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**Fulton County Continuum of Care**

**FY 2023 CoC Competition Supplemental Application - Renewal PSH, RRH, TH/ RRH Projects**

Section I – Project Description

**Project Name:** Enter Project Name

**Organization Name:** Enter Organization Name

**Project Type:** (*select one; if the organization has multiple projects, complete a separate supplemental application for each*)

[ ]  **Permanent Supportive Housing** [ ]  **Rapid Rehousing** [ ]  **Joint Transitional Housing/Rapid Rehousing**

1. **Project Start Date** Click or tap to enter a date. **Project End Date** Click or tap to enter a date.
2. **Provide a brief overview of the proposed renewal project including the focus population and service delivery approach.** Click or tap here to enter text.
3. **How many individuals or families does the application project to serve (i.e., capacity)?**
	1. **Number of individuals** Click or tap here to enter text.

**Of those, how many would be or are chronically homeless?** Enter #

* 1. **Number of households** Click or tap here to enter text.

**Of those, how many would be chronically homeless?** Enter #

1. **Amount of funding requested (cannot exceed FY2022 award amount):** Enter $
2. **How does your current program compare with the original program proposed to HUD? Describe any changes and why and how your agency achieved those changes.** Click or tap here to enter text.

Section II - Threshold Requirements

1. **Amount of match documented with letters attached to project application in e-snaps:** Enter $
2. **Does the project currently have staff who are trained on the Homeless Management Information System (HMIS)?** [ ]  Yes [ ]  No
	1. **If yes, provide the name(s) of the staff who are trained.** Click or tap here to enter text.
	2. **If No, are you planning on having staff complete a HMIS training in the near future?**

 [ ]  Yes [ ]  No

1. **Does this project follow a Housing First and Low Barrier Approach to serving individuals and families?**

[ ]  Yes [ ]  No

1. **If yes, describe how the project utilizes a Housing First and Low Barrier approach.**

Click or tap here to enter text.

1. **How many referrals did this project receive from Coordinated Entry from July 1, 2022 to June 30, 202****3?** Enter #.
	1. **Of those referrals, how many clients were accepted into the project?** Enter #

Section III – Local Criteria

Financial Information

1. **HUD grant agreements are often delayed, the organization should have a minimum of three months of operating reserve for each CoC project. How much funding does the organization have in reserve to support the operations for this project? How many months do you estimate this funding will support the uninterrupted operations of the project?**

Click or tap here to enter text.

1. **Estimate the percentage of funding that will be expended by the end of your grant term for the current CoC grant in operation (Based on the eLOCCS report and any unreported draw request):** Enter percentage
2. **Based on the percentage of funding that is estimated to be expended would the organization like to make any funds available for reallocation, if yes how much?** Enter amount available for reallocation
3. **Describe any challenges the organization has faced in executing and implementing the most recent CoC grant and if applicable, steps taken or plan to address those challenges.**

Click or tap here to enter text.

1. **Has the project had an audit or been monitored by HUD in the last 24 months?** [ ]  Yes [ ]  No  **If so, please attach a copy of the monitoring report provided by HUD.**

Service Population

1. **Please check if the project considers the severity of needs and vulnerabilities of program participants experiencing any of the following: (Check all that apply and respond to the question in italics)**

[ ] **Low or no income**. *Briefly describe your service approach to participants with this need/ vulnerability*

 Click or tap here to enter text.

[ ] **Current or past substance use or misuse**. *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ] **Criminal record–with the exception of restrictions imposed by federal, state, or local law or ordinance.** *Briefly describe your service approach to participants with this need/ vulnerability.*

 Click or tap here to enter text.

[ ] **Chronic homelessness.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ] **History of victimization/abuse, domestic violence, sexual assault, childhood abuse.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ] **Mental Illness**. *Briefly describe your service approach to participants with this need/ vulnerability*

 Click or tap here to enter text.

[ ] **Chronic Health Conditions and/or Physical Disabilities**. *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ] **Developmental Disabilities.** *Briefly describe your service approach to participants with this need/ vulnerability.*

 Click or tap here to enter text.

