in Section IV), if both appointees for a particular CoC are absent, a Quorum is defined as the presence of two-thirds of the remaining members. Voting by simple majority will prevail except as may be provided elsewhere in these by-laws. The HMIS Lead shall retain the right to settle any matters not met with a consensus of a simple majority (i.e. 8-8 or 16-16 split in voting on an issue, HMIS Lead would hold the tie-breaker).

Electronic Voting

Electronic voting is allowed, if vote responses represent a quorum.

Proxy Voting

At times, situations (such as geographic constraints) may occur that make it difficult or impossible for a Steering Committee member to vote at some meetings. Therefore, a Committee member may decide to grant a proxy to a third party in order to ensure that his or her vote is cast.

The Committee member who wishes a third party to vote for him or her will issue the third party a written proxy statement. A copy of the written proxy statement shall be forwarded to the one of the co-chairs at least 24 hours in advance of the meeting date on which the proxy shall be placed in effect.

The proxy statement will provide the following information:

1. The name of the Committee member issuing the proxy;
2. The party who will vote (this must be another Committee member, unless both are missing, in which case a non-committee member can be designated); and
3. Whether the proxy is limited to the vote on a particular question or if the proxy is valid for all votes at a specific meeting.

A proxy statement shall only be valid for a specific meeting and the proxy statement will expire upon adjournment of that meeting. While a proxy allows a vote to be cast in a member's absence, from an attendance perspective, the member is considered absent when a proxy is used.

Section VIII: Resignation, Replacement, and Removal of members and officers

A Committee member or Chairperson may resign from the Steering Committee by:

1. Submitting a written notice to the Chairperson, or
2. A CoC may choose to replace their respective Steering Committee members at any time by submitting a written notice to the Chairperson.

A Committee member or officer may only be removed if a meeting is called specifically for this reason and only if the member:

1. Is in violation of the attendance policy as outlined in Section VI;
2. Commits a violation of the Conflict of Interest Code as outlined in Section X;
3. Commits a violation of the Code of Conduct as outlined in Section XI; or

4. For just cause, as defined below.

If a member wishes to call a meeting for the purpose of removal of another member, they must first notify the Chairpersons, at which point, notice must be sent by one of the Chairpersons to both the Collaborative Applicant and Board of the potentially affected CoC, and all GA HMIS Steering Committee members, stating that the proposed removal is the purpose of the meeting and include the reasons for the proposed removal. The person recommended for removal and any additional representation desired by the affected CoC shall have the opportunity to speak on his or her behalf prior to a vote of the Steering Committee. The Steering Committee may deliberate without the person recommended for removal present, prior to a vote. A member or officer may only be removed from the Steering Committee by a 2/3 majority vote of the remaining Steering Committee members.

Just cause is defined as (but is not limited to):

1. Charged with a crime that would subject the member to debarment, suspension, disqualification or other exclusion from participating in a federally funded transaction pursuant to federal law.
2. Unprofessional behavior or acts of moral turpitude.
3. As defined by a 2/3 majority of the Steering Committee.

Section IX: Unanticipated Vacancies

Aside from vacancies due to lack of appointment, as described in Section IV of this document, unanticipated vacancies in a CoC position on the Steering Committee shall be filled, in writing, by the respective CoC. During this allotted time frame, the remaining appointee for that CoC will have two votes.

Should a CoC fail to fill a vacant position within the required period, then the vacancy shall remain open until action by the CoC, which will cause the CoC to lose the vote of the vacant position until such time that the position is filled.

Steering Committee members who are appointed due to an unanticipated vacancy will complete the remaining term of the committee member he or she was replacing.

Aside from a vacancy due to lack of appointment, as described in Section IV of this document, an unanticipated vacancy of the HMIS Lead representative shall be filled within thirty (30) days through appointment, in writing, by the chief official of the HMIS Lead. During this allotted time frame, the HMIS Lead forfeits its single vote.

Section X: Conflict of Interest

A Conflict of Interest Code shall govern the performance, behavior, and actions of the GA HMIS Steering Committee and its members.

1. No Committee Member shall participate in the selection, award, or administration of a bid or contract supported by Federal funds if a conflict of interest is real or apparent to the reasonable person.

2. Conflicts of interest may arise when any Committee Member has a financial, family, or any other beneficial interest in the vendor firm selected or considered for an award.
3. No Committee Member shall do business with, award contracts to, or show favoritism toward a member of his/her immediate family, spouse's family or to any company, vendor or concern who either employs or has any relationship to a family member; or award a contract or bid which violates the spirit or intent of Federal, State and local procurement laws and policies established to maximize free and open competition among qualified vendors.
4. Committee Members shall neither solicit nor accept gratuities, gifts, consulting fees, trips, favors or anything having a monetary value in excess of one hundred dollars (\$100) from a vendor, potential vendor, or from the family or employees of a vendor, potential vendor or bidder; or from any party to a sub-agreement or ancillary contract.
5. As permitted by law, rule, policy or regulation, the Steering Committee shall pursue appropriate legal, administrative or disciplinary action against a committee member, vendor or vendor's agent who is alleged to have committed, has been convicted of or pled no contest to a procurement related infraction. If said person has been convicted, disciplined, or pled no contest to a procurement violation, said person shall be removed from any further responsibility or activities on behalf of the Steering Committee.

Section XI: Code of Conduct

GA HMIS Steering Committee members are expected to conduct themselves with courtesy and respect, and the utmost civility and decorum.

At all times, the best interest of the GA HMIS Collaborative should influence the decisions made by the GA HMIS Steering Committee members. Personal relationships must not result in special considerations, including bias, nepotism, or favoritism that influences the performance of their official duties in a manner contrary to the interest of the GA HMIS Collaborative.

GA HMIS Steering Committee members are expected to exercise adequate control and supervision over matters for which they are individually responsible.

Section XII: CoC Withdrawal from the GA HMIS Collaborative

CoCs may withdraw from the GA HMIS Collaborative at any time by submitting written notice to the GA HMIS Steering Committee chairpersons; however, any CoC that does so will forfeit their access to both the HMIS Lead and the HMIS Implementation identified by the GA HMIS Collaborative. If a CoC fails to adopt these by-laws or amendments to these by-laws, such failure shall constitute a decision to withdraw from the GA HMIS Collaborative.

Section XIII: Exceptions to GA HMIS Steering Committee Authority

HMIS Lead changes

In the event that the HMIS Lead for the GA HMIS Collaborative must be changed, and this change is not initiated by the HMIS Lead, the GA HMIS Steering Committee must seek a 2/3 majority approval of the CoCs in the GA HMIS Collaborative to initiate the process. Additionally, the documented process by which the new HMIS Lead is selected, regardless of the reason a change was initiated, must also be approved by a 2/3 majority vote of the CoCs in the GA HMIS Collaborative.

HMIS Software changes

In the event that the HMIS Software must be changed, the GA HMIS Steering Committee must seek a 2/3 majority approval of the CoCs in the GA HMIS Collaborative to initiate the process. Additionally, the documented process by which the new HMIS Software is selected must also be approved by a 2/3 majority vote of the CoCs in the GA HMIS Collaborative.

Section XIV: By-Laws

Adoption

These by-laws shall be in effect upon approval by a 2/3 majority vote of the CoCs listed in Section I. Each CoC is responsible for determining the process by which they vote. Approval shall be by signatures which are documented and stored by the Chairpersons.

Annual Review

These by-laws shall be reviewed by the Governance and Policy Subcommittee not less than annually. Any proposed changes will be provided to the full GA HMIS Steering Committee membership for comments at least 21 calendar days in advance of the next regularly scheduled meeting, at which point the process outlined in Section XV will be followed if amendments are needed.

Section XV: Amendments

Recommendations to change or amend these by-laws may be made by any GA HMIS Steering Committee Member and shall be submitted at a regular meeting of the GA HMIS Steering Committee. Proposals shall stand for action and be open for discussion among members. If the proposal is accepted by a majority vote of the GA HMIS Steering Committee, the change(s) will be proposed to the Board of each CoC. Final changes must be voted on by each CoC, with each CoC voting by its established method. Each CoC will have 30 calendar days to submit their written vote to the HMIS Lead for record and tabulation.

If approved by a 2/3 majority of CoCs, the proposed change(s) will be accepted and the HMIS Lead shall update the document to reflect the changes and will distribute updated copies to all members before the next regular GA HMIS Steering Committee meeting.

Acknowledgement and Acceptance of GA HMIS Bylaws

The GA Balance of State Continuum of Care, a member of the Georgia HMIS Collaborative,
(CoC Name)

- Accepts and adopts these Bylaws for the GA HMIS Steering Committee.
- Appoints the following two people to be the CoC representatives on the GA HMIS Steering Committee

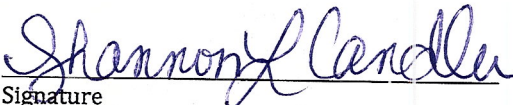
CoC Representative

<u>Marvin Nesbitt, Vice Pres. Programs</u>	<u>Action Ministries, Inc.</u>
Name/Title	Agency/Company
<u>HMIS Committee Representative</u>	<u>mnesbitt@actionministries.net / 404-881-1991 x3643</u>
Relationship to CoC	Contact email/phone number

CoC Representative

<u>Christy Hahn, Planning Manager</u>	<u>GA Department of Community Affairs</u>
Name/Title	Agency/Company
<u>Collaborative Applicant Rep.</u>	<u>christy.hahn@dca.ga.gov / 404-679-0571</u>
Relationship to CoC	Contact email/phone number

Shannon Candler
Printed Name
CoC Board Vice Chair


Signature
9/8/17

Authorizing Role for the CoC

Date

Georgia
HMIS
MOA

June 14

2017

This document signifies the Memorandum Of Agreement between the
Georgia HMIS Lead and the GA HMIS Collaborative

Purpose and Scope

The purpose of this Memorandum of Agreement ("MOA") is to confirm agreements between the Georgia Housing and Finance Authority ("GHFA") and the Continua of Care ("CoCs"), as represented by their Collaborative Applicant. These partnerships constitute the GA HMIS Collaborative, regarding the implementation of a statewide, HUD-compliant Homeless Management Information System ("GA HMIS Implementation"). Heretofore, the reference to the GA HMIS Implementation consists of the oversight of the software vendor, the system administration and managing the partnership with the GA HMIS Collaborative.

As such, the MOA sets forth the general understandings and specific responsibilities of each party relating to key aspects of the governance and operation of the GA HMIS Implementation. In the spirit of collaboration, all parties have agreed to enter into this MOA to document each party's duties and responsibilities with regard to the GA HMIS Implementation and to ensure that the same are successfully executed.

The parties commit to timely responses, open communication, and collaborative work strategies in the completion of tasks necessary to ensure efficient and effective operations of the GA HMIS Collaborative and the HMIS Lead.

Background

The Homeless Management Information System ("HMIS") is a computerized data collection application designed to capture information about homeless persons and homeless service programs over time. HMIS is mandated by the U.S. Department of Housing and Urban Development ("HUD") under the HEARTH Act for all communities and agencies receiving HUD Continuum of Care and Emergency Solutions Grants homeless assistance funds. Other Federal Partners, such as the U.S. Department of Health and Human Services ("HHS") and the U.S. Department of Veteran Affairs ("VA") also mandate use of HMIS for some of their programs. HMIS is essential to streamline client services and inform public policy. Through HMIS, homeless persons benefit from improved coordination within and between agencies, informed advocacy efforts and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in Georgia, which may include measuring the extent and nature of homelessness, the utilization of services and homeless programs over time and the effectiveness of homeless service programs. Such an unduplicated accounting of homelessness is necessary to service and systems planning, effective resource allocation and advocacy.

In response to the need for a more effective HMIS implementation, 8 Continua of Care across the State of Georgia (Atlanta, Athens-Clarke County, Augusta – Richmond County, DeKalb County, Fulton County, Marietta – Cobb County, Savannah-Chatham County and the Georgia Balance of the State) joined together in 2015 to form the GA HMIS Collaborative in pursuit of a statewide GA HMIS Implementation under the Georgia Department of Community Affairs ("DCA") as the HMIS Lead. The GA HMIS Collaborative established a governing body, the GA HMIS Steering Committee, to aid in directing planning and policy decisions in support of the GA HMIS Implementation.

Term of Agreement and Termination

- a.** This MOA shall commence from date of execution, as designated by the last date of signature of the parties, and shall require renewal in concurrence with the current grant award term that each CoC utilizes to meet their HMIS grant contribution requirement. This MOA may be terminated sooner by written agreement of both parties or as otherwise permitted under this MOA.
- b. A** CoC may terminate for convenience its participation in this MOA for any reason at the beginning of the next contract year by giving GHFA six (6) months prior written notice. Written notice of a CoC's intent to withdraw from the GA HMIS Implementation should be sent DCA, c/o HMIS Lead, 60 Executive Park South NE, Atlanta, GA 30329
- c.** GHFA may terminate for convenience its participation in this MOA for any reason at the beginning of the next contract year by giving the other party eighteen (18) months prior written notice.
- d.** Parties will work in good faith to resolve material breaches through mediation efforts addressing the cause of the perceived breach. In the event that amenable resolution cannot be reached in the event of material breach, either party may terminate this MOA upon written notice to the other party if the other Party materially breaches any term or condition of this MOA and fails to cure such breach within ninety (90) days from the terminating party's provision of written notice.
- e.** All amendments, additions, deletions, or modifications to this MOA must be mutually agreed upon in writing by the parties. Additionally, such amendments, additions, deletions or modifications are subject to review and approval of the GA HMIS Steering Committee.

Specific Responsibilities of the Parties

Responsibilities of the Continua of Care

Each CoC entering into this MOA agrees to participate in the GA HMIS Implementation with DCA, on behalf of the GHFA, as the designated HMIS Lead Agency. Further, each CoC agrees to collaboratively govern the GA HMIS Collaborative through the By-laws and participation requirements of the GA HMIS Steering Committee.

