DeKalb County
GEORGIA

DEKALB COUNTY CONTINUUM OF CARE

FY2026 Local CoC Competition
Application for Renewal Projects

Release Date: Monday, July 13, 2026

Virtual Renewal Application Information Meeting:
Wednesday, July 15 at 10 a.m.

Deadline for Submission: July 21, 2026, at 3:00 p.m.

Applications may be submitted via email to
DeKalbCoC@dekalbcountyga.gov
or
delivered to
DeKalb County Government Service Building
Attn: Community Development Department
178 Sams Street
Decatur, GA 30030
(Applications will **not** be accepted after 3:00 PM, July 21, 2026)

Preamble

The DeKalb County Continuum of Care (GA-508) is committed to administering a fair, transparent, objective, and competitive local process for evaluating projects seeking funding through the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program. This publication has been developed in accordance with the FY 2026 HUD Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO), the CoC Program regulations (24 CFR Part 578), and the DeKalb County Continuum of Care's Governance Charter, Written Standards, and adopted local ranking and review policies.

The local competition is designed to identify projects that best advance the Continuum of Care's mission to prevent and end homelessness through effective housing interventions, coordinated services, responsible stewardship of public resources, and measurable system performance. All applications are evaluated using standardized criteria that promote consistency, accountability, transparency, and alignment with both HUD requirements and local priorities.

The DeKalb County CoC recognizes that the homeless response system continues to evolve in response to changing community needs, emerging best practices, and federal priorities. Applicants are encouraged to evaluate how their proposed projects will strengthen the local homeless assistance system, improve housing outcomes, promote Housing First principles, expand collaboration with community partners, and demonstrate long-term sustainability. Renewal applicants should also consider whether maintaining an existing project or voluntarily reallocating a portion or all of a renewal grant to a new project would better address current community needs and local priorities, consistent with HUD requirements.

This publication is one component of the DeKalb County CoC's local competition process and should be used in conjunction with the companion Scoring Tool and Reviewer Manual. Together, these publications establish a standardized framework for evaluating applications, developing the CoC Priority Listing, and making funding recommendations for submission to HUD. Selection through the local competition does not guarantee funding. Final funding decisions are made by HUD based on project eligibility, the national competition, and the availability of funding.

Introduction

Welcome to the **FY 2026 DeKalb County Continuum of Care (GA-508) Renewal Project Application**. This application is the official local submission required for all renewal projects seeking continued funding through the U.S. Department of Housing and Urban Development (HUD) FY 2026 Continuum of Care (CoC) Program Notice of Funding Opportunity (NOFO). Completion of the local competition is required for renewal projects to be considered for inclusion in the DeKalb County Continuum of Care's FY 2026 Consolidated Application submitted to HUD.

The purpose of the local renewal competition is to evaluate each renewal project's performance, compliance, and continued contribution to the DeKalb County homeless response system. Renewal projects will be evaluated for alignment with the FY 2026 HUD CoC NOFO, the CoC Program regulations (24 CFR Part 578), the DeKalb County CoC Written Standards, Governance Charter, and adopted local ranking and review policies. Applications will be assessed based on project performance, utilization of CoC Program funds, financial and programmatic compliance, data quality, housing outcomes, system performance, and the project's overall contribution to preventing and ending homelessness.

Submission of this application is required for all renewal projects requesting continued CoC Program funding. The Collaborative Applicant, **DeKalb County Department of Community Development**, must receive complete renewal applications no later than **3:00 p.m. on July 21, 2026**. Incomplete, late, or unsupported applications may adversely affect a project's local ranking or its eligibility for inclusion in the DeKalb County CoC's Consolidated Application submitted to HUD.

Applicants are responsible for completing every applicable section of this application and providing all required supporting documentation. Agencies should demonstrate continued compliance with HUD requirements, sound financial and grant management practices, strong housing and system performance outcomes, effective use of CoC Program funds, and the capacity to provide high-quality housing and supportive services to individuals and families experiencing homelessness.

