

Organization Name:

Project Name:

FY2019 Emergency Solutions Grant (ESG) Application

Name of Organization:

Mailing Address:

Agency Federal ID Number:

DUNS #

Project Name:

Contact Person (*This is the person who will receive ALL grant-related information, i.e. correspondence, telephone calls, e-mails, etc.*):

Name:

Title:

Telephone:

Fax:

E-Mail:

Threshold Criteria

1. HEARTH Act, HMIS and Coordinated Entry (CE) Compliance Agreement

Please certify with initials in each box indicating that your agency has read and agrees to abide by all of the following Emergency Solutions Grant requirements:

- Overview of HUD federal regulations for the Emergency Solutions Grants Program
<https://www.hudexchange.info/programs/esg/>
- HEARTH Act: Emergency Solutions Grants Program regulations
<https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments>
- Homeless Management Information System Policies and Procedures
<https://starkhomeless.starkmhar.org/member-resources/charter-policies/>
- Coordinated Entry (CE) Policies & Procedures

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<https://starkhomeless.starkmhar.org/member-resources/charter-policies/>

Only Victim Service Agencies can opt out of participation in HMIS and CE but must maintain a separate and comparable data system that captures all HMIS data elements while maintaining participant security standards for victim service agencies. Victim Service Agencies will be required to submit quarterly performance outcomes from an internal database.

Is your agency a Victim Service Provider as defined by 24 CFR 576.2: “A private non-profit organization whose primary mission is to provide services to victims of domestic violence, dating violence, a sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.”

Yes No

2. Compliance with Homeless Definitions

There are five eligible program components and different eligible activity types within each of those five components. Eligibility for each component is restricted to individuals and families that meet various definitions of “homeless” or “at risk of homelessness.” In the charts below, please indicate which component and activity type you are applying for.

<input type="checkbox"/>	Shelter Activities (HUD Objective/Outcome) Suitable Living Environment/Availability/Accessibility				
	<input type="checkbox"/>	Renovations	<input type="checkbox"/>	Essential Services	<input type="checkbox"/>
<input type="checkbox"/>	Street Outreach/Essential Services (HUD Objective/Outcome) Suitable Living Environment/Availability/Accessibility				
<input type="checkbox"/>	Homeless Prevention (HUD Objective/Outcome) Decent Affordable Housing/Sustainability				
	<input type="checkbox"/>	Housing Relocation & Stabilization Financial Assistance	<input type="checkbox"/>	Rental Assistance	
<input type="checkbox"/>	Rapid Re-Housing (HUD Objective/Outcome) Decent Affordable Housing/Affordability				
	<input type="checkbox"/>	Housing Relocation & Stabilization Financial Assistance	<input type="checkbox"/>	Rental Assistance	

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HMIS (Homeless Management Information System)
Data Collection

Describe how your agency will ensure and document compliance with HUD’s definition of either “Homeless” or “At Risk of Homelessness” as applicable to the project type. (max. characters 700)

Note: Only projects that serve qualifying participants are eligible for funding consideration.

3. Match Documentation

Agencies must be able to document committed and/or pending match sources in order to meet threshold requirements. Emergency Solutions Grants require a 1:1 match with sources that meet match requirements identified in ESG interim regulations (links provided above). Budget and match tables must be completed later in the application with documentation as outlined below in order to meet threshold criteria:

- **Committed match sources - signed grant agreements, award letters/notifications or letters of commitment covering the match to be received for the project requesting funds and expended during the operating year of the FY2019 grant if awarded.**
- **Pending match sources - written and dated correspondence with pending match source which includes amount being requested (as identified above) and confirmation that the pending match is being requested for the project requesting funds and for expenditure during the operating year of the FY2019 grant if awarded.**

Additional Scoring Elements

Previous Experience

In your previous experience with federally-funded projects (not just ESG), was your organization required to pay back funds or found to be in violation of regulations?

Yes

No

If yes, indicate the dates and actions cited. (max. characters 500)

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Capacity and Target Populations

- A. Please check the activities for which you are requesting ESG funds and the proposed number to be served. If the project was funded in FY2017, please complete all columns. If the project served less than the proposed number in FY2017, provide an explanation of why the number was not achieved and what the project plans to do differently.

