

EMERGENCY SOLUTIONS GRANTS (ESG) PROGRAM

2014 APPLICATION

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State of California
Governor Edmund G. Brown Jr.

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SECTION I – GENERAL INSTRUCTIONS

This Application is subject to the Emergency Solutions Grants (ESG) Program federal regulations established by the U. S. Department of Housing and Urban Development (HUD), 24 Code of Federal Regulations (CFR), Parts 91 and 576, as well as applicable limited sections of the State Regulations, 25 California Code of Regulations (CCR), Section 8400 et seq.

- A. Please read the ESG 2014 Notice of Funding Availability (NOFA), as well as the federal and State regulations stated above.
- B. Applications Submittal:
- Applications for Emergency Shelter, Street Outreach, Homelessness Prevention, and Rapid Re-Housing Assistance must be submitted as a **separate, stand-alone** Application;
 - Applications for Transitional Housing, Day Shelters, and Emergency Shelter projects under the Emergency Shelter component must be submitted as a **separate, stand-alone** Application. For example, two Day Shelter projects could be submitted in one application binder. However, a Day Shelter and Emergency Shelter should be submitted as two separate applications; and
 - Applications may include HMIS and Administration Component/Activities, but no other Component/Activities.
- C. Application Requirements:
- Submit 1 Original (Hard Copy) Application in a white 3-Ring Binder, with pockets;
 - Type the Applicant Name, County, and ESG 2014 on the front and spine of the binder;
 - Submit 1 PDF copy of the Original Application on a Compact Disc (CD) or USB Flash Drive. The CD/Flash drive must include copies of the originally signed Application pages;
 - Label the CD/Flash Drive “Copy” and include the Applicant Name and County;
 - Applications must be typed in 11-pitch font;
 - All Sections, I through V, and Attachments, A through P, must be tabbed;
 - All Applications must keep the original pagination. If question responses do not fit within the space provided, use an additional page and place directly behind the original page. If additional pages are needed, use extended page numbers (i.e. page 7-1, 7-2, etc.); and
 - Round all dollar amounts to the nearest dollar (i.e. \$4.59 should be rounded to \$5 and \$4.25 should be rounded to \$4).
- D. All Applications will be reviewed for completeness, and all or a portion of the Application can be denied for the following reasons:
- The State is unable to reasonably determine what the Applicant is proposing;
 - The Application is incomplete or does not pass ESG Program threshold; and
 - The Applicant or proposed activities are determined to be ineligible.
- E. All HCD funding decisions are final.

F. The table below summarizes the page numbers the applicant should fill in for the component they are applying for:

Components	Applicant Information	Project Information	Cost Efficiency
Emergency Shelter	Pages 5-10	Pages 10-15	Pages 33-34
Street Outreach	Pages 5-10	Pages 16-20	Pages 33-34
Homelessness Prevention	Pages 5-10	Pages 21-25	Pages 33-34
Rapid Re-housing	Pages 5-10	Pages 26-30	Pages 33-34
HMIS		Page 31	Pages 33-34
Grant Administration		Page 32	Pages 33-34

SECTION II – APPLICANT INFORMATION AND CAPACITY

Applicant Information

(Note: Name of Applicant must be the same as stated on the Articles of Incorporation, Resolution and Payee Data Record.)

Name of Applicant:	
County:	Federal Tax ID Number (EIN):
Address:	Data Universal Numbering System (DUNS) :
City, State and Zip:	

<input type="checkbox"/> Private Non-Profit (501(c)3)	<input type="checkbox"/> Victim Services Provider
<input type="checkbox"/> Unit of General Purpose Local Government	<input type="checkbox"/> Legal Services Provider

Authorized Representative Information (Per Board Resolution attached to this application)	
First, Middle and Last Names:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other
Title:	
Address:	City, State and Zip:
Area Code and Phone No.: Fax No.:	E-Mail Address:

Applicant Contact Information (If Different from Authorized Representative)	
First, Middle and Last Names:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other
Title:	
Address:	City, State and Zip:
Area Code and Phone No.: Fax No.:	E-Mail Address:

Applicant Fiscal Representative Information (i.e., CFO, Accountant/Bookkeeper)	
First, Middle and Last Names:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other
Title:	
Address:	City, State and Zip:
Area Code and Phone No.: Fax No.:	E-Mail Address:

Continuum of Care (CoC) Information

Provide information for each CoC where the applicant will provide assistance with State ESG funding. If necessary, provide additional copies of this page and mark as page 6-1, 6-2, etc.

Continuum of Care (CoC) Name:

CoC Contact: First, Middle and Last Names:

Mr. Mrs. Ms. Other

Title:

CoC #:

Address:

City, State and Zip:

Area Code and Phone No.:

Fax No.:

E-Mail Address:

CoC Homeless Management Information System (HMIS):

HMIS Software:

HMIS Lead: First, Middle and Last Names:

Mr. Mrs. Ms. Other

Title:

Address:

City, State and Zip:

Area Code and Phone No.:

Fax No.:

E-Mail Address:

Victim Service Provider Name:

Contact: First, Middle and Last Names:

Mr. Mrs. Ms. Other

Title:

Address:

City, State and Zip:

Area Code and Phone No.:

Fax No.:

E-Mail Address:

Legal Service Provider Name:

Contact: First, Middle and Last Names:

Mr. Mrs. Ms. Other

Title:

Address:

City, State and Zip:

Area Code and Phone No.:

Fax No.:

E-Mail Address:

1. **Regional Allocation (Refer to ESG NOFA, Appendix A)**

<input type="checkbox"/> Northern California
<input type="checkbox"/> Southern California
<input type="checkbox"/> Rural
<input type="checkbox"/> New Program – When did the New Program begin? / (Month/Year)

2. **Legislative and Congressional Information**

Provide the Legislative and Congressional Information for the Applicant and each Project Location (if different than applicant location) included in this Application.

To locate or verify the Legislative and Congressional Information, click on the respective links below and enter the Applicant Office Location Zip Code, the Component Location Site Zip Code (i.e., Zip Code where Component Activities are performed), and any additional Component Location Site(s), as applicable. Copy this page if more than one Component is included in this Application, and identify the respective Component on each page.

State Legislators: <http://www.leginfo.ca.gov>

U.S. House of Representatives: <http://www.congressmerge.com/onlinedb/index.htm>

Applicant Office Location	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Project Location(s) – (if different from Applicant location)	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Project Location(s) – (if different from Applicant location)	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			
Project Location(s) – (if different from Applicant location)	District #	First Name	Last Name
State Assembly Member			
State Senate Member			
U.S. House of Representatives			

Applicant Experience and Capacity

1. HCD and Federal Contracts Administered from 2010 to Present

Program Name	*Contract Number	HCD Administered	County Administered	Federally Administered
<i>Example:</i> Emergency Shelter Grants/ Emergency Solutions Grants (ESG)	10-FESG-XXXX 12-ESG-XXXX 13-ESG-XXXX	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Shelter Grants/ Emergency Solutions Grants (ESG)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness Prevention and Rapid Re-housing Program (HPRP)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Housing and Assistance Program (EHAP)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUD-VA Supportive Housing (HUD-VASH)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Services for Veteran Families (SSVF)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUD-Continuum of Care (CoC) Program		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Non-Homelessness Contracts/Grants: (Please list)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** If your grant or contract is a renewal project, please list it only once.*

HCD will use internal reports to determine prior Applicant performance such as:

- a) Unresolved Monitoring Findings/Concerns from Prior Awards (2010-Present);
- b) Reports Submitted Timely from Prior Awards (2010-Present); and
- c) Funds Obligated and/or Expended Timely from Prior Awards (2010-Present).

For all other non-homelessness grants and contracts, the Applicant should provide a Letter of Good Standing that clearly explains any resolved monitoring finds/concerns, report submittal, or obligated and/expended funds in a timely manner from 2010-present.

2. **Program Evaluation Process:** For each component, identify the processes used to review and evaluate the Project's performance.

Evaluation Process	Emergency Shelter	Street Outreach	Homelessness Prevention	Rapid Re-Housing	Documentation Attached?
Client satisfaction surveys offered to all clients through exit surveys, quarterly surveys, and/or other means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least annual client focus groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least annual surveys of direct service and other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least annual surveys of key program stakeholders (e.g., service partners, emergency shelter neighbors, referral sources, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least semi-annual review of program performance by senior management using data from HMIS or comparable data system and other program quality data (e.g., client surveys)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least annual Board review of program performance and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each evaluation processes checked above, attach supporting documentation evidencing these practices including, but not limited to:

- a) Client survey tool and summary of most recent survey responses. Summary of client focus group responses;
- b) HMIS-based Program evaluation report reviewed at least semi-annually by senior management;
- c) Staff survey tool or summary of survey responses;
- d) Stakeholder survey tool or summary responses; and
- e) Most recent Board or Board committee meeting minutes where program was reviewed.

Attach support documentation and label using the corresponding evaluation process number (i.e., for Client survey tool, Label 2a-1 for client survey responses; for HMIS based Program evaluation reports, Label 2b-1, 2b-2 etc.)

SECTION III: PROJECT INFORMATION

Component(s) Applied For: Mark the component included in this application and complete the applicable subsection(s) below. An applicant may request funding for one or more projects for each component. A separate Section III: Project Information subsection must be completed for each project included in this application.

	Component	Project Name(s) and Address	Amount Requested
<i>Example</i> <input checked="" type="checkbox"/>	Emergency Shelter	Mary's House Harbor Day Center 123 Main St Any town, CA XXXXX	\$125,000
<input type="checkbox"/>	Emergency Shelter		
<input type="checkbox"/>	Street Outreach		
<input type="checkbox"/>	Homelessness Prevention		
<input type="checkbox"/>	Rapid Re-Housing Assistance		
<input type="checkbox"/>	HMIS		
<input type="checkbox"/>	Grant Administration		

A. Emergency Shelter

1. Experience

a. How many years has the Applicant been offering housing to the homeless?

- 6+ Years
- 3 – 5 Years
- 1 – 2 Years
- Less than 1 Year

b. How many years has the Applicant been offering supportive services to the homeless?

- 6+ Years
- 3 – 5 Years
- 1 – 2 Years
- Less than 1 Year

c. How many years of experience does the Applicant have operating the “Proposed” Project(s)?

