



**GRANT APPLICATION  
Emergency Solutions Grant (ESG)  
PROGRAM YEAR 2020**

Please respond to each of the following questions. Please keep responses brief and to the point. Please do not attach additional information to this application unless requested. Unsolicited information will not be considered for review. Please limit answers to space provided unless specified. Application **MUST** be completed in full with all supporting documentation in order to be considered for funding.

The deadline to submit all ESG applications electronically is by 5:00 p.m. on January 7, 2021. Applications should be submitted electronically to [OHCD@jacksonms.gov](mailto:OHCD@jacksonms.gov). To submit your application electronically, please follow the instructions below:

1. Subject Line – put “2020 ESG Application and Agency Name”
2. Send your application package in two different file attachments. 1<sup>st</sup> file attachment should include the application proposal only; the 2<sup>nd</sup> file attachment should include all supporting documentation (with the exception of the Policy & Procedures Manual) listed on page 6 of this RFP.

**Applications will only be accepted electronically via email.**

**NOTE: A COMPLETE APPLICATION CONSISTS OF ALL THE SUPPORTING DOCUMENTATION (page 6) AND SIGNED CERTIFICATION FORM. FAILURE TO ATTACH ANY OF THE REQUIRED SUPPORTING DOCUMENTATION AND SIGNED CERTIFICATION FORM WILL RESULT IN YOUR APPLICATION NOT BEING REVIEWED BY THE RATING COMMITTEE AND INELIGIBLE FOR FUNDING.**



**PROGRAM COMPONENTS AND ELIGIBLE ACTIVITIES/COSTS**

**\*EMERGENCY SHELTER** - These activities are designed to increase the quantity and quality of temporary shelters provided to homeless people, through the renovation of existing shelters or conversion of buildings to shelters, paying for the operating costs of shelters, and providing essential services. §576.102

**ELIGIBLE COSTS:**

- **Operations:** maintenance (including routine repairs), rent, security, fuel, equipment, insurance, utilities, food furnishing and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available for a homeless family or individual, eligible costs may also include a hotel or motel voucher for that family or individual. Reimbursement from ESG funding for staff costs/case management is allowed for up to 50% of the total ESG grant received.
- **Essential Services:** case management, transportation, childcare, educational employment/job assistance, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment.
- **Assistance required under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA):** relocation payments, and other assistance to displaced persons.

**\*STREET OUTREACH** – These activities are designed to meet the immediate needs of Unsheltered homeless people by connecting them with emergency shelter, housing, and/or critical Health services. §576.101

**ELIGIBLE COSTS:**

- **Essential Services** – engagement, case management, emergency health services, emergency mental health services, transportation, and services for special populations

**\*RAPID RE-HOUSING – HUD PRIORITY** – These activities are designed to move homeless people quickly to Permanent housing through housing relocation and stabilization services and short-and/or medium-term rental assistance. §576.104

**ELIGIBLE COSTS:**

- **HOUSING RELOCATION and STABILIZATION SERVICES – Financial Assistance** (rental application fees, security deposits, last month’s rent, utility deposits, utility payments, moving costs) **and Service Costs** (housing search and placement, housing stability case management, mediation, legal services, credit repair).
- **RENTAL ASSISTANCE:** short-term rental assistance, medium-term rental assistance, rental arrears

**\*HOMELESSNESS PREVENTION** – These activities are designed to prevent an individual or Family from moving into an emergency shelter or living in a public or private place not meant for Human through housing relocation and stabilization services and short-and/or medium-term rental assistance. §576.103

**ELIGIBLE COSTS:**

- **HOUSING RELOCATION and STABILIZATION SERVICES – Financial Assistance** (rental application fees, security deposits, last month’s rent, utility deposits, utility payments, moving costs) **and Service Costs** (housing search and placement, housing stability case management, mediation, legal services, credit repair).
- **RENTAL ASSISTANCE:** short-term rental assistance, medium-term rental assistance, rental arrears

**\*HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)** – These activities are designed to fund ESG recipients’ and subrecipients’ participation in the HMIS collection and analyses of data on individuals and families who are homeless and at-risk of homelessness. §576.107

**ELIGIBLE COSTS:**

- **HMIS** – contributing data to the HMIS designated by the CoC for the area, HMIS lead (as designated by the CoC) costs for managing the HMIS system, and victim services or legal services provider costs to establish and operate a comparable database.
- **Administrative Costs** – general management, oversight, and coordination; training on ESG requirements; consolidated plan; and environmental review.

