

APPLICATION

for

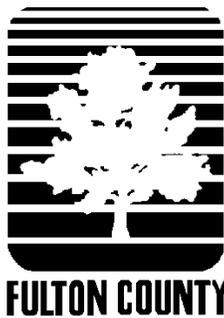
2015 Emergency Solutions Grants (ESG)

Application Due Date

August 12, 2016

12:00 Noon

No applications will be accepted after the deadline.



Application Submittal Checklist: Required Exhibits

Exhibit A	<input type="checkbox"/> Current registration of charitable organization status from Georgia Secretary of State’s Office.
Exhibit B	<input type="checkbox"/> Most recent audit with management letter
Exhibit C	<input type="checkbox"/> Most recent two years financial statements (income & expense statement, balance sheet and cash flow statement) *required for all agencies.
Exhibit D	<input type="checkbox"/> Most recent IRS form 990
Exhibit E	<input type="checkbox"/> List of Board Directors (name, address, terms, officers)
Exhibit F	<input type="checkbox"/> Minutes from last four Board Meetings
Exhibit G	<input type="checkbox"/> Job descriptions and resumes for staff positions involved with the proposed activity
Exhibit H	<input type="checkbox"/> Current Organizational Chart

New applicants only (not funded in FY15) must provide, as attachments to this application, in addition to all above documents, the documents listed below. Please handwrite “Exhibit _____” at the top right hand corner of the page. PLEASE DO NOT include tabs or cover pages for individual Exhibits.

Exhibit I	<input type="checkbox"/> Non-profit designation from the IRS (501c3)
Exhibit J	<input type="checkbox"/> Bylaws
Exhibit K	<input type="checkbox"/> Articles of Incorporation
Exhibit L	<input type="checkbox"/> Conflict of Interest Policy
Exhibit M	<input type="checkbox"/> Non-discrimination policy
Exhibit N	<input type="checkbox"/> Financial policies and procedures
Exhibit O	<input type="checkbox"/> Operating policies and procedures

SECTION I

PROJECT INFORMATION AND BACKGROUND

Applicant (Agency) Legal Name:

New Applicant Returning Applicant (Funded in 2015 by Fulton County Housing and Community Development)

Date of Agency Incorporation:

Agency's Fiscal Year:

Previous Agency Name: (if changed since last fiscal year):

Agency Director's Name:

Agency Director's Phone:

Agency Fax:

Agency Contact Address:

Contact Email Address:

Alternate Contact Name:

Alternate Title:

Alternate Contact Phone:

Alternate Email:

Does this project exclusively serve victims of domestic violence? YES NO

Are you applying for operating assistance? YES NO

Are you applying for supportive services? YES NO

Are you also applying for HMIS funding for this project? YES NO

Give a brief overview of your agency.

What type of ESG funding are you requesting? (See Components and Target Populations in Application Guidelines).

Emergency Shelter: Essential Services Emergency Shelter: Operations

Homeless Prevention Rapid Re-Housing

What amount of funding are you requesting?	
Briefly describe the program that you would support with ESG funds from the categories in question #2 above.	
Has your agency been funded by this department in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Annually, how many Fulton County residents does your agency serve in total? _____ adults _____ children	
Is your organization faith-based? No Yes Describe affiliation:	

Organizational Capacity

Please indicate the presence or absence of the following at your agency (do not include these items with your application unless requested elsewhere):	YES	NO
Personnel policies and procedures		
Conflict of interest policy		
Nondiscrimination policy		
Employee job descriptions		
Policies and procedures manual (for accounting, purchasing, inventory, and operations)		
Accounting ledgers and financial statements		
Internal monitoring and evaluation system		
Inventory records		
Insurance certificate		
Minutes of Board meetings		
Policies and procedures for subcontracting/consulting		
Client eligibility verification and HMIS authorization in files		
Confidentiality policy		
Grievance and termination procedure		

Project/Activity Description

Proposed project/activity title for which you are requesting ESG funding:	
List Primary Site Name(s) to be Utilized for Project: Name: Address: Telephone Number: Name: Address: Telephone Number:	
Does the agency own the facility? Please attach documentation of ownership or a copy of the lease. <i>Attach multiple copies if there are multiple locations.</i> Facility:_____ <input type="checkbox"/> YES <input type="checkbox"/> NO Facility:_____ <input type="checkbox"/> YES <input type="checkbox"/> NO	
What is your service area? County-wide Partial service within Fulton County; please describe below: <input type="checkbox"/> County-wide <input type="checkbox"/> Partial service within Fulton County; Please describe	
Does your agency participate in Pathways HMIS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(All funded agencies are required to participate in HMIS)</i>	
Please describe your agency's ability to fully and comprehensively use HMIS for ESG clients (see Guidelines, 24 CFR part 576.400).	
Please describe your agency's ability to maintain records related to ESG for a period of five years after the last expenditure of funds (see Guidelines, 24 CFR part 576.500).	
What is your fiscal year?	
Is the program/facility open year round? <input type="checkbox"/> YES <input type="checkbox"/> NO; list times available	
How do homeless persons participate in policy-making and operations with your agency? (HUD rules require this of ESG recipients.)	