- 6+ Years
- 3 – 5 Years
- 1 – 2 Years
- Less than 1 Year

d. How many years does the Applicant have experience operating a “Similar” Project(s)?

- 6+ Years
- 3 – 5 Years
- 1 – 2 Years
- Less than 1 Year

e. Have activities been provided continuously for the last 12 months or prior winter/summer months? Yes No

f. **Experience and Capacity Description:** Provide a brief (no more than 1 page) description of your organization’s experience operating the projects included in this application or similar projects. Describe any federal or state monitoring findings in the past 5 years and how your organization corrected those findings.

2. **Project Summary:** Provide a brief (1 – 2 paragraphs) description of the project, including population served, capacity, key partners, services and housing placement assistance, and proposed renovation work (if applicable).

3. Day Shelters:

- a. Is the primary purpose of the day shelter to provide temporary shelter for the homeless in general or specific subpopulations of the homeless?
 Yes No
- b. Are homeless program participants able to stay at the day shelter as many hours as it is open?
 Yes No
- c. Are funded activities targeted to people who are sleeping on streets or emergency shelter?
 Yes No

4. Applicant Screening: Provide a brief description of how the project screens program participants for eligibility. Specifically address how the project assesses immediate need for emergency shelter, and when appropriate, diverts program participants who have a safe and appropriate place to stay to other assistance.

5. Target Population(s): A population is considered a "target population" if the project is: 1) designed to serve that population; and 2) at least three-fourths (75 percent) of the clients served by the project fit the target group descriptor.

- a. Does the project serve one or more target populations? Yes No
 If yes, identify target population(s) below:

Victims of Domestic Violence	<input type="checkbox"/>	Developmentally Disabled	<input type="checkbox"/>
Homeless Youth (Under 25 Years Old)	<input type="checkbox"/>	Physically, Mentally, or Emotionally Disabled	<input type="checkbox"/>
Persons with HIV/AIDS	<input type="checkbox"/>	Chronic Substance Abusers	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Elderly (62+ Years Old)	<input type="checkbox"/>
Chronically Homeless	<input type="checkbox"/>		

- b. Does the Project exclusively serve (100%) a Select Population of Homeless Persons? (See *Appendix D of the NOFA*) Yes No
 If yes, identify the Select Population Type: _____

and

Reference State or Federal law or regulation that requires the Project to exclusively serve a Select Population of Homeless Persons?

State/Federal Law or Regulation Citation (Include Name of Code)	Funding Agency

6. **Service Area:** List each county served by the project. If the project service area is limited to certain cities within a county, list those cities in the table below.

County	Limited to Select Cities in County? (If yes, identify)	City(ies) (if applicable)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. **Project Capacity:** Identify the point-in-time capacity of the shelter project and, for overnight shelter, the number of beds and units available for each household type served.

a. **Overnight Shelter (if applicable)**

Bed/Unit Capacity	Households with at least one adult and one child		Households without children		Households with only children		TOTAL	
	Beds	Units	Beds	Units	Beds	Units	Beds	Units
Year-round								
Seasonal*								
Overflow								
Total Capacity								

b. **Seasonal Bed Availability (if project has seasonal bed/unit capacity, indicate below)**

From (date)	To (date)

c. **Day Shelter (if applicable)**

Max Day Shelter Capacity (persons)	
------------------------------------	--

8. **Length of Stay:**

Is there a maximum length of stay (consecutive days) a program participant is eligible to participate in Emergency Shelter? Yes No

If yes, what is the maximum stay?

9. Occupancy/Lease Agreements:

Does Applicant require Program Participants to sign a Lease and/or Occupancy Agreement?

Yes* No

* If yes, applicants cannot require program participants to sign occupancy or lease agreements. (24 CFR 576.2. and do not meet the application threshold requirement.

10. Housing First Practices: Complete the chart below to identify the extent to which the project has implemented Housing First practices.

	Always; practice fully implemented	Sometimes; seeking to fully implement practice	Not currently; seeking to implement practice	Not currently; not seeking to implement practice
Screening, Triage and Access				
a. The emergency shelter, whether directly or through the CoC's coordinated assessment system, screens people requesting shelter for other safe and appropriate housing options (temporary or permanent) and resources to obtain/maintain their housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People with other housing options or resources are diverted from emergency shelter and offered immediate linkage to homelessness prevention assistance, as needed, desired, and available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The emergency shelter, whether through the CoC's coordinated assessment system or directly, screens people requesting shelter for critical health and safety needs to identify people with greater vulnerabilities and provide an appropriate response?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The emergency shelter, either directly or in collaboration with other emergency shelter providers within the CoC's geographic area, ensures that persons with greater vulnerabilities (including people who are chronically homeless and/or with active mental health or substance abuse issues) have access to emergency shelter without preconditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing-Focused Assistance and Participant Self-Determination				
a. Participants and staff understand that a primary goal of the emergency shelter is to re-house participants as quickly as possible, regardless of other personal issues or concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Participation in services is voluntary, unless related to overcoming immediate and direct housing barriers and securing housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The participant assessment focuses on barriers to obtaining and maintaining housing (e.g., past rental history, current income, legal issues, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The emergency shelter assists participants with creating and maintaining an up-to-date Housing Plan, designed to re-house participants as quickly as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housing-Focused Assistance and Participant Self-Determination	Always; practice fully implemented	Sometimes; seeking to fully implement practice	Not currently; seeking to implement practice	Not currently; not seeking to implement practice
e. Emergency shelter staff (or re-housing partner) is aware of, knows how to access, and helps participants understand a wide array of public and private, subsidized and unsubsidized, housing options, including all local permanent supportive housing options, as well as related housing placement/retention assistance (e.g., legal services).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The emergency shelter provides or links participants to permanent housing location and placement assistance, including financial assistance for move-in costs, in order to achieve their Housing Plan goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Access to permanent housing location and placement assistance, including financial assistance for move-in costs, is provided as soon as possible after admission and without additional preconditions, such as service participation or length of stay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Participants only move to other interim shelter (emergency shelter or transitional housing) when: 1) desired by an applicant; 2) most appropriate to meet health and safety needs of an applicant (e.g., persons in early recovery; domestic violence survivors); and 3) no permanent housing solution (with or without supportive services) is available that similarly or better meets the desires and needs of an applicant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Emergency Shelter Activities – State ESG Program Funding Request

Service/Activity Description: Clearly and specifically describe how your agency will utilize your Emergency Shelter funds for eligible activities in accordance with federal ESG Program guidelines of the Emergency Shelter Activities Component. Review the Appendix C of the NOFA for each sub-activity or the specific regulation as indicated. Please limit your response to the space provided:

Check All that Apply	Activity Types	Brief Description
<input type="checkbox"/>	Essential Services	
<input type="checkbox"/>	Shelter Operations	
<input type="checkbox"/>	Assistance Required Under the Uniform Relocation and Real Property Acquisition Act of 1970 (URA)	

12. Project Performance: Report project performance data in the table below for the period October 1, 2013 through September 30, 2014. Data provided below must be reported out of the HMIS or comparable database if applicant is a Victim Service Provider or Legal Assistance provider.

A copy of the HMIS or comparable database report(s) corresponding to the data below must be included in this application behind Attachment Q. Support documentation **must have outcome data for Question 12 a, b, and c circled and highlighted in yellow.**

The information below should include all program participants (those assisted with State ESG and other funding).

a. **Length of Stay/Participation:** Report the average and median length of stay (overnight shelters) or project participation (day shelters).

	Average Stay/Participation	Median Stay/Participation
Overnight Emergency Shelter		
Day Shelter		

b. **Exit Outcomes:** Report on the housing outcomes for program participants as indicated below: *(Please review the NOFA or page 35 of this application for a definition of the terms household and permanent housing destination.)*

Column A is total number of households who were entered into HMIS and exited into a permanent housing destination

Column B is total number of households who were entered into HMIS and exited to any destination

A Total # of Households who exited to a Permanent Housing Destination:	B Total # of Households who exited any destination:	C A÷Bx100=C (%)

c. **Exit Outcomes:** Report on income outcomes for program participants as indicated below:

Column A is total number of households who were entered into HMIS and who Gained/Increased employment **or** Gained/Increased non-employment cash income

Column B is total number of households who were entered into HMIS and exited the project to any destination

	A Total # of Households Gained/Increased employment or Gained/Increased non- employment cash income:	B Total # of Households who exited any destination:	C A÷Bx100=C (%)
Households who Gained/Increased Employment			
Households who Gained/Increased non- employment cash income (e.g. SSI, TANF, or SNAP)			

B. Street Outreach

1. Experience

a. How many years has the Applicant been offering housing to the homeless?

- 3+ Years
 1 – 3 Years
 Less than 1 Year

b. How many years has the Applicant been offering supportive services to the homeless?

- 3+ Years
 1 – 3 Years
 Less than 1 Year

c. How many years of experience does the Applicant have operating the “Proposed” Project(s)?

- 3+ Years
 1 – 3 Years
 Less than 1 Year

d. How many years does the Applicant have experience operating a “Similar” Project(s)?

- 3+ Years
 1 – 3 Years
 Less than 1 Year

e. **Experience and Capacity Description:** Provide a brief (no more than 1 page) description of your organization’s experience operating the projects included in this application or similar projects. Describe any federal or state monitoring findings in the past 5 years and how your organization corrected those findings.

2. **Project Summary:** Provide a brief (1 – 2 paragraphs) description of the project, including population served, capacity, key partners, services and housing placement assistance, and proposed renovation work (if applicable).

3. **Target Population(s):** A population is considered a "target population" if the project is: 1) designed to serve that population; and 2) at least three-fourths (75 percent) of the clients served by the project fit the target group descriptor.

a. Does the project serve one or more target populations? Yes No

If yes, identify target population(s) below:

Victims of Domestic Violence	<input type="checkbox"/>	Developmentally Disabled	<input type="checkbox"/>
Homeless Youth (Under 25 Years Old)	<input type="checkbox"/>	Physically, Mentally, or Emotionally Disabled	<input type="checkbox"/>
Persons with HIV/AIDS	<input type="checkbox"/>	Chronic Substance Abusers	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Elderly (62+ Years Old)	<input type="checkbox"/>
Chronically Homeless	<input type="checkbox"/>		

- b. Does the Project exclusively serve (100%) a Select Population of Homeless Persons? (See Appendix D of the NOFA) Yes No

If yes, identify the Select Population Type:

and

Provide reference to State or Federal law or regulation that requires the Project to exclusively serve a Select Population of Homeless Persons?