This should be the first sheet of the application packet, when submitted.

| <b>AGENCY INFORMATION</b>                      |           |                     |           |
|------------------------------------------------|-----------|---------------------|-----------|
| Name of Agency/Organization:                   |           |                     |           |
| Date of Incorporation:                         |           |                     |           |
| Project Title:                                 |           |                     |           |
| DUNS Number:                                   |           |                     |           |
| Federal Tax Identification Number:             |           |                     |           |
| Project Address:                               |           |                     |           |
| Board President:                               |           | Executive Director: |           |
| Address:                                       |           | Address:            |           |
| City:                                          | ZIP Code: | City:               | ZIP Code: |
| County:                                        |           | County:             |           |
| Telephone Number:                              |           | Telephone Number:   |           |
| Fax Number:                                    |           | Fax Number:         |           |
| Email Address:                                 |           | Email Address:      |           |
| Total amount requested from FY 2019 ALLOCATION |           | \$                  |           |

| <b>SITE CONTROL – EMERGENCY SHELTERS ONLY</b>                                                                                                   |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Indicate below the status of the shelter and attach documentation of site control (lease agreement or property deed, if not already submitted). |                  |
| <input type="checkbox"/> Applicant Owns Property                                                                                                | Date Acquired:   |
| <input type="checkbox"/> Lease                                                                                                                  | Expiration Date: |
| <input type="checkbox"/> Other:                                                                                                                 | Describe:        |

| <b>ACCESSIBILITY FOR PERSONS WITH DISABILITIES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Federal regulations require that all agencies assisted with ESG funds must not exclude or deny benefits or assistance to people with disabilities. Emergency shelters and service agencies should therefore seek to ensure that their shelter and/or agency are physically accessible to people with disabilities. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to ensure full access to funded facilities/programs, including serving the blind and deaf. |

**ELIGIBILITY (Check one answer for each of the following items)**

|                                                                                                                                                                                                                                                                                                                                           |                              |                             |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------|
| 1. Applicant has a written policy designed to ensure that their facility is free from illegal use, possession, or distribution of drugs or alcohol by its beneficiaries and employees. Attach documentation.                                                                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 2. Applicant has a written policy to ensure that activities conducted under ESG conforms to the nondiscrimination and equal opportunity requirements contained in 24 CFR Part 576.407(a). Attach documentation.                                                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 3. Applicant will make known that use of the facilities, assistance and services are available to all individuals on a nondiscriminatory basis per 24 CFR Part 576.407(b).                                                                                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 4. Applicant has policy outlining the confidentiality of victims of domestic violence and the location of shelters for such persons. Attach documentation.                                                                                                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 5. If Applicant is a primarily religious organization, do you agree to provide all eligible activities under this program in a manner that is free from religious influences in accordance with 24 CFR Part 576.406?                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 6. If Applicant is a nonprofit organization, do you have approval of the proposed project from the unit of general local government? Attach documentation.                                                                                                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 7. Is the amount of match, consisting of funds, value of service, value of building, or value of materials to be provided, equal to or greater than the ESG Funds requested?                                                                                                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 8. If the proposed grant is for street outreach, emergency shelter operations, homeless prevention, rapid re-housing, housing relocation or short to medium-term rental assistance, the Applicant agrees to provide services or shelter to homeless individuals and families at least for the period during which ESG funds are provided. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 9. Applicant agrees that all housing, whether the homeless shelter or the rental housing units assisted with ESG, will meet the shelter and housing standards outlined under 24 CFR Part 576.403.                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 10. Applicant agrees that all individuals and families, eligible for ESG will be given assistance to obtain housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living; including assistance in obtaining other federal, state, local and private assistance.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 11. Applicant involves homeless or formerly homeless individuals in policy-making or decisions regarding its facilities, services, or other ESG funded activities, <b>if yes, attach documentation.</b>                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 12. Is your agency an active member of a Continuum of Care? (Aligning goals with CoC priorities, participating in coordinated entry, HMIS or comparable database, PIT, and CoC committee work.) Attach current documentation.                                                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 13. Does your agency have the capacity and the available cash flow to effectively administer this grant based on the <b>reimbursement</b> requirements?                                                                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| 14. Does your service locale have adequate housing stock available to meet the needs of providing habitable housing in the community?                                                                                                                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

## SUPPORTING DOCUMENTATION

ALL APPLICANTS must attach the following documents as a 2<sup>nd</sup> file attachment to be considered for funding. Any application proposal missing any of the below supporting documentation (with the exception of the Policy and Procedures Manual) will not be rated by the rating/review committee.

\_\_\_ **Bylaws and/or Constitution**

\_\_\_ **Articles of Incorporation**

*Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or agency.*

\_\_\_ **Current list of Board of Directors (names, addresses, telephone number)**

*A list of the current board of directors or other governing body of the agency must be submitted. The list must identify the principal officers of the governing body, name, professional contact information for board purposes including telephone number, address, and occupation or affiliation of each member.*

\_\_\_ **A copy of most recent Board approved Budget**

\_\_\_ **Match Documentation**

*Documentation of the amount of MATCH, consisting of funds, value of service, value of building, or value of materials to be provided, equal to or greater than the ESG Funds requested.*

\_\_\_ **A copy of minutes must include grant submittal approval**

*Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.*

\_\_\_ **Job descriptions and resumes for staff involved in the proposed activity**

(Directors, Fiscal Officer, Project Manager, etc.)