As part of the FY 2026 local competition, the DeKalb County CoC encourages new recipients to evaluate whether their current project design continues to best address local system needs and the priorities identified through the local planning process. Agencies considering significant program changes, including reallocating a portion or all of an existing renewal project to a different eligible project type, should carefully evaluate whether submitting a new project application through the local competition would better position the proposed project to meet current community priorities. Projects proposing reallocation or substantial redesign must comply with all applicable HUD eligibility requirements and local competition requirements.

Renewal applications will be independently evaluated and scored by the Local Competition Review Committee using the approved FY 2026 Renewal Project Scoring Tool. Final project rankings and funding recommendations will be developed in accordance with the FY 2026 HUD CoC NOFO, 24 CFR Part 578, the DeKalb County CoC Written Standards, Governance Charter, and the CoC's adopted local ranking and review policies.

The DeKalb County CoC Priority Listing submitted to HUD will consist of **Tier 1** and **Tier 2** projects. Consistent with the FY 2026 HUD CoC NOFO, **Tier 1 equals 60 percent of the CoC's Annual Renewal Demand (ARD)**. Renewal projects will be ranked in score order through the local competition. Beginning with the highest-ranked project, renewal projects will be placed in Tier 1 until the cumulative funding amount reaches 60 percent of the CoC's ARD, with the remaining eligible renewal projects placed in Tier 2 according to their final ranking. At the time of publication, HUD has not released the official FY 2026 ARD for DeKalb County (GA-508); therefore, final tier calculations will be completed after HUD publishes the official ARD.

Consistent with HUD CoC Program requirements regarding Continuum-wide infrastructure, the DeKalb County CoC will place its **Homeless Management Information System (HMIS)** and **Coordinated Entry (CE)** projects in **Tier 1**. These projects are essential components of the Continuum's coordinated homeless assistance system and support the operation, data quality, and coordinated access functions required for the CoC to administer the CoC Program effectively.

Additionally, new projects that have not completed a full grant year but will expire in CY 2027 will be placed in Tier 1. Projects that determine that they can best satisfy CoC goals and objectives by transitioning to a new project type must submit a new application.

The DeKalb County Continuum of Care appreciates the continued partnership of its renewal recipients and their commitment to providing high-quality housing and supportive services that improve housing stability, strengthen system performance, and advance the goals of the Continuum of Care Program.

Applicant Information (As Shown on GIW)

Applicant Agency: _____

Project Name: _____

Grant Number: _____ UEI #: _____

Grant Amount: _____ Current Grant Term: _____

Current Project Type:

☐PSH ☐HMIS

☐Joint TH-RRH ☐SSO - CE

☐RRH

Is this a DV project? ☐Yes ☐No

Are you requesting a consolidation, expansion, reallocation, or transition? Yes☐ No☐

If so, please refer to the 2026 HUD NOFO Section II. B for additional information.

Applicant Contact Information

Agency Director: _____

Phone Number: _____ Email: _____

Project Contact/Title: _____

Phone Number: _____ Email: _____

Threshold Eligibility

1. Does the applicant attend DeKalb County CoC meetings? Yes ☐ No☐
   If yes, list participant names and attendance dates.

   _____

   _____

2. Does this project accept 100% of the referrals for this grant only from Coordinated Entry? Yes ☐ No ☐
   a. Number of Coordinated Entry referrals: _____
   b. Number housed from Coordinated Entry referrals: _____
3. Did the agency have two or more representatives participate in DeKalb County FY26 PIT Count? Yes☐ No☐
   Please list names of participants:
   _____
   _____
4. Does the agency participate in HMIS (or an approved comparable database e.g., VSP)?
   Yes☐ No☐
   If yes, please list enrolled staff member(s):
   _____
   _____

Project Design – 28 Points (2 points for each question)

1. Has the project maintained the same eligible HUD project component (e.g., PSH, RRH, Joint TH-RRH, HMIS, SSO, or DV), or if changes have occurred, has the agency received HUD approval? Yes☐ No☐ (If no, please provide a copy of the HUD approval.)
2. Describe any significant changes made to the project's design, operations, staffing, or service delivery during the past grant year and explain how those changes improved participant outcomes.
   _____
   _____
   _____

3. Describe any innovations, quality-improvement efforts, or evidence-based practices implemented during the current operating year that have improved project performance.

