

FY 2021

GA-502 Fulton County Continuum of Care Program Competition for Renewal Projects

Release Date: September 21, 2021

Deadline for Submission
October 18, 2021

5:00 pm

I. BEFORE YOU BEGIN

Some of the data information will already be calculated and provided by email to the agencies, along with the APRs that the data was collected from. This should help calculate answers to select questions. Although numbers will be checked, it will be up to the agencies to confirm that the numbers are correct.

- 1. Submit complete applications to Homelessinfo@fultoncountyga.gov. Subject- COC FY21 Renewal
- 2. Complete all project documentation. This will vary from project to project and will not necessarily be limited to, but should include:
- A complete intake package (required);
- House rules and policies (required);
- Client handbook (required);
- Client termination and appeals process (required);
- Client Comment/Suggestion form; (optional)
- Any other project documents; (optional)
- Match letter verification (required)
- A PDF from SAGE of the most recent APR that was submitted for this project; (required)
- A copy of any monitoring letters (with or without concerns or findings) that cover visits that have occurred since July 1, 2019;
- Completed FY21 Fulton County CoC Supplemental Questions located at the end of this application;
- Completed MOU between Fulton County (CoC Collaborative Applicant) and applicant. (See attached). (required)
- 3. **Submitted Applications** will be reviewed by the CoC's Ranking and Review Committee/Peer Reviewers and recommended to the COC Board for inclusion in the CoC application.
- 4. **ACCEPTED APPLICANTS** will complete the HUD project application, with all updated forms, in e-snaps, **no later than**November 1, 2021 at noon. The e-snaps applications is what will be submitted with the CoC Consolidated application to HUD.

Please know that there may be additional information that is requested either after the release of this application or during the review process. It is expected that if additional information is requested, it will be provided in a timely manner. Any other documentation requested in the review process will be used to help clarify your application.

The scoring for the FY21 Fulton County CoC local competition process for CoC Program funding will be data driven. Therefore, some of the questions that allow for narratives may be for informational purposes only. While most projects serve individuals, data for projects serving families will be adjusted, as applicable (since some measures relate to all persons served and others to heads of households).

The submission deadline for all **LOCAL COMPETITION** renewal review applications, and all required documents, is **October 18, 2021 at noon**. An application may be considered incomplete if it does not include all required documents.

The deadline for **ACCEPTED PROJECT** e-snaps applications, and all required updated attachments is **November 1, 2021 at noon**. An e-snaps application may be considered incomplete if all required attachments.

II. Applicant Information

1.	I. Name of Organization		
2.	2. Organization Type Nonprofit 501(c)(3)G Unit Public Housing Author	prity	
	Other (please specify	/)	
3.	3. Name of Subrecipient/Sp	onsor Organization (enter N/A if not applicable)	
4.	1. Subrecipient/ Sponsor O	rganization Type (enter N/A if not applicable)	
	Nonprofit 501(c)(3)G Unit Public Housing Author		
	Other (please specify)		
į	5. Contact Person for App	lication	
1	Name and Title		
F	Phone Number		
E	Email Address		
6.	5. HUD Project Name		
L			l
7.	7. Exact HMIS (or equivalen	t) Project Name	1
8.	3. DUNS Number		
L			

9. SAM R	egistration Expiration Date		
10. HUD	Project Type		
	Permanent Supportive Housing – Scattered Site		Permanent Supportive Housing - Project Based
	Permanent Supportive Housing - Sponsor Based		Permanent Supportive Housing - Tenant Based Rapid
	Rehousing		
	Support Services Only - HMIS		
	Support Services Only - Coordinated Entry		
11. Total	HUD 2021 Funding Request		
12. Is this	s amount less than previous year due to underu	tilization or	underspending?
	Yes		
	No		

13. If any funding reductions are proposed (Q12), please explain. If no changes, please enter N/A. (500 characters maximum. Attach explanation as a separate page, and label it Question 13.)

14. Please provide a brief, but complete, description that addresses the entire scope of the project. (1,000 characters maximum) (Attach explanation as a separate page, and label it Question 14.)

III. PROJECT OVERVIEW AND STRATEGIC ALIGNMENT

The Fulton County CoC works to align itself with HUD priorities and its five year Consolidated Plan.

While much of the scored information will be taken from project APRs and HMIS, please respond to the questions, addressing the various objectives of the Fulton County CoC. Provide a brief explanation for each of the subparts when requested.

Please note: To remain as objective as possible, much of the scoring is based on the data and backup provided. Explanations are for informational purposes only.

For questions that reference project performance, please include the applicable project performance data from the data document that was provided for this project (unless otherwise indicated).

This data was derived from APRs that were pulled from HMIS (or equivalent) covering the periods 07/01/2020 - 06/30/2021. This document was provided to make the application process easier and less onerous on the agencies. Even though this data was checked a few times, please confirm that it is correct.