State/Federal Law or Regulation Citation (Include Name of Code)	Funding Agency

4. **Service Area:** List each county served by the project. If the project service area is limited to certain cities within a county, list those cities in the table below.

County	Limited to Select Cities in County? (If yes, identify)	City(ies) (if applicable)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. **Project Capacity and Household Types Served:** Identify the daily household caseload capacity of the project and the types of households served.

Caseload Size (households)	Household Types Assisted (check each household type the project serves)		
	Households with at least one adult and one child	Households without children	Households with only children
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Housing First Practices:** Complete the chart below to identify the extent to which the project has implemented Housing First practices.

Screening, Triage, and Access	Always; practice fully implemented	Sometimes; seeking to fully implement practice	Not currently; seeking to implement practice	Not currently; not seeking to implement practice
a. Participants and staff understand that a primary goal of street outreach assistance is to help participants access emergency shelter and be re-housed in permanent housing as quickly as possible, regardless of other personal issues or concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The street outreach project, either directly or in collaboration with other street outreach providers within the CoC's geographic area, ensures that persons with greater vulnerabilities (including people who are chronically homeless and/or with active mental health or substance abuse issues) have access to emergency shelter without preconditions set by the street outreach project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housing-Focused Assistance and Participant Self-Determination	Always; practice fully implemented	Sometimes; seeking to fully implement practice	Not currently; seeking to implement practice	Not currently; not seeking to implement practice
a. Participants and staff understand that a primary goal of street outreach assistance is to help participants' access emergency shelter and be re-housed as quickly as possible, regardless of other personal issues or concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Participation in services is voluntary, unless related to overcoming immediate and direct housing barriers and securing housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The participant assessment focuses on barriers to obtaining and maintaining housing (e.g., past rental history, current income, legal issues, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Street outreach assists participants with creating and maintaining an up-to-date Housing Plan, designed to access emergency shelter or re-house the participant as quickly as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Street outreach staff (or re-housing partner) is aware of, knows how to access, and helps participants understand a wide array of emergency shelter and transitional housing options; all local permanent supportive housing options; and public and private, subsidized and unsubsidized, housing options and related housing placement/ retention assistance (e.g., legal services).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Street outreach provides or links participants to permanent housing location and placement assistance, including financial assistance for move-in costs, in order to achieve their Housing Plan goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Access to permanent housing location and placement assistance, including financial assistance for move-in costs, is provided without preconditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **Service/Activity Description:** Clearly and specifically describe how your agency will utilize your Street Outreach funds for eligible activities in accordance with federal ESG program guidelines of the Street Outreach Activities Component. Review the Appendix C of the NOFA for each sub-activity or the specific regulation as indicated. Please limit your response to the space provided:

Check All that Apply	Eligibility Costs	Brief Description.
<input type="checkbox"/>	Engagement on the Street	
<input type="checkbox"/>	Case Management	
<input type="checkbox"/>	Emergency Health Services	
<input type="checkbox"/>	Emergency Mental Health Services	
<input type="checkbox"/>	Transportation	
<input type="checkbox"/>	Services for Special Populations	

8. **Project Performance:** Report project performance data in the table below for the period October 1, 2013 through September 30, 2014. Data provided below must be reported out of the HMIS or comparable database if applicant is a Victim Service Provider or Legal Assistance provider.

A copy of the HMIS or comparable database report(s) corresponding to the data below must be included in this application behind Attachment Q. Support documentation **must have outcome data for 8 a, b, and c circled and highlighted in yellow.**

The information below should include all program participants (those assisted with State ESG and other funding).

- a. **Length of Participation:** Report the average and median length of project participation.

Average Stay/Participation	Median Stay/Participation

- b. **Exit Outcomes:** Report on the housing outcomes for program participants as indicated below: *(Please review the NOFA or page 35 of this application for a definition of the terms household and street outreach successful exits.)*

Column A is total number of successful household exits who were entered into HMIS

Column B is total number of households who were entered into HMIS and exited to any destination

<u>A</u> Total # of Successful Household Exits:	<u>B</u> Total # of Households who exited any destination:	<u>C</u> A÷Bx100=C (%)

- c. **Exit Outcomes:** Report on income outcomes for program participants as indicated below:

Column A is total number of households, who were entered into HMIS and who Gained/Increased employment **or** Gained/Increased non-employment cash income

Column B is total number of households, who were entered into HMIS and exited the project to any destination

	<u>A</u> Total # of Households Gained/Increased employment or Gained/Increased non-employment cash income:	<u>B</u> Total # of Households who exited any destination:	<u>C</u> A÷Bx100=C (%)
Households, who <u>Gained/Increased Employment</u>			
Households, who <u>Gained/Increased non-employment cash income (e.g. SSI, TANF, or SNAP)</u>			

C. Homelessness Prevention

1. Experience

a. How many years has the Applicant been offering housing to the homeless?

- 3+ Years
- 1 – 3 Years
- Less than 1 Year

b. How many years has the Applicant been offering supportive services to the homeless?

- 3+ Years
- 1 – 3 Years
- Less than 1 Year

c. How many years of experience does the Applicant have operating the “Proposed” Project(s)?

- 3+ Years
- 1 – 3 Years
- Less than 1 Year

d. How many years does the Applicant have experience operating a “Similar” Project(s)?

- 3+ Years
- 1 – 3 Years
- Less than 1 Year

e. Experience and Capacity Description: Provide a brief (no more than 1 page) description of your organization’s experience operating the projects included in this application or similar projects. Describe any federal or state monitoring findings in the past 5 years and how your organization corrected those findings.

2. Project Summary: Provide a brief (1 – 2 paragraphs) description of the project, including population served, capacity, key partners, services and housing placement assistance, and proposed renovation work (if applicable).

3. Target Population(s): A population is considered a "target population" if the project is 1) designed to serve that population and 2) at least three-fourths (75 percent) of the clients served by the project fit the target group descriptor.

a. Does the project serve one or more target populations? Yes No
If yes, identify target population(s) below:

Victims of Domestic Violence	<input type="checkbox"/>	Developmentally Disabled	<input type="checkbox"/>
Homeless Youth (Under 25 Years Old)	<input type="checkbox"/>	Physically, Mentally, or Emotionally Disabled	<input type="checkbox"/>
Persons with HIV/AIDS	<input type="checkbox"/>	Chronic Substance Abusers	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Elderly (62+ Years Old)	<input type="checkbox"/>
Chronically Homeless	<input type="checkbox"/>		

- b. Does the Project exclusively serve (100%) a Select Population of Homeless Persons? (See Appendix D of the NOFA) Yes No

If yes, identify the Select Population Type:

and

Provide reference to State or Federal law or regulation that requires the Project to exclusively serve a Select Population of Homeless Persons?

State/Federal Law or Regulation Citation (Include Name of Code)	Funding Agency

4. **Service Area:** List each county served by the project. If the project service area is limited to certain cities within a county, list those cities in the table below.

County	Limited to Select Cities in County? (If yes, identify)	City(ies) (if applicable)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. **Project Capacity and Household Types Served:** Identify the daily household caseload capacity of the project and the types of households served.

Caseload Size (households)	Household Types Assisted (check each household type the project serves)		
	Households with at least one adult and one child	Households without children	Households with only children
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Housing First Practices: Complete the chart below to identify the extent to which the project has implemented Housing First practices.

	Always; practice fully implemented	Sometimes; seeking to fully implement practice	Not currently; seeking to implement practice	Not currently; not seeking to implement practice
Screening, Triage and Access				
a. The homelessness prevention project, whether through the CoC's coordinated assessment system or directly with local shelters, has established protocols to assure that people diverted from emergency shelter are immediately linked to homelessness prevention assistance, as needed, desired, and available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The homelessness prevention project, whether through the CoC's coordinated assessment system or directly with local shelters, screens people applying for homelessness prevention assistance to identify people with greater vulnerabilities and/or urgency (closer to becoming literally homeless) to prioritize applicants for assistance when demand exceeds resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The homelessness prevention project, either directly or in collaboration with other homeless-ness prevention providers within the CoC's geographic area, ensures that persons with greater vulnerabilities (including people with little or no income and/or with active mental health or substance abuse issues) have access to homelessness prevention assistance without preconditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing-Focused Assistance and Participant Self-Determination				
a. Participants and staff understand that a primary goal of the homelessness prevention project is to prevent <i>literal</i> homelessness as quickly as possible, regardless of other personal issues or concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Participation in services is voluntary, unless related to overcoming immediate and direct housing barriers and securing housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The participant assessment focuses on barriers to obtaining and/or maintaining housing (e.g., past rental history, current income, legal issues, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The homelessness prevention project assists participants with creating and (for ongoing assistance) maintaining an up-to-date Housing Plan, designed to prevent literal homelessness and stabilize housing as quickly as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housing-Focused Assistance and Participant Self-Determination	Always; practice fully implemented	Sometimes; seeking to fully implement practice	Not currently; seeking to implement practice	Not currently; not seeking to implement practice
e. Homelessness prevention staff is aware of, knows how to access, and helps participants understand a wide array of public and private, subsidized and unsubsidized, housing options and related housing placement/retention assistance (e.g., legal services).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Homelessness prevention assistance is individualized, flexible, and focused on helping participants address issues that directly relate to obtaining and/or maintaining housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Participants are screened for non-housing related service needs and issues and linked to community-based assistance once the housing crisis and barriers are addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Service/Activity Description: Clearly and specifically describe how your agency will utilize your Homelessness Prevention funds for eligible activities in accordance with federal ESG program guidelines of the Homelessness Prevention Component. Review the Appendix C of the NOFA for each sub-activity or the specific regulation as indicated. Please limit your response to the space provided:

Check All that Apply	Activity Types	Brief Description.
<input type="checkbox"/>	Housing Relocation and Stabilization Services – Financial Assistance	
<input type="checkbox"/>	Housing Relocation and Stabilization Services – Services Costs	
<input type="checkbox"/>	Rental Assistance	

- 8. Project Performance:** Provide project performance data in the table below for the period October 1, 2013 through September 30, 2014. Data provided below must be reported out of the HMIS or comparable database if applicant is a Victim Service Provider or Legal Assistance provider.