Governance Commitments

- Collaborative Applicant, agrees to fully participate in the GA HMIS Implementation and follow the By-Laws of the GA HMIS Steering Committee. This shall include, at a minimum, incorporating reference to the GA HMIS Implementation, including GA HMIS Steering Committee participation and adoption of its By-Laws, into local CoC governance documentation. Full compliance with this action requires the following additional commitments from the CoC:
 - Adopt and/or re-affirm adoption of the GA HMIS Steering Committee By-Laws and participate in an annual review and request updates to the By-Laws;
 - Appoint two voting members, in writing, as specified in Section IV of the By-Laws, to serve on the GA HMIS Steering Committee to provide oversight of the Implementation and represent the CoC in GA HMIS Collaborative decision-making;

GA HMIS MOA

- Formalize and document the local process by which representatives to the GA HMIS Steering Committee are appointed and vested with the authority to act on behalf of the CoC on all matters related to the GA HMIS Implementation;
 - Incorporate and follow the standards and processes adopted by the GA HMIS Steering Committee with regards to monitoring HMIS participating agencies as defined in the GA HMIS Implementation's Standard Operating Procedures (SOPs); and
 - Enter into a separate agreement with the HMIS Lead that outlines the CoC Administrator's duties and responsibilities including the scope of access rights and role in addressing request for assistance from users, and provides consequences for non-compliance, as defined in the CoC Agreement.
- GA HMIS Standard Operating Procedures

Each CoC agrees to comply with:

- The GA HMIS Standard Operating Procedures;
- The privacy plan, security plan, and data quality plan for the GA HMIS Collaborative;
- Compliance monitoring of participating agencies; and

Operational Responsibilities

Each CoC agrees to:

- Enter into a Memorandum of Agreement with DCA, as the HMIS Lead, for the provision of HMIS services;
- Accept the HMIS software, chosen by the GA HMIS Collaborative as the designated software for its CoC;
- Designate DCA as the HMIS Lead to manage the CoC's HMIS and apply for/receive HUD HMIS funding on behalf of its CoC;
- Designate at least one user in the CoC to be a CoC Administrator, who would be authorized to have administrative-level access to the data for the specific CoC for the purposes of providing CoC level oversight and user support, as well as to monitor agency compliance with Federal Data Standards;
- Ensure HMIS participation by participating agencies as established by the GA HMIS Implementation's Standard Operating Procedures of the GA HMIS Collaborative and any additional policies and procedures established by its respective CoC;
- Direct all requests and concerns to the HMIS Lead, including, but not limited to software vendor management, HMIS enhancements, system errors, and project status to allow the HMIS Lead to more efficiently manage communications and centralize feedback and input across all participating CoCs;
- Require that participating agency users meet the minimum training requirements established by the GA HMIS Steering Committee;
- Ensure the commitment of funding for the GA HMIS Implementation;
- Ensure HMIS privacy and security protocols are integrated into participating agency policies and practices;
- Require that all participating agencies and users in the CoC comply with GA HMIS Standard Operating Procedures;
- Conduct ongoing data analysis and evaluation to help drive planning and funding decisions;

GA HMIS MOA

- Provide support, as needed to the HMIS Lead, in the preparation of all HUD required applications or reports related to HUD HMIS funding; and
- Prepare, review, and submit all HUD required Continuum-level reports (Annual Homeless Assessment Report, and System Performance Measures) with support from the HMIS Lead.

Responsibilities of the HMIS Lead

The parties designate DCA as the HMIS Lead. DCA agrees, at a minimum, to carry out the following responsibilities to the best of its ability:

Project Management

- Oversee the day-to-day operations and management of the GA HMIS Implementation ;
- Enter into a MOA with each CoC for the purpose of enacting the GA HMIS Implementation.
- Obtain and maintain GA HMIS Participation Agreements with all participating agencies and users;
- Administer each CoCs required funding contributions to the GA HMIS Implementation which may include HUD HMIS awards or outside funding as determined by the CoC, in accordance with the MOAs between GHFA and each Collaborative Applicant;
 - The Services in Exhibit A are subject to change based on unforeseen circumstances and/or other factors beyond the control of GHFA and the CoCs. Each CoC shall be reasonably consulted on all budget changes, however, GHFA shall have final authority over final costs and the final scope of the work outlined in this Agreement.
- Provide staff support for GA HMIS Steering Committee;
- Develop and maintain a process for the GA HMIS Steering Committee to submit, track, review, and recommend requests for system enhancements and development projects; and
- Develop and maintain a tracking and communication process that will allow the GA HMIS Steering Committee to stay informed about the activities of the software related to compliance, enhancements, bug fixes, and new development projects.

System Functionality

- Enter into a formal contractual relationship with the software vendor which outlines the requirements and responsibilities of the software vendor, including those required by HUD and its Federal partners through its data and technical standards, statutes, regulations, notices, etc.;
- Ensure that the vendor's software system maintains timely compliance with all relevant current and future data and technical standards, statutes, regulations, and notices;
- Ensure that the vendor's software system maintains timely compliance with any other required standards set by other federal partner and state programs that require HMIS use;
- Ensure that the vendor's software system, within reasonable development timeframes, provides CoCs with the ability to produce all HUD required reports, including related reports needed to assess data quality, timeliness, and completeness; and,
- Provide CoC Administrators with tools necessary to monitor participating agency compliance with Federal Data Standards, including reports and access to raw agency data; and
- Ensure that the vendor's software continues to meet the needs of the GA HMIS Collaborative.

GA HMIS Standard Operating Procedures

- Develop and maintain GA HMIS Standard Operating Procedures in accordance with HUD requirements and notices and CoC needs for approval by the GA HMIS Steering Committee;
- Develop and maintain a privacy plan, security plan, and data quality plan for the participating agencies of the GA HMIS Collaborative in accordance with HUD requirements for approval by the GA HMIS Steering Committee;
- As specified by MOA with each CoC, assist CoCs in monitoring participating agency compliance with security, privacy, and confidentiality policies.

Training and Technical Assistance

- Establish a CoC Admin User Group to engage and encourage support amongst CoC Admins.
- Develop minimum training requirements for participating agency users for approval by the GA HMIS Steering Committee;
- Ensure required basic training is available to participating agency staff and accessible on a regular basis;
- Identify and provide additional training that may be needed to ensure good data quality for HUD and the Federal partners;
- Ensure technical assistance and help desk support is available and accessible to participating agencies on a regular basis; and
- Ensure CoCs have access to reports, technical assistance, and training required to develop a data quality improvement plan when necessary.

General Understandings, provisions

All parties to this MOA, as members of the GA HMIS Collaborative, agree to the general governance provisions set forth by the GA HMIS Steering Committee, as defined by said Committee's By-Laws (Exhibit B).

a. Governance

The GA HMIS Collaborative is governed by the GA HMIS Steering Committee, which will provide oversight and accountability for all GA HMIS Implementation responsibilities in support of the HMIS Lead. The CoC's responsibilities for GA HMIS Implementation oversight and governance are carried out by the GA HMIS Steering Committee, which serves as the implementation and planning body of the GA HMIS Collaborative.

b. HMIS Lead Agency Designation

DCA, on behalf of GHFA, is designated as the HMIS Lead for the GA HMIS Collaborative. The HMIS Lead is responsible for ensuring that the HMIS software is administered according to the regulations and notices promulgated pursuant to the HEARTH Act and other similar, subsequent and applicable federal, state, and local laws and ordinances. The HMIS Lead manages the HMIS operations on behalf of GA HMIS Collaborative's CoCs and provides HMIS project administration functions including staffing, budget and grant requirements management, as well as providing additional mutually agreed services.

c. Software Designation

The GA HMIS Collaborative designates Eccovia Solutions' Client Track to serve as the sole HMIS software application and agrees to use the product as configured for the GA HMIS Implementation.

e. Compliance and Funding

Notwithstanding anything to the contrary herein, funding for the GA HMIS software and operations, including without limitation, the software product fee and any other reasonable out-of-pocket expenses incurred by the HMIS Lead in relation to this MOA, shall be the responsibility of the CoCs, and provided by the CoCs. Funding for the software licensure and the operation and administration of the GA HMIS Implementation shall come from the CoCs comprising the GA HMIS Collaborative and represented on the GA HMIS Steering Committee. The funding obligations, delineated to each CoC through Cost Distribution Plan shall be derived from a HUD funded CoC HMIS dedicated grant, or other funding identified by the CoC in agreement with the HMIS Lead. CoCs shall have the discretion to require participating agencies to pay user fees for the GA HMIS software and reporting licenses assigned to their agency. In the event there is a shortfall in funding for the software or operation of the GA HMIS Implementation, the GA HMIS Steering Committee shall be charged with supporting the HMIS Lead in pursuing additional revenue streams to support the GA HMIS Implementation.

For CoCs that possess a HUD funded CoC HMIS dedicated grant, there is a responsibility implied to that CoC to be openly required to use an agreed upon amount of the grant, as specified in the attached Exhibit A, to assist in the GA HMIS Implementation.

f. Compliance with Homeless Management Information System Standards

The HMIS Lead shall operate, and shall require that Eccovia Solutions operate, the HMIS in compliance with HUD HMIS Data and Technical Standards and any other laws and/or regulations applicable to the operation of the HMIS. The parties anticipate that HUD will release revised HMIS Standards periodically. The parties agree to make changes to this MOA, the CoC's Governance Charter, the GA HMIS Standard Operating Procedures, and other HMIS operational documents, as necessary, to comply with the revised standards within the HUD-specified timeframe for such changes.

Further, CoCs and partner agencies agree to collect and enter data in a compliant manner.

g. Data Ownership

Agency-level client-level information entered into HMIS (and any changes to such information) is the responsibility of the participating agency that is entering the data. However, the HMIS Lead and participating agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission, and destruction of data, comply with the GA HMIS Implementations' privacy, security and confidentiality policies and procedures. Except where prohibited by law, or where the participating agency is able to reasonably demonstrate a pressing need to the HMIS Lead and the GA HMIS Steering Committee for complete control over its own data, the HMIS Lead owns all data entered into the HMIS and has the final authority to approve or disapprove the use of the data that is contained in the HMIS.

h. Data Responsibility

It is understood that all parties subject to this MOA as part of the GA HMIS Implementation will receive client information that may be subject to the privacy and security protections and requirements of HUD HMIS Standards, HIPAA Privacy Rule, other law, and local HMIS privacy and security policies and

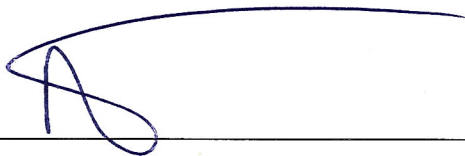
procedures. All parties agree that protected client information will be used only for purposes permitted by agreement with the HMIS Lead and as permitted by the applicable laws and standards. Further, all parties agree to make use of all safeguards required by HUD Privacy Standards, HIPAA Privacy Rule, where appropriate, other law, and local HMIS privacy and security policies and procedures in order to prevent any unauthorized disclosure of protected client information.

Acknowledgements

By signing below, we understand that: (could use this section to call out specific, explicit items, or reference items under general understandings)

- The Designated Representatives to the GAHMIS Steering Committee as listed in the By-Laws shall make themselves reasonably available to each other on an ongoing basis in order to ensure successful GA HMIS Implementation to the mutual benefit of the parties.
- Formal communications with HUD regarding GA HMIS Implementation under this MOA shall be made by the HMIS Lead
- Interpretation of HUD requirements and /or HUD rules and agreements shall take precedence over conflicting terms in this MOA.
- No party will discriminate against any employee or applicant for employment or any customer or prospective customer seeking services because of their race, color, sex, creed, national origin, age, religion, veteran status, or disability.
- The parties agree to carry out the responsibilities outlined in this MOA in compliance with all laws, rules, regulations and orders of federal, state and local government.
- Any agent, contractor, employee or designee of either party to this agreement shall in no event be liable to the other party for indirect or consequential loss or damage, loss of profits, business, revenue, and goodwill or anticipated savings suffered by the other party during the term of this Agreement.

Signatures



9/14/17

Authorized CoC Representative

Date



9/14/17

Authorized DCA Representative

Date

CoC Written Standards for Order of Priority

- Georgia Balance of State Continuum of Care Written Standards (pages 2-46)
 - Adoption of HUD Notice CPD-16-11, Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (numbered pages in this document are 16-17 and 26-27)
- Georgia Balance of State Continuum of Care Coordinated Entry Written Standards (47-65)
 - Prioritization Standards (numbered pages in this document are pages 6-7)

<p>GEORGIA BALANCE OF STATE CONTINUUM OF CARE WRITTEN STANDARDS</p>
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Introduction

The Georgia Balance of State (BoS) Continuum of Care (CoC) is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic area of the CoC, which is comprised of 152 counties throughout the state. Both the Emergency Solutions Grant (ESG) Rule and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rule state that the CoC must establish and consistently follow written standards for providing Continuum of Care assistance.

These written standards have been developed in conjunction with the Collaborative Applicant (Georgia Department of Community Affairs), the Continuum's four (4) ESG entitlement jurisdictions [Gwinnett County, Clayton County, Macon-Bibb County and the State of Georgia (Georgia Housing and Finance Authority)] and with stakeholders throughout the Continuum, including Continuum recipients and sub-recipients. They will be reviewed annually and any substantial changes will be approved by the BoS CoC Board of Directors.

The written standards have been established to ensure that persons experiencing homelessness who enter projects throughout the Balance of State CoC jurisdiction will be given similar information and support to access and maintain permanent housing. All projects that receive State of Georgia ESG, Clayton County ESG, Gwinnett County ESG or Georgia BoS CoC funding are required to abide by these written standards where applicable. The CoC strongly encourages projects that do not receive either of these sources of funds to accept and utilize these written standards.

It should be noted that the U.S. Department of Housing and Urban Development (HUD) regulations for each of the referenced programs shall always take precedence over any of the standards outlined in this document (<https://www.hudexchange.info/>). The CoC Program Notice of Funding Availability (NOFA) may impose additional eligibility requirements not reflected in the regulation. Projects funded under the CoC program must follow both CoC Program NOFA and other HUD-issued guidance and requirements. In addition, local ESG Programs may impose additional requirements to their funding recipients that do not apply to other CoC recipients.

General Standards

The following standards apply to all projects funded through the CoC or with State ESG funds.

HMIS Participation

All organizations receiving ESG or CoC funds must participate fully in the CoC's Homeless Management Information System (HMIS) to enter data on persons served and assistance provided. Victim service providers may utilize a comparable data system that meets HUD standards yet provides confidentiality to those receiving assistance.

Coordinated Entry Process (a/k/a Coordinated Assessment System)

All providers of assistance must use the coordinated assessment system developed by the CoC once it is operational. This system will include all homeless subpopulations and involve the use of a standardized assessment tool that will result in referrals to those seeking assistance based upon a uniform decision making process. The system will ensure that those with the greatest needs receive priority for housing and service provision and that no unnecessary barriers exist for individuals to receive assistance.

The terms “Coordinated Entry Process” and “Centralized or Coordinated Assessment System” are used interchangeably throughout federal guidelines. The CoC Program interim rule at 24 CFR 578.3 defines centralized or coordinated assessment as the following:

“...a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool...”

For the purpose of this document, the term “Coordinated Entry” or “Coordinated Entry Process” are used to reference “Centralized or Coordinated Assessment System” and “Coordinated Entry Process.”

