

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/13/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Georgia Housing and Finance Authority

b. Employer/Taxpayer Identification Number (EIN/TIN): 58-1222605

	c. Organizational DUNS:	099306029	PLUS 4:	
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d. Address

Street 1: 60 Executive Park South, NE

Street 2:

City: atlanta

County: Dekalb

State: Georgia

Country: United States

Zip / Postal Code: 30329

e. Organizational Unit (optional)

Department Name:

Division Name: Housing Assistance Division

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: David

Middle Name:

Last Name: Whisnant

Suffix:

Title: Director, OHSNH

Organizational Affiliation: Georgia Housing and Finance Authority

Telephone Number: (404) 679-0660

Extension:
Fax Number: (770) 359-3806
Email: David.Whisnant@dca.ga.gov

1C. SF-424 Application Details

9. Type of Applicant: A. State Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Georgia
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Cobb GA HMIS Support

16. Congressional District(s):

a. Applicant: GA-007, GA-006, GA-009, GA-008, GA-003, GA-002, GA-005, GA-004, GA-001, GA-014, GA-010, GA-011, GA-012, GA-013

b. Project: GA-006, GA-011, GA-013
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2019

b. End Date: 04/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Shawn

Middle Name:

Last Name: Williams

Suffix:

Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)

Fax Number: (404) 679-4837
(Format: 123-456-7890)

Email: shawn.williams@dca.ga.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/13/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Georgia Housing and Finance Authority
Prefix: Ms.
First Name: Shawn
Middle Name:
Last Name: Williams
Suffix:
Title: Director, Housing Assistance Division
Organizational Affiliation: Georgia Department of Community Affairs
Telephone Number: (404) 679-0621
Extension:
Email: shawn.williams@dca.ga.gov
City: atlanta
County: Dekalb
State: Georgia
Country: United States
Zip/Postal Code: 30329

2. Employer ID Number (EIN): 58-1222605

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$42,800.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329	Housing Trust Fund	\$550,000.00	Shelter Plus Care Support Services
Department of Community Affairs 60 Executive Park South NE Atlanta, GA 30329	Housing Trust Fund	\$600,000.00	Shelter Plus Care Harm Reduction Case Management Services
Department of Community Affairs 60 Executive Park S Atlanta GA30329	Housing Trust Fund	\$47,294.00	Coordinated Entry
Department of Community Affairs 60 Executive Park S Atlanta GA30329	Housing Trust Fund	\$100,000.00	HMIS

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
na	na	na	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/20/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Georgia Housing and Finance Authority

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Shawn

Middle Name

Last Name: Williams

Suffix:

Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)

Fax Number: (404) 679-4837
(Format: 123-456-7890)

Email: shawn.williams@dca.ga.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/13/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Georgia Housing and Finance Authority

Name / Title of Authorized Official: Shawn Williams, Director, Housing Assistance Division

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/13/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Georgia Housing and Finance Authority

Street 1: 60 Executive Park South, NE

Street 2:

City: atlanta

County: Dekalb

State: Georgia

Country: United States

Zip / Postal Code: 30329

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Shawn

Middle Name:

Last Name: Williams

Suffix:

Title: Director, Housing Assistance Division

Telephone Number: (404) 679-0621
(Format: 123-456-7890)

Fax Number: (404) 679-4837
(Format: 123-456-7890)

Email: shawn.williams@dca.ga.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/13/2018

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$42,800

Organization	Type	Sub-Award Amount
The Center for Family Resources	M. Nonprofit with 501C3 IRS Status	\$42,800

2A. Project Subrecipients Detail

a. Organization Name: The Center for Family Resources

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 58-0876634

	* d. Organizational DUNS:	024155673	PLUS 4:	
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e. Physical Address

Street 1: 995 Roswell Street, Suite 100

Street 2:

City: Marietta

State: Georgia

Zip Code: 30060

f. Congressional District(s): GA-006, GA-011, GA-013
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$42,800

j. Contact Person

Prefix: Ms.