[ ]  **Unaccompanied Youth under age 18.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

[ ]  **Unaccompanied transition aged youth (TAY) age 18-24 years.** *Briefly describe your service approach to participants with this need/ vulnerability.*

Click or tap here to enter text.

1. **Is this project the only project of its kind in the CoC’s geographic area serving a special homeless population/subpopulation?** [ ]  Yes [ ]  No
	1. **If yes, please specify:** Click or tap here to enter text.
2. **Does your agency have materials in languages other than English and/or staff with bilingual capability?** [ ]  Yes [ ]  No
	1. **If yes, detail any staff with bilingual capability and materials that are available in other languages.** Click or tap here to enter text.
3. **Do you have a reasonable accommodations policy and form for clients to fill out?** [ ]  Yes [ ]  No
	1. **If yes, describe your policy and how participants are informed of the policy.**

Click or tap here to enter text.

**PERMANENT SUPPORTIVE HOUSING PROJECTS ONLY**

1. **Move on strategy. Describe how the project identifies and engages participants who no longer require intensive services who are able and willing to move out of the PSH program with a rental subsidy–to other housing assistance programs (including, but not limited to, Housing Choice Vouchers and Public Housing).** Click or tap here to enter text.
2. **Unit Turnkey. What is the average number of days it takes for the project to turnover a PSH unit and move in a new client?** Click or tap here to enter text.
	1. **Describe how the project quickly turns PSH units over in preparation for new clients.**

Click or tap here to enter text.

Collaboration and Coordination

1. **Describe any CoC, CDC, HUD, or other training that CoC funded program staff have participated in during the past year.** Click or tap here to enter text.
2. **Describe how the organization collaborates with youth education providers, local education agencies, and school districts to support youth experiencing homelessness.**

Click or tap here to enter text.

1. **Does the project actively coordinate with the following systems of care to ensure that persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelter (ES), or other homeless assistance programs?**
	1. **Foster Care** [ ]  Yes [ ]  No
	2. **Health Care** [ ]  Yes [ ]  No
	3. **Mental Health Care** [ ]  Yes [ ]  No
	4. **Correctional Facilities** [ ]  Yes [ ]  No
2. **Describe how the organization partners with local workforce development centers to improve employment opportunities.**

Click or tap here to enter text.

Equity and Representation

1. **Does the organization have underrepresented individuals (BIPOC, LGBTQ+, etc.) in managerial and leadership positions?** [ ]  Yes [ ]  No
2. **Does the organization’s board of directors include representation from someone with lived experience of homelessness? ☐ Yes ☐ No**
3. **Does the organization have a process for receiving and incorporating feedback from persons with lived experience?** [ ]  Yes [ ]  No

**If yes, how?** Click or tap here to enter text.

1. **What steps have you taken to identify barriers of participation faced by persons of different races and identities, particularly those overrepresented in the local homeless population?**

Click or tap here to enter text.

1. **What steps have you taken or will you take to lower or eliminate these barriers?** Click or tap here to enter text.
2. **Describe the organization’s plan to review participant outcomes data disaggregated by race, ethnicity, gender identity, and/or age to identify disparities in your service provision, including any plans to collaborate with HMIS to develop a schedule for data review. If already implementing, describe findings:** Click or tap here to enter text.
3. **Describe the organization’s plan to review whether programmatic changes are needed to make program participant outcomes more equitable. If already implementing, describe findings:**

Click or tap here to enter text.

System Performance

**For this section the CoC will use the Annual Performance Report (APR) from the most recently completed grant period in SAGE.**

**The CoC will review this report and score the project for information related to HUD’s System Performance Measures, which include but are not limited to:**

* **Exits to permanent housing destinations**
* **Growth in employment**
* **Growth in income**
* **Length of participation in project before move-in**

Application Attachments

[ ]  **Most recent audit and management letter**

[ ]  **Most recent HUD monitoring letter, if received in the last 24 months**

[ ]  **Project’s policies and procedures manual. Please note the page numbers where the following policies can be found.**

* **Housing First Policy** Click or tap here to enter text.
* **Policy ensuring that families are not separated** Click or tap here to enter text.
* **Fair Housing Policy** Click or tap here to enter text.
* **Policy ensuring that self-reported sexual orientation and gender identity are respected (Equal Access to Housing Final Rule)** Click or tap here to enter text.
* **Denial of Service Policy and Grievance Procedure** Click or tap here to enter text.
* **Reasonable Accommodation Policy and form (if applicable)** Click or tap here to enter text.

