

APPLICATION

for

2019 Emergency Solutions Grants Program (ESGP)

DeKalb County Community Development Department

This program is funded by the
United States Department of Housing and Urban Development (HUD)

Application Due Date

April 30, 2019

1:00 P.M.

Applications will not be accepted after the deadline



Michael Thurmond
Chief Executive Officer

BOARD OF COMMISSIONERS

Nancy Jester, District 1; Jeff Rader, District 2;

Larry Johnson, District 3; Steve Bradshaw, District 4; Mereda Davis Johnson, District 5;

Kathie Gannon, District 6; Lorraine Cochran-Johnson, District 7

DeKalb County Community Development Department
Allen Mitchell, Director

Melvia Richards, Housing Manager

Tommy Phillips, Community Development Coordinator

750 Commerce Drive, Suite 401, Decatur, Georgia 30030

Telephone: (404) 371-2727 / Facsimile: (404) 371-2742

www.dekalbcountyga.gov

SECTION I

Please read the Application Guidelines thoroughly prior to completing the application.

General Information

1. Agency Name _____ Tax ID (EIN)# _____

DUNS# _____

This should be the legal name as stated on agency seal or charter.

2. New Applicant Renewal Applicant (Funded in 20____ by DeKalb County ESG)

3. Date of Agency Incorporation _____

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

5. Address**
Street, City, State & Zip Code

** Indicate if address is **CONFIDENTIAL** and should not be published? Yes No

6. Mailing Address**
(If different from street address)

7. Agency Phone: _____ FAX: _____

8. Website: _____

9. Agency Director's Name: _____ Title: _____

10. Director's Phone Number: _____ Email: _____

11. Agency Contact Person Name: _____ Title: _____

Phone: _____ Email: _____

12. Please check the DeKalb County District (s) in which your services will be provided:

Nancy Jester, District 1

Mereda Davis Johnson, District 5

Jeff Rader, District 2

Kathie Gannon, District 6

Larry Johnson, District 3

Lorraine Cochran-Johnson, District 7

Steve Bradshaw, District 4

Agency Information

1. Give a brief overview of your agency.

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

- Street Outreach
 Emergency Shelter: Operations
 Emergency Shelter: Essential Services
 Homelessness Prevention
 Rapid Re-Housing
 HMIS

3. What amount of funding are you requesting? _____

4. Briefly describe the program that you would support with ESG funds from the categories in question #2 above?

5. Is your agency also applying for CDBG funds? NOTE: CDBG funding requires completion of a *separate application*.

- Yes No
 Amount _____

6. Has your agency been funded by this department in the past?

- No Yes: indicate years, type of funding, and amounts going back three years, if applicable.

7. Annually, how many DeKalb County residents does your agency serve?

_____ adults _____ children

8. 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

1. Proposed project/activity title for which you are requesting ESGP funding:

2. Enter the address and telephone number of the project or activity. If there are multiple locations please list addresses and telephone numbers.

3. Does the agency own the facility? Please attach documentation of ownership or a copy of the lease. *Attach multiple copies if there are multiple locations.*

Facility: _____ Yes No

Facility: _____ Yes No

4. What is your service area? County-wide Partial service within DeKalb County; please describe below:

5. DeKalb County currently uses Client Track as its HMIS system. Does your agency participate in Ga HMIS?
 Yes No *(All funded agencies are required to participate in HMIS.)*

6. Please describe your agency's ability to fully and comprehensively use HMIS for ESG clients (see Guidelines, 24 CFR part 576.400).

7. 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).

8. What is your fiscal year?

9. Is the program/facility open year round? Yes No; List hours of operation:

10. How do homeless persons participate in policy-making and operations with your agency? (HUD rules require this of ESGP recipients.)

11. Describe your agency’s participation in DeKalb County’s Continuum of Care (CoC). i.e. participation in CoC meetings, recent homeless counts, case manager’s meetings, homeless coalition meetings, etc. Please note: all funded agencies are expected to be active participants in this group.
12. Describe how your agency currently participates in the local DeKalb County Coordinated Entry System.

Consistency with Consolidated Plan

How is your project aligned with HUD Objectives and Outcomes and the Consolidated Plan. Please see Application Guidelines. at <https://www.dekalbcountyga.gov/community-development/sub-recipient-grant-application>, which is also the same day as the Technical Assistance Workshop.

- Note: Homeless Prevention and Rapid Re-Housing funding meets the HUD objective of “Provide Decent Housing” (Goal I). Homeless Assistance funding (Emergency Shelter and Street Outreach) meets the HUD objective of “Create a Suitable Living Environment” (Goal II).
- Note: No more than 60% of the annual ESG grant may be used for street outreach and emergency shelter activities.