First Name: Diana

Middle Name:

Last Name: Belanger

Suffix:

Title: Finance Director

E-mail Address: DianaBelanger@TheCFR.org

Confirm E-mail Address: DianaBelanger@TheCFR.org

Phone Number: 770-428-2601

Extension: 238

Fax Number: 770-428-5231

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The applicant, the Georgia Housing and Finance Authority (GHFA), is a state agency attached to the Georgia Department of Community Affairs (DCA). GHFA designated DCA to serve as the HMIS Lead of a regional HMIS implementation that is used by 8 of the 9 CoCs in Georgia. In 2016 DCA established the Georgia HMIS Steering Committee; this is comprised of 2 representatives from each of the 8 CoCs that participate in many of the HMIS' administrative decisions. DCA as the HMIS Lead is responsible for Project Management, System Functionality, Policies & Procedures and Training and Technical Assistance for the GA HMIS Implementation.

DCA provides access to funding (through the State Housing Trust Fund for the Homeless, Federal ESG and/or HOPWA) for homeless housing and service programs to include operations (shelter, transitional and supportive housing), services, development (housing, including multifamily, service centers and support facilities). Since 1991, DCA has administered the formula ESG program for the State of Georgia and has been awarded millions of dollars through the 2016 program year.

DCA Housing Finance Division Housing Trust Fund staff bring more than 75+ years of combined experience to the administration of the HUD programs and work directly with homeless and HIV programs. Collectively, DCA has approximately 190 staff members dedicated to the delivery of housing and services to low and moderate income or homeless persons throughout Georgia.

The Center for Family Resources (CFR) has served low income and homeless individuals and families in Cobb County, GA for more than 50 years. It has a long history of utilizing federal funds. Emergency Solutions Grant (ESG) and HUD funds have been utilized for over 20 years. Other sources include CDBG funds, HOME, and Edward Byrne Memorial Justice Assistance Grants. CFR also received over \$600,000 in ARRA funds to provide HPRP assistance. The organization has effective systems and controls enabling it to demonstrate exceptional capacity to perform the activities proposed in this application including a history of drawing funds regularly, meeting and/or exceeding targets for success, and having excellent monitoring results. The outside CPA firm that conducts the CFR and A-133 audits has designated the organization as a low risk audit.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

The applicant, the Georgia Housing and Finance Authority (GHFA), is a state agency attached to the Georgia Department of Community Affairs (DCA). Together, DCA and GHFA administer numerous Federal programs, including HUD CDBG, HOME, ESG, HOPWA, HCVP, and CoC, as well as other Federal programs including AmeriCorps, Housing Tax Credits, and others. The State Housing Trust Fund for the Homeless (over a \$3 million dollar annual appropriation) is attached to DCA, as is a State job tax credit program, and others. In addition, DCA/GHFA is a leading member of the State Interagency Homeless Coordination Council. Through this council, DCA/GHFA has been able to leverage strong working relationships with other State agencies, including the Department of Behavioral Health and Developmental Disabilities, Children’s Services, Family Violence, Pardons and Paroles, Corrections, Labor and others.

