**2018 Georgia Balance of State Continuum of Care Review Application (v2)**

**Renewal Projects ONLY**

**General Information**

For the text fields on the first page, click on the box once and then begin typing. To enter an “x” in the boxes on the form, please click on the box twice and then select “Checked.”

1. **Project Applicant Information:**
2. Name of Organization:
3. Organization Type

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

Other: Describe:

DUNS Number:

1. **Sub-Recipient / Sponsor Organization (if applicable):**
2. Name of Organization:
3. Organization Type

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

Other: Describe:

DUNS Number:

1. **Contact person for this application:**
2. Name:
3. Title:
4. Phone:
5. Email:
6. **Project Name:**
7. **Exact HMIS (or equivalent) Project Name and HMIS Project ID (APR Q04a):**
8. **Location of Project Site(s) [City(ies)/County(ies)]:**

1. **HUD 2018 Project Funding Requested:**  + **Admin Requested:**
2. **HUD Project Type:**

Permanent Supportive Housing  Rapid Re-housing

Facility-Based

Scattered Site

Supportive Services Only  HMIS

1. **Are any of the following changes proposed to the project grant:**

Reduction to grant proposed due to underutilization?

General reduction to the grant for other reasons?

If any changes are proposed, please provide an explanation.

**Program Overview and Priority Alignment**

Please provide a brief, but complete, summary that addresses the entire scope of the project. The description should include information on the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, projected project outcome(s), and coordination with other sources **or** partners. *(1000 characters maximum*)

1. As specified in the Governance Charter, the BoS CoC has aligned itself with the HUD Strategic Plan, as well as with the USICH Plan *Opening Doors*. While much of the scored information will be taken from agency and program APRs and HMIS, please respond to the following questions, addressing the various objectives of the CoC. Please note, however, to remain as objective as possible, much of the scoring is based on data and backup information provided. The explanations may be for informational purposes only.

Unless otherwise noted, for questions that reference project performance, please include the applicable project performance data from the HUD APR from SAGE covering the period of 5/1/2017-4/30/2018. If your project is newer and does not have data for the complete year to report on, please submit partial year data AND note that and explain how project will meet the objectives, when narratives are indicated). Applicants will need to pull the data from HMIS and then upload the CSV-APR into Sage using the Test Run function in order to create the required report.

***Objective 1-A: Increase Progress towards Ending Chronic Homelessness***

1. Does the project assess all clients using the VI-SPDAT, or participate in a local Balance of State Coordinated Entry implementation where applicable?

Yes  No

1. Does the project prioritize clients as outlined in the Balance of State CoC Written Standards and the Balance of State Coordinated Entry Written Standards Policies and Procedures, or participate in a local Balance of State Coordinated Entry implementation where applicable?

Yes  No

1. Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?

Yes  No

**Please explain and discuss** program entry requirements and restrictions for homeless persons to access and be accepted into this program. *(500 characters maximum)*

***Objective 1-B: Serving People with the Highest Barriers to Housing (&/or Special Needs)***

In addition to prioritizing people experiencing chronic homelessness, as implemented in each part of the state, the coordinated entry process will prioritize people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. CoC-funded projects frequently work with families or individuals who have severe barriers to securing and maintaining housing, and as such, the CoC and CoC-funded projects must ensure that our standard of care, program policies and procedures, and portfolio of housing and services options is responsive to those needs. To that end, CoC-funded projects are expected to reduce and remove barriers to accessing services, program acceptance and entry and continued program participation.

Please review and answer the following questions as applicable to the renewal project.

1. Which of the following will prohibit potential clients from being accepted into this project?

Having too little income

Active or history of substance abuse

Having a criminal record (with the exception of state/federal-mandated restrictions)

History of victimization (i.e. domestic violence, sexual assault, childhood abuse)

None of the above

**Please briefly explain your response. (1000 characters maximum)**

1. Which of the following criteria are used to terminate clients from this project.

Failure to participate in supportive services

Failure to make progress on a service plan

Loss of income or failure to improve income

Domestic violence

Any other activity not covered in a lease agreement typically found in the project's geographic area

None of the above

**Please briefly explain your response. (1000 characters maximum)**

***Objective 2: Increase Housing Stability***

What was the project performance regarding housing stability (APRQ23), in your HUD APR for CoC Grant-Funded Programs from HMIS or DV comparable database on clients served between 5/1/2017-4/30/2018?