Removal of Barriers

All projects that have committed to a Housing First approach must ensure that their projects do not screen any individuals or families out for assistance based upon perceived barriers to housing or services. However, all BoS providers are encouraged to review their policies and remove barriers wherever possible. Examples of this include, but are not limited to, the following:

- Having too little or no income
- Current or past substance abuse
- Having a criminal record (w/exception of state mandated restrictions)
- Having a history of domestic violence

In addition, assistance may not be terminated to any recipients based upon these barriers. Examples of this include:

- Failure to participate in supportive services and case management activities
- Failure to make progress on a services plan
- Loss of income or failure to improve income
- Being a victim of domestic violence

Termination of Assistance

ESG or CoC-funded homeless assistance providers may terminate assistance to a program participant who violates program requirements or conditions of occupancy. Termination under this section does not bar the provider from providing further assistance at a later date to the same individual or family.

In terminating assistance to a program participant, the provider must have in place a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of:

- Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance.
- Written notice to the program participant containing a clear statement of the reason(s) for termination.
- The option for a review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision.
- Prompt written notice of the final decision to the program participant.

Providers of permanent supportive housing for hard-to-house populations of homeless persons must exercise judgement and examine all extenuating circumstances in determining when violations are

serious enough to warrant termination so that the participant's assistance is terminated only in the most severe cases.

Faith-based Activities

The minimum standards required for faith-based providers are as follows:

- Providers receiving funding through ESG or CoC programs may not engage in inherently religious activities as part of those funded activities. Those religious activities must be offered separately from the ESG or CoC-funded projects and all participation must be voluntary.
- All religious organizations receiving ESG or CoC funding shall retain their independence from government and may continue with their missions provided that ESG or CoC funds are not used to support inherently religious activities. They shall also maintain authority over their internal governance.
- No organization receiving ESG or CoC funds may discriminate against a participant based on religion or religious beliefs.
- ESG and CoC funds may be used for the rehabilitation of structures that are used for eligible activities under the programs but may not be used to rehabilitate structures used specifically for religious activities.

Fair Housing and Equal Opportunity

All recipients and sub-recipients of ESG and CoC funding must comply with the requirements for equal opportunity, nondiscrimination, and affirmatively furthering fair housing as outlined in Section 578.93 of the Continuum of Care Program interim rule.

Language Access Plan

All recipients and sub-recipients of ESG and CoC funding must provide Limited English Proficiency (LEP) persons with meaningful access to federally funded programs. HUD issued new guidance on Fair Housing Act Protections for Persons with Limited English Proficiency on September 15, 2016, and DCA issued its new Language Access Plan (LAP) effective 2016 to 2021 that details its plan to provide LEP persons with meaningful access to programs. DCA will provide guidance and training to State of Georgia ESG sub-recipients and Balance of CoC recipients on providing language access services, including the components of a meaningful LAP, technical assistance for translation and interpretation services, and how to provide meaningful access to programs and activities. More information on DCA's Fair Housing Policy can be found at the [Fair Housing Statement](#) page.

Allowable Family Limitations and Prohibition against Involuntary Family Separation

The CoC Interim Rule 24 CFR 578.93 (e) and 24 CFR 576.102(b) explicitly prohibit any kind of involuntary family separation and the denial of admission to selected family members in all CoC Program-funded projects and ESG-funded emergency shelters. It is acceptable for programs to limit participation to only households with children. However, if a project accepts any households with children, they must accept all households with children. This means that any provider that has historically accepted only women with children may not limit their project to that population. They must also accept couples with children or single men with children as well.

In addition, the age and/or gender of a child under age 18 must not be used as a basis for denying any family's admission to a project receiving ESG or CoC funding.

Equal Access Requirements

HUD published a final rule on September 21, 2016 entitled *Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs* that became effective on October 21, 2016. This rule includes the following central provisions:

- All HUD-assisted and HUD-insured housing must be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.
- Owners and administrators of HUD-assisted housing and HUD-insured housing are prohibited from inquiring into an applicant or occupant's sexual orientation and gender identity for the purpose of determining eligibility or otherwise making housing available.
- The definition of "family" is revised to include all families regardless of the actual or perceived sexual orientation, gender identity, or marital status of its members.

This rule shall apply to all ESG or CoC-funded projects with two exceptions. This prohibition on inquiries does not prohibit lawful inquiries of an applicant or occupant's sex where the housing provided or to be provided to the individual is temporary, emergency shelter for adults only with a physical configuration such that privacy is a concern, specifically shared bathing areas or shared sleeping areas. A shared bathing area is one in which there are multiple toilet stalls or shower stalls or open showers. Nor does it apply to inquiries made for the purpose of determining the number of bedrooms to which a household may be entitled. In addition, this provision does not prohibit voluntary self-identification of sexual orientation or gender identity by participants.

Complete State of Georgia ESG program requirements for written standards, policies and procedures, including ones not addressed in this document, can be found in the Georgia Department of Community Affairs *Emergency Solutions Grant Guidebook* at:

<http://www.dca.ga.gov/housing/specialneeds/programs/ESGGranteesOnly.asp>.

STREET OUTREACH PROJECTS

Definition

Street outreach projects are those activities that are undertaken to identify potential homeless project recipients for the purpose of providing them with immediate support and intervention activities.

Eligibility

HUD Requirements

Recipients of these services must meet the HUD definition of homelessness under Category 1. These would be unsheltered homeless individuals and families, meaning those with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

CoC Recommendations

Agencies administering Street Outreach Projects must have policies on safety standards and procedures.

Engagement should occur during times when there is a reasonable expectation to believe people have no housing options.

Required Documentation

Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows:

- 1) Literally Homeless (in order of preference)
 - a. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
 - b. Written observation by an outreach worker; or
 - c. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;
 - d. For individuals exiting an institution – one of the forms of evidence above and;
 - i. Discharge paperwork or written/oral referral, or
 - ii. Written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited institution

If the provider is using anything other than a. Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.

Assessment/ Prioritization

Individuals and families shall be assessed where they are and will be offered the following Street Outreach services, as needed and appropriate: *engagement, case management, emergency health and mental health, and transportation services* where they are otherwise not available in the mainstream. Based on the need of services population, Street Outreach projects must assess, prioritize, and re-assess the need for essential services related to street outreach, and they should continuously engage unsheltered persons and persons experiencing chronic homelessness (and most at risk of becoming chronically homeless), even if they repeatedly decline housing and services. When appropriate based on the individual’s needs and wishes, the referral to permanent supportive housing or rapid re-housing that can quickly assist the individuals to obtain safe, permanent housing shall be prioritized over the provision of or referral to an emergency shelter. Street Outreach Projects will be required to utilize the Coordinated Entry Process as implemented, which will provide prioritization and reassessment for services.

EMERGENCY SHELTERS

Definition

Any facility or project (including hotel/motel voucher projects) where the primary purpose is to provide a temporary shelter for the homeless in general, or for specific populations of the homeless, which does not require occupants to sign leases or occupancy agreements.

Eligibility

HUD Eligibility

Individuals and families entering the shelter system must be homeless per the HUD Homeless Definition, Category 1, literally homeless, Category 2, imminent risk of homelessness, Category 3, homeless under other federal statutes, or Category 4, fleeing or attempting to flee domestic violence (with documentation as detailed elsewhere in this document). Shelter facilities may accept clients that are not HUD-defined homeless, but they must administratively separate those clients so that ESG funds are not used for non-HUD-defined homeless clients.

CoC Recommendations

Projects should have expedited admission processes, to the greatest extent possible, including providing assistance with obtaining necessary documentation. Further, shelters should not require, upon admission, that residents have IDs or be entered into HMIS. Projects should also not require any fees.

Required Documentation

Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows:

- 1) Literally Homeless (in order of preference)
 - a. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
 - b. Written observation by an outreach worker; or
 - c. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;
 - d. For individuals exiting an institution – one of the forms of evidence above and;
 - i. Discharge paperwork or written/oral referral, or
 - ii. Written record of intake worker’s due diligence to obtain above evidence and certification by individual that they exited institution

If the provider is using anything other than a. Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.

Assessment /Prioritization

Emergency Shelter projects will be required to utilize the Coordinated Entry Process as implemented. Domestic violence (DV) projects will be exempt from participating in the coordinated entry system due to issues of confidentiality, and homeless youth (12 – 18 yrs. of age) may still access shelter through a Runaway & Homeless Youth Hot Line. Priority will be given to individuals and families with no income and to those who have extremely low income (30 percent of AMI) as dictated by Area Median Income.

TRANSITIONAL HOUSING PROJECTS (TH)

Definition

Transitional Housing Projects provide subsidized housing and supportive services, for a period not to exceed 24 months, to facilitate the movement of homeless individuals and families to permanent housing.

Eligibility

HUD Eligibility

Individuals and families must be homeless per the HUD Homeless Definition, Category 1, literally homeless or Category 4, fleeing or attempting to flee domestic violence as long as they meet category 1 requirements as well.

CoC Requirements

Priority should be given to individuals and families with no income and to those who have extremely low income (30 percent of AMI) as dictated by Area Median Income. Additional income limits may be set by additional funding sources of the transitional housing project.

The CoC will be assessing project level eligibility criteria in order to identify and remove barriers to accessing services and housing that are experienced by homeless individuals and families. Organizations should be working towards the removal of barriers to project entry, and barriers to remaining in projects, as these barriers both deny housing to individuals and families that really need intensive services and often result in low occupancy rates. Organizations may need to change their project design in order to address this. Entitlement jurisdictions within the CoC may further restrict funding of TH projects to require (and only fund) TH projects that serve high barrier households and/or special needs populations as they determine.

CoC Recommendations

While permanent housing is preferred, research does show that transitional housing may be an effective tool for addressing certain needs, such as housing for underage homeless youth experiencing homelessness, safety for persons fleeing domestic violence, and assisting with recovery from addiction.

Homeless individuals and families entering into TH are not expected to be able to qualify for permanent housing. Further, the enrollment of a chronically homeless client into a TH program causes that client to lose their chronically homeless determination making them ineligible for many programs. In cases where households become eligible for permanent housing, it is expected that TH providers will coordinate with organizations that administer these projects in their area. The provision of supportive services and case management are required to be available in transitional housing projects. Participants cannot be charged more than 30 percent of the total household income as rent.

In order to lower barriers to entry, reduce lengths of stay, and improve exits to permanent housing, the CoC supports the utilization of transitional housing beds as bridge housing for people who are homeless, where shelter beds are not available and permanent housing has been identified. It should be established at entry that they are chronically homeless and waiting to move into PSH, and the client should not be enrolled into the transitional housing project or be expected to follow service plans associated with the transitional housing project. Please note that there should be a reasonable expectation that the household will move into permanent housing within 30 to 90 days.

Required Documentation

Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows:

- 1) Literally Homeless (in order of preference)
 - a. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
 - b. Written observation by an outreach worker; or
 - c. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;
 - d. For individuals exiting an institution – one of the forms of evidence above and;
 - i. Discharge paperwork or written/oral referral, or
 - ii. Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution

If the provider is using anything other than a. Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.

Assessment/ Prioritization

Transitional housing projects will be required to utilize the Coordinated Entry Process as implemented. Participants may be referred from a broad range of social services including shelter and street outreach. Priority will be given to individuals and families with no income and to those who have extremely low income (30 percent of AMI) as dictated by current HUD limits. Additional income limits may be set by additional funding sources of the transitional housing project.

RAPID RE-HOUSING PROJECTS (RRH)

Definition

Rapid Re-Housing Projects (RRH) provide housing relocation and stabilization services and time limited rental assistance (short or medium term rental assistance) and supportive services to help homeless individuals or families move as quickly as possible to permanent housing and achieve stability in that housing.

Eligibility

HUD Eligibility*

Individuals and families must meet the Category 1 definition of homelessness (Literally Homeless). In addition, those who meet the Category 4 definition of homelessness (Fleeing/Attempting to Flee DV) may also qualify if the individual or family is literally homeless. *Please note that an additional eligibility requirement of ESG RRH is that individuals and families must have an annual income at or below 50% AMI.

CoC Requirements

The CoC will be assessing project level eligibility criteria in order to identify and remove barriers to accessing services and housing that are experienced by homeless individuals and families. Organizations should be working towards the removal of barriers to project entry, and barriers to remaining in projects, as these barriers both deny housing to individuals and families that really need intensive services and often result in low occupancy rates. Organizations may need to change their project design in order to address this.

Given that projects should be prioritizing employment assistance and increasing benefits as part of the case management plan, projects should be open to accepting people without current income. Agencies must offer case management and supportive services to all participants receiving rental assistance that are designed to lead them towards long-term stable housing. Case management and related services may be offered to clients not receiving rental assistance at the agency's discretion.

CoC Recommendations

- Agencies should have a goal of providing a 100% subsidy to participating households for no more than six months and to provide any amount of rental subsidy for no longer than twelve months total.
- Assistance for households with no income or special circumstances could be extended to 18 months. An explanation of these special circumstances along with an evaluation of household needs must be documented in the client file.

Rapid Re-Housing Client Contribution Policy

It is the policy of Rapid Re-Housing (RRH) Projects to provide a declining rental assistance subsidy to households participating in the RRH Projects. For households with income, a percentage or amount of client contribution can be based on a reasonable percentage of a household's income.

Rent Determination Procedures

Households will receive a declining subsidy for the duration of their participation in the project based on their ability to contribute to their rent.

- Rental subsidy determinations will be evaluated no less than monthly in case management meetings. Case managers will review household budget and determine what, if any, amount of rent the household is responsible for contributing based upon the household's needs and circumstances. The case manager will document the outcome of the subsidy determination in the client file.
- There are many ways to determine the percentage or amount of rent, utilities, and additional financial assistance a household can contribute. Individual projects have discretion in determining how the subsidy will be reduced based on income, the needs of the household, and what is in the best interest of the household's housing stability.

Required Documentation

Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows:

- 1) Literally Homeless (in order of preference)
 - a. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
 - b. Written observation by an outreach worker; or
 - c. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;
 - d. For individuals exiting an institution – one of the forms of evidence above and:
 - iii. Discharge paperwork or written/oral referral, or
 - iv. Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution

If the provider is using anything other than a. Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.

In addition to the homeless verification required above, income eligibility determination documentation is also required for ESG RRH.

Assessment/ Prioritization

Individuals or families may be referred from a broad range of social services including shelter and street outreach, but must follow the Balance of State CoC policy for the Coordinated Entry Process as developed. Priority shall be given to extremely low income individuals and families (at or below 30 percent AMI) and to individuals and families that have longer length of stay in shelters or on the streets.

ESG Rapid Re-Housing Projects Only

In addition to the standards above, ESG RRH projects will be subject to the following standards.