A copy of the HMIS or comparable database report(s) corresponding to the data below must be included in this application behind Attachment Q. Support documentation **must have outcome data for 8 a, b, and c circled and highlighted in yellow.**

The information below should include all clients (those assisted with State ESG and other funding).

- a. **Length of Stay/Participation:** Provide the average and median length of project participation.

Average Stay/Participation	Median Stay/Participation

- b. **Exit Outcomes:** Report on the housing outcomes for program participants as indicated below: *(Please review the NOFA or page 35 of this application for a definition of the terms household and permanent housing destination.)*

Column A is total number of households who were entered into HMIS and exited into a permanent housing destination

Column B is total number of households who were entered into HMIS and exited to any destination

<u>A</u> Total # of Households who exited to a Permanent Housing Destination:	<u>B</u> Total # of Households who exited any destination:	<u>C</u> A÷Bx100=C (%)

- c. **Exit Outcomes:** Report on income outcomes for program participants as indicated below:

Column A is total number of households who were entered into HMIS and who Gained/Increased employment **or** Gained/Increased non-employment cash income

Column B is total number of households who were entered into HMIS and exited the project to any destination

	<u>A</u> Total # of Households Gained/Increased employment or Gained/Increased non-employment cash income:	<u>B</u> Total # of Households who exited any destination:	<u>C</u> A÷Bx100=C (%)
Households who <u>Gained/Increased Employment</u>			
Households who <u>Gained/Increased non-employment cash income (e.g. SSI, TANF, or SNAP)</u>			

D. Rapid Re-Housing

1. Experience

a. How many years has the Applicant been offering housing to the homeless?

- 3+ Years
 1 – 3 Years
 Less than 1 Year

b. How many years has the Applicant been offering supportive services to the homeless?

- 3+ Years
 1 – 3 Years
 Less than 1 Year

c. How many years of experience does the Applicant have operating the “Proposed” Project(s)?

- 3+ Years
 1 – 3 Years
 Less than 1 Year

d. How many years does the Applicant have experience operating a “Similar” Project(s)?

- 3+ Years
 1 – 3 Years
 Less than 1 Year

e. **Experience and Capacity Description:** Provide a brief (no more than 1 page) description of your organization’s experience operating the projects included in this application or similar projects. Describe any federal or state monitoring findings in the past 5 years and how your organization corrected those findings.

2. **Project Summary:** Provide a brief (1 - 2 paragraphs) description of the project, including population served, capacity, key partners, services and housing placement assistance, and proposed renovation work (if applicable).

3. **Target Population(s):** A population is considered a "target population" if the project is 1) designed to serve that population and 2) at least three-fourths (75 percent) of the clients served by the project fit the target group descriptor.

a. Does the project serve one or more target populations? Yes No

If yes, identify target population(s) below:

Victims of Domestic Violence	<input type="checkbox"/>	Developmentally Disabled	<input type="checkbox"/>
Homeless Youth (Under 25 Years Old)	<input type="checkbox"/>	Physically, Mentally, or Emotionally Disabled	<input type="checkbox"/>
Persons with HIV/AIDS	<input type="checkbox"/>	Chronic Substance Abusers	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Elderly (62+ Years Old)	<input type="checkbox"/>
Chronically Homeless	<input type="checkbox"/>		

- b. Does the Project exclusively serve (100%) a Select Population of Homeless Persons? (See Appendix D of the NOFA) Yes No

If yes: Identify the Select Population Type:

and

Provide reference to State or Federal law or regulation that requires the Project to exclusively serve a Select Population of Homeless Persons?

State/Federal Law or Regulation Citation (Include Name of Code)	Funding Agency

4. **Service Area:** List each county served by the project. If the project service area is limited to certain cities within a county, list those cities in the table below.

County	Limited to Select Cities in County? (If yes, identify)	City(ies) (if applicable)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. **Project Capacity and Household Types Served:** Identify the daily household caseload capacity of the project and the types of households served.

Caseload Size (households)	Household Types Assisted (check each household type the project serves)		
	Households with at least one adult and one child	Households without children	Households with only children
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Housing First Practices:** Complete the chart below to identify the extent to which the project has implemented Housing First practices.

Screening, Triage and Access	Always; practice fully implemented	Sometimes; seeking to fully implement practice	Not currently; seeking to implement practice	Not currently; not seeking to implement practice
<p>a) The rapid re-housing project, whether through the CoC’s coordinated assessment system or directly with local shelters/transitional housing and street outreach projects, has established protocols to assure that all people who are literally homeless are quickly screened and linked to rapid re-housing assistance, as needed, desired, and available.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b) The rapid re-housing project, whether through the CoC’s coordinated assessment system or directly with local shelters/transitional housing and street outreach projects, screens people who are literally homeless to identify people with greater vulnerabilities and less likelihood of exiting homelessness “but for” rapid re-housing assistance to prioritize applicants for assistance.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c) The rapid re-housing project, either directly or in collaboration with other rapid re-housing providers within the CoC’s geographic area, ensures that persons with greater vulnerabilities (including people with little or no income and/or with active mental health or substance abuse issues) have access to rapid re-housing assistance without preconditions.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing-Focused Assistance and Participant Self-Determination	Always; practice fully implemented	Sometimes; seeking to fully implement practice	Not currently; seeking to implement practice	Not currently; not seeking to implement practice
<p>a) Participants and staff understand that a primary goal of the rapid re-housing project is to end homelessness and move participants to permanent housing as quickly as possible, regardless of other personal issues or concerns.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b) Participation in services is voluntary, unless related to overcoming immediate and direct housing barriers and securing housing.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c) The participant assessment focuses on barriers to obtaining and/or maintaining housing (e.g., past rental history, current income, legal issues, etc.).</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d) The rapid re-housing project assists participants with creating and (for ongoing assistance) maintaining an up-to-date Housing Plan, designed to re-house and stabilize participants in housing as quickly as possible.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housing-Focused Assistance and Participant Self-Determination	Always; practice fully implemented	Sometimes; seeking to fully implement practice	Not currently; seeking to implement practice	Not currently; not seeking to implement practice
e) The rapid re-housing project provides participants with permanent housing location and placement assistance, including financial assistance for move-in costs, in order to achieve their Housing Plan goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The rapid re-housing project provides participants with permanent housing location and placement assistance, financial assistance for move-in costs, and time-limited rental assistance in order to achieve their Housing Plan goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Access to permanent housing location and placement assistance, financial assistance for move-in costs, and time-limited rental assistance is provided without preconditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Rapid re-housing assistance is individualized, flexible, and focused on helping participants address issues that directly relate to obtaining and maintaining housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Participants are screened for non-housing related service needs and issues and linked to community-based assistance once the housing crisis and barriers are addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Service/Activity Description: Clearly and specifically describe how your agency will utilize your Rapid Rehousing funds for eligible activities in accordance with federal ESG program guidelines of the Rapid Rehousing Component. Review the Appendix C of the NOFA for each sub-activity or the specific regulation as indicated. Please limit your response to the space provided:

Check All that Apply	Activity Types	Brief Description.
<input type="checkbox"/>	Housing Relocation and Stabilization Services – Financial Assistance	
<input type="checkbox"/>	Housing Relocation and Stabilization Services – Services Costs	
<input type="checkbox"/>	Rental Assistance	

- 8. Project Performance:** Provide project performance data in the table below for the period October 1, 2013 through September 30, 2014. Data provided below must be reported out of the HMIS or comparable database if applicant is a Victim Service Provider or Legal Assistance provider.

A copy of the HMIS or comparable database report(s) corresponding to the data below must be included in this application behind Attachment Q. Support documentation **must have outcome data for items 8 a, b and c circled and highlighted in yellow.**

The information below should include all clients (those assisted with State ESG and other funding).

- a. **Length of Stay/Participation:** Provide the average and median length of project participation.

Average Stay/Participation	Median Stay/Participation

- b. **Exit Outcomes:** Report on the housing outcomes for program participants as indicated below: *(Please review the NOFA or page 35 of this application for a definition of the terms household and permanent housing destination.)*

Column A: total number of households who were entered into HMIS and exited into a permanent housing destination

Column B: total number of households who were entered into HMIS and exited to any destination

<u>A</u> Total # of Households who exited to a Permanent Housing Destination:	<u>B</u> Total # of Households who exited any destination:	<u>C</u> A÷Bx100=C (%)

- c. **Exit Outcomes:** Report on income outcomes for program participants as indicated below:

Column A – total number of households who were entered into HMIS and who Gained/Increased employment **or** Gained/Increased non-employment cash income

Column B – total number of households who were entered into HMIS and exited the project to any destination

	<u>A</u> Total # of Households Gained/Increased employment or Gained/Increased non-employment cash income:	<u>B</u> Total # of Households who exited any destination:	<u>C</u> A÷Bx100=C (%)
Households who Gained/Increased Employment			
Households who Gained/Increased non-employment cash income (e.g. SSI, TANF, or SNAP)			

E. Homeless Management Information System (HMIS)

Complete Section III E for all HMIS related costs included in this application.

1. Project(s) included in this application for which HMIS costs are requested:

- a. **Project Name:**
- b. **Project Name:**
- c. **Project Name:**
- d. **Project Name:**

2. HMIS Summary: Clearly and specifically describe how your agency will utilize your HMIS funds for eligible activities in accordance with federal ESG program guidelines of the HMIS Component. Review the Appendix C of the NOFA for each sub-activity or the specific regulation as indicated. Please limit your response to the space provided:

Check All that Apply	Activity Types	Brief Description.
<input type="checkbox"/>	Hardware, Equipment and Software Costs	
<input type="checkbox"/>	Staffing/Paying Salaries for Operating HMIS	
<input type="checkbox"/>	Training/ Overhead/ Paying Charges Necessary to Operate or Contribute Data to the HMIS	

F. Grant Administration

Complete Section III F for all Grant Administration Costs related costs included in this application.