Project Sustainability

1. List any linkage between the proposed project and other agencies (including other DeKalb County Departments) with whom your agency coordinates services. Briefly identify the type of collaboration.

Agency and /or DeKalb County Departments	Type of Collaboration

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

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

List non-paid volunteer time and source of in-kind contributions received in 2018 and anticipated in 2019.
(Non-cash contributions only)

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

List any additional sources.

4. Are any staff or Board members the beneficiaries of any agency funds/services? Yes No

If yes, please explain in detail below.

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:

https://www.onecpd.info/resources/documents/PerfMeasurementHomelessSystems_Presentation.pdf

Goals		Outcomes		Output Indicators
1. <u>Create Suitable Living Environment</u> : 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>] 2. <u>Decent Housing</u> : 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>]		i. <u>Availability/Accessibility</u> : 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>] ii. <u>Affordability</u> : 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>]		Output indicators tell whether an outcome will occur. Each output should relate to the intended outcome/goal of the program activity or major service objective. 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.
A. Major Service or Activity Provided (Performance Indicators)	B. # of DeKalb Clients Served or # of Units	C. OUTCOMES This activity will lead to the following anticipated results	D. OUTPUTS INDICATOR # and % of clients/unit to achieve each outcome	E. HOW MEASURED This is how indicators will be measured and what/who will be evaluated /surveyed
EXAMPLE: Childcare Services – Provision of free childcare for homeless families	150 Children/75 households	1. Help expedite family transition from homelessness 2. Provide a healthy, & stable learning environment for children 3. Strengthen family unit	1. 100% of families will be allowed to pursue employment opportunities 2. 75% of children's grades will improve	1. Monitor families progress to transition out of homelessness 2. Evaluate children school report cards/progress reports

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PARTS I-V INSTRUCTIONS:

From the following pages, please select the ESG components that you wish to apply for, fill out and submit only those parts, and **delete the rest**. Please refer to the Guidelines document for the cited regulations when answering the questions.

- Part I: Street Outreach Component
- Part II: Emergency Shelter Component
- Part III: Homelessness Prevention Component
- Part IV: Rapid Re-Housing Component
- Part V: HMIS Component (for HMIS provider only)

Part I: Street Outreach Component

1. Please describe your agency's capacity and experience in providing street outreach to homeless persons.

2. Please describe which activities, from those eligible, your agency would engage in, using FY19 ESG funds (see Guidelines for 24 CFR part 576.101).

3. Please describe your case manager capacity and experience in documenting homelessness according to HUD's new definitions as delineated in the HEARTH Act (as described in 24 CFR part 576.500; see Guidelines).

4. How many individuals do you propose to serve with the requested ESG funds? _____

5. How many households do you propose to serve with the requested ESG funds? _____

Budget and Match

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG. (see Guidelines for 24 CFR part 576.201)

Line Item	Amount	Match Source	Amount
*please be sure to break out using categories in 24 CFR part 576.101, See Guidelines)			
Total Line Item Amounts		Total Match Source Amount	

Part II: 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. What is your bed capacity? _____

3. What is the nature of your shelter or housing?

- Barracks
- Single-family detached house
- Group/large home
- SRO (single room occupancy)
- Other
- Mobile home/trailer

4. Please identify which persons are housed at your facility.

- Males only
- Males and children only
- Unaccompanied minors
- Females only
- Males, females, and children
- Females and children only
- Couples without children

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

6. Do you require residents to sign a lease or occupancy agreement? Yes ____ No ____

7. What is the maximum length of stay for facility residents?

8. Are fees assessed to clients of the program/facility? No Yes; describe what for and how payable:

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

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

11. Who supervises the clients at the facility? _____

12. 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)? Yes ____ No ____

13. 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).

14. Is every facility operated by your agency in compliance with local zoning ordinances? *New applicants must provide written confirmation from the appropriate governmental entity.* Yes No; please explain below:

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

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

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

Emergency Shelter Budget and Match

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG. (see Guidelines for 24 CFR part 576.201)

Line Item	Amount	Match Source	Amount
Be sure to indicate whether your line item cost is for operations or services, and specify an eligible item.			
See 24 CFR part 576.102 in Guidelines			
Total Line Item		Total Match Source	

Part III: Homelessness Prevention Component

1. Please specify the areas for which you would use homelessness prevention funds, for 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 out required and eligible activities when assisting clients for homelessness prevention (see Guidelines for 24 CFR 576.105, for required activities).

3. Please evaluate your case managers’ capacity and experience in assessing Fair Market Rent as defined by HUD, performing rent reasonableness compliance, and including monthly utility allowances when calculating rent (see Guidelines for rent in 24 CFR part 576.106 (d)).