Utilities (ESG only)

Households will receive a declining subsidy for the duration of their participation in the project based on their ability to contribute to their utilities. Please note that utility assistance is not eligible under CoC RRH projects.

- Utilities subsidy determinations will be evaluated no less than monthly in case management meetings. Case managers will review household budget and determine what, if any, amount of rent the household is responsible for contributing based upon the household's needs and circumstances. The case manager will document the outcome of the subsidy determination in the client file.
- There are many ways to determine the percentage or amount of rent, utilities, and additional financial assistance a household can contribute. Individual projects have discretion in determining how the subsidy will be reduced based on income, the needs of the household, and what is in the best interest of the household's housing stability.

Housing Stabilization and/or Relocation Services (ESG only)

The type, amount, and duration of financial assistance for housing stabilization and/or relocation services will be determined based on the needs of the household. The need for this assistance will be evaluated and documented in the client file.

HOMELESS PREVENTION PROJECTS

Definition

Homeless Prevention Projects provide assistance to individuals or families who are at the greatest risk of losing housing due to a legal eviction action that requires the individual or family to leave their residence no later than 14 days following the date of their application for homeless assistance.

Eligibility

HUD Eligibility

Households receiving this funding must have an income level below 30% AMI and must demonstrate that they do not have sufficient resources or support networks to prevent them from moving to an emergency shelter or other place defined under Category 1 of the homeless definition. Recipients may be in categories 2-4 under the homeless definition or meet the "at risk" definition in order to qualify for this assistance.

CoC Requirements

The CoC will be assessing project level eligibility criteria in order to identify and remove barriers to accessing services and housing that are experienced by homeless individuals and families. Organizations should be working towards the removal of barriers to project entry, and barriers to remaining in projects, as these barriers both deny housing to individuals and families that really need intensive services and often result in low occupancy rates. Organizations may need to change their project design in order to address this.

CoC Recommendations

Project participants receiving this assistance should receive a case management plan from the provider in order to ensure long term stability. Best practice agencies will be ones with the ability to negotiate with landlords as the first step in resolving eviction crises and that also demonstrate a plan

to effectively increase household incomes for project participants. The length of stay should be based on the needs of individual households participating in the project.

- Agencies should have a goal of providing a 100% subsidy to participating households for no more than six months and to provide any amount of rental subsidy for no longer than twelve months total.
- Assistance for households with no income or special circumstances could be extended to 18 months. An explanation of these special circumstances along with an evaluation of household needs must be documented in the client file.

Prevention Client Contribution Policy

It is the policy of Prevention Projects to provide a declining rental assistance subsidy to households participating in the Prevention Projects. For households with income, a percentage or amount of client contribution can be based on a reasonable percentage of a household's income.

Rent Determination Procedures

Households will receive a declining subsidy for the duration of their participation in the project based on their ability to contribute to their rent.

- Rental subsidy determinations will be evaluated no less than monthly in case management meetings. Case managers will review household budget and determine what, if any, amount of rent the household is responsible for contributing based upon the household's needs and circumstances. The case manager will document the outcome of the subsidy determination in the client file.
- There are many ways to determine the percentage or amount of rent, utilities, and additional financial assistance a household can contribute. Individual projects have discretion in determining how the subsidy will be reduced based on income, the needs of the household, and what is in the best interest of the household's housing stability.

Utilities (ESG)

Households will receive a declining subsidy for the duration of their participation in the project based on their ability to contribute to their utilities.

- Utilities subsidy determinations will be evaluated no less than monthly in case management meetings. Case managers will review household budget and determine what, if any, amount of rent the household is responsible for contributing based upon the household's needs and circumstances. The case manager will document the outcome of the subsidy determination in the client file.
- There are many ways to determine the percentage or amount of rent, utilities, and additional financial assistance a household can contribute. Individual projects have discretion in determining how the subsidy will be reduced based on income, the needs of the household, and what is in the best interest of the household's housing stability.

Housing Stabilization and/or Relocation Services (ESG)

The type, amount, and duration of financial assistance for housing stabilization and/or relocation services will be determined based on the needs of the household. The need for this assistance will be evaluated and documented in the client file.

Required Documentation

Households receiving Homeless Prevention assistance must have a lease in the participant's name. Documentation of the pending loss of housing can include an eviction notice, the equivalent notice under applicable state law, a Notice to Quit, or a Notice to Terminate issued under state law.

Assessment/ Prioritization

All homeless prevention projects will be required to utilize the Coordinated Entry Process as implemented.

SUPPORTIVE SERVICES ONLY PROJECTS (SSO)

Definition

Supportive Services Only (SSO) projects provide services to sheltered and unsheltered homeless persons to whom the provider is not providing housing or housing assistance.

Eligibility

HUD Eligibility

Participants must meet the HUD definition of homelessness under Category 1 (Literally Homeless) or they may fall under Category 4 (Fleeing/Attempting to Flee DV) if they also meet the definition in Category 1.

CoC Requirements

The CoC will be assessing project level eligibility criteria in order to identify and remove barriers to accessing services and housing that are experienced by homeless individuals and families. Organizations should be working towards the removal of barriers to project entry, and barriers to remaining in projects, as these barriers both deny housing to individuals and families that really need intensive services and often result in low occupancy rates. Organizations may need to change their project design in order to address this.

CoC Recommendations

SSO projects are expected to work with participants in order to connect them to permanent housing.

Required Documentation

Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows:

- 1) Literally Homeless (in order of preference)
 - a. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
 - b. Written observation by an outreach worker; or
 - c. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;
 - d. For individuals exiting an institution – one of the forms of evidence above and;
 - iii. Discharge paperwork or written/oral referral, or
 - iv. Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution

If the provider is using anything other than a. Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.

Assessment /Prioritization

Supportive Services Projects will be required to utilize the Coordinated Entry Process as implemented.

PERMANENT SUPPORTIVE HOUSING PROJECTS (PSH)

Definition

Permanent Supportive Housing (PSH) projects provide community-based housing and supportive services, without a predetermined length of stay, to assist homeless persons with a disability to live independently. The project will provide safe, affordable housing that meets participants' needs in accordance with HUD guidelines for permanent supportive housing projects.

Eligibility

HUD Requirements

In order to be served in a CoC-funded PSH project (individuals or family households) participants must meet the following project eligibility requirements:

- Participants must meet the applicable HUD definition of homelessness (category 1 or category 4); and
- PSH can only provide assistance to individuals with disabilities and families in which at least one adult or child has a disability.

CoC Requirements

The CoC will be assessing project level eligibility criteria in order to identify and remove barriers to accessing services and housing that are experienced by homeless individuals and families. Organizations should be working towards the removal of barriers to project entry, and barriers to remaining in projects, as these barriers both deny housing to individuals and families that really need intensive services and often result in low occupancy rates. Organizations may need to change their project design in order to address this.

CoC Recommendations

Service Provision Criteria:

1. In providing or arranging for housing, the project considers the needs of the individual or family experiencing homelessness.
2. The project provides assistance in accessing suitable housing.
3. The project may provide assistance with moving costs.
4. The project signs occupancy agreements or leases (or subleases) with all project participants residing in housing.
5. The project enters into an occupancy agreement or lease agreement (or sublease) with project participant for a term of at least once year, which is terminable for cause. The lease must be automatically renewable upon expiration for a minimum term of one month. Assistance may be extended as stated in 24 CFR 578.79.
6. For projects where regulations require individuals and families residing in permanent supportive housing to pay occupancy charges or rent, occupancy charges and rent may not exceed those specified in 24 CFR 578.77.
7. At least 85 percent of the CoC Program-funded permanent supportive housing beds that become available through turnover must be prioritized for chronically homeless individuals and families.

However, CoC-funded PSH projects that commit above this amount in a competition, are held to the higher amount.

In terminating assistance to a program participant, the interim rule provides that a recipient or subrecipient must provide a formal process that recognizes the due process of law. Recipients or subrecipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all circumstances in determining whether termination is appropriate. Under the Continuum of Care Interim Rule, it was determined that a participant's assistance should be terminated only in the most severe cases.

Required Documentation

As defined in the HEARTH Act, eligibility for Permanent Supportive Housing is limited to categories 1 and 4 (Fleeing/Attempting to Flee DV) if they also meet the definition in Category 1. Participants must also:

- a. Enter from the street or shelter, or a transitional housing project to which they originally entered from the street or shelter (NOTE: if the project is designated for chronically homeless, they may only enter from the street or shelter. Individuals may lose their chronically homeless designation after they are enrolled into a transitional housing project); and
- b. The head of household, or at least one member of the household, must have a disability of long duration, verified either by Social Security or a licensed professional that meets the state criteria for diagnosing and treating that condition*.

*HUD's *Sample Chronic Homelessness Documentation – 2016* guidance, which includes a list of acceptable documentation to verify disability status, can be found at:

<https://www.hudexchange.info/resources/documents/Sample-Chronic-Homelessness-Documents-Form-2016.docx>.

Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as follows:

- 1) Literally Homeless (in order of preference)
 - a. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
 - b. Written observation by an outreach or intake worker; or
 - c. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;
 - d. For individuals exiting an institution – one of the forms of evidence above and;
 - iii. Discharge paperwork or written/oral referral, or
 - iv. Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution

If the provider is using anything other than a Third Party Verification, the case file must include documentation of due diligence to obtain third party verification. Appendix VI provides more details on exactly what is needed in the case file.

Assessment/Prioritization

Permanent Supportive Housing Projects will be required to utilize the Coordinated Entry Process as implemented.

Recipients of CoC Program-funded PSH are required to follow the order of priority when selecting participants for housing in accordance with the Georgia Balance of State CoC's written standards while also considering the goals and any identified target populations served by the project in a manner that is consistent with their current grant agreement. These standards and the order of priority is listed below, and the BoS CoC approved Permanent Supportive Housing Written Standards and Chronic Prioritization policy is located in Appendix VI on this issue.

A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness.

First Priority

Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs

Second Priority

Chronically Homeless Individuals and Families with the Longest History of Homelessness

Third Priority

Chronically Homeless Individuals and Families with the Most Severe Service Needs

Fourth Priority

All Other Chronically Homeless Individuals and Families

B. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

First Priority

Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

Second Priority

Homeless Individuals and Families with a Disability with Severe Service Needs

Third Priority

Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters Without Severe Service Needs

Fourth Priority

Homeless Individuals and Families with a Disability Coming from Transitional Housing

The Georgia Balance of State CoC adopts HUD's Notice CPD-16-11, *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing* Notice issued on July 25, 2016, in that those experiencing chronic homelessness should be given priority for non-dedicated PSH beds as vacancies become available through turnover. PSH renewal projects serving specific disabled subpopulations (e.g., persons with mental illness or persons with substance abuse issues) must continue to serve those groups, as required in the current grant agreement. However, the chronically homeless within the specified subpopulation should be prioritized for entry as described below. The full notice, which includes related recordkeeping

requirements can be found at: <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>. This policy supersedes previous policy adopting Notice CPD-14-012.

The overarching goal of adopting this Notice is to ensure that the homeless individuals and families with the most severe service needs within a community are prioritized in all PSH, which will also increase progress towards the Georgia Balance of State CoC's goal of ending chronic homelessness. This will also guide projects in ensuring that all CoC Program-funded PSH beds are used most effectively. HUD's Notice CPD-16-11, and this policy, revises the orders of priority related how persons should be selected for PSH as previously established in Notice CPD-14-012 to reflect the changes to the definition of chronically homeless as defined in the Chronically Homeless final rule.

Due diligence must be exercised when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs in the Georgia Balance of State CoC. HUD and the Georgia Balance of State CoC recognize that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing. Recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach and housing providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

Recordkeeping Recommendations for the Orders of Priority in this Notice:

24 CFR 578.103(a)(4) of the [CoC Program Interim Rule \(Formatted Version\)](#) outlines documentation requirements for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, the BoS CoC expects that CoC recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

A. Evidence of Severe Service Needs. Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Appendix VI of the Written Standards using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.

B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance. Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new project participants into the project.

C. Evidence that there are no Households Meeting Higher Order of Priority within CoC's Geographic Area.

(a) When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area – or for those CoCs that implement a sub-CoC planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area – at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence.

(b) When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the CoC's geographic area - or for those CoCs that implement a sub-CoC planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area - that met a higher priority. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence that there were no households identified within the CoC's geographic area that meet a higher order of priority.

Appendix I: HUD Definition for “Homeless” Individual or Family

HUD CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> ▪ Has a primary nighttime residence that is a public or private place not meant for human habitation; ▪ Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing (only for ESG) and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or ▪ Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> ▪ Residence will be lost within 14 days of the date of application for homeless assistance; ▪ No subsequent residence has been identified; and ▪ The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> • Are defined as homeless under the other listed federal statutes; • Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; • Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> • Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> ▪ Is fleeing, or is attempting to flee, domestic violence; ▪ Has no other residence; and ▪ Lacks the resources or support networks to obtain other permanent housing

Appendix II: HUD Definition for “At Risk of Homelessness”:

HUD DEFINITION FOR AT RISK OF HOMELESSNESS	Category 1	Individuals and Families	<p>An individual or family who:</p> <p>(i) Has an annual income below 30% of median family income for the area; AND</p> <p>(ii) Does not have sufficient resources or support networks, e.g. family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND</p> <p>(iii) Meets one of the following conditions:</p> <p>A. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding their application for assistance; OR</p> <p>B. Is living in the home of another because of economic hardship; OR</p> <p>C. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance; OR</p> <p>D. Lives in a hotel or motel and the cost of the hotel or motel stay is not covered by any federal, State, or local government programs for low-income assistance: OR</p> <p>E. Lives in a single-room occupancy or efficiency apartment unit in which there resides more than 2 persons or lives in a larger housing unit in which there reside more than 1.5 persons per room; OR</p> <p>F. Is exiting a publicly funded institution, or system of care; OR</p> <p>G. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness as identified in the recipient’s approved Consolidated Plan.</p>
	Category 2	Unaccompanied Children and Youth	<p>A child or youth who does not qualify as homeless under HUD’s “homeless” definition but qualifies as homeless under another federal statute as outlined in the CoC Interim Rule at 578.3.</p>
	Category 3	Families with Children and Youth	<p>A child or youth who does not qualify as “homeless” under HUD’s homeless definition but does qualify as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) of that child or youth if living with her or him.</p>

Appendix III: Eligibility by Component (CoC Program)

ELIGIBILITY BY COMPONENT (CoC Program-funded Projects)	Supportive Services	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in SSO projects:</p> <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 2 – Imminent Risk of Homeless • Category 3* – Homeless Under Other Federal Statutes (N/A BoS CoC*) • Category 4 – Fleeing/Attempting to Flee DV
	Rapid Re- housing	<p>Individuals defined as Homeless under the following categories are eligible for assistance in RRH projects:</p> <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 4 – Fleeing/Attempting to Flee DV (where the individual or family also meets the criteria for Category 1) <p>ESG-funded RRH projects have the following additional limitations on eligibility:</p> <ul style="list-style-type: none"> • Must only serve individuals and families that have an annual income at or <u>below</u> 50% of AMI
	Transitional Housing	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in TH projects:</p> <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 2 – Imminent Risk of Homeless • Category 3* – Homeless Under Other Federal Statutes (N/A BoS CoC*) • Category 4 – Fleeing/Attempting to Flee DV
	Permanent Supportive Housing	<p>Individuals and families defined as Homeless under the following categories are eligible for assistance in PSH projects:</p> <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 4 – Fleeing/Attempting to Flee DV <p>PSH projects have the following additional NOFA limitations on eligibility within Category 1:</p> <ul style="list-style-type: none"> • Individuals and Families coming from TH must have originally come from the streets or emergency shelter • Individuals and Families must also have an individual family member with a disability <p>Projects that are dedicated chronically homeless projects, including those that were originally funded as Samaritan Bonus Initiative Projects must continue to serve chronically homeless persons <u>exclusively</u></p>

* Projects must be located within a CoC that has received HUD approval to serve this category. For more information about receiving HUD approval, please read: [Notice on Limitation on Use of Funds to Serve Persons Defined as Homeless Under Other Federal Laws](https://www.hudexchange.info/resource/1988/notice-limitation-use-funds-serve-persons-defined-homeless-other-laws/) at: <https://www.hudexchange.info/resource/1988/notice-limitation-use-funds-serve-persons-defined-homeless-other-laws/>. Category 3 is not applicable for Balance of State CoC-funded programs.