\_\_\_ **Organizational Chart of Agency Board & Staff**

*An organizational chart must be provided that describes the agency's administrative framework and staff positions, indicates where the project fits into the organizational structure, and identifies any staff positions for administration of the project.*

\_\_\_ **Local Government Certification/Support Letter (if Applicable)**

\_\_\_ **Purchase or Lease Agreement for Building (If Applicable)**

\_\_\_ **Evidence of Financial Accountability (recent copy of financial audit)**

*Attach a copy of your latest audit or financial review if one was completed. (Include only one copy.)*

\_\_\_ **Policy and Operational Procedures Manual (DO NOT SUBMIT WITH PACKAGE- IF APPROVED YOU WILL BE REQUIRED TO SUBMIT MANUAL LATER)**

*Policies are clear, simple statements of how your organization intends to conduct its services, actions or business. Procedures describe how each policy will be put into action in your organization. Each procedure should outline:*

- *Who will do what*
- *What steps they need to take*
- *Which forms or documents to use.*

\_\_\_ **Evidence of non-profit status (501(c)3 Status from U.S. I.R.S., Mississippi Secretary of State Non-profit in Good Standing)**

*Non-profit organizations must submit tax-exemption determination letter from the Federal Internal Revenue Service*

## Section 1: Project Details & Approach

|                                                |  |
|------------------------------------------------|--|
| 1.1. <i>Project's days/hours of operation:</i> |  |
|                                                |  |
|                                                |  |

|                               |
|-------------------------------|
| <i>1.2 Executive Summary:</i> |
|                               |

|                                 |
|---------------------------------|
| <i>Agency Mission Statement</i> |
|                                 |

**1.3. Please check which ESG Component your agency will administer**

*(Check all that apply) Double click the box to add check mark.*

- Street Outreach
- Emergency Shelter
- Homeless Prevention
- Rapid Re-housing
- HMIS (Homeless Management Information System)

**What type of Clientele will you be serving?**

*(Check all that apply) Double click the box to add check mark.*

- Elderly
- Homeless individuals and/or households
- At Risk of homelessness individuals and/or households
- Low Income individuals and/or households
- Homeless Youth
- Chronic Homeless individuals and/or households
- Domestic Violence Victims
- Individuals and/or households with serious mental illness
- Individuals and/or households with substance abuse issues
- Victims of Human trafficking
- Other (please explain):

**1.4. Briefly describe the need for the service or project.**



1.5. How does your agency plan to market your project/services to the target population?

**1.6 PERFORMANCE OUTCOME MEASUREMENTS**

Performance measurement is a tool to capture information about program performance to determine how programs and activities are meeting established needs and goals. *(Insert N/A for those indicators that do not apply to your project)*

**Racial/Ethnic Characteristics**

**Annual Number** (not percentages): Indicate the characteristics of the clients served for the "most recent 12 month program year activity"*(Including Residential and Non-Residential Services)* *(Put N/A if this does not apply).*

|                                                             |  | Number |
|-------------------------------------------------------------|--|--------|
| White                                                       |  | _____  |
| Black / African American                                    |  | _____  |
| Hispanic                                                    |  | _____  |
| Asian                                                       |  | _____  |
| American Indian / Alaskan Native                            |  | _____  |
| Native Hawaiian / Other Pacific Islander                    |  | _____  |
| Asian & White                                               |  | _____  |
| Black / African American & White                            |  | _____  |
| Black / African American & American Indian / Alaskan Native |  | _____  |
| Other Multi-Racial                                          |  | _____  |
| <b>Total</b>                                                |  | _____  |

*The total annual count (including residential and non-residential services) on the ESG Racial/Ethnic Characteristics must match the total annual count from the ESG Beneficiaries.*

| <b>ESG Beneficiaries</b>                                                                                                                                                                                                                            |       |        |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|--------------------------|
| Define the clients served based on the <b>annual number</b> (not percentages) served for the "most recent 12 month program year activity" ( <i>Put N/A if this does not apply</i> ).                                                                |       |        |                          |
| <b>Annual Number</b> (not percentages) of individuals (Singles)                                                                                                                                                                                     |       |        |                          |
|                                                                                                                                                                                                                                                     | Male  | Female | Total                    |
| Unaccompanied 18 and Over                                                                                                                                                                                                                           | _____ | _____  | _____                    |
| Unaccompanied Under 18                                                                                                                                                                                                                              | _____ | _____  | _____                    |
| <b>Annual Number</b> (not percentages) of households headed by:                                                                                                                                                                                     |       |        |                          |
|                                                                                                                                                                                                                                                     | Male  | Female | Total                    |
| Single 18 and Over                                                                                                                                                                                                                                  | _____ | _____  | _____                    |
| Single Under 18                                                                                                                                                                                                                                     | _____ | _____  | _____                    |
| Two Parents - 18 and Over                                                                                                                                                                                                                           |       |        | _____                    |
| Two Parents - Under 18                                                                                                                                                                                                                              |       |        | _____                    |
| ANNUAL NUMBER OF FAMILY HOUSEHOLDS WITH NO CHILDREN                                                                                                                                                                                                 |       |        | _____                    |
| List the number of clients for each subpopulation you served. If you served subpopulations that fit more than one category, you may place overlapping numbers (duplicate persons) on the appropriate lines.                                         |       |        |                          |
| Chronically Homeless (Emergency Shelter only)                                                                                                                                                                                                       |       |        | _____                    |
| Severely Mentally Ill                                                                                                                                                                                                                               |       |        | _____                    |
| Chronic Substance Abuse                                                                                                                                                                                                                             |       |        | _____                    |
| Other Disability                                                                                                                                                                                                                                    |       |        | _____                    |
| Veterans                                                                                                                                                                                                                                            |       |        | _____                    |
| Persons with HIV / AIDS                                                                                                                                                                                                                             |       |        | _____                    |
| Victims of Domestic Violence                                                                                                                                                                                                                        |       |        | _____                    |
| Elderly                                                                                                                                                                                                                                             |       |        | _____                    |
| List the number of persons (not percentages) served in Emergency or Transitional Shelters for the "most recent 12 month program year activity". Provide dates from October 1, 2017 to September 30, 2018 ( <i>Put N/A if this does not apply</i> ). |       |        |                          |
| Shelter Type                                                                                                                                                                                                                                        |       |        | Number of Persons Housed |
| Barracks                                                                                                                                                                                                                                            |       |        | _____                    |
| Group/Large House                                                                                                                                                                                                                                   |       |        | _____                    |
| Scattered Site Apartments                                                                                                                                                                                                                           |       |        | _____                    |
| Single Family Detached House                                                                                                                                                                                                                        |       |        | _____                    |