1. Project(s) included in this application for which Grant Administration costs are requested:

- a. Project Name:
- b. Project Name:
- c. Project Name:
- d. Project Name:

2. Grant Administration Summary: Clearly and specifically describe how your agency will utilize your Grant Administration funds for eligible activities in accordance with federal ESG program guidelines of the Grant Administration Component. Review the Appendix C of the NOFA for each sub-activity or the specific regulation as indicated. Please limit your response to the space provided:

Check All that Apply	Activity Types	Brief Description.
<input type="checkbox"/>	General Management, Oversight and Coordination	
<input type="checkbox"/>	Training on ESG Requirements	
<input type="checkbox"/>	Consolidated Plan	
<input type="checkbox"/>	Environmental Review	

SECTION IV - BUDGET JUSTIFICATION AND COST ANALYSIS

A: Cost Efficiency Analysis Question Definitions

Household:

A household is an individual or a family that was served during the reporting period. For projects that serve single individuals, the household is the same as the individual. For projects that serve couples, families with children, and other multi-person households, the household outcome should be based on data recorded for the head of household. Use the last project exit that occurred during the year for households who were served multiple times (i.e., households with two or more project entry dates).

Total Project Costs:

For this analysis, the complete project budget should include all project expenditures during the period covered, including administration and indirect costs associated with the project.

Permanent Housing Destination:

A permanent housing destination is a subsidized or unsubsidized housing situation, and also includes living with family or friends on a permanent basis. Program Participants with the following destinations at exit (based on HUD's 2014 HMIS Data Standards) should be included:

- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Rental by client, no ongoing housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with ongoing housing subsidy
- Moved from one HOPWA funded program to HOPWA permanent housing program
- PSH for formerly homeless persons
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure

Street Outreach Successful Exits:

A street outreach successful destination includes an exit to a permanent housing destination or to a temporary program or setting including emergency shelter, transitional housing, and residential treatment.

B: Cost Efficiency Analysis

This cost efficiency analysis should be completed for the operating year October 1, 2013 to September 30, 2014. If HMIS data for your project is not available for this period include data for the most recently available one year period. If your project does **not** enter data into HMIS, identify the source of data used. All backup documentation should be placed behind Attachment Q.

Dates of Cost Efficiency Analysis From _____ to _____

Source of exit and outcome data: _____

1. Average Cost per Exit (For all component/project types)

The average cost per exit is a means for estimating the average project cost associated with serving each household in the project during the year, independent of outcome. It is calculated by dividing total project expenses by the total number of unduplicated households who exited during the year. Although some households are still in the project at the end of the year, some were also in the project at the beginning of the year, so the cost per exit is an approximation of the average cost per household *served*.

Total Project Costs	<i>Divided by</i>	# of Household Exits to Any Destination	<i>Equals</i>	Average Cost per Exit
	/		=	

2. Average Cost per Permanent Housing Outcome (for Emergency Shelter, Homelessness Prevention and Rapid Re-housing)

The average cost per permanent housing outcome measures what it costs the project, on average, to achieve a given number of successful housing outcomes during the year. It is calculated by dividing the total project expenses by the unduplicated number of households with a permanent housing exit during the year.

Total Project Costs	<i>Divided by</i>	# of Household Exits to a Permanent Housing Destination	<i>Equals</i>	Average Cost per Permanent Housing Outcome
	/		=	

3. Average Cost per Street Outreach Outcome (Street Outreach projects only)

The average cost per street outreach outcome measures what it costs the project, on average, to achieve a given number of successful outcomes during the year. It is calculated by dividing the total project costs by the unduplicated number of households who exited to a successful destination during the year.

Total Project Costs	<i>Divided by</i>	# of Successful Household Exits	<i>Equals</i>	Average Cost per Successful Outcome
	/		=	

CERTIFICATION OF THE APPLICATION INFORMATION

I certify that the information provided for the total project costs represents the complete project budget and includes all project expenditures during the period covered and is true and complete to the best of my knowledge.

PRINTED NAME OF AUTHORIZED REPRESENTATIVE

TITLE

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

SECTION V – REQUIRED APPLICATION DOCUMENTS

DOCUMENTS ATTACHED	ATTACHMENTS	DOCUMENTS	LOCAL GOVERNMENT	NON-PROFITS	SERVING VICTIMS OF DOMESTIC VIOLENCE
<input type="checkbox"/>		Letters of Good Standing (see pg. 8)	X	X	X
<input type="checkbox"/>		Program Evaluation Forms (see pg. 9)	X	X	X
<input type="checkbox"/>		Signed certification (see pg. 36)	X	X	X
<input type="checkbox"/>	A	Authorizing Resolution	X	X	X
<input type="checkbox"/>	B	Certification of Application Information	X	X	X
<input type="checkbox"/>	C	Statement of Certifications	X	X	X
<input type="checkbox"/>	D	Certification of Local Need and Need For Funds	X	X	X
<input type="checkbox"/>	E	Certification of Local Approval	N/A	X	X
<input type="checkbox"/>	F	Statement of Confidentiality	X	X	X
<input type="checkbox"/>	G	Certification of Religious Compliance	X	X	X
<input type="checkbox"/>	H	Incorporation Data	N/A	X	X
<input type="checkbox"/>	I	Site Control (Emergency Shelter Component Applicants)	X	X	X
<input type="checkbox"/>	J	Matching Contributions	X	X	X
<input type="checkbox"/>	K	Payee Data Record	X	X	X
<input type="checkbox"/>	L	Memorandum of Understanding	X	X	X
<input type="checkbox"/>	M	Maintenance of Effort	X	N/A	N/A
<input type="checkbox"/>	N	Component Staffing	X	X	X
<input type="checkbox"/>	O	Budget Information	X	X	X
<input type="checkbox"/>	P	Written Standards	X	X	X
<input type="checkbox"/>	Q	HMIS or Comparable Database Reports	X	X	X

ATTACHMENT A

CHECKLIST FOR PREPARING RESOLUTION

25 CCR § 8405 (b) (1)

The Resolution must authorize:

- Execution of the Standard Agreement;
- Funding level between \$50,000 and \$200,000; and
- Specific individual by Name and Title to sign all required Certifications and the Standard Agreement.

The Resolution must clearly relate to submittal of the 2014 Application, (i.e. - the date must be no earlier than the ESG NOFA's release date and no later than Application due date, or December 15, 2014).

Resolution Checklist:

- A. Resolution has been re-typed on Applicant's Letterhead.
- B. Resolution shows the date of the Board Action to approve the Resolution. The Board Action occurred no earlier than the ESG NOFA Release Date, or October 30, 2014, and on or before the Application due date, or December 15, 2014.
- C. The exact wording of the Sample Resolution has been used or the State has approved alternative wording.
- D. The person authorized to sign the Standard Agreement has not signed the Resolution, or attested the Resolution.

Note: The Name and Title of the Authorized Representative must be in the Resolution. If your Application is funded, the Authorized Representative identified in the Resolution signs the Standard Agreement.

- E. The actual vote has been shown on the Resolution: Ayes, Noes, Abstentions, and Absent. (Place a "0" where no votes are cast).

Applicants are encouraged to use the Sample Authorizing Resolution format to avoid any possible deficiency. A deficiency may disqualify the Application as being incomplete or delay execution of the Standard Agreement and drawdown of ESG funds.

(Produce on Applicant Letterhead)

ATTACHMENT A

Sample Resolution

AUTHORIZING RESOLUTION

- A. WHEREAS, the State of California, Department of Housing and Community Development, Division of Financial Assistance, issued a Notice of Funding Availability under the Federal Emergency Solutions Grants (ESG) Program; and
- B. _____ *(Insert Name of Applicant)* _____ is a Private Non-Profit Corporation or a Unit of General Purpose Local Government that is eligible and wishes to apply for and receive an ESG grant; and
- C. If _____ *(Insert Name of Applicant)* _____ receives a grant from HCD, it certifies that all uses of the funds will be in compliance with the ESG Regulations and Contract.

NOW, THEREFORE, BE IT RESOLVED THAT:

The Board of Directors (or City Council or Board of Supervisors) of _____ *(Insert Name of Applicant)* _____ hereby authorizes _____ *(Insert Name and Title of Authorized Representative)* _____ to execute all required certifications, apply for and accept the Federal Emergency Solutions Grant in the amount of not more than \$_____ *(Insert Grant Amount)* _____, and to sign the Standard Agreement, any subsequent amendments thereto, and, where applicable, any ESG loan documents with HCD of not more than \$_____ *(Insert Grant Amount)* _____, as well as perform any and all responsibilities in relationship to such contract.

PASSED AND ADOPTED at a regular meeting of the _____ *(Insert Name of Applicant)* _____ this _____ Day of _____, **20XX** by the following vote:

AYES: _____	ABSTENTIONS: _____
NOES: _____	ABSENT: _____

Signature and Title of Approving Officer
(Chairperson or Secretary - Not the Authorized Representative)

DOCUMENT ATTESTED BY: _____

SIGNATURE: _____

DATE: _____

ATTACHMENT B

CERTIFICATION OF APPLICATION INFORMATION

I, (Insert Name of Authorized Representative), am authorized to apply on behalf of (Insert Applicant Name) and attest that all information contained in this Application is accurate and complete to the best of my knowledge.

All information contained in this Application is acknowledged to be public information and I authorize the Department of Housing and Community Development to contact any or all of the parties listed in this proposal.

CERTIFICATION OF APPLICATION INFORMATION	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TITLE
AUTHORIZED REPRESENTATIVE SIGNATURE	
_____ DATE	

ATTACHMENT C

STATEMENT OF CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the ESG Program, the Applicant must certify that:

General Certifications

Affirmatively Further Fair Housing – As required under 24 CFR 576.407(b), the Applicant will make known that use of the facilities, assistance, and services are available to all on a nondiscriminatory basis. If it is unlikely that the procedures that the recipient or subrecipient intends to use to make known the availability of the facilities, assistance, and services will reach persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for those facilities and services, the recipient or subrecipient must establish additional procedures that ensure that those persons are made aware of the facilities, assistance, and services. The recipient and its subrecipients must take appropriate steps to ensure effective communication with persons with disabilities including, but not limited to, adopting procedures that will make available to interested persons information concerning the location of assistance, services, and facilities that are accessible to persons with disabilities. Consistent with Title VI and Executive Order 13166, recipients and subrecipients are also required to take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons.

Anti-displacement and Relocation Plan – As required under 24 CFR 576.408, the Applicant will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR 24; and it has in effect and is following a residential anti-displacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG or HOME programs.

