



## EMERGENCY SOLUTIONS GRANT COVID-19 GRANT FUNDING APPLICATION (1)

Fulton County is making available funds awarded through the Department of Housing and Urban Development (HUD) and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to nonprofit agencies providing valuable services in Fulton outside the City of Atlanta, to support their response to local needs related to the homeless activities and the COVID-19 pandemic.

Grants of \$25,000 and up to \$100,000 will be provided to eligible nonprofits.

### I. SUBMISSION DEADLINE

Applications will be available from June 23, 2020 to July 6, 2020. All applications must be submitted electronically to: [HomelessInfo@fultoncountyga.gov](mailto:HomelessInfo@fultoncountyga.gov) no later than 11:59pm.

### II. AGENCY ELIGIBILITY

Funding allocations will be made to qualifying nonprofit agencies providing eligible services in Fulton County, outside of the city of Atlanta. *Please note that grant funds are reimbursable; your agency must have the capacity and cash flow to incur eligible costs.* The County encourages collaborative submissions which define a strategic approach to addressing critical needs in our community.

### III. NONPROFIT QUALIFICATIONS

The following documents should be included with submitting the grant application:

1. 501(c)(3) Designation Letter from the Internal Revenue Service.
2. Current certification from the Georgia Secretary of State. For assistance, please visit <http://www.sos.ga.gov>.
3. Financial statements covering the most recent reporting periods of operation.
4. List of board members. Must have a Board of Directors with representation from the community served and committee structure that ensures the necessary mix of skills to succeed.
5. By-Laws;
6. Copy of Conflict of Interest Statement.

**Please note: The failure to submit items one through six will result in an automatic declination of the application.**

### IV. DATA COLLECTION

Subrecipients will be required to enter data into the County's Homeless Management Information System (HMIS) on all persons assisted and services provided with ESG-CV funds. Per HUD ESG regulations, victim services organizations may collect data in a substantially equivalent database instead of in HMIS.

1. My nonprofit utilizes HMIS  Yes  No
2. If no, my agency will participate in training to acquire the necessary skills to utilize HMIS.  Yes  No

HMIS training will be provided to all grantees.

Agencies that do not and will not utilize the HMIS will result in an automatic declination of the application.



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### V. ELIGIBLE ACTIVITIES

Funds may be used to cover or reimburse allowable costs to eligible homeless activities included in “Attachment A” of this document. All applicants should carefully review Attachment A before completing the Statement of Need.

### VI. Organization Information

Agency Name: \_\_\_\_\_

Agency EIN-Number as assigned by The Internal Revenue Service (IRS): \_\_\_\_\_

Fulton County Subrecipient Code Number (Note: Only for agencies who are currently funded or have received previous funding from Fulton County Government): \_\_\_\_\_

Agency Main Address: \_\_\_\_\_

Agency Mailing Address (if different from above): \_\_\_\_\_

NOTE: ALL HOMELESS – RELATED CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS, INCLUDING PAYMENTS

Agency Main Number/ Fax/ Website/ E-mail Address: \_\_\_\_\_

Board Chair: \_\_\_\_\_

Board Chair Telephone #: \_\_\_\_\_

2nd Authorizing Official: \_\_\_\_\_

2nd Authorizing Official Telephone #: \_\_\_\_\_

Program Contact: \_\_\_\_\_

Program Contact Telephone # / Email Address: \_\_\_\_\_

Alternate Program Contact: \_\_\_\_\_

Alternate Program Contact Telephone # / Email Address: \_\_\_\_\_

### VII. Project Details

1. Project Name: \_\_\_\_\_

ESG-CV Request: \$ \_\_\_\_\_



## EMERGENCY SOLUTIONS GRANT COVID-19 GRANT FUNDING APPLICATION (1)

### VIII. Project Activities and Descriptions

1. ESG-CV Eligible Activities (See specific details of each activity in Attachment A)

Provide a comprehensive narrative about your project. Your narrative should include the need to be addressed, your approach to address the need that the proposed project and how this project will meet the identified needs, the population you will serve, and your time line to complete the project. Be sure to highlight tangible partnerships/leveraging resources. **(1,000 words max). Provide on a separate sheet.**