Appendix IV: Eligibility by Category (Emergency Solutions Grant Program)

<p>ELIGIBILITY BY COMPONENT (Emergency Solutions Grants Program)</p>	<p>Street Outreach</p>	<p>Individuals defined as Homeless under the following categories are eligible for assistance in SO:</p> <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 4 – Fleeing/Attempting to Flee DV (where the individual or family also meets the criteria for Category 1) <p>SO projects have the following additional limitations on eligibility within Category 1:</p> <ul style="list-style-type: none"> • Individuals and families must be living on the streets (or other places not meant for human habitation) and be unwilling or unable to access services in emergency shelter
	<p>Emergency Shelter</p>	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in ES projects:</p> <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 2 – Imminent Risk of Homeless • Category 3 – Homeless Under Other Federal Statutes • Category 4 – Fleeing/Attempting to Flee DV
	<p>Rapid Re- housing</p>	<p>Individuals defined as Homeless under the following categories are eligible for assistance in RRH projects:</p> <ul style="list-style-type: none"> • Category 1 – Literally Homeless • Category 4 – Fleeing/Attempting to Flee DV (where the individual or family also meets the criteria for Category 1) <p>ESG-funded RRH projects have the following additional limitations on eligibility:</p> <ul style="list-style-type: none"> • Must only serve individuals and families that have an annual income at or <u>below</u> 50% of AMI
	<p>Homelessness Prevention</p>	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in HP projects:</p> <ul style="list-style-type: none"> • Category 2 –Imminent Risk of Homeless • Category 3 – Homeless Under Other Federal Statutes • Category 4 – Fleeing/Attempting to Flee DV <p>Individuals and Families who are defined as At Risk of Homelessness are eligible for assistance in HP projects.</p> <p>HP projects have the following additional limitations on eligibility with homeless and at risk of homeless:</p> <ul style="list-style-type: none"> • Must only serve individuals and families that have an annual income <u>below</u> 30% of AMI

Appendix V: Eligibility Documentation Requirements for ESG and CoC Program-funded Projects

As set forth in the HEARTH Act, there are four categories of eligibility: 1) Literally Homeless, 2) Imminent Risk of Homelessness, 3) Homeless Under Other Federal Statutes (subject to limitation in the BoS CoC), and 4) Fleeing/Attempting to Flee Domestic Violence. Projects located within the Georgia Balance of State Continuum of Care jurisdiction are limited to serving categories 1, 2, and 4 due to the shortage of resources for those priority populations and excessive demand. Category two is further limited to those who will be literally homeless within 14 days, aligning eligibility with the Emergency Solutions Grant.

Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility as noted in the table on the following page:

ELIGIBILITY DOCUMENTATION/RECORDKEEPING REQUIREMENTS

<p>Category 1</p>	<p>Literally Homeless</p>	<p>a) Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); OR b) Written observation by an outreach worker; OR c) Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; d) For individuals exiting an institution – one of the forms of evidence above <u>and</u>; i) Discharge paperwork <u>or</u> written/oral referral, <u>or</u> ii) Written record of intake worker’s due diligence to obtain above evidence <u>and</u> certification by individual that they exited the institution</p> <p>If the provider is using anything other than Third Party Verification, the case file must include documentation of due diligence to obtain third party verification.</p>
<p>Category 2</p>	<p>Imminent Risk of Homelessness</p>	<p>a. A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days; OR b. For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; OR c. A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days; AND d. Certification that no subsequent residence has been identified; AND e. Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.</p>
<p>Category 3</p>	<p>Homeless under other Federal statutes</p>	<p>CoC-funded projects - N/A (Ineligible) ESG-funded projects (ONLY shelter or prevention IF allowed):</p> <ul style="list-style-type: none"> i. Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; AND ii. Certification of no PH in the last 60 days; AND iii. Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the last 60 days; AND iv. Documentation of special needs or 2 or more barriers
<p>Category 4</p>	<p>Fleeing/ Attempting to Flee DV</p>	<p>For victim service providers:</p> <ul style="list-style-type: none"> i. An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. <p>For non-victim service providers:</p> <ul style="list-style-type: none"> ii. Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; AND iii. Certification by the individual or head of household that no subsequent residence has been identified; AND iv. Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Appendix VI: Permanent Supportive Housing Written Standards & Chronic Prioritization (approved as updated 5/24/17)

PERMANENT SUPPORTIVE HOUSING PROJECTS (PSH)

Permanent Supportive Housing (PSH) projects provide community-based housing and supportive services, without a predetermined length of stay, to assist homeless persons with a disability to live independently.

STANDARD:

The project will provide safe, affordable housing that meets participants' needs in accordance with HUD guidelines for permanent supportive housing projects.

SERVICE PROVISION CRITERIA:

1. In providing or arranging for housing, the project considers the needs of the individual or family experiencing homelessness.
2. The project provides assistance in accessing suitable housing.
3. The project may provide assistance with moving costs.
4. The project signs occupancy agreements or leases (or subleases) with all project participants residing in housing.
5. The project enters into an occupancy agreement or lease agreement (or sublease) with project participant for a term of at least once year, which is terminable for cause. The lease must be automatically renewable upon expiration for a minimum term of one month. Assistance may be extended as stated in 24 CFR 578.79.
6. For projects where regulations require individuals and families residing in permanent supportive housing to pay occupancy charges or rent, occupancy charges and rent may not exceed those specified in 24 CFR 578.77.
7. At least 85 percent of the CoC Program-funded permanent supportive housing beds that become available through turnover must be prioritized for chronically homeless individuals and families. However, CoC-funded PSH projects that commit above this amount in a competition, are held to the higher amount.

ELIGIBILITY CRITERIA:

In order to be served in a CoC-funded PSH project (individuals or family households) participants must meet the following program eligibility requirements:

- Participants must meet the applicable HUD definition of homelessness (category 1 or category 4); and
- PSH can only provide assistance to individuals with disabilities and families in which at least one adult or child has a disability.

Priority is given to chronically homeless individuals and families as defined by HUD, where a family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of the chronically homeless definition as described on page 6 of this appendix, including a family whose composition has fluctuated while the head of household has been homeless. Please note that to meet the criteria set forth in the chronically homeless definition, in addition to meeting criteria around literal homelessness and length of time homeless, the statutory definition also requires that the head of household has a diagnosable disability as determined in the final rule.

Recipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all circumstances in determining whether termination is appropriate. Under the Continuum of Care Interim Rule, it was determined that a participant's assistance should be terminated only in the most severe cases.

The Georgia Balance of State CoC adopts HUD's Notice CPD-16-11, *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing* Notice issued on July 25, 2016, in that those experiencing chronic homelessness should be given priority for non-dedicated PSH beds as vacancies become available through turnover. PSH renewal projects serving specific disabled subpopulations (e.g., persons with mental illness or persons with substance abuse issues) must continue to serve those groups, as required in the current grant agreement. However, the chronically homeless within the specified subpopulation should be prioritized for entry as described below. The full notice, which includes related recordkeeping requirements can be found at: <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>. As noted in the Georgia Balance of State CoC Competition policy for 2016, at least 85 percent of the CoC program-funded permanent supportive housing beds that become available through turnover must be prioritized for chronically homeless individuals and families. This policy supersedes previous policy adopting Notice CPD-14-012.

The overarching goal of adopting this Notice is to ensure that the homeless individuals and families with the most severe service needs within a community are prioritized in all PSH, which will also increase progress towards the Georgia Balance of State CoC's goal of ending chronic homelessness. This will also guide projects in ensuring that all CoC Program-funded PSH beds are used most effectively. HUD's Notice CPD-16-11, and this policy, revises the orders of priority related how persons should be selected for PSH as previously established in Notice CPD-14-012 to reflect the changes to the definition of chronically homeless as defined in the Chronically Homeless final rule.

Recipients of CoC Program-funded PSH are required to follow the order of priority when selecting participants for housing in accordance with the Georgia Balance of State CoC's written standards while also considering the goals and any identified target populations served by the project, in a manner consistent with their current grant agreement.

Due diligence must be exercised when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs in the Georgia Balance of State CoC. HUD and the Georgia Balance of State CoC recognize that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing. Recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach and housing providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

PRIORITIZATION of CHRONICALLY HOMELESS

Order of Priority in CoC Program-funded Permanent Supportive Housing

As a reminder, recipients of CoC Program-funded PSH are required to prioritize otherwise eligible households in a nondiscriminatory manner. Project implementation, including any prioritization policies, must be implemented consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic.

First Priority:

Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR Parts 91 and 578, for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
2. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

Second Priority:

Chronically Homeless Individuals and Families with the Longest History of Homelessness.

A chronically homeless individual or head of household, as defined in 24 CFR Parts 91 and 578, for which both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
2. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Third Priority:

Chronically Homeless Individuals and Families with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR Parts 91 and 578, for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least

four separate occasions in the last 3 years, where the total length of those separate occasions equals less than 12 months; and

2. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Fourth Priority:

All Other Chronically Homeless Individuals and Families.

A chronically homeless individual or head of household as defined in 24 CFR Parts 91 and 578, for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than 12 months**; and
2. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR Parts 91 and 578 within the CoC, the order of priority in the section below (*B. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness*) may be followed.

B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

First Priority:

Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs.

Second Priority:

Homeless Individuals and Families with a Disability Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

Third Priority:

Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should

be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

Fourth Priority:

Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

PROCEDURE:

Permanent Supportive Housing Projects will be required to utilize the Coordinated Entry Process as implemented.

Key Terms:

Homeless means (To be eligible for permanent supportive housing, people must meet the federal criteria under category [1] or [4] of the “homeless” definition in 24 578.3):

- 1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
 - iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Disabling Condition (Disability) means:

- A person shall be considered to have a disabling condition if he or she has a condition that:
 - Is expected to be long-continuing or of indefinite duration;
 - Substantially impedes the individual’s ability to live independently;
 - Could be improved by the provision of more suitable housing conditions; and
 - Can be diagnosed as one or more of the following conditions: substance abuse disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability (page 53, CoC Interim Rule).
- A person will also be considered to have a disability if he or she has acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Chronically Homeless means:

- A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four 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 included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
- An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering that facility; or
- A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition described above, including a family whose composition has fluctuated while the head of household has been homeless.

HUD’s *Sample Chronic Homelessness Documentation – 2016* guidance can be found at:

<https://www.hudexchange.info/resources/documents/Sample-Chronic-Homelessness-Documentation-Form-2016.docx>.

Housing First means:

Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.

Any CoC-funded recipient/subrecipient that indicated that they would follow a Housing First approach in a CoC Project Application must continue to do so in subsequent years, as the CoC score for that CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient’s HUD grant agreement.

Severity of Service Needs means (as defined in HUD Notice CPD-16-11, these PSH written standards refer to persons who have been identified as having the most severe service needs):

(a) For the purpose of these standards, this means an individual for whom at least one of the following is true:

- i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
- ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
- iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
- iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i. - iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a project participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see C.F.R. § 5.105(a).

Recordkeeping Recommendations for the Orders of Priority in this Notice:

24 CFR 578.103(a)(4) of the [CoC Program Interim Rule \(Formatted Version\)](#) outlines documentation requirements for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, the BoS CoC expects that CoC recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

A. Evidence of Severe Service Needs. Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in this section of the Written Standards using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.

B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance. Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new project participants into the project.

C. Evidence that there are no Households Meeting Higher Order of Priority within CoC's Geographic Area.

(a) When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area – or for those CoCs that implement a sub-CoC planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area – at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence.

(b) When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the CoC's geographic area - or for those CoCs that implement a sub-CoC planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area - that met a higher priority. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence that there were no households identified within the CoC's geographic area that meet a higher order of priority.