|                       |       |
|-----------------------|-------|
| Single Room Occupancy | _____ |
| Mobile Home / Trailer | _____ |
| Hotel / Motel         | _____ |
| Other                 | _____ |
| <b>Total</b>          | _____ |

|                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PROPOSED PERFORMANCE OUTCOME MEASUREMENTS</b>                                                                                                                                                                 |
| <b>As appropriate, provide the proposed outcomes of your project. (Insert N/A for those indicators that do not apply to your project).</b>                                                                       |
| Proposed number of person(s) or households to be served within the grant period?<br>Persons: _____<br>Households: _____                                                                                          |
| Income levels of persons or households to be served within the grant period?<br>Number or Percent Extremely Low Income: _____<br>Number or Percent Low Income: _____<br>Number or Percent Moderate Income: _____ |
| Proposed number of homeless individuals and/or households that will be served by Rapid Re-Housing within the grant period?<br>Individuals: _____<br>Households: _____                                            |
| Number or individuals and/or households that will be served by Homeless Prevention funding within the grant period?<br>Individuals: _____<br>Households: _____                                                   |
| Number of Individuals and /or households that will be sheltered within the grant period?<br>Individuals: _____<br>Households: _____                                                                              |

1.7 *Describe how you have collaborated with other organizations in the community.*



1.8 *Describe how the proposed program outcomes and performances will be measured. What tools will be used?*



## Section 2: Capacity & Experience

(Resumes must be included for each individual listed)

|                                                                                                                               |  |                             |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|
| <b>2.1. Who will be the person responsible for the overall oversight of the proposed project (Primary person of contact)?</b> |  |                             |  |
| <i>Name of person:</i>                                                                                                        |  |                             |  |
| <i>Title of person:</i>                                                                                                       |  |                             |  |
| <i>Education/Experience</i>                                                                                                   |  |                             |  |
| <i>Telephone number:</i>                                                                                                      |  | <i>Date first employed:</i> |  |

|                                                                                                             |  |                             |  |
|-------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|
| <b>2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?</b> |  |                             |  |
| <i>Name of person:</i>                                                                                      |  |                             |  |
| <i>Title of person:</i>                                                                                     |  |                             |  |
| <i>Education/Experience</i>                                                                                 |  |                             |  |
| <i>Telephone number:</i>                                                                                    |  | <i>Date first employed:</i> |  |

|                                                                                                                                                              |  |                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|
| <b>2.3 Who will be the person(s) responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals:</b> |  |                             |  |
| <i>Name of person:</i>                                                                                                                                       |  |                             |  |
| <i>Title of person:</i>                                                                                                                                      |  |                             |  |
| <i>Education/Experience</i>                                                                                                                                  |  |                             |  |
| <i>Telephone number:</i>                                                                                                                                     |  | <i>Date first employed:</i> |  |
|                                                                                                                                                              |  |                             |  |
| <i>Name of person:</i>                                                                                                                                       |  |                             |  |
| <i>Title of person:</i>                                                                                                                                      |  |                             |  |
| <i>Education/Experience</i>                                                                                                                                  |  |                             |  |
| <i>Telephone number:</i>                                                                                                                                     |  | <i>Date first employed:</i> |  |

|                                                                                                                              |  |                             |  |
|------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|
| <b>2.4. Who will be the person(s) responsible for the financial oversight of the ESG expenditures and fiscal compliance?</b> |  |                             |  |
| <i>Name of person:</i>                                                                                                       |  |                             |  |
| <i>Title of person:</i>                                                                                                      |  |                             |  |
| <i>Education/Experience</i>                                                                                                  |  |                             |  |
| <i>Telephone number:</i>                                                                                                     |  | <i>Date first employed:</i> |  |

2.5. Describe how the proposed program will implement and manage grant funds in a timely manner that is consistent with funding requirements. Also, document capacity and experience working with the ESG program if applicable. If first time applicant, describe any previous program management similar to ESG. (Add attachment if more space is needed.)

