**2024 Georgia Balance of State Continuum of Care**

**Youth Homelessness Demonstration Program (YHDP)**

**Project Review Application**

**General Information**

Please open in the word desktop app for full functionality. For the text fields, click on the box once and then begin typing. To enter an “x” in the boxes on the form, please click on the box twice and then select “Checked.”

1. **Project Applicant Information:**
2. Name of Organization:
3. Organization Type

Non-profit 501 (c)(3)  Unit of Government  Public Housing Authority (PHA)

Other: Describe:

Unique Entity Identifier (UEI) Number:

1. **Sub-Recipient / Sponsor Organization (if applicable):**
2. Name of Organization:
3. Organization Type

Non-profit 501 (c)(3)  Unit of Government  Public Housing Authority (PHA)

Other: Describe:

Unique Entity Identifier (UEI) Number:

1. **Contact person for this application:**
2. Name:
3. Title:
4. Phone:
5. Email:
6. **Project Name:**
   1. **HUD Grant Number:**
7. **Exact HMIS Project Name in Client Track (or equivalent):**
8. **Location of Project Site(s) [City(ies)/County(ies)]:**

1. **Total YHDP 2024 Project Funding Request:**
2. **HUD Project Type**

Joint Transitional-Rapid Re-Housing Component (Joint TH-RRH)

Rapid Re-Housing (RRH)

Supportive Service Only (SSO) Project

Diversion

Drop In Centers

Navigation

Outreach

Permanent Supportive Housing (PSH) projects dedicated to youth and young adults

(singles &youth families) with a diagnosed disability.

**Please review and answer the following questions as applicable to the renewal project.**

1. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones **actually occurred**. Nonapplicable fields can remain blank or you can enter “0” or “NA”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |
| **Site A** | **Site B** | **Site C** | **Site D** |
| Begin hiring staff or expending funds |  |  |  |  |
| Begin program participant enrollment |  |  |  |  |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin |  |  |  |  |

For each project milestone that did not occur during the first 3 - 6 months after the execution of the grant agreement, please state the reason it did not occur and the plan for meeting targets.

1. Has your project received a warning regarding slow spending from HUD? If yes, please describe your plan for monitoring your spending and for spending down all grant funds.

Yes

No

Plan (if applicable):

1. Is this YHDP project requesting the following new special YHDP Activity Exemption subject to approval by the Deputy Assistant Secretary for Special Needs? (check if applicable)

YHDP recipients may pay for short-term (up to three months) emergency lodging in motels or shelters as the transitional housing component in a Joint transitional housing-rapid rehousing (TH-RRH) project, provided that the recipient can demonstrate that use of the hotel or motel room is accessible to supportive services.

If selected, please provide a description of why this is needed and demonstrate how participants will have accessible supportive services:

1. Describe how you have advertised and made community stakeholders aware of your project.

1. Describe your project’s participation in the BoS CoC Youth Coordinated Entry. If your organization is not participating in Coordinated Entry, please state the reason for not participating, and the plan for participation.

1. Has the project prevented the enrollment program participants due to the following barriers? Answer yes or no for each bulleted item:

* Having too little or little income

Yes  No

* Active or history of substance use

Yes  No

* Having a criminal record with exceptions for state-mandated restrictions

Yes  No

* History of victimization (e.g. domestic violence, sexual assault, childhood abuse).

Yes  No

If you answered yes to any of the above items, describe your plan to modify project enrollment policies and/or processes to align with Housing First best practices?

1. Has the project terminated a program participant termination from the project for the following reasons? Answer yes or no for each bulleted item:

* Failure to participate in supportive services

Yes  No

* Failure to make progress on a service plan

Yes  No

* Loss of income or failure to improve income

Yes  No

* Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area

Yes  No

If you answered yes to any of the above items, describe your plan to modify project termination policies and/or processes to align with Housing First best practices?

1. Describe how the project has developed and leveraged community partnerships to positively impact youth served in the project. In addition, please list each organization with which you have executed a Memorandum of Understanding/Agreement for this project.

1. How has the project partnered with youth with lived experience and involved input from youth with lived experience into the design, implementation, and evaluation of your project? If your project has not partnered with youth with lived experience, please state the reason and your plan for fulfilling this requirement.

1. Please describe the measure in place to track progress and evaluate the effectiveness of efforts to advance racial equity.

1. Please describe a success story involving a participant in the project. What role did the project play in the participant’s success, and how will the project replicate this success?

**Assurances**

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

* Applicant will complete the HUD Project Application forms with the same information as contained in the original e-snaps application unless the YAB has recommended adjustments during the review process. Those adjustments would supersede this document as applicable.
* Applicant agrees to participate fully with this community’s Homeless Management Information System (HMIS). However, in accordance with Section 407 of the McKinney Vento Homeless Assistance Act, any victim service provider that is a recipient or subrecipient must not disclose, for purposes of HMIS, any personally identifying information about a client. Victim service providers must use a comparable database that meets the needs of the local HMIS.
* Applicant is prepared to participate in the coordinated assessment system and therefore subject to complying with the Coordinated Entry Written Standards, Policies and Procedures as outlined and developed by the GA BoS CoC. Further, applicant is prepared to receive all clients for the project from a centralized intake and referral system, as applicable based on local implementation availability. In the interim, agency outside of local implementation sites agrees to assess all clients using the VI-SPDAT and prioritize assistance in accordance with the Balance of State CoC Written Standards in order to target people with the highest needs and longest histories of homelessness.
* Applicant is aware of the Georgia Balance of State Continuum of Care Written Standards and will ensure the policies and procedures of each CoC-funded project will be updated in order to meet these standards.
* Applicant will update their policies and procedures and ensure compliance with the Georgia Balance of State CoC Violence Against Women Act (VAWA) Policies and Procedures.

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| --- | --- |
| Name:  (please type) |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Signature of Authorized Representative:  “X” indicates electronic signature submitted | |
| Date: |  |