Appendix VII: Recordkeeping Requirements Documenting “Chronic Homelessness”

RECORDKEEPING REQUIREMENTS TO DOCUMENT CHRONIC HOMELESSNESS	Documenting time spent living in a place not meant for human habitation, an emergency shelter, or a safe haven	<p>a) Third party verification (HMIS print-out, written observation by an outreach worker of the conditions where the individual was living, or written referral/certification by another housing or service provider) should be obtained for at least 9 of the required 12 month homeless period;</p> <p>b) Up to 3 months of homelessness may be documented through self-certification;</p> <p>c) A single encounter with a service provider in a month is sufficient to consider the household homeless for the entire month unless there is evidence of a break;</p> <p>d) If third party documentation cannot be obtained, a written record of the intake worker’s due diligence to obtain it, the worker’s documentation of the living situation, and the individual’s self-certification may suffice;</p> <p>e) Up to 25% of the participants served during the project’s operating year may self-certify for the full 12 months but this should be limited to rare and extreme cases and the intake worker must document their due diligence in obtaining other documentation and why it was not received.</p>
	Documenting time spent in institutions	<p>a) Discharge paperwork or written or oral referral from a social worker, case manager, or other appropriate official stating the beginning and ending dates of the individual’s stay in the facility; OR</p> <p>b) Where third party verification is not attainable, the written record of the intake worker’s due diligence to obtain it and the individual’s self-certification that he or she is exiting an institutional care facility where they resided less than 90 days.</p>
	Documenting breaks in homelessness	<p>a) Third party verification; OR</p> <p>b) Self-reporting by the individual seeking assistance. It is acceptable for all breaks to be documented through self-reporting.</p>
	Documenting the existence of a disability	<p>This must be third party, and includes:</p> <p>a) Written verification from a professional licensed by the State to diagnose and treat the disability and certification that the disability expected to be long-continuing or of indefinite duration and substantially impedes the individual’s ability to live independently; OR</p> <p>b) Written verification from SSA; OR</p> <p>c) The receipt of a disability check; OR</p> <p>d) Intake staff recorded observation of a disability that is confirmed and accompanied by evidence outlined in a-c above within 45 days.</p>

Recipients and subrecipients of CoC Program funds are required to maintain and follow written intake procedures to ensure compliance with the “chronically homeless” definition as described in the final rule at:

<https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>

Appendix VIII: HUD CPD-16-11 Notice Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing



Special Attention of:

All Secretary's
Representatives

Notice: CPD-16-11

Issued: July 25, 2016

Expires: This Notice is effective until it is amended, superseded, or rescinded

Issued:

All Regional Directors for
CPD

Cross Reference: 24 CFR Parts 578 and
42 U.S.C. 11381, *et seq.*

Expires:

All CPD Division Directors
Continuums of Care (CoC)
Recipients of the Continuum of Care (CoC)
Program

Subject: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

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I. Purpose

This Notice supersedes Notice CPD-14-012 and provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in **all** CoC Program-funded PSH. This Notice reflects the new definition of chronically homeless as defined in CoC Program interim rule as amended by the Final Rule on Defining “Chronically Homeless” (herein referred to as the Definition of Chronically Homeless final rule) and updates the orders of priority that were established under the prior Notice. CoCs that previously adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the FY2015 CoC Program Competition are encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. CoCs that have not previously adopted the orders of priority established in Notice CPD-14-012 are also encouraged to incorporate the orders of priority included in this Notice into their written standards

A. Background

In June 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (Opening Doors)*, in which HUD and its federal partners set goals to end Veteran and chronic homelessness by 2015, and end family and youth homelessness by 2020. Although progress has been made there is still a long way to go. In 2015, the United States Interagency Council on Homelessness extended the goal timeline for achieving the goal of ending chronic homelessness nationally from 2015 to 2017. In 2015, there were still 83,170 individuals and 13,105 persons in families with children that were identified as chronically homeless in the United States. To end chronic homelessness, it is critical that CoCs ensure that limited resources awarded through the CoC Program Competition are being used in the most effective manner and that households that are most in need of assistance are being prioritized.

Since 2005, HUD has encouraged CoCs to create new PSH dedicated for use by persons experiencing chronic homelessness (herein referred to as dedicated PSH). As a result, the number of dedicated PSH beds funded through the CoC Program for persons experiencing chronic homelessness has increased from 24,760 in 2007 to 59,329 in 2015. This increase has contributed to a 30.6 percent decrease in the number of chronically homeless persons reported in the Point-in-Time Count between 2007 and 2015. Despite the overall increase in the number of dedicated PSH beds, this only represents 31.6 percent of all CoC Program-funded PSH beds.

To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness. HUD’s experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a “first-come, first-serve” basis or based on tenant selection processes that screen-in those who are most likely to succeed while screening out those with the highest level of need. These approaches to tenant

selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

B. Goals of this Notice

The overarching goal of this Notice is to ensure that those individuals and families who have spent the longest time in places not meant for human habitation, in emergency shelters, or in safe havens and who have the most severe service needs within a community are prioritized for PSH. By ensuring that persons with the longest histories of homelessness and most severe service needs are prioritized for PSH, progress towards the Obama Administration's goal of ending chronic homelessness will increase. In order to guide CoCs in ensuring that all CoC Program-funded PSH beds are used most effectively, this Notice revises the orders of priority related to how persons should be selected for PSH as previously established in Notice CPD-14-012 to reflect the changes to the definition of chronically homeless as defined in the Definition of Chronically Homeless final rule. CoCs are strongly encouraged to adopt and incorporate them into the CoC's written standards and coordinated entry process.

HUD seeks to achieve two goals through this Notice:

1. Establish a recommended order of priority for dedicated and prioritized PSH which CoCs are encouraged to adopt in order to ensure that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority.
2. Establish a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized.

C. Applicability

The guidance in this Notice is provided to all CoCs and all recipients and subrecipients of CoC Program funds—the latter two groups referred to collectively as recipients of CoC Program-funded PSH. CoCs are strongly encouraged to incorporate the order of priority described in this Notice into their written standards, which CoCs are required to develop per 24 CFR 578.7(a)(9), for their CoC Program-funded PSH. Recipients of CoC Program funds are required to follow the written standards for prioritizing assistance established by the CoC (see 24 CFR 578.23(c)(10)); therefore, if the CoC adopts these recommended orders of priority for their PSH, all recipients of CoC Program-funded PSH will be required to follow them as required by their grant agreement. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Lastly, where a CoC has chosen to not adopt HUD's recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

D. Key Terms

1. **Housing First.** A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.
2. **Chronically Homeless.** The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:
 - (a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four 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 included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
 - (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
 - (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.
3. **Severity of Service Needs.** This Notice refers to persons who have been identified as having the most severe service needs.
 - (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:
 - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or

- ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
- iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
- iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are those which are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If there are no persons within the CoC's geographic area that meet the definition of chronically homeless at a point in which a dedicated PSH bed is vacant, the recipient may then follow the order of priority for non-dedicated PSH established in this Notice, if it has been adopted into the CoC's written standards. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area at that time. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC).

B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. During the CoC Program competition project applicants for CoC Program-funded PSH indicate the number of non-dedicated beds that will be prioritized for use by persons experiencing chronic homelessness during the operating year of that grant, when awarded. These projects are then required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for the applicable operating year as the project application is incorporated into the

grant agreement. All recipients of non-dedicated CoC Program-funded PSH are encouraged to change the designation of their PSH to dedicated, however, at a minimum are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable, until there are no persons within the CoC's geographic area who meet that criteria. Projects located in CoCs where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified area. For example, if a Balance of State CoC has chosen to divide the CoC into six distinct regions for purposes of planning and housing and service delivery, each region would only be expected to prioritize assistance within its specified geographic area.¹

The number of non-dedicated beds designated as being prioritized for the chronically homeless may be increased at any time during the operating year and may occur without an amendment to the grant agreement.

III. Order of Priority in CoC Program-funded Permanent Supportive Housing

The definition of chronically homeless included in the final rule on “Defining Chronically Homeless”, which was published on December 4, 2015 and went into effect on January 15, 2016, requires an individual or head of household to have a disability and to have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least 12 months either continuously or cumulatively over a period of at least 4 occasions in the last 3 years. HUD encourages all CoCs adopt into their written standards the following orders of priority for all CoC Program-funded PSH. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Where a CoC has chosen to not incorporate HUD's recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

As a reminder, recipients of CoC Program-funded PSH are required to prioritize otherwise eligible households in a nondiscriminatory manner. Program implementation, including any prioritization policies, must be implemented consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

¹ For the State of Louisiana grant originally awarded pursuant to “Department of Housing and Urban Development—Permanent Supportive Housing” in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. CoCs are strongly encouraged to revise their written standards to include an order of priority, determined by the CoC, for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.
2. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Notice. For projects located in CoC's where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified sub-CoC area.²
3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.
4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH

² For the State of Louisiana grant originally awarded pursuant to "Department of Housing and Urban Development—Permanent Supportive Housing" in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. CoCs are strongly encouraged to revise their written standards to include the following order of priority for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs.

(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which youth meet the stated criteria.
3. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority described in this Notice, and as adopted by the CoC. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant indefinitely while waiting for an identified eligible individual or family to accept an offer of PSH (see [FAQ 1895](#)). Recipients of CoC Program-funded PSH are encouraged to follow a Housing First approach to the maximum extent practicable. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these individuals and families must continue to be prioritized until they are housed.

IV. Using Coordinated Entry and a Standardized Assessment Process to Determine Eligibility and Establish a Prioritized Waiting List

A. Coordinated Entry Requirement

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system (referred to in this Notice as coordinated entry or coordinated entry process) that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. CoCs that adopt the order of priority in Section III of this Notice into the CoC's written standards are strongly encouraged to use a coordinated entry process to ensure that there is a single prioritized list for all CoC Program-funded PSH within the CoC. The [Coordinated Entry Policy Brief](#), provides recommended criteria for a quality coordinated entry process and standardized assessment tool and process. Under no circumstances shall the order of priority be based upon diagnosis or disability type,

but instead on the length of time an individual or family has been experiencing homelessness and the severity of needs of an individual or family.

B. Written Standards for Creation of a Single Prioritized List for PSH

CoCs are also encouraged to include in their policies and procedures governing their coordinated entry system a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized list that is created through the CoCs coordinated entry process, which should also be informed by the CoCs street outreach. Adopting this into the CoC's policies and procedures for coordinated entry would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice. The single prioritized list should be updated frequently to reflect the most up-to-date and real-time data as possible.

C. Standardized Assessment Tool Requirement

CoCs must utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. The [Coordinated Entry Policy Brief](#), provides recommended criteria for a quality coordinated entry process and standardized assessment tool.

D. Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable. See 24 C.F.R. § 5.105(a).

V. Recordkeeping Recommendations for CoCs that have Adopted the Orders of Priority in this Notice

24 CFR 578.103(a)(4) outlines documentation requirements for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards. The CoC, as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

- A. Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.
- B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of

written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

C. Evidence that there are no Households Meeting Higher Order of Priority within CoC's Geographic Area.

- (a) When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area – or for those CoCs that implement a sub-CoC³ planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area – at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence.
- (b) When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the CoC's geographic area - or for those CoCs that implement a sub-CoC planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area - that met a higher priority. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence that there were no households identified within the CoC's geographic area that meet a higher order of priority.

VI. Questions Regarding this Notice

Questions regarding this notice should be submitted to HUD Exchange Ask A Question (AAQ) Portal at: <https://www.hudexchange.info/get-assistance/my-question/>.

³ For the State of Louisiana grant originally awarded pursuant to “Department of Housing and Urban Development—Permanent Supportive Housing” in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

**Georgia Balance of State Continuum of Care
Coordinated Entry
Written Standards**

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Introduction & Overview

The Coordinated Entry System (CES) is a Continuum of Care (CoC)-wide process for facilitating access to housing and service resources for individuals and families at risk of or experiencing homelessness, identifying and assessing needs in a transparent and consistent way and referring clients to the most appropriate service strategy or housing intervention. In doing so, the CES ensures that the Balance of State (BoS) CoC's limited resources are allocated to achieve the most effective results. The system ensures that people at risk of or experiencing homelessness obtain equitable and timely access to housing resources, provided in a person-centered approach that preserves choice and dignity.

The goal of these standards is to synthesize key elements of HUD regulations on Coordinated Entry along with Written Standards of the Georgia BoS CoC and ensure that the CES is administered fairly and consistently across the CoC.

These written standards govern the implementation, governance and evaluation of the Georgia BoS CoC CES. This is a living document and will be reviewed and updated regularly to reflect programmatic and regulatory changes.

All projects located within the GA BoS CoC that receive CoC and Emergency Solutions Grants (ESG) funding are required to participate in the CES and are therefore subject to complying with the written standards and policies and procedures as outlined and developed by the GA BoS CoC.

Guiding Principles

Most communities lack the resources needed to meet all the needs of people at risk of or experiencing homelessness. This combined with the lack of a coordinated and efficient approach to providing necessary services often results in severe hardships for people at risk of and experiencing homelessness, further exacerbated by lengthy waitlists and households being unnecessarily screened out for needed assistance. CES helps communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most, receive it in a timely manner. CES also informs community planning by identifying gaps in services. The GA BoS CoC CES is governed by the following guiding principles, whereas the CES must:

1. Cover the entire geographic area claimed by the CoC
2. Be easily accessed by individuals and families seeking housing or services
3. Be well-advertised
4. Include a comprehensive and standardized assessment
5. Provide an initial, comprehensive assessment of individuals and families for housing and services
6. Include a specific policy to guide the operation of the CES to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating

violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers

Governance

Regional Planning groups will develop written CES plans describing the design and administrative policies for their community in accordance with these standards and CoC governance. The GA BoS CoC Board of Directors will appoint a standing Assessment, Placement and Services Committee that will review and approve Regional Planning Group CES plans and significant plan changes. The Assessment, Placement and Services Committee membership will consist of representatives from across the Balance of State and other state-level experts.

Role of Assessment, Placement and Services Committee

The Assessment, Placement and Services Committee is primarily responsible for identifying and maximizing use and coordination of mainstream resources, services and housing resources available for people at risk of or experiencing homelessness. The Committee will develop written standards for assessment and program admissions within the Continuum like those that will govern CES across the Balance of State. The Committee will assist in developing policy to be approved by the Board and will work to ensure that the Continuum's system of care meets the needs of homeless individuals and families by seeking to implement comprehensive prevention, outreach, engagement, assessment, shelter (or other short-term housing), transitional (in limited circumstances), and permanent housing strategies throughout its broad geographical area.

Role of Regional Planning Groups

Communities will organize into Regional Planning Groups made up of agencies receiving CoC and ESG funds as well as others stakeholders from the region. Each Regional Planning Group, with assistance from CoC staff, will be responsible for designing and implementing a local CES within the parameters of the written standards and policies and procedures described herein. The Written Standards provide Regional Planning Groups with a supportive framework to use when implementing their local CES. Regional Planning Groups will also utilize standardized assessment tools that will be uniform across the Balance of State CoC. These tools include the Prevention and Diversion Screening Tool and the VI-SPDAT Screening Tool which are described further in the following section. Regional Planning Groups will design and submit a CES plan, using the Regional Planning Guide, for approval by CoC staff.

Definitions

Terms and acronyms used throughout this document are defined below.

