

**2021 Georgia Balance of State Continuum of Care Review Application**  
**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:**

- a. Name of Organization:
- b. Organization Type  
 Non-profit 501 (c)(3)     Unit of Government     Public Housing Authority (PHA)  
 Other: Describe:
- DUNS Number:

**2. Sub-Recipient / Sponsor Organization (if applicable):**

- a. Name of Organization:
- b. Organization Type  
 Non-profit 501 (c)(3)     Unit of Government     Public Housing Authority (PHA)  
 Other: Describe:
- DUNS Number:

**3. Contact person for this application:**

- a. Name:
- b. Title:
- c. Phone:
- d. Email:

**4. Project Name:**

- a. HUD Grant Number:

**5. Exact HMIS Project Name in Client Track (or equivalent):**

**6. Location of Project Site(s) [City(ies)/County(ies)]:**

**7. Total HUD 2021 Project Funding Request:**

**8. HUD Project Type:**

- Permanent Supportive Housing     Rapid Re-housing  
 Facility-Based  
 Scattered Site  
 Supportive Services Only     HMIS

**9. 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. (3000 characters maximum)

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1. As specified in the Governance Charter, the BoS CoC has aligned itself with HUD priorities, as well as with the USICH Plan. 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 8/1/2020-7/31/2021. 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**

- a. 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

**Please explain and discuss** process of assessing clients using the VI-SPDAT, or participation in a local Coordinated Entry implementation (as it relates to assessment) for this program. (500 characters maximum)

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- b. 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

**Please explain and discuss** how the project prioritizes clients as outlined in the CoC Written Standards and Coordinated Entry Written Standards Policies and Procedures, or participation in a local Coordinated Entry implementation (as it relates to prioritization of clients **and** project acceptance of clients through the referral process) for this program. (500 characters maximum)

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- c. 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.

- a. Will the project enroll program participants who have the following barriers? Please **select all barriers that apply, where a participant can have that barrier and still be admitted into the project.**

- Having too little or 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

If you did NOT select one or more of the first four barriers (showing that participants with those barriers were NOT allowed to be admitted into project), please describe related project entry requirements. If you selected "none of the above," please describe related requirements. (1000 characters maximum)

- b. Will the project prevent program participant termination from the project for the following reasons? Please select all that apply, where the item would **NOT** cause a client to be terminated from the project.

- Failure to participate in supportive services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area
- None of the above

If you did NOT select one or more of the four items (showing that participants would be terminated from a project for that reason), please describe program policies/practices that would be cause for termination. If you selected "none of the above," please describe rule violations that would cause a client to be terminated. (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 8/1/2020-7/31/2021.

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

- a. APR Q05a, Total number of persons served minus persons who exited Q23c as Other Destination-deceased:
- b. APR Q05a, Total number of persons who exited minus Q23c, Other Destination-deceased:
- c. APR Q05a, Total number of persons who maintained housing within the project (Number of Stayers):
- d. APR Q23c, number of persons who exited to positive permanent housing destination (Sum of all in Permanent Destination chart):
- e. Percent of persons who accomplished this measure  $[(c+d)/a \times 100 = \%]$ :

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

- a. APR Q05a, Total number of persons served:
- b. APR Q05a, Total number of persons who exited minus Q23c, Other Destination-deceased:
- c. APR Q23c, number of persons who exited to positive permanent housing destination (Sum of all in Permanent Destination chart):
- d. Percent of persons who accomplished this measure (Positive Permanent Housing Destination/# Persons Exiting)  $(c/b \times 100 = \%)$ :

**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 and Q19a3), in your HUD APR for Grant-Funded Programs from HMIS or DV comparable database on clients served between 8/1/2020-7/31/2021.

**Earned Income (All Projects):**

- a. APR Q05a Total Adult Leavers:
- b. APR Q18 Adults with Only Earned Income – Leavers (last column):   
Percentage of Adult Leavers with Only Earned Income  $(b/a \times 100 = \%)$ :
- c. APR Q18 Adults with Only Other Income – Leavers (last column):   
Percentage of Adult Leavers with Only Earned Income  $(c/a \times 100 = \%)$ :
- d. APR Q18 Adults with Both Earned Income & Other Income – Leavers (last column):   
Percentage of Adult Leavers with Both  $(d/a \times 100 = \%)$ :
- e. APR Q18 Combined Total of Adult Leavers with Only Earned Income (b), Adult Leavers with Only Other Income (c), and Adult Leavers with Both Earned and Other Income (d):   
Percentage of Adult Leavers from b, c, and d  $(b+c+d/a \times 100 = \%)$ :

**Increased Income (All Projects):**

- f. APR Q19a2 Number of Adults who gained or increased income from Start to Annual Assessment/Exit Average Gain (last column of Q19a2 on the line “Number of Adults with Any Income” line):
- g. APR Q19a2 Total Adults (Including those with no income) (second to last column on the line “Number of Adults with Any Income” line):

- h. APR Q19a2 Percentage Adults who gained or increased income from Start to Annual Assessment/Exit Average Gain (f/g x 100 = %):

**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. Projects with zero client turnover during the reporting period should describe client progress in meeting the objective to maintain or improve income for participants. (500 characters maximum)

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

What was the project performance regarding mainstream benefits (APR Q20), in your HUD APR for CoC Grant-Funded Programs from HMIS or DV comparable database on clients served between 8/1/2020-7/31/2021.

