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| Balance of State 2021 Continuum of Care Proposal Outline\*\*Georgia Department of Community Affairs **NEW RAPID RE-HOUSING, PERMANENT SUPPORTIVE HOUSING, JOINT TH & PH-RRH COMPONENT PROJECT, -OR- SSO-CE (152-county DV)**  (If multiple projects are proposed, please complete and submit a separate proposal outline for **Each** NEW project.)  Email completed form(s) to Tina Moore at [BoSMonitoring@dca.ga.gov](mailto:BoSMonitoring@dca.ga.gov). A confirmation email will be sent upon receipt. | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Agency Name:  Contact Person:  E-mail Address:  Telephone Number: |  | Address Line 1:  Address Line 2:  City:      State:      Zip Code:  Fax Number: | | | | | | | | | | |
| My organization is a: | Nonprofit 501(c)(3)  Local government  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  |
| Targeted project type:  Rapid Re-Housing  SSO-Coordinated Entry (152-county DV)  Permanent Supportive Housing  Joint TH & PH-RRH Component Project | | | | Leveraging & Funding source(s) for the match requirement is already established (REQUIRED).  Yes  No | | | | | |
| **Household type to be served:**  Families w/children  Unaccompanied Youth under 18  Individuals  Youth ages 18-24, with/without children | | | | | Application Type Information (check all that apply):  Domestic Violence Bonus  Chronic PSH  Regular Bonus  DedicatedPLUS PSH  Expansion | | | | |
| Number of Households to be served at Any One Time: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **List ALL jurisdictions (city / county) where housing will be provided:**  **Domestic Violence Bonus** | | | | | | |
|  | | | **Estimated Project Budget for proposed project. Term Requested (# Years)? \_\_\_\_\_\_** | | | | | | |
| **Rapid Re-Housing (ONLY for individuals or families as determined on page 13 of NOFA)** | | | **Permanent Supportive Housing (ONLY 100% Chronically Homeless OR 100% DedicatedPLUS are eligible)** | | | | **Joint TH & PH-RRH Component Projects** | | |
| Rental Assistance | |  | Leasing/Operations **OR** Rental Assistance | | |  | Leasing/Operations **AND** Rental Assistance |  | |
| Supportive Services | |  | Supportive Services | | |  | Supportive Services |  | |
| HMIS: (Equip, Personnel, Internet, Space/Ops) | |  | HMIS: (Equip, Personnel, Internet, Space/Ops) | | |  | HMIS: (Equip, Personnel, Internet, Space/Ops) |  | |
| Administration (limited to 10% of subtotal) | |  | Administration (limited to 10% of subtotal) | | |  | Administration (limited to 10% of subtotal) |  | |
| **Total:** | |  | **Total:** | | |  | **Total:** |  | |
| Use the space below and/or an attached page to briefly describe proposed project and the clients proposed to be served by project. Please also describe how the project’s match & leveraging requirement will be met. | | | | | | | | | |
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| \*\*Please note, applications proposing projects in the following jurisdictions are NOT ELIGIBLE to be submitted under the Balance of State’s Continuum of Care 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 MUST contact the appropriate Continuum of Care jurisdiction for information. The CoC is not accepting applications for capital costs in this competition. | | | | | | | | | |