- **Chronically Homeless:**
 1. A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

- a. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - b. Has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months **or** on at least four 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 included at least 7 consecutive nights of not living as described above. Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering that facility; or
 3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition described above, including a family whose composition has fluctuated while the head of household has been homeless.
- Continuum of Care (CoC): A CoC is a geographically based group of representatives that carries out the planning responsibilities required by the U.S. Department of Housing and Urban Development's (HUD) CoC Program. These responsibilities include planning, coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the CoC's geographic area. The GA BoS CoC consists of 152 suburban and rural counties in Georgia.
 - Coordinated Entry System (CES): Among other elements, CES is a coordinated process whereby any single individual or family at risk of or experiencing homelessness receives assistance as effectively and quickly as possible. CES employs the use of standardized, common assessments and screening tools to prevent and divert entry into the homeless system, to address emergent needs, and to evaluate severity of need and level of vulnerability.
 - Diversion: Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion strategies can reduce the number of individuals/families becoming homeless, the demand for shelter beds and the size of program prioritization lists.
 - F-VI-SPDAT: Family Vulnerability Index and Service Prioritization Decision Assistance Tool (F-SPDAT) developed and owned by OrgCode is utilized for families (and not single

individuals) to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the F-SPDAT allows for prioritization based on presence of vulnerability across twenty subcomponents within the broader four components of the VI-SPDAT: (a) history of housing and homelessness (b) risks (c) socialization and daily functioning (d) wellness - including chronic health conditions, substance usage, mental illness and trauma, and (e) family unit.

- HMIS: A Homeless Management Information System is a web-based software application designed to record and store person-level information on the characteristics and service needs of homeless persons throughout a CoC jurisdiction. Usage of the HMIS is mandated by HUD and locally by the GA DCA.
- Homeless: The Homeless definition is comprised of four categories:
 1. Literally homeless individuals/families
 - a. Literal homeless is further defines as homeless individuals/ families who lack a fixed, regular and adequate nighttime residence, meaning:
 - i. Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation, such as a place not meant for human habitation.
 - ii. Living in emergency shelter or transitional housing designated to provide temporary living arrangements (including hotel/motel stays paid for by charitable or government programs).
 - iii. Exiting an institution where the individual resided for less than 90 days and where the individual entered the institution immediately from emergency shelter (including hotel/motel stays paid for by charitable or government programs) or an unsheltered location.
 2. Individuals/families who will imminently (within 14 days) lose their primary nighttime residence with no subsequent residence and no resources or support networks.
 3. Unaccompanied youth and families with children/youth who meet the homeless definition under another federal statute and three additional criteria.
 4. Individuals/families fleeing or attempting to flee domestic violence with no subsequent residence and no resource or support networks.
- Prevention and Diversion Screening Tool: A tool used to reduce entries into the homeless services system by determining a household's needs upon initial presentation to shelter or other emergency response organization. This screening tool gives programs a chance to divert households by assisting them to identify other permanent housing options and, if needed, providing access to mediation and financial assistance to remain in housing.

- **Regional Planning Guide:** A tool created by the GA BoS CoC used by Regional Planning Groups to guide the CES planning and implementation process. Regional Planning Groups will create a plan for their community’s CES implementation and submit it to the Assessment, Placement and Services Committee for approval using the format outlined in the tool.
- **VI-SPDAT:** The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) developed and owned by OrgCode and Community Solutions is utilized for single individuals (and not families) to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on presence of vulnerability across four components: (a) history of housing and homelessness (b) risks (c) socialization and daily functioning (d) and wellness - including chronic health conditions, substance usage, mental illness and trauma.

Prioritization Standards

The GA BoS CoC employs a uniform process for prioritizing and matching housing interventions to households. Prioritization Standards for Coordinated Entry are as follows.

Permanent Supportive Housing (PSH) beds dedicated and prioritized for individuals/families with a disability who are chronically homeless	
1st	Longest history of homelessness and with the most severe service needs
2 nd	Longest history of homelessness
3 rd	Most severe service needs
4 th	All other chronically homeless

PSH beds non-dedicated nor prioritized for individuals/families with a disability who are chronically homeless	
1st	Most severe service needs
2 nd	Long period of continuous or episodic homelessness
3 rd	Coming from places not meant for human habitation, street, safe havens or emergency shelters
4 th	Coming from transitional housing

Housing Intervention	Prioritization	Subpopulation	Secondary Population
PSH	1	Chronic Youth	1. Veterans
			2. Prioritization Score
			3. Length of Homelessness
			4. Date of Assessment
	2	Chronic Families	1. Veterans
			2. Prioritization Score
			3. Length of Homelessness
			4. Date of Assessment
	3	Chronic Singles	1. Veterans
2. Prioritization Score			
3. Length of Homelessness			
4. Date of Assessment			
PSH	4	Non-Chronic Youth	1. Veterans
			2. Prioritization Score
			3. Length of Homelessness
			4. Date of Assessment
	5	Non-Chronic Families	1. Veterans
			2. Prioritization Score
			3. Length of Homelessness
			4. Date of Assessment
	6	Non-Chronic Singles	1. Veterans
			2. Prioritization Score
			3. Length of Homelessness
			4. Date of Assessment

Housing Intervention	Prioritization	Subpopulation	Secondary Population
RRH	1	Non-Chronic Youth	5. Veterans
			6. Prioritization Score
			7. Length of Homelessness
			8. Date of Assessment
	2	Non-Chronic Families	5. Veterans
			6. Prioritization Score
			7. Length of Homelessness
			8. Date of Assessment
	3	Non-Chronic Singles	5. Veterans
			6. Prioritization Score
			7. Length of Homelessness
			8. Date of Assessment

System Requirements and Workflow Expectations

Regional Planning Groups determine the CES model that will serve individuals and families at risk of or experiencing homelessness within their community. All CoC and ESG-funded programs must actively participate in their Regional Planning Group’s CES. Programs will remove and/or minimize program entry requirements to ensure that the most vulnerable individuals and families experiencing homelessness are served as quickly as possible.

Projects participating in the coordinated entry process must not screen potential project participants out for assistance based on perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record. Regional Planning Groups will develop a strategy and timeline for removing project barriers and document that plan in the Regional Planning Group’s CES Plan.

CoC and ESG-funded housing programs will not accept client referrals outside of their community’s CES and will report all funded units and program availability to the CES through HMIS. Communities will use the Prevention and Diversion screening tool prior to entry into an emergency shelter and/or emergency housing program. In cases where prevention and diversion are not an option and households enter an emergency shelter or emergency housing program, each community must administer and complete the VI-SPDAT no greater than 7 days after entry. If a household is exiting emergency shelter to homelessness, the VI-SPDAT must be completed prior to the household exiting. Results from the VI-SPDAT will be used to determine the most appropriate housing intervention based on the household’s specific needs and acuity.

Once CES implementation has begun in each region, communities should begin using the VI-SPDAT to assess households who are already in emergency housing. Projects should also begin to address existing waitlists by assessing households on those waitlists so that they can be added to the prioritization list and be considered for all available and appropriate resources.

Access	<ul style="list-style-type: none">• CES access points must be easily accessed, in convenient physical locations, and offer non-physical access points as needed• Access may occur in person, through any designated access point, via phone and/or community outreach teams• Access point locations must be well-advertised in highly visible locations within the community and posted on the GA BoS CoC website
Prevention & Diversion	<ul style="list-style-type: none">• A diversion and prevention screening tool will be used to determine emergency housing needs and if alternative housing options other than emergency shelter/emergency housing entry are available

	<ul style="list-style-type: none"> Households who can solve their homelessness without housing assistance are diverted out of the system and referred to mainstream benefits and resources as needed. Households in need of prevention services are referred to an agency that provides prevention services If a household, screened for diversion or prevention at a location that is not a CES access point, is identified as needing housing assistance then they will be directed to a Coordinated Entry access point to complete a housing assessment
Emergency Services	<ul style="list-style-type: none"> CES will allow for quick access to emergency services with as few barriers to entry as possible Access to such services should be available outside of normal business hours Households should not be required to complete an assessment to gain access to emergency services Emergency services are not prioritized and may be accessed as needed
Housing Assessors	<ul style="list-style-type: none"> Housing assessors will be available to conduct housing assessments at the CES access points, the call center and/or via outreach teams The assessment must be completed using HMIS
Housing Referral	<ul style="list-style-type: none"> Information gathered from the assessment must be used to determine the most appropriate housing and/or service intervention HMIS will be used to match households to a housing intervention and a housing program based on program eligibility, prioritization, geography and client choice
Housing Match	<ul style="list-style-type: none"> Once the recommended intervention and eligible programs have been identified in HMIS and the household has decided which program they are interested in, an electronic referral to the provider can be completed and the following two options are available to the housing assessor: 1) A reservation can be made in HMIS or 2) The household can be added to the prioritization list if there are no vacate units or program availability
Housing Connection	<ul style="list-style-type: none"> After the assessor makes an electronic referral to the housing provider, the assessor will complete a warm hand off to the agency The agency will accept the referral on HMIS and update the status of the referral as necessary

Housing Provider Responsibilities

In addition to CoC and ESG-funded programs that are required to participate in the CES, other organizations that provide housing to those experiencing homelessness, either due to program requirements and/or voluntarily, may dedicate all and/or a portion of their housing portfolio to CES. As such, organizations must identify and report the information listed below to the Regional Planning Group. This information is required to be included in the Regional Planning Guide and entered into HMIS.

- ✓ Housing Type
- ✓ Applicable program eligibility requirements for each housing type
- ✓ Unit and program availability/vacancies in HMIS

The housing provider will also commit to following the Housing Matching Prioritization Process for PSH and Rapid Re-Housing

- ✓ Upon receiving the referrals, accept referral in HMIS and contact the individual referred to set up intake appointments within 48 hours
- ✓ Work with the Assessor to locate the individual or family and engage with them to see if the housing referral provides a good match
- ✓ Record in HMIS when a match does not lead to successful program entry and provide the reason why they were not housed so that the individual can be re-assigned in HMIS
- ✓ Update HMIS to reflect when each match leads to successful program entry and provide the date the individual moves into housing

Screening Tools & Guides

Standardized tools and guides are utilized to ensure consistency across the GA BoS CoC CES. The following chart illustrates the type of screening tools or guides used within the BoS CoC CES, and purpose for each.

Screening Tools & Planning Guide	Purpose
Prevention and Diversion Screening Tool	Used prior to entry in the homeless service system to determine 1) level of emergent housing and/or service needs, and 2) alternative prevention and diversion options other than entry into an emergency shelter/ emergency housing

Individual and Family VI-SPDAT V.2	Used, no greater than 7 days after entry, to determine the best housing intervention
VI-SPDAT Assessment Results (Housing Intervention Recommendations/Score Ranges)	Regional Planning Groups will utilize the recommended housing interventions and score ranges as a basis for determining their own scoring ranges for the various housing interventions
Regional Planning Guide	The guide is used by Regional Planning Groups to illustrate community level CES operations, access points, policies, assessment processes, etc

Housing Assessment Process

Assessment Process

Accessors utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common assessment to screen any single individual experiencing homelessness.

The VI-SPDAT and Family VI-SPDAT will be the ONLY tools used to assess individuals after entry into the CES. The assessment scores will be used to triage individuals and families into the appropriate category of intervention. Information on the VI-SPDAT and an explanation of its evidence based foundation can be found at <http://100khomes.org>. VI-SPDAT score ranges and their corresponding recommended housing interventions are listed below:

Individual VI-SPDAT Score	Housing Resource Referral
0-3	No housing referral/Basic information provided
4-7	Rapid Rehousing
8+	Permanent Supportive Housing
Family VI-SPDAT Score	Housing Resource Referral
0-3	No housing referral/Basic information provided
4-8	Rapid Rehousing
9+	Permanent Housing

Screening Tool Updates

The VI-SPDAT receives ongoing updates to incorporate new and stronger evidence and feedback from both staff who have conducted the assessment as well as from individuals who have received the assessment themselves. The BoS CoC currently utilizes version 2 of the VI-SPDAT and will shift to future updated versions of the tool as applicable.

Assessment Score Appeal Process

The CoC Written Standards outline that the most severe service needs will be determined by the household's VI-SPDAT score and will prioritize those with the highest scores within each category first. If an individual or family wishes to appeal a VI-SPDAT score, they may file an appeal to the CES Regional Planning Group using the Appeal and Grievance Policy as outlined in their Regional Planning Guide. Accessors must discuss the appeal process during the assessment so that households are aware of the process.

Accessor Training

The CoC will release an annual training calendar on the CoC website. Trainings will include an overview of the CES, CES Written Standards, the Release of Information, VI-SPDAT assessment and how to record its results within the Homeless Management Information System (HMIS). Additional trainings to address data quality concerns and continuous quality improvement will be offered as needed. If a need for additional trainings not offered by the CoC is identified, Regional Planning Groups should communicate that need to the Coordinated Entry System Coordinator for consideration.

Release of Information

A signed GA HMIS Release of Information is required for information to be shared between accessors and providers. A separate signed authorization is also required to complete the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). All adults must sign both the GA HMIS Release of Information and Assessment Authorization prior to the assessment process.

Housing Match and Prioritization Process

The CES makes referrals to projects receiving ESG and CoC Program funds within the GA BoS CoC geographic area and other housing and service resources as applicable. The match process occurs in HMIS and accounts for the following elements:

- 1. Prioritization:** CESs will follow the Prioritization Standards listed above.
- 2. Recommended Housing Intervention:** Upon completion of the VI-SPDAT, the client will be assigned a score. That score will fall within a range that corresponds with a recommended housing intervention. Referrals are made based on the assessment's recommended intervention as well as the GA BoS CoC's prioritization standards that are listed above. If a household's recommended intervention is PSH and there is currently

no PSH then a household can remain on the prioritization list until a unit is available or can be offered RRH if there is program availability at the time.

- 3. Program Eligibility:** Referrals will be provided by the lead agency using a standardized set of eligibility criteria and program requirements. The CES will follow eligibility and program requirements based on the criteria agreed upon with the agency/organization. Agencies participating in CES must submit all program eligibility criteria to the Regional Planning Group to be submitted as part of the Regional CES Plan. If DCA has a concern that a program's or CES's requirements may be contributing to "screening out" or excluding households from housing and/or services, DCA may request a meeting with the provider or Regional Planning Group to further discuss creative and collaborative solutions for adjusting program requirements. In cases where a provider is unwilling to adjust program criteria, DCA may de-prioritize the provider for future CoC and/or ESG funding.
- 4. Client choice:** Households may decline a referral because of program requirements that are inconsistent with their needs or preferences. There are no limitations on how many referrals a client may decline. However, a household may decline 2 referrals before they are returned to the prioritization list and prioritized with others on the list at that time.
- 5. Geographic Location:** Client's actual location and preferred location will be considered when determining an appropriate referral.