Drug Free Workplace – As required by 24 CFR 576.407(a) and detailed in 24 CFR part 21, the Applicant will provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about –
 - a) The dangers of drug abuse in the workplace;
 - b) The grantee's policy of maintaining a drug-free workplace;
 - c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will:
 - a) Abide by the terms of the statement; and
 - b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

ATTACHMENT C

STATEMENT OF CERTIFICATIONS

5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4.b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted:
 - a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5, and 6.

Anti-Lobbying – As required by 24 CFR 576.407(a) and detailed in 24 CFR part 87, to the best of the Applicant's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions; and
3. It will require that the language of paragraphs 1 and 2 of this anti-lobbying certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

ATTACHMENT C

STATEMENT OF CERTIFICATIONS

Authority of Jurisdiction – The consolidated plan is authorized under State and local law (as applicable) and the Applicant possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations.

Section 3 – As required by 24 CFR 576.407(a), the Applicant will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

Participation in CoC HMIS and Compliance with Participation Requirements – As required by 24 CFR 576.400(f), the Applicant will collect and enter data on all persons served and all activities assisted under ESG into the applicable community-wide Homeless Management Information System (HMIS) in the area in which those persons and activities are located, or a comparable database, in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS and local CoC HMIS policies, procedures and participation requirements.

Participation in CoC Planning and Governance – the Applicant participates in local CoC planning, governance, performance evaluation and management process. consult the Continuum of Care for planning and governance related to determining how to allocate ESG funds each program year; developing the performance standards for, and evaluating the outcomes of, projects and activities assisted by ESG funds; and developing funding, policies, and procedures for the administration and operation of the HMIS.

Participation in CoC Centralized or Coordinated Assessment – As required by 24 CFR 576.400(d), the Applicant participates in the local CoC's centralized assessment system or a coordinated assessment system in accordance with HUD requirements. If the CoC has not yet established a centralized or coordinated assessment system, the Applicant will participate after their respective CoC has devised and implemented such an assessment system.

Matching Funds – As required by 24 CFR 576.201, the Applicant will obtain required matching amounts.

Confidentiality – As required by 24 CFR 91.325(c)(3), the Applicant has established and is implementing procedures to ensure the confidentiality of records pertaining to any individual provided family-violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family-violence shelter project, except with the written authorization of the person responsible for the operation of that shelter.

Homeless Persons Involvement – As required by 24 CFR 91.325(c)(4)(vii), to the maximum extent practicable, the Applicant will involve, through employment, volunteer services, or otherwise homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program, in providing services assisted under the ESG program, and in providing services for occupants of facilities assisted under the program.

Consolidated Plan – All activities the Applicant undertakes with assistance under ESG are consistent with the jurisdiction's Consolidated Plan.

Discharge Policy – The Applicant will establish and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, mental health facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons.

ATTACHMENT C

STATEMENT OF CERTIFICATIONS

Environmental Requirements – As required by 24 CFR 576.407(d), all activities the Applicant undertakes with assistance under ESG will be consistent with the environmental review responsibilities as described under 24 CFR Section 576.407(d).

– As required by 24 CFR 576.404(a) and (b), the Applicant will keep records to show compliance with the Organizational and Individual Conflicts-of-Interest requirements as described under 24 CFR 576.404 (a).

Recordkeeping and Reporting Requirements – As required by 24 CFR 576.500, the Applicant has policies and procedures to ensure HUD's requirements for recordkeeping and reporting are met. The policies and procedures must be established in writing and implemented by the Applicant to ensure that ESG funds are used in accordance with these requirements.

Essential Services and Operating Costs – As required under 24 CFR 91.325(c)(4)(iv), in the case of assistance involving shelter operations or essential services related to street outreach or emergency shelter, the Applicant will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure, so long the Applicant serves the same type of persons (e.g., families with children, unaccompanied youth, disabled individuals, or victims of domestic violence) or persons in the same geographic area.

Supportive Services – As required under 24 CFR 91.325(c)(4)(vi), the Applicant will assist homeless individuals in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, victim services, counseling, supervision, and other services essential for achieving independent living) and other Federal, State, local, and private assistance available for such individuals.

Accessibility of Services - As required under 24 CFR 576.407(b) the Applicant's Procedures meets the regulatory requirements relating to:

1. **Access/Transportation** –communicating with and ensuring that persons with disabilities have access to the location of assistance, services, and facilities.
2. **Disability Accommodations** –requests for Reasonable Accommodations
3. **Linguistic Needs** –ensuring meaningful access to programs and activities for LEP persons. Include a separate description for each Component, if different.

Emergency Shelter

Program Fees – Applicant does not deny assistance to Program Participants due to an inability to pay Occupancy Fees and/or Contributions

Leases/Occupancy Agreements- As required under 24 CFR 576.2 an Applicant does not require a Program Participant to sign a lease or an occupancy agreement

Major rehabilitation/conversion (if applicable) – As required under 24 CFR 576.102(c), if an emergency shelter's rehabilitation costs exceed 75 percent of the value of the building before rehabilitation, the Applicant will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed rehabilitation. If the cost to convert a building into an emergency shelter exceeds 75 percent of the value of the building after conversion, the

ATTACHMENT C

STATEMENT OF CERTIFICATIONS

Applicant will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed conversion.

In all other cases where ESG funds are used for renovation, the Applicant will maintain the building as a shelter for homeless individuals and families for a minimum of three years after the date the building is first occupied by a homeless individual or family after the completed renovation.

Renovation – As required under 24 CFR 576.403(b), any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

Prohibition Against Involuntary Family Separation – As required under 24 CFR 576.102(b), the age of a child under age 18 must not be used as a basis for denying any family's admission to an emergency shelter that uses ESG funding or services and provides shelter to families with children under age 18.

STATEMENT OF CERTIFICATIONS	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TITLE
AUTHORIZED REPRESENTATIVE SIGNATURE	
_____ DATE	

ATTACHMENT D

CERTIFICATION OF LOCAL NEED NEED FOR FUNDS

Instructions to Applicant:

This attachment is to be completed by the authorized representative of your local Continuum of Care (CoC). HCD recommends you take the following action:

1. Inform your CoC contact that you intend to submit one or more ESG Applications to HCD as soon as you determine you will be applying. Ask the CoC when the information they need to complete their need analysis and certification is due and if they have any additional submission requirements.
Refer to **Appendix G**, in the ESG 2014 NOFA, to identify the CoC covering your Service Area.
2. Complete Items 1-4 below for every project, and any additional requirements of the CoC, and submit to the CoC by their established due date.
3. HCD recommends that you obtain a dated proof of receipt, from the local CoC, indicating you have provided them the attachment.
4. This attachment will be evaluated, scored, ranked, and submitted by your local CoC directly to HCD no later than January 15, 2015 (5:00 P.M.).

Instructions to Continuum of Care:

To ensure that projects submitted to the State of California for ESG funds are consistent with local priorities and comply with federal data and coordination requirements, HCD requires that California CoCs complete this attachment for each ESG application from within their jurisdiction. This attachment includes information of three types:

- How a project aligned with local priorities and how it ranked relative to other projects from your area;
 - Information about the applicant agency's participation in key CoC activities; and
 - Information about the applicant agency and program's status in relationship to HMIS, written program standards, and participation in performance measurement.
1. All CoCs must develop and implement written Rating Criteria and Procedures, for each Service Area, to evaluate, score, and rank the "Attachment D", Certification of Local Need, portion of the ESG Application. At a minimum, the CoC must take into consideration the Project Alignment with the Local CoC Priorities (100 Points) when developing their written Rating Criteria and Procedures.
 2. Make sure the Applicant completed Items 1-3 above on the Attachment D.
 3. **Section 1:** Evaluate and score the Attachment D submissions and any additional information received from applicants, according to the CoCs written Rating Criteria and Procedures. Enter the Applicant's individual scores in Section 1.

Section 2: In Descending Score Order rank each applicant and enter the applicant's individual rank.

Section 3: Complete the questions regarding applicant participation in CoC activities.

ATTACHMENT D

CERTIFICATION OF LOCAL NEED NEED FOR FUNDS

Section 4: Answer the questions regarding HMIS, Coordinated Entry, and adherence to local written standards and **submit a PDF copy of the CoC written standards on a Compact Disc (CD) or USB Flash Drive.**

The Department recommends that CoC's review the questions in the ESG Application related to the implementation of Housing First practices in their service area.

Section 5: Enter the CoC Name and HUD-associated ID Number; enter the Name and Title of Individual Signing on behalf of the CoC; enter the Individual Signing Email Address; and Complete the Signature/Certification.

4. Upon completion of Items 1-3 above, the CoC will:
 - a. Complete one (1) "Summary Table" for each represented in the CoC Service Area;
 - b. Organize the CoC Need for Funds Certification Package (Package) in the following order:
 - Summary Table
 - Original Attachment D from each applicant in rank order, as reflected on the Summary Table
 - Copy of CoC rating criteria and procedures for evaluating local need and participation and activities
 - Written Standards in a compact disc (CD) or USB Flash Drive format.
5. Submit the entire Package using one of the following methods:
 - a. Hand-Deliver to HCD/DFA and ask for a receipt;
 - b. Mail by Certified Mail (see address below) with Return Receipt requested;
 - c. Mail by private or commercial Overnight Delivery Service (Retain Delivery Receipt) to:

Department of Housing and Community Development
Division of Financial Assistance
Emergency Solutions Grants Program
2020 W. El Camino Avenue, Suite 400
Sacramento, CA 95833
6. CoCs are responsible for sending a separate email notification to each Applicant informing them that Attachment D has been received by HCD.