Consistency with 2015-2019 Consolidated Plan Goals

How is your project aligned with the Goals and Objectives in the 2015-2019 Consolidated Plan? Please see pages Application Guidelines. Note: Homeless Assistance funding (Emergency Shelter and Street Outreach) meets the HUD objective of “Create a Suitable Living Environment” (Goal II). Homeless Prevention and Rapid Re-Housing funding meets the HUD objective of “Provide Decent Housing” (Goal I).

Project Sustainability

1. List any linkage between this proposed project(s) with other agencies (including other Fulton County Departments) in which your agency coordinates services. Briefly identify the type of collaboration.

Agency and/or Fulton County Departments	Type of Collaboration

2. How will your proposed services enhance existing services being provided by other agencies in your targeted area or population? How will it differ?

3. In-Kind Contributions/Volunteer time for proposed program:

List non-paid volunteer time and source of in-kind contributions received in 2014 and anticipated in 2015.

Year	Type of Volunteers/Contribution Source	Description	Value
In-kind Total			\$

4. Are any staff or Board members beneficiaries of any agency funds/services? YES NO

5. Do any family relationships by blood or marriage exist between staff and/or Board members? YES NO
If yes, please explain in detail below.

6. Describe any training attended by the Board in the last twelve months.

7. How frequently does the Board meet?

Program Service/Activity, Outcomes, Outputs and Measurements

The Department of Housing and Urban Development (HUD) has developed an outcome performance measurement system for key HUD Housing and Community Development Programs. This system describes Performance Measurements as specific goals, outcomes and outputs. From the HUD goals, and the outcomes and outputs definitions listed below, please complete the following table by selecting the one which best reflects your anticipated goal and outcomes. Please refer to HUD’s website for more information on HUD’s requirements for Performance Measurements at: <http://www.hud.gov/offices/cpd/about/performance>.

<p>Goals</p> <p>1. Create Suitable Living Environment: This goal relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environments. <i>[Homeless Assistance (Operating Costs and Essential Services) only.]</i></p> <p>2. Decent Housing: This goal focuses on housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort. <i>[Homeless Prevention only.]</i></p>		<p>Outcomes</p> <p>i. Availability/Accessibility: This outcome applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to individuals, residents or beneficiaries. <i>[Homeless Assistance (Operating Costs and Essential Services) only.]</i></p> <p>ii. Affordability: This outcome applies to activities that provide affordability; it can include the creation or maintenance of affordable housing, basic infrastructure, or services such as transportation or day care to persons at lower cost than market rate. <i>[Homeless Prevention only.]</i></p>		<p>Output Indicators</p> <p>Output indicators tell whether an outcome will occur.</p> <p>Each output should relate to the intended outcome/goal of the program activity or major service objective.</p> <p>Output (quantified) + Outcome + Activity/Major Service (description) + Goal. Combining these components summarizes the agency’s activities, intended outcomes and purpose in a manner that quantifiably measures results.</p>
<p>A. Major Service or Activity Provided (Performance Indicators)</p>	<p>B. # of Fulton Clients Served or # of Units</p>	<p>C. OUTCOMES This activity will lead to the following anticipated results</p>	<p>D. OUTPUTS INDICATOR # and % of clients/unit to achieve each outcome</p>	<p>E. HOW MEASURED This is how indicators will be measured and what/who will be evaluated /surveyed</p>
<p>EXAMPLE: Childcare Services – Provision of free childcare for homeless families</p>	<p>150 Children/75 households</p>	<p>1. Help expedite families transition from homelessness 2. Provide a healthy, & stable learning environment for children 3. Strengthen family unit</p>	<p>1. 100% of families will be allowed to pursue employment opportunities 2. 75% of children grades will improve</p>	<p>1. Monitor families progress to transition out of homelessness 2. Evaluate children school report cards/progress reports</p>

Certification

ESG Application

The undersigned has prepared and submitted all the documents attached hereto. I certify to the best of my knowledge that all information contained is true and correct.

Executive Director Name (Print) _____

Executive Director Signature _____

Date _____

President or Secretary of the Board of Directors' Name (Print) _____

President or Secretary of the Board of Directors' Signature _____

Date _____

Part I. Emergency Shelter Component

1. Does your facility meet the definition of “emergency shelter” in 24 CFR part 91.5 and 576.2 (see Guidelines)? YES NO

2. Describe populations targeted, how your organization will reach these populations and verify homelessness for all households. Describe how this project will reduce the number of unsheltered homeless in the proposed service area.