- A. Emergency Shelter: \$\_\_\_\_\_ (include grant request amount)
- B. Provision of Temporary Shelter: \$\_\_\_\_\_ (include grant request amount)
- C. Homeless Prevention/Rapid Rehousing: \$\_\_\_\_\_ (include grant request amount)

### IX. Beneficiary Details

1. How many beneficiaries will the proposed project serve? \_\_\_\_\_
2. Will your project serve any of the identified groups listed below exclusively?  Yes  No

Population	Proposed Number of People to Serve
Homeless Children	
Homeless Abused Spouses	
Homeless Veterans	
Chronic	
Episodic	
Transitional	
Hidden	
Other: (please specify)	

### X. PROJECT IMPLEMENTATION SCHEDULE

1. Projects should be a 12 to 18 month period.
2. Detail how you anticipate utilizing funding for this project. Include expenditure timelines that includes the percentage of funds to be expended by February 28, 2022.

### XI. REPORTING

1. Describe the applicant’s experience in reporting, monitoring, or record keeping. Include experience reporting on federal grants, state, local grants and well as grants from corporations or foundations. Include a description of your organization reporting system, **(100 words max). Attach a separate sheet.**
2. Attach an agency budget that includes program and administrative costs, revenue, and the use of ESG funding.



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**XII. SIGNATURE PAGE**

1. Letter from an Authorized Certifying Official is attached with the following resolution that authorizes the submission of the application.

Name of Applicant: \_\_\_\_\_

Be it resolved that the Board of Directors of the above-referenced Applicant resolved at its meeting date referenced below, to authorize the Applicant to submit an application to the Fulton County Department of Community Development, Homeless Division office for grant funding. The individual referenced below is authorized to execute any documents necessary for application submission and funding.

Meeting Date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Executor: \_\_\_\_\_

I hereby certify that the foregoing resolution was approved by our Board of Directors.

Certifying Official (Signature, Name & Title)	Date
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I certify that I have completed the application for Fulton County ESG-CV Act funding. All information contained in this submission has been completed as thoroughly and as accurately as possible, and a governing body resolution or letter from an authorized certifying official approving the submission has been attached. Through this submission, I have defined other funding sources received confirming that if selected for funding, these funds will not supplant or duplicate current sources.

Prepared by (Signature & Date): \_\_\_\_\_

Prepared by (Printed Name & Title): \_\_\_\_\_

Approved by (Signature & Date): \_\_\_\_\_

Approved by (Printed Name & Date): \_\_\_\_\_



## EMERGENCY SOLUTIONS GRANT COVID-19 GRANT FUNDING APPLICATION (1)

### ATTACHMENT A

#### I. ELIGIBLE EXPENSES

- A. Emergency Shelter Services
  - Shelter Operations
  - Hotel/Motel Vouchers
  - Case Management
  - Childcare
  - Education services
  - Employment assistance and job training
  - Legal services
  - Mental health services
  - Life skills training
  - Outpatient health services
  - Substance abuse treatment services
  - Transportation
- B. Provision of temporary shelters (through leasing of existing property, temporary structures, or other means) to prevent, prepare for, and respond to the coronavirus.
- C. Homelessness Prevention/Rapid Re-Housing Services
  - Financial Services
    - Moving costs
    - Rental application fees
    - Security deposit
    - Last month's rent
    - Utility deposit
    - Utility payments
  - Housing Relocation and Stabilization Services
    - Housing Search & Placement
    - Housing Stability Case Management
    - Mediation
    - Legal Services
    - Credit Repair
  - Rental Assistance
    - Short-term (up to 3 months)
    - Medium-term (up to 24 months)
    - Rental arrears (one-time payment for up to 6 months of arrears)



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- Street Outreach
  - Engagement
  - Case Management
  - Emergency Health Services
  - Emergency Mental Health Services
  - Transportation
  - Services for Special Populations