ATTACHMENT D

**CERTIFICATION OF LOCAL NEED
NEED FOR FUNDS**

SUMMARY TABLE

**To: HCD/Emergency Solutions Grants (ESG) Program
Division of Financial Assistance (Suite 400)**

From:

Name of CoC: _____

Contact Name: _____

Contact Phone Number: _____

Contact E-Mail Address: _____

Attached please find the following documents:

Place an "X" in each Box:

- Summary Table
- Attachment D, in Rank Order
- Rating Criteria and Procedures
- Written Standards compact disc (CD) or USB Flash Drive
- CoC Due Date for Attachment D: _____

(Add rows accordingly)

Name of Applicant Organization	Date Attach. D Received by CoC	HCD Rank	HCD Score	Comments
		1	100	
		2	95	
		3	90	
		4	85	
		5	80	
		6	75	

Total Number of Attachment D Forms Enclosed: _____

ATTACHMENT D

**CERTIFICATION OF LOCAL NEED
NEED FOR FUNDS**

To Be Completed by the Applicant

1. Name of Applicant: _____
2. Name of Project:
3. Name of County where the Applicant/Component Activity is located:

4. Check the Component applied for in this Application:
 Emergency Shelter Street Outreach
 Homelessness Prevention Rapid Re-Housing Assistance

To Be Completed by the CoCs

Section 1: Certification of Local Need

Project Alignment with Local CoC Priorities **Points** _____
(Maximum 100 points)

Total Points = _____
(Maximum 100 Points)

Section 2: Project Ranking

The CoC has reviewed all applications from our jurisdiction. This project ranks:

Ranking: 1 2 3 4 5 6 7 8 9 10

ATTACHMENT D

CERTIFICATION OF LOCAL NEED NEED FOR FUNDS

Section 3: Participation in CoC Governance and Planning activities

1. Applicant participation in Continuum of Care Activities (check all that apply)
 - a. Applicant's organization participates in CoC governance through:
 - Holding a seat on the Executive or other leadership body for the CoC
 - Participating in one or more committees of the CoC
 - Regularly attending and participating in CoC membership meetings
 - Applicant does not participate in CoC governance
 - b. Applicant's organization participates, or has participated in the last year, in activities to design, develop or evaluate the local system:
 - Participates in planning meetings for developing system design
 - Participates in outcomes and performance measurement activities
 - Participates in developing/implementing system-wide standards and practices
 - Applicant does not participate in system design or evaluation
2. On a scale of 1 - 3, please rate this applicant's overall level of participation in planning and governance activities during the last, such as those listed above:

Infrequent
1

Frequent
2

Very Frequent
3

Section 4: Participation in Required CoC functions

1. **Participation in HMIS or comparable database**
 - a. The Local Continuum of Care (Check one):
 - has an HMIS System that is fully compliant with the HUD Data & Technical Standards
Name of HMIS Vendor:
 - does not have an operational HMIS system
 - b. If the CoC has an operational HMIS, please check one of the following
 - Applicant participates in the CoC HMIS system and is in good-standing
 - Applicant currently participates in, and enters data into, an existing Comparable Database. (Describe):
 - Applicant does not participate in HMIS or a comparable database.

**ATTACHMENT D (cont'd)
CERTIFICATION OF LOCAL NEED
NEED FOR FUNDS**

2. Adherence to Applicable Written Standards

- The CoC has developed written standards for the component that the applicant is applying for and applicant has certified or demonstrated that they will adhere to these standards.
- The CoC has developed written standards for the component that the applicant is applying for and applicant has NOT certified or demonstrated that they will adhere to these standards.

If you checked any of the above, submit a PDF copy of the written standards on a Compact Disc (CD) or USB Flash Drive.

- The CoC has NOT yet developed written standards for the component that the applicant is applying for.

3. Participation in Coordinated Assessment

- a. Has the CoC developed a coordinated assessment system that covers the Project/ component the applicant is applying for?

Yes No

- b. Does applicant participates in the coordinated assessment system?

Yes No

Applicant is exempt from participating; describe

4. Understanding Housing First Practices

Has the applicant developed and implemented Housing First Practices for the Project or component the applicant is applying for?

Yes No If no, describe

Section 5:

Name and ID Number of Continuum of Care:

I certify that the above information is true and complete to the best of my knowledge.	
I further certify that I am not an Employee, Agent, Consultant, Officer or Appointed or Elected Official of any Applicant, Subrecipient, State Recipient, or Grantee of State ESG funds.	
I further certify I do not, and will not, have any personal financial interest in or benefit from any State funds while in my current position, or have any interest in any Contract, Subcontract, or Agreement with respect thereto or the proceeds thereunder, either for myself or for those with whom I have family or financial ties.	
_____ <i>Signature of Individual Representing Continuum of Care</i>	_____ <i>Date</i>
_____ <i>Printed Name and Title of individual Representing Continuum of Care</i>	

ATTACHMENT E

CERTIFICATION OF LOCAL APPROVAL
(Private Non-Profits Only)

Instructions:

Applicants may apply for Component/Activities located in more than one eligible City/County. The Certification of Local Approval is required for each City or County, as applicable.

If the Project is located in an ESG-eligible City, the Certification of Local Approval must be completed by the City. If the Project is located in the unincorporated area of an ESG-eligible County, the Certification must be from the County.

I, _____ *(Name and Title of City/County Official)*, duly Authorized to act on behalf of _____ *(Name of City/County)*, hereby approve of the Operation of the following Component/Activities (see list below) proposed by _____ *(Insert Name of Applicant)* which is/are to be located/operated in *(ESG eligible City/County)*.

- Emergency Shelter (Including Transitional Housing and Day Center)
- Street Outreach
- Homelessness Prevention
- Rapid Re-Housing Assistance

CERTIFICATION OF LOCAL APPROVAL	
PRINTED NAME OF CITY/COUNTY OFFICIAL	TITLE
CITY/COUNTY OFFICIAL SIGNATURE	
_____ DATE	

ATTACHMENT F

STATEMENT OF CONFIDENTIALITY

(Insert Name of Applicant) assures that it will adopt policies which meet at least the minimum standards for protecting the confidentiality of information as set forth in the State Information Practices Act (Civil Code 1798, et. seq.); federal ESG Regulations (24 CFR 576.500(x)); and State Regulations (25 CCR 8417(i)).

Attach "Confidentiality Procedures" Behind this Page

STATEMENT OF CONFIDENTIALITY	
PRINTED NAME OF AUTHORIZED REPRESENTATIVE	TITLE
AUTHORIZED REPRESENTATIVE SIGNATURE	
DATE	

ATTACHMENT H

INCORPORATION INFORMATION
(Private Non-Profits Only)

Attach the following documents behind this page:

Attachment I1: Articles of Incorporation

Attachment I2: Evidence of IRS Tax-Exemption (501(c) Status)

ATTACHMENT I

EVIDENCE OF SITE CONTROL (Emergency Shelter Component Applicants)* (Including Transitional Housing and Day Centers)

Attach Site Control documentation as evidenced by one of the documents below:

- A Deed (Demonstrating Ownership in Fee Title).
- An Enforceable Lease (Executed, Dated and Signed), demonstrating a Leasehold interest in the Site and its improvements. The Lease must be for at least the term of the ESG Grant and must contain the Lessor's knowledge of the purpose for use of the Facility, a beginning and end date, the monthly rate, the address of the Site(s), and signatures of both the Lessor and Lessee.
- An Enforceable Purchase Agreement (Executed, Dated and Signed).
- An Enforceable Purchase or Lease Option Contract which extends at least through the anticipated termination date of the Standard Agreement, or June 30, 2015.
- Vouchers – An Enforceable Letter of Agreement is required with each participating Hotel/Motel that will be providing the additional beds. Letter of Agreement must include Name of Hotel/Motel, Term, Room Numbers and Rates.

If Component Site Location/Address is not clearly stated on the Site Control document, but is described or referenced as an APN or other Legal Description, additional documentation to verify the Component Site Location/Address is required (i.e. tax bill, copy of online county record, etc.).

* **Domestic Violence Applicants** are required to provide Site Control as noted above. However, the DV Applicant may redact the Confidential Site Location/Address.

ATTACHMENT J

MATCHING CONTRIBUTIONS

Applicants must make Matching Contributions to supplement ESG funding dollar-for-dollar. Eligible types of Matching Contributions include: Cash Contributions; Non-Cash Contributions; and Costs Paid by Program Income.

Matching Contributions may be made from any source, including any federal source other than the ESG Program, as well as State, Local, and Private sources. Refer to 24 CFR 576.201 for additional requirements that apply to Matching Contributions from a federal source of funds.

Applicants must identify and document Matching Contributions in an amount equal to or greater than the amount of ESG funding requested in this Application.

To locate Matching Contributions Worksheet:

1. Go to the HCD Website: <http://www.hcd.ca.gov/fa/esg/index.html>;
2. Locate ESG Application and click on Application Attachments; and
3. Open the Tab labeled "Matching Contributions".

Instructions for Completing Matching Contributions Worksheet:

1. In Column 1, identify the Type of Matching Contributions to be provided;
2. In Column 2, indicate the specific "Source" of the Matching Contribution listed in Column 1 (i.e., federal, State, Local Govt., Private);
3. In Column 3, describe the specific Matching Contribution (i.e., For Donated Building – List Facility Address; For Volunteers – List Individual Volunteer Names or Groups of Volunteers such as Clerical);
4. In Column 4, indicate the specific number or quantity of the Matching Contribution;
5. In Column 5, indicate the Salary Rate or Fair Market Value of the Matching Contribution, if applicable;
6. In Column 6, indicate the number of hours, if applicable;
7. In Column 7, enter the specific \$ amount of **Cash** Match;
8. In Column 8, enter the specific \$ amount/value of **Non-Cash** Match;
9. In Column 9, enter the total Match from Column 7 + Column 8; and
10. Total Column 9 and confirm it is equal to or greater than the amount of ESG funds requested.

