

OGM Use Only: Proposal #  Received  Authorization to Submit Rec'd

**City of Atlanta Application Form for 2009 Funding for New Projects  
under the American Recovery and Reinvestment Act (ARRA), for  
HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP)**

Emailed applications can be submitted up until 7:00 PM on May 4, 2009, to [jboyd@atlantaga.gov](mailto:jboyd@atlantaga.gov) .

Applications in hard-copy version rather than email are to be submitted by **4:00 PM** on May 4.

“Applicant Submittal Authorization” must be sent in hard-copy, on or before 4:00 PM, May 7, 2009, to:

City of Atlanta Office of Grants Management, attn. Julie Boyd,  
Suite 15100, 68 Mitchell Street, SW, Atlanta, GA 30303.

▶ Section I: PROJECT INFORMATION ◀

Project Name:

Amount Requested in City HPRP \$:  For term:  24 mo's  30 mo's

**A. Applicant Identification**

Organization's Legal Name:		<input style="width: 95%;" type="text"/>			
Contact Person's Name:		<input style="width: 95%;" type="text"/>			
Contact Person's Title:		<input style="width: 95%;" type="text"/>			
Phone #:	<input style="width: 150px;" type="text"/>	Fax #:	<input style="width: 150px;" type="text"/>	Email:	<input style="width: 150px;" type="text"/>
Mailing Address:	<input style="width: 95%;" type="text"/>				

**B. Services to be Provided by Project** (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Homeless Prevention financial assistance   | <input type="checkbox"/> Rapid Re-Housing financial assistance |
| <input type="checkbox"/> Homeless Prevention services               | <input type="checkbox"/> Rapid Re-Housing services             |
| <input type="checkbox"/> Data Collection and Evaluation (HMIS only) |  |

**C. Project Locations**

**1. Office Location:** Enter location(s) of **project offices**, not service area. If located in City of Atlanta, include Council District, NPU, neighborhood. If not known, call Bureau of Planning at 404-330-6145.

Street Address/Zip	Council District	NPU	Neighborhood
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**2. Service Area:**

1. Citywide OR
2. Other, specify: \_\_\_\_\_

**D. Summary Description:** Provide short summary of project (to be used for public-hearing handout)

**E. Project Beneficiaries**

**1. Service levels estimated on (check one):**

Monthly basis                       Annual basis

**2. Estimated number to be served (complete both):**

Families/households (a single person counts as 1 household)  
 Total persons

**3. Demographic group to be served (check one):**

All demographic groups (except unaccompanied minors)  
 Other; specify: \_\_\_\_\_

**4. Special-needs group to be served (check one):**

Services not targeted to special-needs group; general population served  
 One or more special-needs groups to be served; specify below:  
\_\_\_\_\_

**F. Narrative Project Description** On added page(s) as needed (not to exceed four pages at no smaller typeface than 11pt. Times New Roman), describe your project. Cover the following topics, in order, with numbered bolded headings.

**1. Services and activities** to be provided by this project. Indicate which eligible activities, as described in the HUD HPRP regulations, will be included in project services. Address how project services or assistance will prevent future housing instability for the families and individuals served.

**2. Agency experience** (very short summary) in providing these services. If services are new for agency, discuss related experience or other factors that will enable successful implementation of these new services.

**3. Collaborations**, if any. Identify specific partnering agency or agencies that will also be funded under this project, and describe partner role or roles. (Note: If a collaboration is proposed, an "Applicant Submittal Authorization" form must be executed and submitted by the collaborative partner as well as the lead agency.)

**4. Client recruitment and needs assessment.**

a. Describe **outreach**, referral, or "marketing" efforts to be used to identify and enroll eligible clients: those persons who are homeless or at risk, with household income that does not exceed the levels below:

b. Describe client **needs-assessment** method and how appropriate level and type of service will be determined. If financial assistance will be provided, explain how reasonable level of assistance will be determined. If a special-needs group is to be served, be specific as to how the program will provide service targeted to that group's needs. If rental-assistance is proposed, indicate mechanism for verifying clients' continuing eligibility at least every 3 months.

**G. Administrative support:** Describe how the needed administrative services or support will be provided by applicant for this project, in absence of any administrative funding under the HPRP grant.

**H. Housing:** Explain how housing units will be obtained, if rapid re-housing will be a part of the project (not applicable for projects proposing homeless prevention only). If some or all of units are anticipated to be outside of the City of Atlanta, explain why non-City sites are needed and where, generally, these sites are anticipated to be located.

**I. HMIS compliance:** For those clients to be served under the HPRP project, describe how agency will ensure that the required data is entered in the Homeless Management Information System of Pathways Community Network, Inc.

**► Section II: PROJECT BUDGET ◀**

**A Line Item Budget**

Line Items	Basis (e.g., 5 families for 12 months at \$650/mo.)	Homeless Prevention	Rapid Re-Housing	Total Amount Requested
<b>Financial Assistance</b>				
1. Short-term rental assistance			\$	\$
2. Medium-term rental assistance				
3. Security deposits				
4. Utility deposits/payments				
5. Moving cost assistance				
6. Hotel/motel vouchers				
<b>Housing Relocation /Stabilization</b>				
1. Case management		\$	\$	\$
2. Outreach services				
3. Housing search, placement				
4. Legal services				
5. Mediation				
6. Credit repair				
<b>Totals, A and B costs</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>

OR

<b>Data Collection and Evaluation;</b> basis for costs:	<b>\$</b>
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If additional room is needed to describe basis for costs, please number the line-item topic below and provide explanation. For example:

*Financial Assistance, 2. Medium-term rental assistance will be provided for an estimated 30 households, at an average cost of \$780 per household, for no longer than 18 months per household. Total \$421,200.*

**B. Collaborating Partner Funding**

If any of the funding above will be expended by a collaborating partner, please identify the partner, the specific amounts, and uses or basis of funding calculation, by numbered line-item.

**C. Partial Funding/Greater Funding**

Dependent on the volume of funding requests, the City of Atlanta may not be able to fund proposals fully. Alternately, the City may want to fund some proposals at higher than requested levels. Please indicate below  
 1) the minimum funding level at which the project would be worth implementing for your agency; and  
 2) the maximum funding level that your agency could handle for the project.

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**▶ Section III: APPLICANT SUBMITTAL AUTHORIZATION ◀**

**This page must be submitted in hard-copy, signed original on or before 4:00 PM on May 7, 2009, to  
City of Atlanta Office of Grants Management, attn. Julie Boyd,  
Suite 15100, 68 Mitchell Street, SW, Atlanta, GA 30303.**

**Project Name:**

**Amount Requested in City HPRP \$:**  **For term:**  24 mo's  30 mo's

**Applicant Agency's Legal Name**

*If applicable*

**Collaborative Agency Legal Name**

**Lead Agency or Sole Applicant**

The undersigned hereby certifies that the above-named agency is authorized to submit an HPRP application to the City of Atlanta for the above-named project. This organization is a lead or sole applicant agency. The application is complete and accurate to the best of my knowledge.

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*Name/Title of Responsible Agency Representative* *Signature* *Date*  
*Representative must be Executive Director, CEO, or Board Chairperson.*

**OR**

**Collaborating Agency**

The undersigned hereby certifies that the above-named agency is authorized to participate in an HPRP application to the City of Atlanta for the above-named project. This organization is a collaborating agency. The application is complete and accurate to the best of my knowledge.

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*Name/Title of Responsible Agency Representative* *Signature* *Date*  
*Representative must be Executive Director, CEO, or Board Chairperson.*