Eligible Activity	Program Request (check box if applying for this program)	Proposed Number to be Served	FY2017 Data (if applicable)	
			Proposed number to be served	Actual number served
Street Outreach	<input type="checkbox"/>			
Emergency Shelter Operations	<input type="checkbox"/>			
Homeless Prevention	<input type="checkbox"/>			
Rapid Re-Housing	<input type="checkbox"/>			
HMIS	<input type="checkbox"/>			

FY2017 Explanation (if needed):

- B. Please identify the primary populations your ESG program will serve. Please indicate the **number of persons** in each applicable category. PLEASE DO NOT JUST CHECK BOXES.

<input type="checkbox"/>	Chronically Homeless	<input type="checkbox"/>	Persons with HIV/AIDS
<input type="checkbox"/>	Transitional Age Youth	<input type="checkbox"/>	Elderly
<input type="checkbox"/>	Victims of Domestic Violence	<input type="checkbox"/>	Veterans
<input type="checkbox"/>	Chronic Substance Abusers	<input type="checkbox"/>	Persons w/ Severe Mental Illness
<input type="checkbox"/>	Other Disabled Individuals	<input type="checkbox"/>	Persons in Households with Children

- C. Total unduplicated individuals to be served.
- Indicate the number of unduplicated adults to be served:
 - Indicate the number of unduplicated children to be served:

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Documented Need

Provide evidence of the need for the services proposed. Include as much data as possible to support your application (include HMIS data). Include relevant statistics such as number of referral calls, number of participants on your priority lists, and time on priority lists. Describe how you will meet the priority needs of homeless individuals or those most at risk of homelessness. (max characters 550)

Project Description:

Linking to Mainstream Services

Describe how your agency will ensure that program participants are assisted in obtaining mainstream services and financial assistance, including housing, social services, employment, education, and youth programs for which participants are eligible. (max. characters 700)

Examples include Social Security Income, Social Security Disability Income, SNAP assistance (food stamps), Section 8, etc. If your agency serves homeless families with children or unaccompanied youth, also describe how your agency ensures that children are enrolled in school, connected to appropriate services, and aware of their eligibility for McKinney-Vento education services.

Assistance with Increasing Employment Income

Describe how your agency will assist program participants gain access to necessary training, skill development and employment opportunities. (max. characters 700)

(Not required for grant funds being requested to support a Homeless Management Information System [HMIS] project)

Housing Stability

What will be your agency's strategy for ensuring that participants receive individualized assistance to best meet their needs for housing stability? (max. characters 700)

Statement of Work/Scope of Services

This information will be used to structure the scope of services portion of the funding

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agreement with the City of Canton, if your project is selected for funding.

Develop a sound statement of work/work plan narrative that details the service activities the program will undertake to achieve the program's goals. Include the following:

- Service activity plan of action of each Service Activity to be provided (i.e. prevention, rapid re-housing, street outreach, basic shelter);
- Coordination of intake and referral procedures with HMIS and other service providers;
- Use of HMIS to track participant information;
- Program location(s) and hours of operation;
- Program evaluation, specific performance measures and outcomes to evaluate the success of your program;
- Program specific procedures and guidelines;
- Explanation of how your organization will involve homeless persons in the operations of the ESG-funded program.

If undertaking renovation, detail the type of renovation to be undertaken along with detailed work write-up and cost estimates.

Collaboration with the CoC

Does your program collaborate with the Homeless Continuum of Care of Stark County (HCCSC)?

Yes No

If yes, explain specific collaborative efforts with the HCCSC including the various committees on which your agency's staff serve. (max. characters 700)

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Project Funding/Budget

Complete all budget charts.

Summary Budget

	Homelessness Prevention	Rapid Re-Housing	Emergency Shelter	Street Outreach	HMIS	Total Amount Budgeted
Rental Assistance*						
Housing Relocation & Stabilization Services**						
Essential Services						
Renovation						
Shelter Operations						
Relocation Assistance						
Other Services						
TOTAL						

*Includes short and medium-term rent payments and up to 6 months of arrears

**Includes all other eligible forms of direct financial assistance under Prevention and Re-Housing plus costs related to eligible services.

All activities must provide 1:1 cash match. Please identify sources of committed and pending match in the Match chart below.

