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Division of Housing and Community Development

# Emergency Solutions Grant (ESG)

PY 2012-2016 ESG Reprogramming Application and Instructions

**Division of Housing and Community Development**

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**The Essex County Division of Housing and Community Development reserves the right to reject any application that is not completed in accordance with the following instructions.**

**Also, the Essex County Division of Housing and Community Development reserves the right to ask for an amendment from the applicant contingent upon the ESG Regulations.**

## Program Goals

The County of Essex's ESG Program Goals are concurrent with those stated in the National Objective and the 2015-2019 5 Year Consolidated Plan. The county funds organizations who exemplify the capacity to provide a service for homeless families and individuals to assist them in trying to find a stable home and end homelessness within County of Essex, NJ.

## Application Requirements

The application must be filled out in its entirety with all attachments and exhibits completed and submitted by the due date.

**Applicants must provide two (2) copies of the application, one (1) original and signed Application and one (1) copy. The original application must be signed in blue ink.** If the organization fails to submit the application by the due date on the form, the application will not be accepted. Any application form that has been altered will be rejected and returned. The charts in the application must be completed on the application form; any attachments that are not asked for in the application will not be considered in the ranking of your application. Binders and staples will not be accepted. The document pages must be consecutively numbered. Do not use folders or notebooks. Do not staple the application. Insert labeled tabs for the sections as outlined in the Application Checklist. Do not use sticky notes or flags as a substitute for tabbed dividers. Do not include these instructions in your application. The most recent Financial Audit is required and should be attached to the original copy of the application. All application must include information and attachments as outlined on the Application Checklist. The attachments must have a cover page stating the organization name and attachment number on stated on the application form.

A separate application is required for each project or activity. In addition, only typed applications will be accepted.

## Program Description

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), enacted into law in May 2009, amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including:

- Consolidation of three homeless programs – the Supportive Housing Program, Shelter Plus Care and the Single Room Occupancy into a single grant program;
- Changes in HUD's definition of homelessness and chronic homelessness;
- Increased prevention and rapid re-housing resources; and,
- Increased emphasis on performance and continuum-wide coordination.

The law revises the Emergency Shelter Grants program and renames the program the Emergency Solutions Grants program (ESG).

ESG is designed to broaden existing emergency shelter and homelessness prevention activities, emphasize rapid re-housing, and help people quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. ESG funds may be used for street outreach, emergency shelter operations and services, homelessness prevention, rapid re-housing assistance and the Homeless Management Information System (HMIS).

The stated objectives of the Emergency Solutions Grants Program are to **“increase the number and quality of emergency shelters and transitional housing facilities for homeless individuals and families, to operate these facilities and provide essential social services, and to help prevent homelessness.”**<sup>1</sup>

To review additional information on ESG program's guidelines, please refer to the U.S. Department of Housing and Urban Development (HUD) website at: <http://www.hudhre.info/hearth/>.

In summary, the new Emergency Solutions Grant may be used for:

- Street outreach;
- Emergency shelter operations, renovations
- Homelessness prevention;
- Rapid re-housing assistance
- Homeless Management Information System (HMIS)
- Administration

## Homeless Definition

As part of the new regulations, a new definition of Homelessness is defined below:

A person is considered eligible for ESG funding if they meet the definition of homeless. There are four broad categories under the definition of homeless:

- Individuals and families who lack a fixed, regular, and adequate nighttime residence. This includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided..
- Individuals and families who will imminently lose their primary nighttime residence;
- Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under the definition by the U.S. Department of Housing and Urban Development (HUD);
- Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

For an individual or family to qualify as at risk of homelessness the individual or family must meet two threshold criteria<sup>2</sup>:

1. The individual or family has income below 30% of Area Median Income (AMI for Essex County)
2. The individual or family has insufficient resources immediately available to attain housing stability.

The individual or family must also exhibit one or more specified risk factors, which include<sup>3</sup>:

1. moving frequently because of economic reasons;
2. living in the home of another because of economic hardship;
3. being notified that their right to occupy their current housing or living situation will be terminated;
4. living in a hotel or motel;
5. living in severely overcrowded housing;
6. exiting an institution; and
7. living in housing that has characteristics associated with instability and an increased risk of homelessness.