If your project is newer and does not have one or both of the complete years to report on, please note that and explain how the project will meet the objectives when narratives are indicated.

IV. Program Policies and Procedures - Program Entry and Continued Program Participation

The Fulton County CoC Coordinated Entry Process prioritizes individuals and families based upon their duration of homelessness, vulnerability factors and barriers to securing and maintaining housing.

CoC-funded projects frequently work with individuals and/or families who have significant barriers to securing and maintaining housing. As such the Fulton County 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.

16. Please briefly explain your response from Q15, especially if the response is no. (1,000 characters maximum. Attach response as a separate page, and label it Question 16.) 17. Since July 1, 2020, how many coordinated entry referrals made to this project, were denied admission? Please briefly explain. (This may be verified. 1,000 characters maximum. Attach response as a separate page, and label it Question 17) 18. Since July 1, 2020, how many new enrollments did not come from coordinated entry? Please briefly explain. (This may be verified. 1,000 characters maximum. Attach response as a separate page, and label it Question 18.) 19. If a potential client is referred through the coordinated entry process, which of the following will prohibit this client from being accepted in the project? (Check all that apply. This may be verified.) Too little income Active/history of substance abuse Acriminal record (with the exception of state-mandated restrictions) History of victimization (i.e. domestic violence, sexual assault, childhood abuse) Gender orientation/identity None of the above Other (please specify) 20. Please briefly explain your response from Q19. (1,000 characters maximum. Attach response as a separate page, and label it Question 20) 21. Which of the following can terminate a participant from the program? (Check all that apply. This may be verified.) Failure to participate in supportive services Failure to make progress on a service plan Loss of income or failure to improve income	
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Loss of income or failure to improve income	
	Failure to make progress on a service plan
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	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

Failure to pay rent

None of the above
Other (please specify)
22. Please briefly explain your response from Q21. (1,000 characters maximum. Attach response as a separate page, and lab it Question 22.)
23. Does the project use a harm-reduction model for drugs and/or alcohol use? (This may be verified.) Yes
) res
24. If your response to Q23 was yes, please provide a specific example (without identifying anyone) illustrating a time when a harm-reduction model was used. If your response to Q23 was no, please explain why not. (1000 characters maximum. Attach response as a separate page, and label it Question 24)
25. Does the project have specific policies and procedures that work to prevent eviction or lease violations? (This may be verified.)
Yes (please attach document and label it Question 25.)
No No
26. Please briefly explain your response to Q25. (1,000 characters maximum. Attach response as a separate page, and label Question 26)
27. Since July 1, 2020, how many households have been evicted/terminated from this project? Please explain. (This may be verified. (1,000 characters maximum. Attach response as a separate page, and label Question 27)
28. Please indicate which of the following are required for clients to move into this project. (Check all that apply. This may be verified.)
Current employment or other income
State-issued identification
No presenting symptoms of mental illness
No presenting evidence of substance use (sobriety)
Specific disabling condition (i.e. mental health, substance abuse, HIV/AIDS)
Medication compliance
Order of protection, police involvement or specified time separated from abuser for victims/survivors of domestic violence
None of the above
Other (please specify)

29. Please briefly explain your response from Q28. Provide a description and explanation for each of the program requirements as selected above. The description should include the reasons for any of the selection program requirements. (1,000 characters maximum. Attach response as a separate page, and label it Question 29)

V. Populations and Subpopulations

For all questions that ref	er to data from APRs, use the APR documents that were provided specific to	o this project.			
30. Populations Served (0	Check all that apply.) swithout children (individuals and couples aged 25 and older, with no children)				
Adult households	s with children (individuals and couples aged 25 and older, with children)				
Youth households without children (individuals and couples aged 18-24, with no children)					
Youth households with children (individuals and couples aged 18-24, with children)					
Unaccompanied	youth under age 18				
31. Total persons served	from July 1, 2020 - June 30, 2021. (Project Data Document Q1				
•					
32. What is the percenta Project Data Document) Mental health problems	ge of clients served from each of the subpopulation below? (July 1, 2020 – J	une 30, 2021 -			
Alcohol abuse					
Drug abuse					
Both alcohol and drug abuse					
Chronic health condition					
HIV/AIDS					
Developmental disability					
Physical disability					
Fleeing domestic violence					
Veterans					
Chronically homeless					
Youth households					
Zoro coch incomo ontre					

