

Emergency Solutions Grant (ESG) Application

Name of Organization:

Mailing Address:

Agency Federal ID Number:

DUNS #

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:

Is your agency willing to participate in Centralized Intake and Assessment and HMIS (Homeless Management Information System) for your ESG program, which is a requirement of ESG allocations?

Yes

No

If no, explain reasons why. (max. characters 500)

In your previous experience with Federal projects (not just ESG), was your organization required to pay back funds, in violation of regulations, etc.?

Yes

No

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

Beneficiaries of ESG Program

A. Please check the activities for which you will request ESG funds and the proposed number to be served.

Eligible Activity	Program Request (check box if applying for this program)	Proposed Number to be 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"/>	

B. Please identify the primary beneficiaries your ESG program will serve. Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Chronically Homeless | <input type="checkbox"/> Persons with HIV/AIDS |
| <input type="checkbox"/> Unaccompanied Youth | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Victims of Domestic Violence | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Chronic Substance Abuse | <input type="checkbox"/> Severe Mental Illness |
| <input type="checkbox"/> Other Disabled | |

C. Total unduplicated individuals to be served.

- a. Indicate the number of unduplicated adults to be served:
- b. Indicate the number of unduplicated children to be served:

D. 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 clients on your waiting lists, and time on waiting lists. Describe how you will meet the priority needs of homeless individuals or those most at risk of homelessness in Stark County. (max characters 550)

There are five eligible program components and different eligible activity types within each of those five components. 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"/>	Operations
<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"/>	Housing Relocation & Stabilization Financial Services	<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"/>	Housing Relocation & Stabilization Financial Service	<input type="checkbox"/>	Rental Assistance
<input type="checkbox"/>	HMIS (Homeless Management Information System) Data Collection					

Is your agency a Victim Service Provider as defined by the ESG Interim Rule 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

Project Description

Describe how your agency would 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 may be 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.

Describe how your agency will ensure that all persons served by the project meet HUD's definition of Homeless or At Risk of Homelessness. (max. characters 700)

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

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

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 that your agency is a member of and what that involvement entails. (max. characters 700)

Statement of Work/Scope of Services

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

Project Funding/Budget

Complete the Summary Budget chart. More detailed budgets may be attached (and are strongly recommended) in support of the application.

Summary Budget

	Homelessness Prevention	Rapid Re-Housing	Emergency Shelter	Street Outreach	Total Amount Budgeted
Rental Assistance*					
Housing Relocation & Stabilization Services**					
Essential Services					
Renovation					
Shelter Operations					
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 cash match in the Cash Match chart below.

Source	Amount	Committed (include Date of commitment)	Pending (include date of Application)
TOTAL			

In order to be considered committed, there must be a signed grant agreement or letter of commitment covering the match.

Budget Detail

Category Breakdown	ESG FUNDING REQUEST	Match Funds	Source of Match Funds	Total Funds
Personnel				
Salaries & Benefits				
Direct Financial Assistance				
Short & Medium Term Rental Assistance				
Security Deposits				
Utility Deposits				
Utility Payments				
Moving Costs				
OTHER- Specify				
Financial Assistance Subtotal				
Other Costs Related to Housing Relocation and Stabilization Services				
Centralized Intake & Assessment				
Housing Search/Placement				
Legal Services				
Budgeting & Credit Repair				
Other (please specify)				
Services Subtotal				
Renovation				
Shelter Operations				
Maintenance				
Rent				
Security				
Equipment				
Insurance				
Utilities				
Other (please specify)				
Operations Subtotal				
Essential Services				
Activity				

Activity				
Essential Services Subtotal				
HMIS				
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).

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

Budget Narrative

Describe the program budget, including itemized revenues and expenses. The budget narrative should explain the total program budget in detail and explain the budget line items in the order they are listed on the budget form. Provide an explanation for each line item expense. (max. characters 700)

Cost per person served

Emergency Solutions Grant (ESG)	Program Year 2014 Request
1. ESG Funding Request	
2. Total Program Budget	
3. ESG Request as % of Program Budget (item 1 divided by item 2)	
4. Unduplicated Clients to be Served	
5. Total Program Costs Per Client (item 2 divided by item 4)	
6. Total ESG Cost Per Client (item 1 divided by item 4)	

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 Authorized Person

Date

Print Name

Title