For additional information about the new homeless definition, please refer to the following website <http://www.hudhre.info/hearth/>.

## Funding Allocations

For the purposes of this Application, the ESG funding allocation that your agency or organization can apply for will utilize the rules recently authorized under the HEARTH act.

### **1. Program Year 2012-2016 - Reprogramming Allocation Funding**

- Reprogrammed ESG funding is available from the Program Year 2012-2016. This funding will be authorized in accordance with the current ESG regulations.

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2 24 CFR Part 91/Vol 76, No. 233 – Page 75956

3 24 CFR Part 91/Vol 76, No. 233 – Page 75956

## Eligible Applicants

Applicants may be non-profit agencies and local governmental entities that provide direct services to homeless persons or persons at risk of becoming homeless.

## Match Requirements

**Non profit agencies or local governments must match ESG funds a minimum of 100% from non-ESG sources.**

Please note that funds used to match a previous ESG activity may not be used to match a subsequent grant award.

Your agency or organization is expected to show some type of additional Match funds in its Application.

Applicants may use any of the following as sources of match:<sup>4</sup>

1. Cash Match
2. Value or fair rental value of any donated material or building;
3. Value of any lease on a building;
4. Salaries paid to staff to carry out the project

## Eligible ESG Activities and Funding Caps

ESG funding may be used by shelters and other service providers for four main categories of eligible activities. The categories are:

### 1. Street Outreach & Emergency Shelter Operations

- Eligible activities for street outreach include costs related to essential services for unsheltered persons, including engagement, emergency health and mental health services, case management, transportation, assessment of clients and referrals to other homeless agencies, hotel/motel emergency stays, and services for special populations.
- Eligible activities for emergency shelter include shelter activities such as renovations and operations of facilities, as well as services for shelter residents including case management, childcare, employment assistance, mental health and substance abuse treatment, transportation and services for special populations.

Combined street outreach and emergency shelter expenditures from each program year's ESG grant cannot exceed 60% of that programs year's total ESG grant award.

### 2. Homeless Prevention

Funds can be used to prevent an individual or family from becoming homeless or to help an individual or family regain stability in current housing or other permanent housing. Eligible activities include:

- Housing relocation and stabilization services (search, mediation or outreach to landlords, case management, legal services, credit repair, moving and storage costs and other eligible activities that are effective at either stabilizing individuals or households in their current housing or quickly moving such individuals or families to other permanent housing).
- Short and medium-term rental assistance in tenant based or project based housing. (Maximum of 24 months in a 3 year period) for those who are at risk of becoming homeless.
- Rent Arrears for a maximum of 6 months
- Security Deposits
- Utility Deposits and Payments – including arrears for a maximum of 6 months

### 3. Rapid Re-housing

Funds can be used for individuals or families defined as *homeless*. Eligible activities include:

- Housing relocation and stabilization services (search, mediation or outreach to landlords, case management, legal services, credit repair, moving and storage costs)
- Short and medium-term rental assistance in tenant based or project based housing. (Maximum of 24 months in a 3 year period).
- Security Deposits
- Utility Deposits and Payments.

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<sup>4</sup> HUDHRE website – ESG Desk guide – Section 2 – Allocation of Funding  
Essex County, NJ PY 2012-2016 ESG Reprogramming Application

## 4.Homeless Management Information System (HMIS)

Essex County CEAS is the HMIS lead agency for the Continuum of Care. All Sub-recipients of ESG grant awards will be required to participate in the County's HMIS System.

### Instructions and Review Process

Essex County invites qualified agencies with eligible projects to apply for Emergency Solutions Grant funds. The County is seeking organizations or agencies that can demonstrate the capability of meeting the goals of the Emergency Solution grant, with its **emphasis on rapid re-housing** and the homeless priority needs identified in the current five-year Consolidated Plan and 10-Year Plan to End Chronic Homelessness. As part of implementation of ESG, the County is required to amend its Consolidated Plan. Any additional priority needs that are eligible for ESG will be identified during the amendment process.