Match Detail

Source	Amount	Cash or In-Kind	Committed *** (include Date of commitment)	Pending *** (include date of Application/Request)
TOTAL				

***** Documentations must be provided to confirm committed and pending match as follows:**

- **Committed match sources - signed grant agreements, award letters/notifications or letters of commitment covering the match listed above to be received for the project requesting funds and expended during the operating year of the FY2019 grant if awarded.**
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Budget Detail

Category Breakdown	ESG FUNDING REQUEST	Match Funds	Source of Match Funds	Total Funds
Personnel – Eligible under all Project Types – May be listed in Personnel and in additional categories below to detail specific activities where applicable				
Salaries & Benefits				
Street Outreach				
Coordinated Entry				
Engagement				
Case Management				
Other Eligible Activity (please specify)				
Other Eligible Activity (please specify)				
Street Outreach Subtotal				
Prevention and Rapid Rehousing ONLY - Direct Financial Assistance				
Short- & Medium-Term Rental Assistance				
Security Deposits				
Utility Deposits				
Utility Payments				
Moving Costs				
Other Eligible Activity (please specify)				
Financial Assistance Subtotal				
Prevention and Rapid Rehousing ONLY - Housing Relocation and Stabilization Services				
Coordinated Entry				
Case Management				
Housing Search/Placement				
Legal Services				
Budgeting & Credit Repair				
Other Eligible Activity (please specify)				
Services Subtotal				
Shelter Renovations				

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Renovation expenses				
Shelter Operations				
Maintenance				
Rent				
Security				
Equipment				
Insurance				
Utilities				
Other Eligible Activity (please specify)				
Operations Subtotal				
Shelter Essential Services				
Coordinated Entry				
Case Management				
Other Eligible Activity (please specify)				
Other Eligible Activity (please specify)				
Other Eligible Activity (please specify)				
Essential Services Subtotal				
HMIS				
HMIS activities				
Total ESG Request				
Total Other Funds				
Grand Total				

NOTE: Complete Budget Detail – Personnel Costs below if staff costs are included in your application.

Please show all proposed staff positions funded with ESG funding that relate to the proposed activity. If multiple staff members have the same position/title, list separately (ex. Case Manager 1, Case Manager 2).

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Budget Detail – Personnel Costs

Position Title	Current or Proposed Position	Annual Salary	Annual Fringe Benefits	Total Annual Salary	Multiplied by % Time Spent on ESG Program	Total Position Costs Requested from ESG
Example – Case Manager	Current	\$25,000	\$5,000	\$30,000	X 40%	\$12,000

Cost per person served

Emergency Solutions Grant (ESG)	Program Year FY2019 Request
1. ESG Funding Request	
2. Total Program Budget	
3. ESG Request as % of Program Budget (item 1 divided by item 2)	
4. Unduplicated Participants to be Served	
5. Total Program Costs Per Participant (item 2 divided by item 4)	
6. Total ESG Cost Per Participant (item 1 divided by item 4)	

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ADDITIONAL DOCUMENTS

Additional documents required with the application:

- Organizational chart with all vacancies indicated
- Position descriptions for all affected staff positions
- Applicant's most recent audit report and most recent financial statement (must be after 2017)
- Applicant's operating budget for the current year
- Internal Revenue Service 501 (c) designation
- Articles of Incorporation
- Agency code of regulations
- Certificate of Good Standing from the Secretary of State (current year)
- List of all current members of the organization's board of directors
- Copy of the organization's conflict of interest policy/questionnaire

Approved projects also may be required to show:

- Property deeds
- Proof of insurance
- Current Fire Inspection Certificate for each facility that funds are being requested for
- Certificate of occupancy for each facility that funds are being requested for
- Various other documents as required

ATTACHMENTS REQUIRED

Attachment I – A statement describing the accessibility of every facility to be assisted with ESG funds. If a facility does not meet the Federal accessibility guidelines and standards, the applicant must submit a detailed plan for sheltering a disabled person.

Attachment II – A summary of the applicant's goals for assisting participants and the community must be submitted.

Attachment III – A copy of your participant termination policy must be submitted.

Attachment IV – A statement of services provided to participants and whether the service is a part of your agency's in-house program or provided through linkages with other agencies or service providers in the community must be submitted. Include either 1) brochures or pamphlets describing your in-house program or 2) a statement on agency letterhead from the Executive Director or Board President.

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Attachment V – Request for proof of the following information: in good standing with the City for grants previously received; in good standing with the City of Canton and Stark County in payment of city income tax, real estate taxes, personal property taxes, water and sewer charges or other city assessments for any properties owned within the City of Canton. (See attached Affidavit for this attachment.)

Certification

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS. I FURTHER CERTIFY THAT NO CONTRACTS HAVE BEEN AWARDED, FUNDS COMMITTED, OR CONSTRUCTION BEGUN ON THE PROPOSED PROGRAM AND THAT NONE WILL BE DONE PRIOR TO ISSUANCE OF A RELEASE OF FUNDS BY THE CITY OF CANTON.

Signature of CEO/Executive Director

Date

Print Name

Title