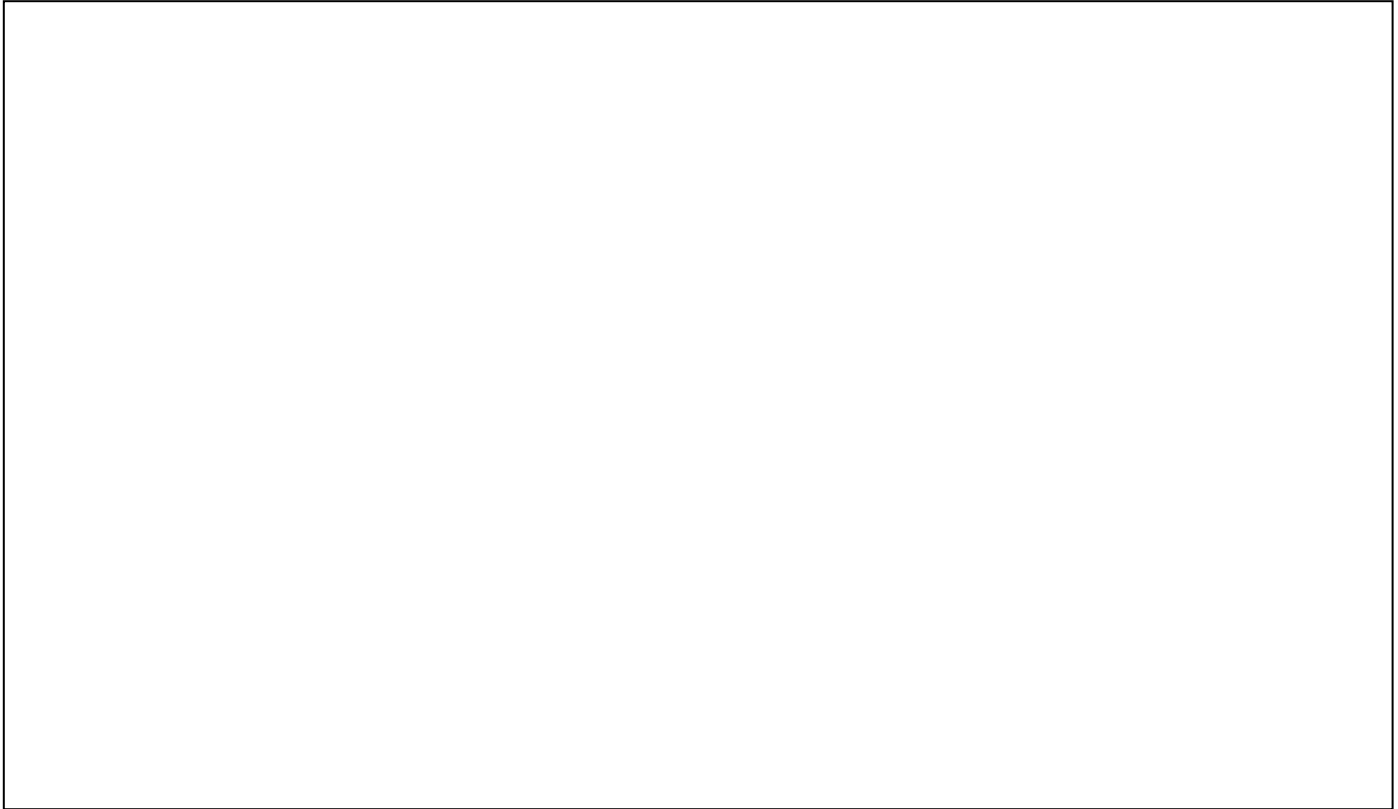
2.6. *Briefly highlight your agency's experience and major accomplishments in providing services to Homeless individuals.*

### Section 3: Auditing Control, Qualifications

3.1. *How does your agency plan to ensure compliance with applicable policy and procedural requirements including gathering income, race and ethnicity data of clients/households served (including those listed in HUD's "Playing by the Rules" Handbook)?*

3.2. *Briefly describe your agency's record keeping system, with relevance to the proposed project:*

3.3. *Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:*



3.4. *How does your agency plan to segregate ESG funds from other agency funds for purposes of identification, tracking, and reporting?*





3.5. *Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:*

3.6. *Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:*

## Roster of Board Members & Professions

Provide a roster of the members of your agency's Board of Directors and their professions by filling out the table below:

| <i>Board Position</i> | <i>Full Name</i> | <i>Phone Number<br/>(Other than Agency)</i> | <i>Address (Other than Agency)</i> | <i>Occupation</i> |
|-----------------------|------------------|---------------------------------------------|------------------------------------|-------------------|
| President/Chair       |                  |                                             |                                    |                   |
| Vice President/Chair  |                  |                                             |                                    |                   |
| Treasurer             |                  |                                             |                                    |                   |
| Secretary             |                  |                                             |                                    |                   |
|                       |                  |                                             |                                    |                   |
|                       |                  |                                             |                                    |                   |
|                       |                  |                                             |                                    |                   |
|                       |                  |                                             |                                    |                   |

## **Certifications**

The following certifications apply to all sub-recipients. Funding will be denied if your organization is unable to comply with the following federal requirements.