3. What is your bed capacity? _____

4. What is the nature of your shelter or housing?
 Barracks Group/Large home Other
 Single-family detached house SRO (Single Room Occupancy) Mobile home

5. Please identify which persons are housed at your facility.
 Males Only Females only Females and children only
 Males and children only Males, Females, and Children Couples without children

6. What requirements do you have for those who stay at the facility?

7. Do you require residents to sign a lease or occupancy agreement? YES NO

8. What is the average length of stay for this project? _____
What is the maximum length of stay for this project? _____

9. Are fees assessed to clients of the program/facility?

10. For which of the eligible shelter operations costs in 24 CFR part 576.102 do you intend to use funds, if applicable (see Guidelines)?

11. For which of the eligible shelter services costs in 24 CFR part 576.102 do you intend to use funds, if applicable (see Guidelines)?

12. Who supervises the clients at the facility? _____

13. Are you able to document that your facility meets the minimum safety, sanitation, and privacy standards in 24 CFR part 576.403 (a and b) (see Guidelines)?

14. Please describe how your agency will certify that all housing meets HUD’s standards as referred to in question #12 above. Please include information about who will conduct inspections and the qualifications of that person, particularly in regard to lead-based paint for structures built before 1978 where children under 6 may be present (n/a if no children present).

15. Is every facility operated by your agency in compliance with local zoning ordinances? *New applicants must provide written confirmation from the appropriate governmental entity.*

16. Who is responsible for the maintenance, repair, and management of the facility? _____

17. How many individuals do you propose to serve with these ESG funds? _____

How many households do you propose to serve with these ESG funds? _____

Budget and Match

Line Item	Amount
*Be sure to indicate whether your line item cost is for operations or services, and specify an eligible item.	
	TOTAL

Part II: Homelessness Prevention Component

1. Please specify the areas for which you would use homelessness prevention funds, from eligible activities in 24 CFR part 576.105 and 106 (see Guidelines).

2. Please describe in detail your agency's ability and capacity to carry required and eligible activities when assisting clients for homelessness prevention (see Guidelines for 24 CFR 576.105, for required activities).

3. Please describe your case managers' capacity and experience in documenting homelessness according to HUD's new definitions as delineated in the HEARTH Act (this will be required for rapid re-housing assistance as described in 24 CFR part 576.500).

4. Describe how your organization will verify housing status and income eligibility requirements. Briefly describe intake process and explain your process for determining which households have the greatest chance of becoming homeless.

5. Describe requirements for clients upon entering project, etc.

6. Are participants required to have income for entry? YES NO
Describe your policy supporting this.

7. Please describe your case managers' capacity and experience in terms of terminating assistance as described by HUD (24 CFR 576.402).

8. Please describe how your agency will certify that all housing for which rental assistance is provided for homelessness prevention will meet HUD's standards (24 CFR 576.403(a and c)). Please include information about who will conduct inspections and the qualifications of that person particularly in regard to lead-based paint for structures built before 1978 where children under 6 may be present (n/a if no children present).

9. How many individuals do you propose to serve with these ESG funds? _____
How many households do you propose to serve with these ESG funds? _____

10. Describe how your organization will verify housing status and income eligibility requirements. Briefly describe intake process and explain your process for determining which households have the greatest chance of becoming homeless.

Budget and Match

Line Item	Amount
*Please be sure to break out using categories in 24 CFR part 576.105 and 106 (See Guidelines)	
	TOTAL

Part III: Rapid Rehousing Component

1. Please specify the areas for which you would use homelessness prevention funds, from eligible activities in 24 CFR part 576.105 and 106 (see Guidelines).

2. Please describe in detail your agency's ability and capacity to carry required and eligible activities when assisting clients for homelessness prevention (see Guidelines for 24 CFR 576.105, for required activities).

3. Please describe your case managers' capacity and experience in documenting homelessness according to HUD's new definitions as delineated in the HEARTH Act (this will be required for rapid re-housing assistance as described in 24 CFR part 576.500).

4. Please describe your case managers' capacity and experience in terms of evaluation of program participant eligibility and needs as described by HUD in 24 CFR 576.401 (see Guidelines). Note that you may disregard (b)(1) because our program will allow only 3 months of assistance.

5. Please describe your case managers' capacity and experience in terms of terminating assistance as described by HUD (24 CFR 576.402).

6. Please describe how your agency will certify that all housing for which rental assistance is provided for homelessness prevention will meet HUD's standards (24 CFR 576.403(a and c)). Please include information about who will conduct inspections and the qualifications of that person particularly in regard to lead-based paint for structures built before 1978 where children under 6 may be present (n/a if no children present).

7. How many individuals do you propose to serve with these ESG funds? _____

How many households do you propose to serve with these ESG funds? _____

Budget and Match

Line Item	Amount
*Please be sure to break out using categories in 24 CFR part 576.105 and 106 (See Guidelines)	
	TOTAL