_____

_____

_____

_____

_____

4. Has the project operated continuously during the current grant period, except for any HUD approved interruptions? Yes☐ No☐

   If no, please explain:

_____

_____

5. Does this project require, or will it require program participants to take part in supportive services (e.g., case management, employment training, substance use disorder treatment as shown in 24 CFR 578.75(h)., except participants defined by the FY 2026 NOFO as elderly and disabled? Yes ☐ No ☐
6. Does the project have, or will it have a written participation agreement, lease, occupancy agreement, or equivalent document that includes participant requirements for supportive services, consistent with 24 CFR § 578.75(h)? ☐ Yes ☐ No
7. Does this project provide, or will it provide the following supportive services on-site: (Provide documentation of service agreement with provider.)

   Substance Use Treatment ☐

   Behavioral Health Services ☐
8. Does this project have a documented partnership with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Project for Assistance in Transition (PATH) provider, Grants for the Benefit of Homeless Individuals (GHBI) provider, or similar facility? (Provide supporting documentation of agreement with service provider.) Yes ☐ No ☐

9. Does this program operate as a sober housing program as defined under the CoC Interim Rule at 24 CFR 578.93(b)(5)? Yes ☐ No ☐
10. Does this program serve aging and elderly individuals experiencing homelessness?
    Yes ☐ No ☐
11. Does this project primarily serve families with minor children? Yes ☐ No ☐
12. Does this project have a partnership with an agency that provides specialized support services for individuals with high levels of medical needs? Yes ☐ No ☐
13. Does this project have a partnership with a workforce development or employment assistance program? Yes ☐ No ☐
14. How does your agency ensure program participants are being linked to appropriate services to support self-sufficiency? (Check ALL that apply.)
    ☐Assess Records ☐Solicits participant feedback
    ☐Case Conferences ☐HMIS Reports
    ☐Interactions with Service Provide
    ☐Other (please list): _____

Compliance (12 points – 3 points each)

15. Does the applicant routinely review HMIS data for accuracy and completeness?
    Yes ☐ No ☐
    If yes, please list how often: _____
16. Does the applicant have open (unresolved) monitoring findings or concerns from any governmental or foundation funder? Yes ☐ No ☐
    If yes, please explain:
    _____
    _____
17. Does the agency have any unresolved Financial Audit findings? Yes ☐ No ☐
    If yes, please explain:
    _____
    _____
18. Is the applicant or any of its principals presently debarred, suspended, or otherwise ineligible to receive federal funding? Yes☐ No☐

Funding – (2 points)

Budget (As shown on GIW. Provide a copy of current grant agreement and/or amendments.)

Eligible Costs	Budget Amount
1a. Leased Units (Screen 6C)	Click or tap here to enter text.
2. Rental Assistance (Screen 6E)	Click or tap here to enter text.
3. Supportive Services (Screen 6F)	Click or tap here to enter text.
4. Sub-total of CoC Program Costs Requested	Click or tap here to enter text.
5. Admin (Up to 10% of Sub-total in #6)	Click or tap here to enter text.
6. HUD funded Sub-total + Admin. Requested	Click or tap here to enter text.
7. Cash Match (From Screen 6I)	Click or tap here to enter text.
8. In-Kind Match (From Screen 6I)	Click or tap here to enter text.
9. Total Match (From Screen 6I)	Click or tap here to enter text.
10. Total Project Budget for this grant, including Match	Click or tap here to enter text.

Match – (3 points)

Project applicants are required to provide at 25% match for each project, except for the leasing amount. Projects without sufficient match shall be determined ineligible. Information on Match requirements can be found in the CoC Interim Rule at 24 CFR 578.72.

Please attach copy of match commitment letters and/or other supporting in-kind documentation.