### **THE APPLICANT HEREBY AGREES TO THE FOLLOWING:**

- A. The figures, facts, representations, and documents presented in this application are true and correct to the best of the applicant's knowledge.
- B. The submission of this application has been authorized by the governing board of the applicant. Date of board approval: \_\_\_\_\_
- C. For all ESG programs and projects, the applicant will conduct its operation in accordance with the following requirements:
  - 1) Refrain from discrimination against any program participant/beneficiary, applicant or employee because of race, color, religion, sex, national origin, familial status, age, political beliefs or affiliations, or handicaps, and comply with the Equal Employment Opportunity (EEO) clause required in all federally funded contracts.
  - 2) When applicable, comply with Section 3 requirements for providing opportunities to low income residents for training and employment.
  - 3) Provide the City of Jackson with monthly progress reports of activities funded by ESG funds. Such reports will include activity progress report and participants data.
  - 4) Maintain records to verify information regarding persons or households who participate or benefit from the grant funded activity including, but not limited to: income, racial/ethnic group, gender of the head of household and residence.
  - 5) Demonstrate compliance with federal standards for financial management systems and source documentation and disburse funds in accordance with Uniform Administrative Requirements of OMB Circular A-110 (non-profits), which govern financial management systems program monitoring, property management and procurement.
  - 6) Keep books and records in accordance with cost principles of OMB Circular A-122 (non-profits) and requirements of A-110 and A-133.
  - 7) Retain financial records, supporting documents, statistical records and other records pertinent to the program/program funded and make them available to the City, the U.S. Department of Housing and Urban Development or their designated representative(s) for a period of four years.
  - 8) Maintain time distribution records for all ESG funded employees working on eligible and non-eligible activities.



# INSTRUCTIONS EMERGENCY SOLUTIONS GRANT (ESG) “SCOPE OF SERVICES”

**Purpose – to describe the objectives for each activity and the specific tasks that need to be accomplished to achieve those objectives**

## **PROJECT DESCRIPTION**

Describe the activity to be undertaken including what services are to be performed, where they are to be provided, for whom they are to be provided and how many citizens will benefit from the proposed project/service.

## **OUTREACH PLAN**

Describe and outline how your agency will reach clients, identify clients, collaborate with the local CoC to accept referrals, and who is your target population.

## **PERFORMANCE STANDARDS**

List measurable objectives, how you will implement, and the number of clients you anticipate

## **SPENDING SCHEDULE/PRODUCTION GOALS**

Indicate the estimated amount of ESG funds to be expended per month. The total must be equivalent to the awarded amount. **(Do not divide the total allocation by twelve months.)**

Estimate the total number of persons who will benefit from the project. (The month of October should include all persons that participated in the program. The remaining months should consist of unduplicated numbers. (When all twelve months are added together, the total should be an unduplicated number for the fiscal year.)

From the previous column, estimate the number of low/mod persons per month.