The Center for Family Resources has over 50 years’ experience in leveraging federal, state, local, and private sector funds. Federal funds have been received since 1989 when the organization was awarded one of the first demonstration projects for transitional housing. In subsequent years, the organization received three additional SHP grants to serve homeless families. CFR was awarded \$1 million (over a 4 year period) in CDBG funding for construction/rehab for facility improvement and has received several smaller awards for public facilities and public services through CDBG funding. HOME funding was utilized to make improvements at an apartment complex owned by the organization and used for affordable housing for the public. ESG funding has been received for over 20 years. Over \$600,000 in ARRA funding was received for the HPRP Program. State funds have been received for over 20 years through the CSBG program, Housing Trust Fund, and ESG programs. CFR has received United Way funds for each of the past 56 years. Local funding through the Cobb County Nonprofit Grant program has been received for over 40 years. The organization works with a wide variety of private foundations such as the Community Foundation of Greater Atlanta, corporations such as Comcast, and numerous individual donors.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The Georgia Department of Community Affairs was created in 1977 to serve as an advocate for local governments. Today, DCA operates a host of state and federal grant programs, serving as the state's lead agency in housing finance and development. Policy for the department is provided by an eighteen member board of directors appointed by the Governor for staggered terms. Each of Georgia 's thirteen congressional districts must be represented by one member and other members are appointed at-large. Day-to-day management of the department is provided by the Commissioner of DCA, who is appointed by the Board of Community Affairs. The Commissioner of DCA also serves as Executive Director of the Georgia Housing and Finance Authority. One of eight Divisions, the Housing Finance Division administers the core housing finance and development programs and provides staff, management and oversight for the State Housing Trust Fund for the Homeless Commission. The Trust Fund Commission awards funds to nonprofit organizations and units of local government to support the operation of emergency shelters, transitional housing and essential services for the homeless. The Commission also provides

technical and financial assistance to supportive housing developments that serve individuals and families with special housing needs. Oversight of the financial accounting system is directed by the Deputy Commissioner of Finance and Administration, Georgia Department of Audits and Accounts, and the State Accounting Office. Business management software provided by Emphasys is utilized by the state HFA to manage its programs and streamline daily operations. Emphasys products and services include operational support for housing program management, financial tools to assist in managing multiple funding sources and executive reporting systems that keep key managers focused on overall agency performance. The Center for Family Resources management structure consists of several levels. At the top is a Board of Directors; next are the Board committees which include: Executive, Governance, Finance, Audit, Resource Development, and Marketing. The Board and Finance Committee meet monthly and review the operating financial reports and results. The audit committee meets three times a year. At the staff level there is a CEO, COO of Operations, Finance Director, Resource Development Director, and Mansour Center Director. The finance department consists of the Finance Director and an Accounting Assistant; however, to ensure appropriate controls, the Executive Associate and Volunteer Associate provide support for specific activities. Written policies and procedures detail responsibilities for all expenditures, deposits, and reconciliations. An outside CPA firm is engaged to conduct the annual and A-133 audit.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: GA-506 - Marietta/Cobb County CoC

1b. CoC Collaborative Applicant Name: The Center for Family Resources

2. Project Name: Cobb GA HMIS Support

3. Project Status: Standard

4. Component Type: HMIS

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The GA-506 Marietta/Cobb CoC is a member of the GA HMIS Collaborative; this is a partnership of eight of Georgia’s nine Continuums of Care plus the HMIS Lead Agency - Georgia Department of Community Affairs (DCA). This Collaborative began using Eccovia Solutions’ ClientTrack HMIS in January 2017 and the cost of supporting this implementation is greater than the costs of the HMIS used prior to 2017. Each CoC is responsible for sharing in those costs. In year one DCA committed to covering a large percentage of the initial costs, with CoCs contributing amounts that to be understood were lower than they would be in succeeding years. In year two, Cobb’s share increased by more than 200%. It is anticipated that these costs will continue to increase, and all participating CoCs will continue to be required to meet these increasing costs.

In year one the CoC’s cost-sharing payment was spread out among all the organizations that input Cobb data into the GA HMIS. For year two the CoC is again asking each of these organizations to share in this cost, though each will be required to pay a significantly greater amount than in the previous year. The CoC recognizes that this is burdensome for the organizations, and is a particular hardship for the smaller agencies. Therefore, the CoC is requesting funding through this application to cover the costs required by the Cobb CoC to support the GA HMIS implementation. The funds from this CoC application will contribute to staffing of the implementation-wide System Admins.