VI. Housing Stability

For all questions that ref	er to data from APRs, use the APR documents that were provided specific to this project.
33. What is the percent of	of exiting persons who exited to permanent housing?
a. July 1, 2020 through June 30, 2021 - Project Data Document Q18	
continue to improve the	ecreases from last year. Whether there is a decrease or not, how will your agency plan to permanent housing placements for exiting project participants? (1,000 characters maximum. parate page, and label it Question 34)
35. What is the percent	of persons who maintained or obtained permanent housing?
a. July 1, 2020 through June 30, 2021 - Project Data Document Q24	
	ecreases from last year. Whether there is a decrease or not, how will your agency plan to using stability for project participants? (1,000 characters maximum. Attach response as a lit Question 36.)
VII. Project Partic	cipant Income
For all questions that ref	er to data from APRs, use the APR documents that were provided specific to this project.
37. What is the percent of status/exit?	of participants who gained or increased earned income from entry to latest
a. July 1, 2020 through June 30, 2021 - Project Data Document Q28	
38. What is the percent of status/exit?	of participants with cash income other than employment from entry to latest
a. July 1, 2020 through June 30, 2021 - Project Data Document Q30	
	ecreases from last year. Whether there is a decrease or not, how will your agency plan to ome for project participants? (1,000 characters maximum. Attach response as a separate page.)
VIII. Mainstream	(non-cash) Benefits
For all questions that ref	er to data from APRs, use the APR documents that were provided specific to this project.
40. What is the percent of	of clients with 1+ source of income at annual assessment/exit?
a. July 1, 2020 through June 30, 2021 - Project Data Document Q34	

	percentage of project participant who access mainstream benefits? (1,000 characters as a separate page and label it Question 41)
42. What is the percent of a. STAYERS July 1, 2020 through June 30, 2021 - Project Data Document Q40	of clients with health insurance? (2020-2021)
43. What is the percent of a. STAYERS July 1, 2019 through June 30, 2020 - Project Data Document Q46	of clients with health insurance? (2019-2020)
	creases from last year. Whether there is a decrease or not, how will your agency plan to percentage of project participant who access health insurance? (1,000 characters maximum)
IX. Utilization Ra	te/Move-In Time
For all questions that re	fer to data from APRs, use the APR documents that were provided specific to this project.
45. What is the average (scored.	percentage) utilization rate for PSH only? This is for informational purposes and will not be
a. July 1, 2020 through June 30, 2021 - Project Data Document Q52	
46. What is the average I informational purposes a	ength of time between the Project Start Date and Project Move-In Date? This is for nd will not be scored.
a. July 1, 2020 through June 30, 2021 - Project Data Document Q56	
	ilization rate (PSH) decreases <i>and</i> length of time to move-in increases from last year. How continue to improve this measure? (1,000 characters maximum. Attach response as a it Question 47)
X. Spend Down	and Cost Efficiency
completed grant year.	ction, the math for Q57 - Q62 was not calculated, as these questions refer to the most recently You will need to run a test APR from SAGE and refer to that document to get the numbers ttach a PDF of that SAGE APR at the end of this application.
48. Expended Funding fo	r Current Contract.
a. Start and end date of this current HUD award.	
b. Total amount of award.	
c. Total amount of funds not yet drawn down.	
49. Do you anticipate you ☐ Yes ☐ No	will have unspent funds at the expiration date of this current contract?

41. Please explain any decreases from last year. Whether there is a decrease or not, how will your agency plan to

50. If yes, how much? Please explain the reason for the unexpended funds. (Attach explanation as a separate page, and label

it Question 50.) Enter N/A if not applicable.

51. Did you have unspend □ Yes □ No	HUD funds at the expiration of grant terms in any of the previous years listed in Q52?
52. If yes, how much? (Er	iter 0 if all funds were expended and N/A if it does not apply.)
2020-2021 (ended in 2021,if already expired)	
2019-2020 (ended in 2020)	
2018-2019 (ended in 2019)	
2017-2018 (ended in 2018)	
53. Have there been extended the contract? ☐ Yes ☐ No	nuating circumstances in drawing down funds such as a change in the grant year or execution
54. If yes, please briefly e Question 54)	explain and identify grant years impacted. (Attach explanation as a separate page, and label it
55. Please provide the dathe first drawdown to the	ites (month/day/year) of each drawdown made under your most recently expired grant from elast closeout one.
Start and end date of award	
Drawdown 1	
Drawdown 2	
Drawdown 3	
Drawdown 4	
List all remaining dates (enter N/A if no other dates)	
	budget for this project (include all financial resources, including in-kind) and the total HUD or the most recently completed grant year?
a. Total Annual Budget	
b. Total HUD Award	
c. Start and End Date	

of

APR at end of application.)
58. What is the average cost per person served (full project budget)?)
59. What is the average per person served (these HUD funds only)?
60. How many persons either remained in permanent housing or exited the project to permanent destinations over the course of the program year? ([APR Q23a, third from bottom row "Total persons exiting to positive housing destinations"] + [APR Q23b, third from bottom row "Total persons exiting to positive housing destinations"] + [APR Q5a, Stayers])
61. What is the average cost per exit to, or maintenance of, permanent housing over the course of the program year (full project budget)
62. What is the average cost per exit to, or maintenance of, permanent housing over the course of the program year (these HUD funds only)?
63. Does the applicant have any outstanding federal debt?
□ Yes □ No
64. If yes, please provide an explanation of debt owed and repayment arrangements. (If no, enter N/A. 250 characters maximum)
XI. Program Monitoring and Timely APR Submission
65. When was your most recent HUD monitoring visit (Enter N/A if not applicable.)?
66. Please provide an explanation for any open or unresolved findings or concerns, from the above visit. (Enter N/A if not applicable. 500 characters maximum)