## **BUDGET**

**Identify and explain** the sources and **amounts** of **all non-ESG funds** to be used.

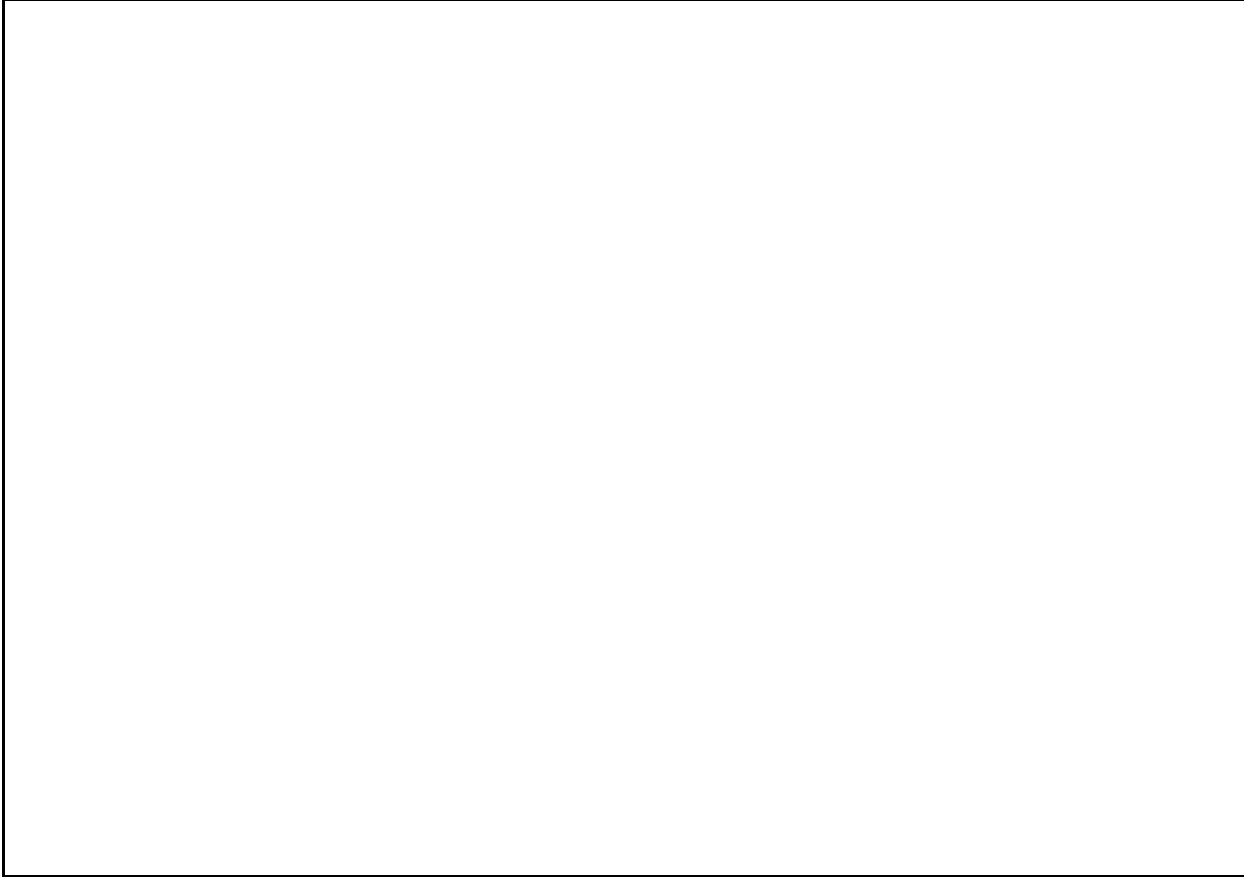
## **COST SUMMARY SUPPORT**

Indicate all other funds that are committed to each line item as shown on the Budget. The total of the **ESG** amount and **Other Funds** amount should be placed in the **Total** column. These amounts should concur with the amounts on the Budget.

The **Description** for each **ESG** line item must adequately describe what the line item includes, i.e. the **SUPPLIES** line item can consist of office supplies, program supplies and cleaning supplies.

**PROJECT DESCRIPTION**  
**2020-2021 Program Year**

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

A large, empty rectangular box with a black border, intended for the project description. It occupies the central portion of the page.

A complete project description should include activities to be undertaken. The description section should define the **who**, **what**, **where**, and **how** many will benefit from the activities. It should specify how the project will ensure that the intended beneficiaries are served.

## OUTREACH PLAN

**Please describe how clients/households will be identified. How will agency collaborate with CoC to accept referrals from CoC's coordinated entry system? Who will your target population be?**

# PERFORMANCE STANDARDS FOR ESG

## SCOPE OF SERVICES

SUBRECIPIENT: \_\_\_\_\_

| MEASURABLE OBEJECTIVES                                        | IMPLEMENTATION ACTIVITIES | ANTICIPATED<br># OF CLIENTS |
|---------------------------------------------------------------|---------------------------|-----------------------------|
| # of households moving into or remaining in permanent housing |                           |                             |
|                                                               |                           |                             |
| Percentage decrease in number of days homeless                |                           |                             |
|                                                               |                           |                             |
| Percentage increase in employment income or other income      |                           |                             |
|                                                               |                           |                             |
| Percentage increase in number of new landlords                |                           |                             |
|                                                               |                           |                             |
| # of clients transitioned from emergency shelter to housing   |                           |                             |
|                                                               |                           |                             |
|                                                               |                           |                             |
|                                                               |                           |                             |



**SPENDING SCHEDULE/PRODUCTION GOALS**

**2020-2021**

| <b>MONTH</b>          | <b>AMOUNT TO BE EXPENDED</b> | <b>Total Estimated # of Beneficiaries</b> | <b>ESTIMATED # OF LOW/MOD</b> |
|-----------------------|------------------------------|-------------------------------------------|-------------------------------|
| <b>OCTOBER 2020</b>   |                              |                                           |                               |
| <b>NOVEMBER 2020</b>  |                              |                                           |                               |
| <b>DECEMBER 2020</b>  |                              |                                           |                               |
| <b>JANUARY 2021</b>   |                              |                                           |                               |
| <b>FEBRUARY 2021</b>  |                              |                                           |                               |
| <b>MARCH 2021</b>     |                              |                                           |                               |
| <b>APRIL 2021</b>     |                              |                                           |                               |
| <b>MAY 2021</b>       |                              |                                           |                               |
| <b>JUNE 2021</b>      |                              |                                           |                               |
| <b>JULY 2021</b>      |                              |                                           |                               |
| <b>AUGUST 2021</b>    |                              |                                           |                               |
| <b>SEPTEMBER 2021</b> |                              |                                           |                               |

**BUDGET**

**2020-2021**

| EXPENSE CATEGORY                                     | FUNDING SOURCES |  |  |  |  |  |  |  |  |  |        |
|------------------------------------------------------|-----------------|--|--|--|--|--|--|--|--|--|--------|
|                                                      | ESG             |  |  |  |  |  |  |  |  |  | Totals |
|                                                      |                 |  |  |  |  |  |  |  |  |  |        |
| <b>STREET OUTREACH</b>                               |                 |  |  |  |  |  |  |  |  |  |        |
| <b>EMERGENCY SHELTER</b>                             |                 |  |  |  |  |  |  |  |  |  |        |
| <b>HOMELESSNESS PREVENTION (HP)</b>                  |                 |  |  |  |  |  |  |  |  |  |        |
| <b>RAPID RE-HOUSING (RRH)</b>                        |                 |  |  |  |  |  |  |  |  |  |        |
| <b>HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)</b> |                 |  |  |  |  |  |  |  |  |  |        |
|                                                      |                 |  |  |  |  |  |  |  |  |  |        |
|                                                      |                 |  |  |  |  |  |  |  |  |  |        |
|                                                      |                 |  |  |  |  |  |  |  |  |  |        |
|                                                      |                 |  |  |  |  |  |  |  |  |  |        |
| <b>TOTALS</b>                                        |                 |  |  |  |  |  |  |  |  |  |        |