The Cobb CoC has a part-time CoC HMIS Coordinator who provides technical assistance to Cobb HMIS users, monitors data quality, and is involved in all aspects of agency and CoC report generation. This includes review of data for each agency’s APR, preparation and submission of the PIT, HIC, and System Performance Measures as well as providing data for the CoC application. However, as more programs and reports are added to HMIS and/or have become more complex (e.g., Coordinated Entry, LSA), the Coordinator needs increased hours to maintain the level of data quality that the CoC currently maintains. Some of the funds requested in this application will cover the cost of these increased hours. Funds will also be used to cover the cost of attending HUD approved conferences; this will include conference fees, travel, and other associated expenses.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	1			
Participant enrollment in project begins?				
Participants begin to occupy leased units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

4. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Not Applicable

3C. HMIS Expansion

1. Will the requested funds increase the capacity or function of the CoC's existing HMIS? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: GA0226

Eligible Renewal Grant Project Name: Cobb HMIS Expansion Project FY2018

3. Indicate the scope of the proposed expansion: Increase HMIS functionality
Click 'Save' to update form.

If increasing HMIS functionality, respond to the following:

a) Describe the increased functionality.

Provide increased capacity for system admins, provide more training for CoC HMIS admin and more hours to meet increasing requirements of programs and reports in HMIS.

4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the 2017 HMIS Data Standards? Yes

1b. If no, explain why and the planned steps for compliance. Max. 500 characters

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). Yes

2b. If no, explain why and the planned steps for compliance. Max. 500 characters.

3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

3b. If No, explain why and the planned steps for compliance. Max. 500 characters.

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? Yes

5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners? Yes

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? Yes

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.) Yes

a. How long does it take to remove access rights to former HMIS users? Within 24 hours

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

 Activity	 Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	
HMIS Software Training for Sys Admin	09/2018
HMIS Software Training	09/2018
Data Quality Training	08/2018
Security Training	09/2018
Privacy/Ethics Training	09/2018
HMIS PIT Count Training	01/2018
Other (must specify)	
Reports Training - Video	09/2018

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Reallocation

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year
HMIS

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel	\$37,000: to cover partial cost of 1.5 FTE GA HMIS System Admins & partial cost of .65 FTE CoC HMIS Admin; \$3,000 – attendance at HUD-approved conferences, including all associated expenses	\$40,000
5. Space & Operations		
Total Annual Assistance Requested:		\$40,000
Grant Term:		1 Year
Total Request for Grant Term:		\$40,000

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$5,400
Total Value of In-Kind Commitments:	\$5,300
Total Value of All Commitments:	\$10,700

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Center for Family...	08/07/2018	\$5,400
Yes	In-Kind	Private	Center for Family...	09/13/2018	\$5,300

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: Center for Family Resources
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/07/2018
- 6. Value of Written Commitment: \$5,400

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: In-Kind
- 3. Type of source: Private
- 4. Name the source of the commitment: Center for Family Resources
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/13/2018
- 6. Value of Written Commitment: \$5,300

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$0	1 Year	\$0
5. Operating	\$0	1 Year	\$0
6. HMIS	\$40,000	1 Year	\$40,000
7. Sub-total Costs Requested			\$40,000
8. Admin (Up to 10%)			\$2,800
9. Total Assistance Plus Admin Requested			\$42,800
10. Cash Match			\$5,400
11. In-Kind Match			\$5,300
12. Total Match			\$10,700
13. Total Budget			\$53,500

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3	08/10/2018
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: 501c3

Attachment Details

Document Description: Cobb HMIS Support MOU

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Cobb HMIS Support...	09/13/2018

Attachment Details

Document Description: Cobb HMIS Support MOU

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Shawn Williams

Date: 09/13/2018

Title: Director, Housing Assistance Division

Applicant Organization: Georgia Housing and Finance Authority

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**



8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
New Project Application FY2018	Page 43 09/14/2018