67. Has the agency had any site visits/monitoring from ANY funder (private or government, including HUD ESG) since July 1, 2019 (past two years) or ANY outstanding monitoring or audit findings or concerns, even if prior to July 1, 2019.

If yes to EITHER, attach any and all correspondence regarding the results of these site visits (including any concerns/findings and letters addressing such) to the end of this application.
□ Yes □ No
68. Please list all site visits/monitoring since July 1, 2019. (Enter N/A if not applicable.)
69. Within your organization, please describe what actions are done to evaluate project and agency performance. (1,000 characters maximum)
70. Ending date for the last completed grant year?
71. Date the APR for last completed grant year was submitted and accepted in SAGE?
XII. Match Funds
HUD requires a 25% match (minus leasing) for this funding. This needs to be based on current commitments at the time of project application, covering the requested grant operating period/term, and NOT based on projections. Documentation should be attached to this application and dated within 60 days of the HUD application deadline (November 16, 2021). For additional guidance on match funds, please refer to the project guides or search for "match" on the FAQs on the HUD Exchange website.
72. Do you have all required and acceptable match commitments and documentation? $\hfill\Box$ Yes $\hfill\Box$ No
73. Do you acknowledge that failure to have the required and acceptable match documentation may result in this project being excluded from the project listing (that is, not ranked for future funding)?
□ Yes □ No
XIII. Attachments Please attach the following required documents as part of your application. If any do not apply, please upload a PDF indicating "this question does not apply" so that it is clear you did not fail to submit documentation.
 74. Please attach your complete intake package. This is required. Attach this document in PDF format. 75. Please attach your house rules and policies. This is required. Attach this document in PDF format. 76. Please attach your client handbook. This is required. Attach this document in PDF format. 77. Please attach your client termination and appeals process. This is required. Attach this document in PDF format. 78. Please attach your client comments/suggestions form. This is optional. Attach this document in PDF format. 79. Please upload any additional project documents. This is optional. Attach this document in PDF format. 80. Please upload attach Match verification letters. This is required. Attach this document in PDF format. 81. Please attach a recent SAGE APR. This is required. Attach this document in PDF format. 82. Please attach any and all correspondence related to site visits/monitoring (with or without concerns) that cover visits
since July 1, 2019. This is required for agencies who received correspondence related to site visits/monitoring. 83. Please attach the signed MOU between Fulton County and the applicant. This is required.

XIV. Supplemental Questions

Attach this document in PDF format.

These questions are used to supplement your local competition application and provide answers that strengthen the overall CoC application submitted to HUD. Bonus points may be permitted for answering questions; please refer to the Renewal Project Scoring Tool for more information. For questions that do not relate to your project or organization, enter N/A.

84. What is the percent of	persons served v	vith 3+ physical o	mental health co	onditions?		
2020-2021 (ConditionalDoc Q4)						
2019-2020 (ConditionalDoc Q8)						
85. Ensuring Families are Please explain below. (50 85)	-		•			
86. Child/Youth Collabora children ages 0-5? Please explanation as a separate	explain below ar	nd upload in attac	_	•		
87. Domestic Violence Pr not applicable.	r ojects : Do you u	se a comparable c	latabase to HMIS	to collect required d	ata? Enter "N/A" if	
88. Domestic Violence Pr the population you serve. separate page and label i	Enter "N/A" if no		•		•	
89. Racial Equity : Has you races? Briefly explain wha						nt
XV. Assurances						
To the best of my knowle the applicant has duly au	_					
1. Applicant will complete unless adjustments have	•	• •		nformation containe	d in this application	
2. Applicant agrees to par providers.	rticipate fully wit	h the HMIS identi	fied by the CoC, c	or alternate system f	or domestic violence	
3. Applicant agrees to par	ticipate fully wit	h the CoC Coordii	nated Entry syste	m.		
Additionally, the governi	ing body of this a	pplicant understa	ınds that:			
1. Submission of this app	lication and the ϵ	e-snaps applicatio	n is not a guaran	tee of funding.		
2. Inclusion in the Fulton made by HUD.	County CoC appli	cation to HUD als	o does not guara	ntee funding, as all fi	nal funding decisions	are
90. Acknowledgement						
Name and Title of Autho	rizing Authority					
Signature						
Date						