4. Please describe how your agency will enter into rental assistance agreements with property owners when providing rental assistance, as described in 24 CFR part 576.106(e) (see Guidelines). Please note that a rental assistance agreement is different from the lease between property owner and tenant, which is also required.

5. Please provide information regarding your case managers’ training, number of years of experience, and specific experience in case management for homelessness prevention and/or rapid re-housing (include previous experience with ESG and/or HPRP).

6. 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).

7. 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.

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

9. 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).

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

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

Homelessness Prevention Budget and Match

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG. (see Guidelines for 24 CFR part 576.201)

Line Item	Amount	Match Source	Amount
*please be sure to break out using categories in 24 CFR part 576.105 and 106 (see Guidelines)			
Total		Total	

Part IV: Rapid Re-Housing Component

1. Please specify the areas for which you would use ESG rapid re-housing 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 rapid re-housing (see Guidelines for 24 CFR 576.105, for required activities).

3. Please evaluate your case managers’ capacity and experience in assessing Fair Market Rent as defined by HUD, performing rent reasonableness compliance, and including monthly utility allowances when calculating rent (see Guidelines for rent in 24 CFR part 576.106 (d)).

4. Please describe how your agency will enter into rental assistance agreements with property owners when providing rental assistance, as described below (24 CFR part 576.106(e)). Please note that a rental assistance agreement is different from the lease between property owner and tenant, which is also required.

5. Please provide information regarding your case managers’ training, number of years of experience, and specific experience in case management for homelessness prevention and/or rapid re-housing (include previous experience with ESG and/or HPRP).

6. 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; see Guidelines).

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

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

9. Please describe how your agency will certify that all housing for which rental assistance is provided for rapid re-housing 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)..

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

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

Rapid Re-Housing Budget and Match

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG. (see Guidelines for 24 CFR part 576.201)

Line Item	Amount	Match Source	Amount
*please be sure to break out using categories in 24 CFR part 576.105 and 106 (see Guidelines)			
Total		Total	

Part V: HMIS Component (for HMIS provider only)

1. Please describe which activities your agency would perform with FY19 ESG funds (see Guidelines for 24 CFR 576.107).

HMIS Budget and Match

Please provide a line item budget for the use of requested ESG funds, showing eligible expenses as line items, and provide a source of match for each line item. You must match dollar for dollar under ESG. (see Guidelines for 24 CFR part 576.201)

Line Item	Amount	Match Source	Amount
Total		Total	

Application Submittal Checklist: Required Exhibits

All agencies: Please attach the following items to your application. Please handwrite “Exhibit ___” at the top right hand corner of the page. **PLEASE DO NOT include tabs or cover pages for individual 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 (<i>most applicants need not include this; see Application Guidelines to determine if applicable</i>)
Exhibit C	<input type="checkbox"/> Most recent two years of financial statements (income & expense statement, balance sheet and cash flow statement) *required for all agencies, even those not submitting an audit*
Exhibit D	<input type="checkbox"/> Most recent IRS Form 990
Exhibit E	<input type="checkbox"/> List of Board of 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

Returning ESG Applicants (funded in FY18 with ESG or CDBG funds), complete AA in lieu of providing Exhibits I-O

Exhibit AA	<input type="checkbox"/> Statement on letterhead signed by Executive Director stating that in the past 12 months, nothing has changed in 501c3 status, Bylaws, Articles of Incorporation, conflict of interest policy, non-discrimination policy, financial procedures and procedures, and operating policies and procedures. If you can provide this statement, you do not have to provide these documents. <i>If these have changed in the past 12 months, provide the necessary documents, and label them Exhibit AA. [Returning agencies ONLY!]</i>
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New applicants only (not funded in FY18) 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 II

Agency Finances

To complete this section of the application, please see the Excel document entitled “Emergency Solutions Grant Program Application Finances” at www.dekalbcountyga.gov. Go to the link: <https://www.dekalbcountyga.gov/community-development/grant-application> If you need assistance, please contact Tommy Phillips at EMAIL: tphillips@dekalbcountyga.gov or Phone: 404-371-2668.

SECTION III

Certifications

ESGP Application

Pursuant to the federal requirements set forth in 24 CFR part 576.201, I understand that an award recipient must provide matching funds equal to the amount of ESG funds allocated. 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 _____

Note: If your agency is selected for funding, additional documentation may be requested. It is the responsibility of the agency to insure that all federal, state and local requirements are met.

For Office Use Only

Application Number	
Date Received	
Administrative Staff Processed	
Copies	
Minimum Threshold	
Exhibits	
Notes	
Staff Assigned	