**Assurances- Renewal Grant Applicants**

Please review and certify that your organization meets the following criteria. **You must check either Yes or No for each question; do not leave any questions blank.**

|  |
| --- |
| **\_\_Yes \_\_No** 1. Applicant has Active SAM registration with current information.  |
| **\_\_Yes \_\_No** 2. Applicant has Valid DUNS number in application. |
| **\_\_Yes \_\_No** 3. Applicant has no Outstanding Delinquent Federal Debts- It is HUD policy, consistent with the purposes and intent of 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that applicants with outstanding delinquent federal debt will not be eligible to receive an award of funds, unless:(a) A negotiated repayment schedule is established and the repayment schedule is not delinquent, or(b) Other arrangements satisfactory to HUD are made before the award of funds by HUD. |
| **\_\_Yes \_\_No** 4. Applicant has no Debarments and/or Suspensions - In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the Federal Government. |
| **\_\_Yes \_\_No** 5. Applicant has disclosed any violations of Federal criminal law - Applicants must disclose in a timely manner, in writing to HUD, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Failure to make required disclosures can result in any of the remedies described in 2 CFR §200.338, Remedies for noncompliance, including suspension or debarment. This mandatory disclosure requirement also applies to subrecipients of HUD funds who must disclose to the pass-through entity from which it receives HUD funds. |
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| **\_\_Yes \_\_No** 6. Applicant has submitted the required certifications as specified in the NOFA. |
|  |  |  |  |  |  |  |  |
| **\_\_Yes \_\_No** 7. Applicant has demonstrated the population to be served meets program eligibility requirements as described in the Act, and project application clearly establishes eligibility of project applicants. This includes any additional eligibility criteria for certain types of projects contained in the NOFA. |
| **\_\_Yes \_\_No** 8. Applicant has agreed to Participate in HMIS - Project applicants, except Collaborative Applicants that only receive awards for CoC planning costs and, if applicable, UFA Costs, must agree to participate in a local HMIS system. However, in accordance with Section 407 of the Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about any client. Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards. While not prohibited from using HMIS, legal services providers may use a comparable database that complies with federal HMIS data and technical standards, if deemed necessary to protect attorney client privilege. |
|  |  |  |  |  |  |  |  |
| **\_\_Yes \_\_No** 9. Applicant has met HUD Expectations - When considering renewal projects for award, HUD will review information in eLOCCS; Annual Performance Reports (APRs); and information provided from the local HUD CPD Field Office, including monitoring reports and A-133 audit reports as applicable, and performance standards on prior grants. HUD will also assess renewal projects using the following performance standards in relation to the project's prior grants:(a) Whether the project applicant's performance met the plans and goals established in the initial application, as amended;(b) Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met;(c) The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except HMIS-dedicated projects that are not required to meet this standard; and,(d) Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site. |
|  |  |  |  |  |  |  |  |
| **\_\_Yes \_\_No** 10. Applicant has met HUD financial expectations – If a project applicant has previously received HUD grants, the organization must have demonstrated its ability to meet HUD’s financial expectations. If any of the following have occurred, the project applicant would NOT meet this threshold criteria:(a) Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;(b) Audit finding(s) for which a response is overdue or unsatisfactory;(c) History of inadequate financial management accounting practices;(d) Evidence of untimely expenditures on prior award;(e) History of other major capacity issues that have significantly affected the operation of the project and its performance;(f) History of not reimbursing subrecipients for eligible costs in a timely manner, or at least quarterly; and(g) History of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes. |