**Permanent Supportive Housing (PSH) projects -**

1. APR Q05a, Total number of persons served minus persons who exited Q23a & Q23b Other Destination-deceased:
2. APR Q05a, Total number of persons who exited minus Q23a & Q23b, Other Destination-deceased:
3. APR Q05a, Total number of persons who maintained housing within the project (Number of Stayers):
4. APR Q23a & Q23b, number of persons who exited to positive permanent housing destination (Sum of all in Permanent Destination chart for >90 days and <90 days):
5. Percent of persons who accomplished this measure [(c+d)/a x 100 = %]:

**Rapid Re-Housing (RRH) projects -**

1. APR Q05a, Total number of persons served:
2. APR Q05a, Total number of persons who exited minus Q23a & 23b, Other Destination-deceased:
3. APR Q23a & Q23b, number of persons who exited to positive permanent housing destination (Sum of all in Permanent Destination chart for >90 days and <90 days):
4. Percent of persons who accomplished this measure (Positive Permanent Housing Destination/# Persons Exiting) (c/b x 100 = %):

**Please briefly explain** how your agency plans to improve, or maintain, the housing stability of project participants. Projects with zero client turnover during the reporting period should describe the housing stability of participants staying in the program. *(500 characters maximum)*

***Objective 3: Increase Project Participant Income***

What was the project performance regarding income (APR Q18), in your HUD APR for Grant-Funded Programs from HMIS or DV comparable database on clients served between 5/1/2017-4/30/2018?

1. APR Q05a Total Adult Leavers:
2. APR Q18 Adults with Only Earned Income – Leavers (last column):

Percentage of Adult Leavers with Only Earned Income (b/a x 100 = %):

1. APR Q18 Adults with Only Other Income – Leavers (last column):

Percentage of Adult Leavers with Only Earned Income (c/a x 100 = %):

1. APR Q18 Adults with Both Earned Income & Other Income – Leavers (last column):

Percentage of Adult Leavers with Both (d/a x 100 = %):

1. Q19a3 Percentage of Adults who gained or increased income from Start to Annual Assessment/Exit Average Gain (last column of Q19a3 on the line “Number of Adults with Any Income” line):

**Please briefly explain** what steps your agency has in place to assist participants in increasing their income. Projects with zero client turnover during the reporting period should describe client progress in meeting the objective to maintain or improve income for participants staying in the program. *(500 characters maximum)*

***Objective 4: Increase the Number of Participants Obtaining Mainstream (Non-Cash) Benefits***

What was the project performance regarding mainstream benefits (APR Q26), in your HUD APR for CoC Grant-Funded Programs from HMIS or DV comparable database on clients served between 5/1/2017-4/30/2018?

1. APR Q20b of Total 1+Source(s):
2. APR Q05a of Total number of Leavers:

**Please briefly describe** how your agency plans to increase the percentage of participants who access mainstream benefits. Descriptions should include how participants are assisted in to connect to mainstream resources (all mainstream resources, and not just SSI/SSDI).  Projects with zero client turnover during the reporting period should describe client progress in meeting the objective to maintain or increase access to mainstream benefits for participants staying in the program (*500 characters maximum).*

**Financial & Project Information**

1. Start and end date of your HUD award from the 2016 competition: **, 2017** to **, 2018**
2. Total amount of award: $
3. Amount of funds not yet drawn down: $
4. Do you anticipate you will have unexpended funds at the expiration date of your current contract?