Completion of the Assessment Process

Timeline

The housing assessor will inform the household of possible eligibility and referral options immediately after assessment. The assessor will then input a referral into HMIS and facilitate a warm hand off to the receiving program. The assessor should assist households in gathering eligibility documentation as needed and as able. After a referral is submitted, the receiving program will acknowledge receipt of the referral within 48 hours. Acknowledgement is recorded by *accepting* the referral in HMIS. The receiving program must then enroll or deny the referred household within seven days. The receiving program can reject or deny the referral but only for the reasons listed later in this document. If the receiving program has been unable to contact the household after seven days then they are able to deny the referral, but only after repeated attempts at contact by all available methods each day for all seven days. If a client is denied because they were not able to be reached then the client will return to the same spot on the prioritization list. Assessors must attempt to continue to contact the household for 45 days, calling twice a week for the first 30 days and at least twice in the following fifteen days. All attempts to reach the household should be documented in HMIS. After that 45 day period, the household should be removed from the prioritization list and marked as inactive. If a household presents after they are removed from the prioritization list, then the household must complete the assessment process again.

Refusals

When staff encounter individuals who do not provide a response to any of the first questions on the VI-SPDAT, they should stop and acknowledge that the assessment will not provide useful information if the individual is having difficulty participating in the assessment process. All efforts should be made to explore possible reasons why the individual or family is experiencing difficulty with the assessment process and the assessor and/or outreach worker should utilize continued progressive engagement and relationship building techniques until such time the individual or family is comfortable with completing the assessment process. For limited instances when individuals refuse specific questions throughout the assessment process, the assessor may use assessor observation, documentation and information from other professionals in order to provide responses. Individuals or families who do not complete the assessment process may be added to the prioritization list with an assessment score of 0. If the household meets the eligibility criteria for Rapid Re-Housing and there are no other individuals or families on the Prioritization List and there is program availability then the household may be referred for RRH services.

Households who refuse to sign a release of information and therefore do not give consent to share information through the CES, are still eligible for housing assistance. However, households must give authorization to be assessed. Assessors are then able to input the household's information on the prioritization list using an unidentifiable coded number.

Denials

Receiving programs may only decline households found eligible and referred through the CES for reasons that are listed in the chart below. Denials should be infrequent. Agencies are required to record denial and reason for denial in HMIS. CoC staff will monitor denials and provide technical assistance to regions and/or agencies who are reporting high numbers of denials. Programs may not deny households found eligible for refusing to participate in mental health services. If a household is denied, for any reason, and does not have accommodation for the night then the receiving program must make all efforts to find appropriate emergency housing.

1.	There is no vacant units or program availability
2.	The receiving program is unable to reach the household after repeated attempts at contact by all available methods each day for 7 days
3.	The household missed two separate intake appointments
4.	The household presents with more people that reported when assessed and the receiving program cannot accommodate the increase
5.	The household was denied by independent property owner or landlord due to certain

	criminal behaviors
6.	The receiving program has determined, based on documented policies and procedures, that the household cannot be safely accommodated

Appeals

All clients have the right to appeal eligibility determination issued by the assessor or any receiving program. Instructions for submitting an appeal are provided to clients at the time that an intake decision is made by the receiving program. Housing assessors are responsible for assisting client in filing eligibility determination appeals, including but not limited to drafting a written appeal on behalf of the client. All appeals of decisions by receiving programs should be made in writing and submitted to the Regional Planning Groups.

Prioritization List

To facilitate prioritization, the GA BoS CoC will establish and maintain a centralized prioritization list that will be hosted on HMIS. The centralized prioritization list will be sorted by region. The CES Coordinator will oversee the continuum wide list while one lead agency in each region will be designated to oversee the regional prioritization list. Other participating agencies will have the ability to view the list as well. All individuals in need of permanent housing will be added to the prioritization list. Individuals will be prioritized based on VI-SPDAT score and CoC prioritization standards.

Special Populations

GA BoS CoC CES is designed to address the needs presented by special populations through a comprehensive screening tool whereby such populations are quickly identified and referred to and/or provided appropriate services.

Special populations include: Domestic Violence Survivors, Veterans, Transitional-age youth (18-24), Persons Living with HIV/AIDS & Seniors. With regard to Youth and Survivors of Domestic Violence, the following requirements are applicable to the GA BoS CoC CES:

Youth

Youth experiencing homelessness require developmentally appropriate outreach and services in order to successfully interact with the CES, such as: 1) More likely to access CES sites that are open in evenings and on weekends, and 2) More comfortable accessing the CES via text and/or phone apps.

The GA BoS CoC CES will provide outreach & training at youth-friendly sites that serve both youth under the age of 18, and youth ages 18-24.

Survivors of Domestic Violence

The GA BoS CoC CES is designed to ensure both safety and confidentiality. Assessments conducted at a CES access point and/or during street outreach, will explore any possibility of attempting to flee domestic violence, concerned for their safety, victim of stalking and any related violence.

In such cases, the following will occur:

- 1) Immediate referral to DV-specific resources
- 2) Participant information will not be automatically entered into HMIS
- 3) Households may choose to complete an assessment and receive services via the CES.

Households will be added to the regional prioritization list using a unique unidentifiable code protecting safety and confidentiality.

VAWA

Under the HUD Final Rule Implementing VAWA Reauthorization Act of 2013, the Georgia BoS CoC, is adopting policies to include provisions for protection of victims of domestic violence, dating violence, sexual assault, sexual battery or stalking, regardless of sex, gender identity, gender expression or actual or perceived sexual orientation.

These policies and procedures apply to CoC-funded Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) programs. ESG-funded programs are subject to VAWA policies issued by the administrator of ESG funds. As a part of these policies and procedures, the CoC has put in place a policy for emergency transfers. The full details of the policy can be found in the *GA BoS CoC VAWA Policies and Procedures*.

For program participants who qualify for an emergency transfer, under VAWA, but a safe unit is not immediately available for an internal emergency transfer, the individual or family shall have priority over all other applicants for rental assistance and permanent supportive housing projects at another housing provider within the coordinated entry system, provided that the individual or family meets all eligibility criteria for such assistance. The individual or family shall retain their original homeless or chronically homeless status for the purposes of the transfer.

Privacy Protections and Non-Discrimination Requirements

Privacy Protections

All local CESs must follow the policies outlined in the GA HMIS Privacy Policy which is attached at the end of this document. In addition, the assessment process may not require disclosure of specific disabilities or diagnosis. Documentation of disability may only be obtained for the purpose of determining program eligibility.

Non-Discrimination Requirements

Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603

Low Barrier Entry & Housing First Orientation

Low Barrier Entry

The GA BoS CoC CES is designed so as to not screen people out due to perceived or actual barriers related to housing or services. Such barriers include, but are not limited to, little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history or evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record- with exceptions for state or local restrictions that prevent certain projects from serving people with certain convictions.

Housing First Orientation

The Coordinated Entry process is housing first oriented, such that people are housed quickly without preconditions or service participations requirements.

HMIS

HMIS is a web-based software application designed to record and store person-level information on the characteristics and service needs of homeless persons throughout a CoC. Usage of HMIS is mandated by HUD and locally by the GA DCA. HUD and other planners and policymakers use HMIS data to obtain better information about the extent and nature of

homelessness over time. The GA BoS CoC's HMIS is staffed at the Department of Community Affairs. The software provider is Client Track. The HMIS staff is responsible for the administration of the HMIS software and providing technical assistance to participating agencies and end-users. Each participating agency needs to follow GA HMIS Privacy Policy which is attached at the end of this document.

Outreach, Advertisement and Marketing

Outreach

Local CES Systems are required to contact private and public agencies including those in the CoC, VA, social service agencies and state and/or local government agencies to educate and provide information on available programs. Outreach activities must occur at least annually. These activities may occur in conjunction with the Point in Time Count or at another time as determined by the CoC. The CES is required to coordinate with existing street outreach programs as well as private and public agencies, social service organizations, etc. for referrals, so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the CES. Each community is encouraged to explore various outreach activities such as hosting a booth at local community events, resource fairs, festivals and county fairs to provide information and resources.

Marketing

Marketing the Regional CESs should include at a minimum, informational flyers posted and made available at the locations servicing households that are at risk of or literally homeless. Other forms of advertisement may include newspaper ads, radio, websites, etc. as to ensure broad outreach via various advertising methods. Marketing will focus on people experiencing literal homelessness and clearly state eligibility requirements in an effort to reach the target population as opposed to those who do not meet the criteria. Information about the CES will also be available on the GA BoS CoC Website. Efforts are made to affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability or who are least likely to apply in the absence of special outreach.

Evaluation

The CES process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation will be carried out primarily through the GA DCA. Evaluation methods will include the following:

1.	A monthly review of metrics from the Regional CES. The data to be reviewed, and the thresholds that should be met, will be developed.
2.	An annual monitoring visit with each assessment site.

3.	A report submitted annually by the Regional Planning Group. This report will include trends from the month-to-month analysis of coordinated entry data, as well as the total number of assessments and referrals made, length of time homeless, number of denials and successful placements.
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2017 HDX Competition Report

PIT Count Data for GA-501 - Georgia Balance of State CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	5575	3716
Emergency Shelter Total	1042	1,164
Safe Haven Total	0	0
Transitional Housing Total	1015	679
Total Sheltered Count	2057	1843
Total Unsheltered Count	3518	1873

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	883	242
Sheltered Count of Chronically Homeless Persons	50	74
Unsheltered Count of Chronically Homeless Persons	833	168

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	678	620
Sheltered Count of Homeless Households with Children	485	551
Unsheltered Count of Homeless Households with Children	193	69

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	758	468	157
Sheltered Count of Homeless Veterans	49	48	40
Unsheltered Count of Homeless Veterans	709	420	117

2017 HDX Competition Report

HIC Data for GA-501 - Georgia Balance of State CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1544	753	552	69.79%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	855	329	370	70.34%
Rapid Re-Housing (RRH) Beds	722	145	575	99.65%
Permanent Supportive Housing (PSH) Beds	2450	37	2012	83.38%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	5,571	1,264	3509	81.47%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	479	473

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	150	181

2017 HDX Competition Report

HIC Data for GA-501 - Georgia Balance of State CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	669	722

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for GA-501 - Georgia Balance of State CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2016 data for each measure and associated metrics.

RESUBMITTING FY2015 DATA: If you provided revised FY 2015 data, the original FY2015 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY2015	Revised FY2015	Current FY	Submitted FY2015	Revised FY2015	Current FY	Difference	Submitted FY2015	Revised FY2015	Current FY	Difference
1.1 Persons in ES and SH	4072	5255	5158	83	77	94	17	20	18	19	1
1.2 Persons in ES, SH, and TH	5229	6542	6328	165	125	137	12	30	26	25	-1

b.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	5153	-	100		-	19	
1.2 Persons in ES, SH, and TH	-	6331	-	146		-	25	

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY2015	# of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	122	71	7	10	14%	1	4	6%	1	1	1%	15	21%
Exit was from ES	1631	1756	190	220	13%	71	95	5%	63	98	6%	413	24%
Exit was from TH	556	686	16	34	5%	13	19	3%	34	28	4%	81	12%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	1955	1682	75	71	4%	57	54	3%	56	68	4%	193	11%
TOTAL Returns to Homelessness	4264	4195	288	335	8%	142	172	4%	154	195	5%	702	17%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	5797	5575	-222
Emergency Shelter Total	1248	1042	-206
Safe Haven Total	0	0	0
Transitional Housing Total	1031	1015	-16
Total Sheltered Count	2279	2057	-222
Unsheltered Count	3518	3518	0

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	5781	6677	6381	-296
Emergency Shelter Total	4587	5388	5210	-178
Safe Haven Total	0	0	0	0
Transitional Housing Total	1398	1570	1404	-166

2017 HDX Competition Report FY2016 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	863	943	1096	153
Number of adults with increased earned income	10	4	20	16
Percentage of adults who increased earned income	1%	0%	2%	2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	863	943	1096	153
Number of adults with increased non-employment cash income	19	12	87	75
Percentage of adults who increased non-employment cash income	2%	1%	8%	7%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	863	943	1096	153
Number of adults with increased total income	27	16	105	89
Percentage of adults who increased total income	3%	2%	10%	8%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	612	856	978	122
Number of adults who exited with increased earned income	156	154	130	-24
Percentage of adults who increased earned income	25%	18%	13%	-5%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	612	856	978	122
Number of adults who exited with increased non-employment cash income	82	146	124	-22
Percentage of adults who increased non-employment cash income	13%	17%	13%	-4%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	612	856	978	122
Number of adults who exited with increased total income	234	264	240	-24
Percentage of adults who increased total income	38%	31%	25%	-6%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	4957	5510	5269	-241
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	839	1016	1028	12
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	4118	4494	4241	-253

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	5965	7220	7465	245
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1116	1487	1409	-78
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	4849	5733	6056	323

2017 HDX Competition Report
FY2016 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in the FY2016 Resubmission reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons who exit Street Outreach	114	255	473	218
Of persons above, those who exited to temporary & some institutional destinations	54	101	269	168
Of the persons above, those who exited to permanent housing destinations	36	91	96	5
% Successful exits	79%	75%	77%	2%

Metric 7b.1 – Change in exits to permanent housing destinations

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	4969	6164	6502	338
Of the persons above, those who exited to permanent housing destinations	2086	2548	3026	478
% Successful exits	42%	41%	47%	6%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	2108	2475	2568	93
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1954	2232	2390	158
% Successful exits/retention	93%	90%	93%	3%

2017 HDX Competition Report FY2016 - SysPM Data Quality

GA-501 - Georgia Balance of State CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports in order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2017 HDX Competition Report FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	761	822	881	802	826	797	795	809	2223	2101	2223	2409	309	174	515	555				
2. Number of HMIS Beds	554	595	594	554	743	778	735	747	1778	1831	1898	1972	306	174	387	555				
3. HMIS Participation Rate from HIC (%)	72.80	72.38	67.42	69.08	89.95	97.62	92.45	92.34	79.98	87.15	85.38	81.86	99.03	100.00	75.15	100.00				
4. Unduplicated Persons Served (HMIS)	4818	4901	5085	4905	1625	1706	1586	1397	2421	2447	2486	2609	1939	1905	1574	2170	25	103	21	70
5. Total Leavers (HMIS)	4283	4287	4477	4362	877	1046	999	921	783	736	551	542	1551	1450	1090	1637	12	59	11	60
6. Destination of Don't Know, Refused, or Missing (HMIS)	165	91	610	536	41	35	40	120	24	38	28	11	34	52	16	41	5	8	0	3
7. Destination Error Rate (%)	3.85	2.12	13.63	12.29	4.68	3.35	4.00	13.03	3.07	5.16	5.08	2.03	2.19	3.59	1.47	2.50	41.67	13.56	0.00	5.00

2017 HDX Competition Report

Submission and Count Dates for GA-501 - Georgia Balance of State CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/23/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	5/2/2017	Yes
2017 HIC Count Submittal Date	5/2/2017	Yes
2016 System PM Submittal Date	6/5/2017	Yes