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

- a. APR Q20b of Total 1+Source(s) of Benefit at Exit for Leavers (third column):
- b. APR Q20b of Total number of Leavers (third column total):
- c. APR Q20b Percentage Leavers with Benefit at Exit (a/b x 100 = %):

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

- a. APR Q20b of Total 1+Source(s) of Benefit at Latest Annual Assessment for Stayers (second column):
- b. APR Q20b of Total number of Stayers (second column total):
- c. APR Q20b Percentage Stayers with Benefit at Latest Assessment (a/b x 100 = %):

**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 2019 competition (operating year):  to
2. Total amount of award: \$
3. Amount of funds not yet drawn down: \$
4. Were there, or do you anticipate there will be, unexpended funds at the expiration date of the FY 2019 operating year?  
 Yes     No    If yes, how much? \$
5. Have you had unexpended HUD funds at the expiration of grant terms in the past 3 years?  
 Yes     No

If yes, how much (Enter "0" if all funds were expended and "n/a" if it does not apply)?

2018 CoC Competition (2019-20) \$ \_\_\_\_\_

2017 CoC Competition (2018-19) \$ \_\_\_\_\_

2016 CoC Competition (2017-18) \$ \_\_\_\_\_

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):

\_\_\_\_\_

6. 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).

\_\_\_\_\_

7. When was your most recent monitoring visit? **PSH (f/k/a S+C) projects should** report on the most recent **DCA** monitoring visit. **All other projects** should report on 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). PSH (f/k/a 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.

8. 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).

\_\_\_\_\_

9. Project Utilization - Participants Served

	Contracted # of Participants/ Households to be served (From HUD Project Application)	Actual Annual # of Participants / Households Served 8/1/2020-7/31/2021 (From HMIS)	Number of participants enrolled on 7/31/2021
<b>Number of Households With Children (Families)</b>			
a. Number of Households			
b. Number of Adults over age 24			
c. Number of Adults 18-24			
d. Number of Children			
<b>Number of Households without Children (Individuals, Couples w/no children)</b>			
a. Number of Adults over age 24			

b. Number of Adults 18-24			
<b>Number of Households with ONLY Children (unaccompanied youth 17 yrs. or younger)</b>			
a. Number of unaccompanied youth under age 18			
<b>Total Number (People)</b>			

10. Racial Equity in Housing – Participants Served

Beginning in 2018, HUD requested each CoC to assess racial disparities in the provision or outcome of homeless assistance. The CoC is requesting applicants to report on the following: Your CoC Admin will provide the HMIS data for this chart. **Please complete the 2019 census data section by visiting <https://www.census.gov/quickfacts/fact/dashboard/GA/PST045219> and typing the name of your county in the search bar.**

Race	2019 Census Data %	Total Number of People Served 8/1/2020-7/31/2021	Total Percentage of People Served 8/1/2020-7/31/2021	People Exiting to Permanent Destination 8/1/2020-7/31/2021 (Active Client List)	Percentage People Exiting to Permanent Destination 8/1/2020-7/31/2021
Black or African American					
Asian					
American Indian or Alaska Native					
Native Hawaiian or Other Pacific Islander					
White					
Multiple Races					
Client Doesn't Know/Client Refused					
Data Not Collected					
Total					
Ethnicity					
Hispanic/Latino					
Non-Hispanic/Non-Latino					

10. a. Please identify any barriers to participation in this project (e.g. lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homeless population. Please explain how these barriers were identified, what steps have been taken, and will be taken, to eliminate the identified barriers. **(1000 characters maximum)**

11. Project Utilization for ALL Housing Projects (RRH and PSH Projects MUST complete this question)

- a. Total number of units this project is contracted to have (GIW):
- b. Total number of beds this project is contracted to have (GIW):
- c. Number of beds dedicated to people who are chronically homeless:
- d. Number of beds designated as DedicatedPLUS (PSH only):
- e. Number of beds **not** dedicated to people who are chronically homeless, but that will be prioritized for the chronically homeless:
- f. Total number of units being utilized on July 31, 2021:
- g. Total number of beds being utilized on July 31, 2021:
- h. Average daily utilization rate (Review Bed/Unit Inventory in Sage for most recently submitted APR in Sage. Please submit both the bed rate and unit rate. This information is only available from the most recently submitted APR in Sage.  
Average Bed Rate (%)  **and** Average Unit Rate (%)

12. Sub-Populations (ALL Programs)

What is the total number of clients served from each of the sub-populations below? Clients may fall into multiple categories. (APR 8/1/2020-7/31/2021)	Number 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)	
Chronic Health Condition (APR Q13a1)	
Persons with HIV/AIDS (APR Q13a1)	
Developmental Disability (APR Q13a1)	
Physical Disability (APR Q13a1)	
Domestic Violence History (APR Q14a)	
Fleeing Domestic Violence (APR Q14b)	
Youth Parenting Households with Children (where no adult parent or guardian over the age of 24 is in the household) (APR Q27b)	
Youth Households without Children (where no adult parent or guardian over the age of 24 is in the household) (APR Q27a)	

13. 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
<b>Total</b>	

**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
<b>Total</b>	

\*Please note that applications indicating third-party In-Kind match are 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
<b>Total</b>	

**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
<b>Total</b>	

**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:	
<input type="checkbox"/> “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 HUD Exchange 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. Guidance on CoC Match can be found at: <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-match/coc-match-overview/>.

Match resources for renewal projects are not required to be supported by written documentation with the Review Application(s). However, HUD requires match documentation to be submitted when executing the grant agreement. Each applicant is responsible to understand what is required to document cash and In-Kind match.

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, childcare, 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 75% of the grant amount (match and leveraging should total 100%). For this section, please only report leveraged resources outside of the match resources listed above to ensure no duplication.