Yes  No If yes, how much? $

1. Have you had unexpended HUD funds at the expiration of grant terms in the past 3 years?

Yes  No If yes, how much? 2015 CoC Competition (2016-17) $

2014 CoC Competition (2015-16) $

2013 CoC Competition (2014-15) $

Is this a first-time renewal project?  Yes  No

Have there been extenuating circumstances in drawing down funds related to a change in the grant year or execution of the contract?  Yes  No

If “Yes,” please explain (identifying grant years impacted):

1. Does the applicant have any outstanding federal debt?

Yes

No

If yes, please provide an explanation of debt owed and repayment arrangements *(250 characters maximum).*

1. When was your most recent monitoring visit? **S+C projects** report the most recent **DCA** monitoring visit. **All other projects** report the most recent **HUD** monitoring visit.

Please submit a copy of your most recent HUD/DCA monitoring report with your application (along with any response, corrective action, or other related documents). S+C projects should submit DCA monitoring documentation, and non-S+C CoC-funded projects should submit HUD monitoring documentation. Applications for projects that have not been monitored should include a document providing that information to reviewers.

1. Does the agency have any open (unresolved) monitoring findings or concerns from HUD, DCA, or any other governmental or foundation funder? If yes, please identify the finding or concern and explain a corrective plan of action *(500 characters maximum).*

1. Project Utilization - Participants Served

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contracted # of Participants/ Households to be served (From HUD Project Application)** | **Actual Annual # of Participants / Households Served 5/1/2017-4/30/2018 (From HMIS)** | **Number of participants enrolled on 4/30/18** |
| **Number of Households With Children (Families)** |  |  |  |
| 1. Number of Households |  |  |  |
| 1. Number of Adults 25+ |  |  |  |
| 1. Number of Adults 18-24 |  |  |  |
| 1. Number of Children |  |  |  |
| **Number of Households without Children**  **(Individuals, Couples w/no children)** |  |  |  |
| 1. Number of Adults 25+ |  |  |  |
| 1. Number of Adults 18-24 |  |  |  |
| **Number of Households with ONLY Children (unaccompanied youth 17 yrs. or younger)** |  |  |  |
| 1. Number of unaccompanied youth 17 yrs. or younger |  |  |  |
| **Total Number (People)** |  |  |  |

1. Project Utilization (Housing Programs Only)
2. Number of contracted beds:
3. Number of bed dedicated to people who are chronically homeless:
4. Number of beds designated as DedicatedPLUS (PSH/S+C only):
5. Number of beds not dedicated to people who are chronically

homeless, but that will be prioritized for the chronically homeless:

1. Total number of units under contract:
2. Total number of units being utilized on April 30, 2018:
3. Average daily utilization rate (APR Q02). Projects for individuals should use the bed rate. Projects for families should use the average unit rate. This information is only available from the most recently submitted APR in Sage.
4. Sub-Populations (ALL Programs)

|  |  |
| --- | --- |
| **What percentages of total clients served during the reporting period fall into the sub-populations below? (Clients may fall into multiple categories.)** | **Percentage Served** |
| Chronically Homeless Persons (HUD-defined chronically homeless) (Sage APR Q26b) |  |
| Chronically Homeless Households (HUD-defined chronically homeless) (Sage APR Q26a) |  |
| Mental Health Problem (APR Q13a1) |  |
| Alcohol Abuse (APR Q13a1) |  |
| Drug Abuse (APR Q13a1) |  |
| Both Alcohol and Drug Abuse (APR Q13a1) |  |
| Veteran (APR Q05a) |  |
| Persons with HIV/AIDS (APR Q13a1) |  |
| Domestic Violence History (APR Q14a) |  |
| Fleeing Domestic Violence (APR Q14b) |  |
| Households with Children |  |
| Youth Family Households with Children (where no adult parent or guardian over the age of 24 is in the household) |  |
| Youth Households without Children (where no adult parent or guardian over the age of 24 is in the household) |  |
| Developmental Disabilities (APR Q13a1) |  |
| Physical Disability (APR Q13a1) |  |

1. Does your project use Energy Star equipment/appliances and/or plan for the purchasing of Energy Star products for new or replacement equipment/appliances?