Please list match contributions:

Cash Match:

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount:_____

Source: _____ Amount: _____

Source: _____ Amount: _____

In-Kind Match:

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount:_____

Total Amount of match committed to this project: _____

System Performance Measures (SPM) – (55 Points, see chart for points)

For this section the CoC will use information from the project's APR and HMIS data in the last full grant cycle to objectively score the project's performance. Please complete the information below and provide an explanation for any information that does not meet the performance threshold listed:

SPM	Threshold	Project Performance %
Housing Stability: Exits to PH (10 Points)	20% or greater	Click or tap here to enter text.
Income: Adult program stayers increased or maintained income from employment (8 points)	20% or greater	Click or tap here to enter text.
Income: Adult program leavers increased or maintained income from employment (8 points)	25% or greater	Click or tap here to enter text.
Percent of grant funds expended (7 points)	90% or greater	Click or tap here to enter text.
Returns to homelessness: Does this project follow up or track clients within 6, 12, and 24 months to monitor returns to homelessness? (6 points)	Answer: Yes or No	Click or tap here to enter text.
Benefits: Adult participants increased or maintained noncash benefits (6 points)	50% or greater	Click or tap here to enter text.
Utilization Rate (6 points)	85% or greater	Click or tap here to enter text.
Unknown exit destinations (4 points)	10% or less	Click or tap here to enter text.

Provide an explanation for any performance percentages that do not meet the thresholds above:

Give specific strategies this project employs to support the achievement of the following performance objectives. Please identify the objective in your response.:

- Exits to permanent housing
- Increased or maintained income from employment
- Reduced returns to homelessness
- Increased or maintained noncash benefits

Bonus (20 points – 5 points each)

1. Will this project leverage any resources beyond the required 25% match (except leasing)?

☐Cash leverage	☐Corporate support
☐Foundation funding	☐Donated services
☐State funding	☐Volunteer resources
☐Local government support	☐In-kind contributions

Describe additional leveraged resources and explain how these resources improve participants' outcomes.

2. Does the agency staff or board support CoC activities beyond routine participation through governance, leadership, or system-wide planning? (Select ALL that apply.)

   ☐CoC Governance Board Membership
   ☐CoC Committee Chair/Vice Chair or Committee Member
   ☐PIT/HIC Support/Count Participation
   ☐System Improvement Initiatives
   ☐Measurable Outcomes

   Please list participating staff or board members:

   _____

   _____

3. What is the total number of units for this project? _____

   a. Are all units entered into HMIS? Yes ☐ No ☐

   What is the total number of beds for this project? _____

   b. Are all beds entered into HMIS? Yes ☐ No ☐

4. Does the agency's staff and/or Board of Directors include participation of at least one homeless or formerly homeless individual? Yes ☐ No ☐

Certifications

Racial Discrimination: Will the agency engage in racial preferences or any other form of illegal discrimination in violation of applicable federal law? Yes ☐ No ☐

Safe Consumption Sites: Will the agency operate illicit drug injection or "safe consumption sites," distribute drug paraphernalia, or permit the use or distribution of illicit drugs under the pretext of "harm reduction"? Yes ☐ No ☐

The applicant certifies that 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:

1. The applicant acknowledges that this application is submitted as a requirement of the local DeKalb County CoC NOFO Competition for FY26.
2. All applications will be reviewed, rated, and ranked using objective scoring criteria.
3. The applicant agrees to participate fully in the DeKalb CoC coordinated entry system.
4. The applicant agrees to participate fully with this community's Homeless Management Information System (HMIS) (ClientTrack).
5. The applicant understands that HUD will conduct applicant risk and project eligibility reviews and has stated it has the discretion to use the results of these reviews as sufficient basis to make adverse funding decisions, including rejecting, applying special conditions to, or reducing the amount of an award.
6. This project will comply with all CoC policies and HUD regulations and notices and any other terms and conditions within the CoC Program NOFO.

Signature and Title of Authorized Representative:

_____

Date:_____

Printed Name of Authorized Representative

_____

Please include the attachments listed below.
Ensure that attachments are numbered and labeled as shown below.

A. Organization Chart
B. Board Roster
C. Agency Policy and Procedures (including fiscal operations policy)
D. Most recent financial audit as required by 2 CFR 200, subpart F (must include management letter) or 2 years financial statements (Must be for FY 2024 and 2025)
E. SAM.gov verification
F. Supportive Service Agreement(s) (if applicable)
G. Certified Community Behavioral Health Center Documentation
H. Supportive Service Partnership Agreements or Supporting Documentation
I. Match Commitment Documentation
J. Conflict of Interest/Code of Conduct Policy
K. APR for the last full grant year
L. Copy of latest HUD grant agreement and any approved amendments to the grant agreement