



**GRANT APPLICATION
Emergency Solutions Grant (ESG)
PROGRAM YEAR 2021**

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 August 13, 2021. Applications should be submitted electronically to OHCD@jacksonms.gov. To submit your application electronically, please follow the instructions below:

1. Subject Line – put “2021 ESG-CV Application and Agency Name”
2. Send your application package in two different file attachments. 1st file attachment should include the application proposal only; the 2nd file attachment should include all supporting documentation (with the exception of the Policy & Procedures Manual) listed on page 5 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.

ACCESSIBILITY FOR PERSONS WITH DISABILITIES

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.

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

AGENCY INFORMATION			
Name of Agency/Organization:			
Date of Incorporation:			
Project Title:			
DUNS Number:			
Federal Tax Identification Number:			
Project Address:			
Mailing 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		\$	

SITE CONTROL – EMERGENCY SHELTERS ONLY	
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:

SUPPORTING DOCUMENTATION

ALL APPLICANTS must attach the following documents as a 2nd 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

Section 1: Project Details & Approach

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

1.2 *Executive Summary:*

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Agency Mission Statement

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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.

Empty text box for describing 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 Describe how you have collaborated with other organizations in the community.

1.7 List up to three goals/outcomes for the proposed project and what tools will be used to track the outcomes?

Section 2: Capacity & Experience

(Resumes must be included for each individual listed)

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

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

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:			
Name of person:			
Title of person:			
Education/Experience			
Telephone number:		Date first employed:	
Name of person:			
Title of person:			
Education/Experience			
Telephone number:		Date first employed:	

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

2.5. Briefly describe your agency's previous experience managing homelessness projects, including the number of beneficiaries, as well as the outcome results.

2.6. How many years of experience does your agency have 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 (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.

D. Comply with contractual requirements as set forth by the City of Jackson for ESG programs to include but are not limited to the following:

- 1) Have an agency personnel policy including an affirmative action plan or an equal opportunity statement.
- 2) Submission of an audit
- 3) Be subject to at least one monitoring visit.

This application for funding has been reviewed and approved.

Signature

Signature

Executive Director

Date

President, Board of Directors

Date

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
2021-2022 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 # 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

2021-2022

MONTH	AMOUNT TO BE EXPENDED	Total Estimated # of Beneficiaries	ESTIMATED # OF LOW/MOD
OCTOBER 2021			
NOVEMBER 2021			
DECEMBER 2021			
JANUARY 2022			
FEBRUARY 2022			
MARCH 2022			
APRIL 2022			
MAY 2022			
JUNE 2022			
JULY 2022			
AUGUST 2022			
SEPTEMBER 2022			

BUDGET

2021-2022

EXPENSE CATEGORY	FUNDING SOURCES										
	ESG	OTHER 2	OTHER 3	OTHER 4							Totals
STREET OUTREACH											
EMERGENCY SHELTER											
HOMELESSNESS PREVENTION											
RAPID RE-HOUSING (RRH)											
HMIS											
TOTALS											

Total Operating Budget = \$

*(ALL FUNDING SOURCES MUST BE IDENTIFIED)

*ESG = Emergency Solutions Grant

ESG _____

OTHER 2 _____

OTHER 3 _____

OTHER 4 _____

**BUDGET COST SUMMARY SUPPORT
FY 2021-2022**

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.

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

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	ESG Amount	Other Funds	Total
Services for Special Populations			

Description:

Eligible Component: EMERGENCY SHELTER	ESG Amount	Other Funds	Total
Case Management			

Description:

	ESG Amount	Other Funds	Total
Child care			

Description:

	ESG Amount	Other Funds	Total
Education Services			

Description:

	ESG Amount	Other Funds	Total
Employment Assistance/Job Training			
Description:			

	ESG Amount	Other Funds	Total
Outpatient Health Services			
Description:			

	ESG Amount	Other Funds	Total
Legal Services			
Description:			

	ESG Amount	Other Funds	Total
Life Skills Training			
Description:			

	ESG Amount	Other Funds	Total
Mental Health Services			
Description:			

	ESG Amount	Other Funds	Total
Transportation			
Description:			
	ESG Amount	Other Funds	Total
Shelter Operations			
Description:			
Eligible Component: HOMELESSNESS PREVENTION	ESG Amount	Other Funds	Total
Rental Assistance			
Description:			
Financial Costs Assistance	ESG Amount	Other Funds	Total
Description:			
	ESG Amount	Other Funds	Total
Service Cost Assistance			
Description:			

Eligible Component: RAPID RE-HOUSING (RRH)	ESG Amount	Other Funds	Total
Rental Assistance			
Description:			
	ESG Amount	Other Funds	Total
Financial Cost Assistance			
Description:			
	ESG Amount	Other Funds	Total
Service Costs Assistance			
Description:			
Eligible Component: HMIS	ESG Amount	Other Funds	Total
Staffing			
Description:			
Training & Overhead/Hardware/Software Equipment Cost	ESG Amount	Other Funds	Total
Description:			