Yes  No

**Match and Leveraging**

Using the guidelines included with this application, please complete the applicable match and leveraging charts. Please add additional rows, as necessary. Renewal projects that have not been operational for a full year should report the amount of match and leveraging committed for the project (12-month amount).

**Cash Match:** Please list the primary sources of match funds (total match should equal 25% of total costs minus leasing), funding amounts received in the last full operating year. Renewal projects that have been in operation less than a year should report committed cash match for the current full year (annual amount).

|  |  |
| --- | --- |
| **Source** | **Dollar Amount Received**  **in the last full operating year** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**In-Kind Match\*:** Please list the primary sources of in-kind match resources (total match should equal 25% of total costs minus leasing) equivalent cash value received in the last full operating year. Renewal projects that have been in operation less than a year should report committed in-kind match for the current full year (annual amount).

|  |  |
| --- | --- |
| **Source** | **Dollar Equivalent of Value Received**  **in the last full operating year** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

\*Please note that applications indicating third-party In-Kind match will be required submit MOU(s) documentation confirming in-kind match commitments to HUD.

**Leveraging (cash):**  Please list the primary sources of leveraged funds, and the funding amounts committed (outside of listed match) in the last full operating year. Renewal projects that have been in operation less than a year should report committed leveraging for the current full year.

|  |  |
| --- | --- |
| **Source** | **Dollar Amount of Leveraged Funding** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**Leveraging (in-kind):** Please list the primary sources of leveraged in-kind resources, and the equivalent cash value of the resources committed (outside of listed match) in the last full operating year. Renewal projects that have been in operation less than a year should report committed leveraging for the current full year.

|  |  |
| --- | --- |
| **Source** | **Dollar Equivalent of Leveraged Resource** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**ASSURANCES**

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

* Applicant will complete the HUD Project Application forms with the same information as contained in this application unless the CoC Project Review Scoring Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant.
* Applicant agrees to participate fully with this community’s Homeless Management Information System (HMIS).

|  |  |
| --- | --- |
| Name:  (please type) |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Signature of Authorized Representative:  “X” indicates electronic signature submitted | |
| Date: |  |

**MATCH and LEVERAGING**

For the purposes of the formal application being submitted in e-snaps, please note that HUD requires a 25% match (minus leasing) for this funding. Match commitments entered into the HUD application in e-snaps need to be based on current commitments at the time of project application, covering the requested grant operating period/term, and not based on projections. For additional guidance on match, please refer to the project guides, as well as the FAQs on the HUDexchange website at: <https://www.hudexchange.info/e-snaps/faqs/> and search for “match.” Information on Match requirements can be found in the CoC Interim Rule at 24 CFR 578.73 (<https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/>).

For the scoring and ranking process of review applications for renewal projects, applicants are requested to report match and leveraging for each renewal project.

Match (Cash or In-Kind Resources)

Except for leasing, match resources must equal to at least 25% of the total requested HUD funding, including project and administrative costs. Please note, Cash and In-Kind Match must qualify as eligible program expenses under the CoC interim rule.

Match resources for renewal projects are not required to be supported by written documentation with the Review Application(s). However, HUD may require match documentation to be submitted in e-snaps at the time of application. Each applicant is responsible to understand what is required of the electronic submission of the formal application in e-snaps.

Match resources for new projects must have a written commitment in-hand at time of application, and copies of these commitment documents must be submitted to the CoC with each Review Application for new projects. A written commitment may include signed letters, memoranda of agreement, or other documented evidence of a commitment. All written commitments must be signed and dated by an authorized representative, and should include the name of the contributing organization, the type of contribution (cash, child care, case management, etc.), the value of the contribution, and the date that the contribution will be available. The written commitment must include the project name and be addressed to the project applicant or non-profit.

Leveraging (Cash or In-Kind Resources)

The CoC goal for all leveraged resources (above and beyond match) is 125% of the grant amount (match and leveraging should total 150%. For this section, please only report leveraged resources outside of the match resources listed above to ensure no duplication.