ATTACHMENT K

State of California—Department of Health Services

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

1	<p>INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.</p> <p>NOTE: Governmental entities, federal, state, and local (including school districts), are not required to submit this form.</p>														
2	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">PAYEE'S LEGAL BUSINESS NAME (Type or Print)</td> </tr> <tr> <td style="width: 60%;">SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td colspan="2">E-MAIL ADDRESS</td> </tr> <tr> <td>MAILING ADDRESS</td> <td colspan="2">BUSINESS ADDRESS</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td colspan="2">CITY, STATE, ZIP CODE</td> </tr> </table>			PAYEE'S LEGAL BUSINESS NAME (Type or Print)			SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS		MAILING ADDRESS	BUSINESS ADDRESS		CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	
PAYEE'S LEGAL BUSINESS NAME (Type or Print)															
SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS														
MAILING ADDRESS	BUSINESS ADDRESS														
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE														
3 PAYEE ENTITY TYPE CHECK ONE BOX ONLY	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</p> <table style="margin-left: 200px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>														<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>
<p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> ESTATE OR TRUST</p>		<p>CORPORATION:</p> <p><input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p><input type="checkbox"/> LEGAL (e.g., attorney services)</p> <p><input type="checkbox"/> EXEMPT (nonprofit)</p> <p><input type="checkbox"/> ALL OTHERS</p>													
<p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER:</p> <table style="margin-left: 100px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>															
4 PAYEE RESIDENCY TYPE	<p><input type="checkbox"/> California resident—qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding.</p> <p style="margin-left: 40px;"><input type="checkbox"/> No services performed in California.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p>														
5	<p>I hereby certify under penalty of perjury that the information provided on this document is true and correct.</p> <p>Should my residency status change, I will promptly notify the State agency below.</p>														
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)		TITLE													
SIGNATURE		DATE	TELEPHONE ()												
6	<p>Please return completed form to:</p> <p>Department/Office: <u>Housing and Community Development - Financial Assistance</u></p> <p>Unit/Section: <u>EMERGENCY SOLUTIONS GRANTS PROGRAM</u></p> <p>Mailing Address: <u>2020 West El Camino, MS 400</u></p> <p>City/State/ZIP: <u>Sacramento, CA 95833</u></p> <p>Telephone: _____ FAX: (916) 263-3391</p>														

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (Page 2)

1	<p>Requirement to Complete Payee Data Record, STD. 204</p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a). The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
4	<p style="text-align: center;">Are you a California resident or nonresident?</p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
6	<p>This Section must be completed by the State agency requesting the STD. 204.</p>
<p>Privacy Statement Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000. You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency (ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>	

ATTACHMENT L

MEMORANDUM OF UNDERSTANDING (MOU) Between Lead Agency and Partner Agency(s)

1. Partner Agency Information	
Name of Partner Agency	
Address:	County:
City, State and Zip:	Applicant Status: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Local Government
2. Partner Agency Information	
Name of Partner Agency	
Address:	County:
City, State and Zip:	Applicant Status: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Local Government
3. Partner Agency Information	
Name of Partner Agency	
Address:	County:
City, State and Zip:	Applicant Status: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Local Government

Attach MOU(s) behind this page

Instructions:

- Complete the Table below. Make a copy for each Partner Agency's Budget.
- The dollar amount listed below should equal the budget amount agreed upon between the Lead Agency and Partner Agency.
- The Partner Agency will submit monthly invoices to the Lead Agency for reimbursement.
- The Lead Agency will be responsible for submitting all ESG expenses incurred to HCD.
- For all staff costs, attach duty statements for each job classification
- Attach the signed MOU(s).

Name of Partner Agency:

Component	\$ Amount	Brief Description of Costs (Staff and Non-Staff)
Street Outreach	\$	
Emergency Shelter	\$	
Homelessness Prevention	\$	
Rapid Re-Housing	\$	
HMIS	\$	
Administration	\$	
Total Partner Budget	\$	

ATTACHMENT M

**MAINTENANCE OF EFFORT
(Units of General Purpose Local Government only)**

Emergency Shelter Component

Has the Local Government reduced funding for Emergency Shelter services within the last 12 months. Component/Activities may not be eligible?

Yes No

Street Outreach Component

Has Local Government reduced funding for Street Outreach services within the last 12 months. Component/Activities may not be eligible?

Yes No

If yes to the above and the Component/Activity is funded, the Department may **reduce** your Emergency Shelter and/or Street Outreach funding during this funding round unless you meet the 'Severe Financial Deficit' criteria. Refer to 24 CFR 576.101(a) (6) (c).

ATTACHMENT N

COMPONENT STAFFING

To locate Component Staffing Worksheet:

1. Go to the HCD Website: <http://www.hcd.ca.gov/fa/esg/index.html>
2. Locate ESG Application and click on Application Attachments.
3. Open the Tab labeled "Component Staffing" then "Staff Breakdown".

Instructions for Completing Component Staffing and Staff Breakdown Worksheets:

1. For each Proposed Component, identify all Key Staff that provide Direct Client Services for the Component and enter your data as follows:
 - a. In Column A, enter the Position Title;
 - b. In Column B, enter the Staff Name;
 - c. In Column C, enter "Yes" for Positions to Be Paid with ESG Funds; or "No" for Positions Not Paid with ESG Funds;
 - d. In Column D, enter the Percentage of Time, or Full-Time Equivalency (FTE), the Position dedicates to the Component; and
 - e. In Column E, enter the Number of Years of Experience for each Filled Position, or "0" for each Vacant or Proposed Position.
2. Do not attempt to enter data into locked cells.
3. Print the completed Component Staffing (A) Worksheet, and attach behind this page as 60-1A, 60-1B.
4. Print the completed Staff Breakdown (B) Worksheet, and attach behind this page as 60-1B, 60-2B.
4. For each Staff Position identified on the Component Staffing and Staff Breakdown Worksheets, attach the applicable Duty Statements in the same sequence. Label each Duty Statement as N-1, N-2, N-3, etc.

ATTACHMENT O

BUDGET INFORMATION

To Locate the ESG Budget Worksheets:

1. Go to the HCD Website: <http://www.hcd.ca.gov/fa/esg/index.html>
2. Locate the ESG Application and click on Application Attachments
3. **Click on the Current Budget** (First Tab in the Workbook).
 - a. Enter the Applicant Name and Component Address at the top of the page.
 - b. Complete the applicable financial data on the table.
 - c. Do not attempt to enter data into locked cells.
4. **Click on the Proposed Budget** (Second Tab in the Workbook).
 - a. Complete the applicable financial data on the table.
 - b. The Component dollar amounts for ESG on the Proposed Budget should match the requested dollar amounts on the ESG Budget (Third Tab).
 - c. Do not attempt to enter data into locked cells.
5. **Click on the ESG Budget** (Third Tab in the Workbook).
 - a. Enter the requested dollar amounts for each activity for all applicable Components.
 - b. All formulas in the spreadsheet are set up to auto-calculate
 - c. Do not alter any formulas or totals
 - d. Do not attempt to enter data into locked cells.
 - e. **Reminder: The minimum grant amount is \$50,000 and the maximum grant amount is \$200,000.**
6. Attach all Budget Pages behind this Page as O-1, O-2, O-3, etc.

ATTACHMENT P

ESG WRITTEN STANDARDS

24 CFR 576.400 (e)

The Applicant must either: (1) follow the CoC Written Standards, if established; or (2) establish and follow their own Written Standards.

The CoC in the Applicant's Service Area has established Written Standards.

OR

The Applicant has established Written Standards.

Submit a PDF copy of the written standards on a Compact Disc (CD) or USB Flash Drive. Also, attach a copy of the ESG Written Standards Checklist and check mark the applicable Written Standard(s) that apply to your Project.

ATTACHMENT P

ESG WRITTEN STANDARDS CHECKLIST

<input type="checkbox"/>	i. Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under Emergency Solutions Grant (ESG). The policies and procedures must be consistent with the recordkeeping requirements and definitions of "homeless" and "at-risk of homelessness" in the federal ESG regulations at: <u>24 CFR 576.2</u> and <u>24 CFR 576.500 (b-e)</u> .
<input type="checkbox"/>	ii. Standards for targeting and providing essential services related to Street Outreach.
<input type="checkbox"/>	iii. Policies and procedures for admission, diversion, referral, and discharge by Emergency Shelters assisted under ESG, including standards regarding length of stay, if any, and safeguards to meet the safety and shelter needs of special populations, (e.g., victims of domestic violence, dating violence, sexual assault, and stalking; and individuals and families who have the highest barriers to housing and are likely to be homeless the longest).
<input type="checkbox"/>	iv. Policies and procedures for assessing, prioritizing, and reassessing individuals' and families' needs for essential services related to Emergency Shelter.
<input type="checkbox"/>	v. Policies and procedures for coordination among Emergency Shelter providers, essential services providers, homelessness prevention, and rapid re-housing assistance providers; other homeless assistance providers; and mainstream service and housing providers. The required coordination may be done over an area covered by the Continuum of Care or a larger area.
<input type="checkbox"/>	vi. Policies and procedures for determining and prioritizing which eligible families and individuals will receive Homelessness Prevention assistance and which eligible families and individuals will receive Rapid Re-housing assistance. For Homelessness Prevention, include the risk factors used to determine who would be most in need of this assistance to avoid becoming homeless.
<input type="checkbox"/>	vii. Standards for determining what percentage or amount (if any) of rent and utilities costs each program participant must pay while receiving Homelessness Prevention or Rapid Re-housing assistance. If the assistance will be based on a percentage of the participant's income, specify this percentage, and how income will be calculated.
<input type="checkbox"/>	viii. Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time. One-year lease required for project-based assistance. Annual participant evaluations required with rapid re-housing assistance; three-month evaluations required with homeless prevention assistance. Individual assistance cannot exceed 24 months in a three-year period.
<input type="checkbox"/>	ix. Standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant, including the limits, if any, on the Homelessness Prevention or Rapid Re-housing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant may receive assistance, or the maximum number of times the program participant may receive assistance. <u>Note:</u> ESG regulations limit this assistance to no more than 24 months in a three-year period. Housing stability case management is limited as specified on pp. 75979-80 of the federal regulations .
<input type="checkbox"/>	x. <i>Participation in HMIS.</i> The recipient must ensure that data on all persons served and all activities assisted under ESG are entered into the applicable community-wide HMIS in the area in which those persons and activities are located, or a comparable database, in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS.

ATTACHMENT Q

HMIS OR COMPARABLE DATABASE REPORTS

To complete the Project Performance and Cost Efficiency questions, the applicant is required to provide support documentation for the outcome data. The data provided must be reported out of an HMIS or a comparable database if the applicant is a Victim Service Provider or Legal Assistance provider. To receive credit in the rating and ranking process, check the appropriate box below and attach the corresponding support documentation:

Highlight in yellow and label with the corresponding question number

		Project Performance	Cost Efficiency Analysis
<input type="checkbox"/>	Emergency Shelter	Q 12 a, b, & c (pg. 15)	Q 1 & 2 (pg 33)
<input type="checkbox"/>	Street Outreach	Q 8 a, b, & c (pg 19)	Q 1 & 3 (pg 33)
<input type="checkbox"/>	Homelessness Prevention	Q 8 a, b, & c (pg 25)	Q 1 & 2 (pg 33)
<input type="checkbox"/>	Rapid Re-housing	Q 8 a, b, & c (pg 30)	Q 1 & 2 (pg 33)