**Total Operating Budget = \$**  
**\*(ALL FUNDING SOURCES MUST BE IDENTIFIED)**

**\*ESG = Emergency Solutions Grant**

**BUDGET COST SUMMARY SUPPORT  
FY 2020-2021**

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

Please provide the breakdown of line items for which ESG funds will be utilized. For those line items where ESG is requested to pay a percentage of cost, a justifiable explanation of percentage amount is required.

| <b>Eligible Component: STREET OUTREACH</b>     | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
|------------------------------------------------|-------------------|--------------------|--------------|
| <b>Engagement</b>                              |                   |                    |              |
| Description:                                   |                   |                    |              |
|                                                | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Case Management</b>                         |                   |                    |              |
| Description:                                   |                   |                    |              |
|                                                | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Emergency Health/Mental Health Services</b> |                   |                    |              |
| Description:                                   |                   |                    |              |
|                                                | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Transportation</b>                          |                   |                    |              |
| Description:                                   |                   |                    |              |
|                                                | <b>ESG</b>        | <b>Other</b>       | <b>Total</b> |

|                                              |                   |                    |              |
|----------------------------------------------|-------------------|--------------------|--------------|
|                                              | <b>Amount</b>     | <b>Funds</b>       |              |
| <b>Services for Special Populations</b>      |                   |                    |              |
| Description:                                 |                   |                    |              |
| <b>Eligible Component: EMERGENCY SHELTER</b> | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Case Management</b>                       |                   |                    |              |
| Description:                                 |                   |                    |              |
|                                              | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Child care</b>                            |                   |                    |              |
| Description:                                 |                   |                    |              |
|                                              | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Education Services</b>                    |                   |                    |              |
| Description:                                 |                   |                    |              |
|                                              | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Employment Assistance/Job Training</b>    |                   |                    |              |
| Description:                                 |                   |                    |              |

|                                   | <b>ESG<br/>Amount</b> | <b>Other<br/>Funds</b> | <b>Total</b> |
|-----------------------------------|-----------------------|------------------------|--------------|
| <b>Outpatient Health Services</b> |                       |                        |              |
| Description:                      |                       |                        |              |
|                                   | <b>ESG<br/>Amount</b> | <b>Other<br/>Funds</b> | <b>Total</b> |
| <b>Legal Services</b>             |                       |                        |              |
| Description:                      |                       |                        |              |
|                                   | <b>ESG<br/>Amount</b> | <b>Other<br/>Funds</b> | <b>Total</b> |
| <b>Life Skills Training</b>       |                       |                        |              |
| Description:                      |                       |                        |              |
|                                   | <b>ESG<br/>Amount</b> | <b>Other<br/>Funds</b> | <b>Total</b> |
| <b>Mental Health Services</b>     |                       |                        |              |
| Description:                      |                       |                        |              |
|                                   | <b>ESG<br/>Amount</b> | <b>Other<br/>Funds</b> | <b>Total</b> |
| <b>Transportation</b>             |                       |                        |              |
| Description:                      |                       |                        |              |

|                                                    |                   |                    |              |
|----------------------------------------------------|-------------------|--------------------|--------------|
|                                                    |                   |                    |              |
|                                                    | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Shelter Operations</b>                          |                   |                    |              |
| Description:                                       |                   |                    |              |
|                                                    | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Eligible Component: HOMELESSNESS PREVENTION</b> |                   |                    |              |
| <b>Rental Assistance</b>                           |                   |                    |              |
| Description:                                       |                   |                    |              |
|                                                    | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Financial Costs Assistance</b>                  |                   |                    |              |
| Description:                                       |                   |                    |              |
|                                                    | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Service Cost Assistance</b>                     |                   |                    |              |
| Description:                                       |                   |                    |              |
|                                                    | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Eligible Component: RAPID RE-HOUSING (RRH)</b>  |                   |                    |              |
| <b>Rental Assistance</b>                           |                   |                    |              |
| Description:                                       |                   |                    |              |

|                                                                 |                   |                    |              |
|-----------------------------------------------------------------|-------------------|--------------------|--------------|
|                                                                 | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Financial Cost Assistance</b>                                |                   |                    |              |
| Description:                                                    |                   |                    |              |
|                                                                 | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Service Costs Assistance</b>                                 |                   |                    |              |
| Description:                                                    |                   |                    |              |
| <b>Eligible Component: HMIS</b>                                 | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
| <b>Staffing</b>                                                 |                   |                    |              |
| Description:                                                    |                   |                    |              |
| <b>Training &amp; Overhead/Hardware/Software Equipment Cost</b> | <b>ESG Amount</b> | <b>Other Funds</b> | <b>Total</b> |
|                                                                 |                   |                    |              |
| Description:                                                    |                   |                    |              |