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/10/2018
1E. SF-424 Compliance	08/01/2018
1F. SF-424 Declaration	08/01/2018
1G. HUD 2880	08/07/2018
1H. HUD 50070	08/01/2018
1I. Cert. Lobbying	08/01/2018
1J. SF-LLL	08/07/2018
2A. Subrecipients	09/07/2018
2B. Experience	09/12/2018
3A. Project Detail	08/07/2018
3B. Description	09/12/2018
3C. HMIS Expansion	09/12/2018
4A. HMIS Standards	08/07/2018
4B. HMIS Training	09/07/2018
6A. Funding Request	08/10/2018
6H. HMIS Budget	09/12/2018
6I. Match	09/13/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/10/2018
7A. In-Kind MOU Attachment	09/13/2018
7D. Certification	08/10/2018

Internal Revenue Service

Date: June 2, 2005

THE CENTER FOR FAMILY RESOURCES
INC
377 HENRY DRIVE
MARIETTA GA 30064-3419

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Ms. Smith #31-07262
Contact Representative

Toll Free Telephone Number:

8:30 a.m. to 5:30 p.m. ET
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

58-0876634

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on June 1, 2004. We have updated our records to reflect the name change as indicated above.

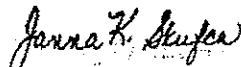
In March 1961 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under section 509(a)(2) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services



MEMORANDUM OF AGREEMENT

**The Center for Family Resources
and
The Georgia Department of Community Affairs (DCA)**

This Memorandum of Agreement is entered into by and between the Georgia Department of Community Affairs hereafter known as "DCA," and The Center for Family Resources hereafter known as "Sub-recipient" or "CFR" for the purpose of implementing the Homeless Management Information System (HMIS) in the GA-506 Marietta/Cobb Continuum of Care.

WHEREAS, The Georgia Department of Community Affairs has received funding through the Department of Housing and Urban Development ("HUD") to support the GA HMIS Implementation, and

WHEREAS, The Center for Family Resources, as the Collaborative Applicant for the GA-506 Marietta/Cobb Continuum of Care, has entered into an agreement with DCA to serve as sub-recipient for the HMIS grants supporting the GA-506 Marietta/Cobb Continuum of Care, and acknowledges its responsibility to provide match funds for the FY2018 "Cobb HMIS Support Grant."

NOW THEREFORE, do The Center for Family Resources and DCA agree to work together cooperatively through the following terms and conditions.

The Center for Family Resources will:

- Provide in-kind match resources to be applied to the "Cobb HMIS Support Grant." The total In-Kind match associated with this grant is detailed below for a total cost of \$5,300.

**Mansour Conference Center
In-Kind Donation for DCA's Cobb HMIS Support Grant**

Event	Quantity	Cost Per Meeting	Total Cost
User Group Meetings	6	\$160	\$960
Point In Time Count Planning Meetings	1	\$540	\$540
Point in Time Count Training Sessions	2	\$160	\$700
Coordinated Entry Committee Meetings	12	\$540	\$1,080
Coordinated Entry Trainings	4	\$160	\$640
Total Cost			\$5,300

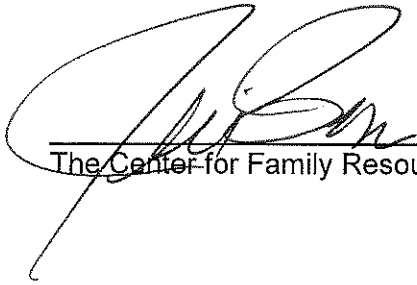
- Provide cash match of \$5,400.

DCA will:

- Implement the Scope of Work as detailed in the HUD HMIS application.

- Make funds available to the Sub-recipient as detailed in Exhibit A, subject to requests to DCA's "Designated Representative" by Sub-recipient accompanied by sufficient documentation as determined by DCA to demonstrate payment

This agreement will be in effect for 12 months, beginning on the first day of the "Cobb HMIS Support Grant" operating year and terminating on the last day of the grant operating year.



The Center for Family Resources

9-13-2018

Date

DCA

Date