**Before submitting the application, check all calculations and review the package for completion of all forms and sections. Inaccuracies, omissions, and use of application forms from previous competitions will be cause for rejection. All Applications will become part of DHCD's official files. PLEASE PROVIDE ESG CAPER REPORT!**

### Application Instructions

**Applications must be submitted by Wednesday, July 26, 2017 by 4:00PM to the Division of Housing Community Development and Community Department.** Applications may be mailed or hand delivered.

Applications received after the due date will be rejected. Applications submitted by fax or e-mail will be rejected. Mailing Address is: 20 Crestmont Road, Verona, New Jersey 07044.

### Scoring Criteria for Decision Making

**The county will score applications based on a weighted scale of 100 points and the following criteria:**

<b>Organizational Capacity / Past Performance</b>	<b>15 Points</b>
<b>Project Description / Service Plan</b>	<b>25 Points</b>
<b>AHAR/APR/HMIS Data Quality</b>	<b>20 Points</b>
<b>Continuum of Care (CoC) Participation</b>	<b>10 Points</b>
<b>Matching Contributions / Financial Capacity / Stability</b>	<b>20 Points</b>
<b>Cost Effectiveness / Reasonableness</b>	<b>10 Points</b>

Please note that all applications and scores will be presented to the CEAS Committee for their confirmation vote.

### Application

Application begins on the next page.



# County of Essex

## EMERGENCY SOLUTIONS GRANT PROGRAM (ESG)

### PY 2012-2016 Reprogramming Application

Priority Number \_\_\_\_\_  
 ESG Funds Requested \_\_\_\_\_  
 DUNS # \_\_\_\_\_

#### Part I - General

Applicant Name \_\_\_\_\_  
 Applicant Address \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Email \_\_\_\_\_  
 Contact Address \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_ Title \_\_\_\_\_  
 Activity Title \_\_\_\_\_  
 Site Address \_\_\_\_\_

#### Part II - Summary

Please provide a brief description of the proposed project in the space below. The description should describe your ESG program (not the agency), the purpose, number of unduplicated adults and children the program will serve in the contract period, and the cost items for which ESG funds will be used. If staff positions will be funded by ESG, list the position title and full salary of the employee, as well as the portion of salary paid by the ESG program (which does not include fringe or benefits, and can not be 100% of any one employee's salary) **Do NOT add attachments.**

#### Part III - Certification

I, \_\_\_\_\_ hereby certify that all parts of this project application and all required attached documents are accurate to the best of my knowledge.

**Please submit one (1) original and one (1) copy of each application to:**

Division of Housing and Community Development  
 20 Crestmont Road, Verona, New Jersey 07044

\* **At the time of submission, all municipal applications must include resolution setting priorities of projects.**

Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**DUE DATE NO LATER THAN WEDNESDAY JULY 26, 2017, @ 4:00PM**

For Office Use Only:	
HUD Matrix Code: _____	Federal Regulation: _____
HUD Project Title: _____	Objective Citation: _____
National Objective: _____	Funds Set Aside: _____
Rank #: _____	



## Part IV - Organizational Capacity and Experience

### A. Provide an organizational overview of your agency, including:

- a description of the history, mission, and services of the organization
- year of incorporation,
- years of direct experience with federally funded homeless programs,
- description of staff experience with homeless programs such as ESG and Homeless Prevention and Rapid Re-housing (HPRP)
- other federal grant management experience.
- Recent Financial Audit (please attach to this application)

### B. Program-Specific Organizational Chart:

Include all employees that will contribute time toward this program, whether funded by ESG or some other source. Identify staff that are planned to be funded by ESG. Include name of staff, title, and years of experience with similar programs. This chart should be included in Tab 6.

### C. Has your organization previously carried out a program funded by the old Emergency Shelter Grant?

Yes \_\_\_\_\_ No \_\_\_\_\_

### D. Has your organization previously carried out a program funded by HPRP?

Yes \_\_\_\_\_ No \_\_\_\_\_

### E. If YES, what was the funding amount and number served for the last complete year of ESG?

#### ESG:

Year: \_\_\_\_\_ Amount: \_\_\_\_\_ Planned Number Served: \_\_\_\_\_ Actual Number Served: \_\_\_\_\_

If you did not meet your planned number to be served, please provide an explanation below.

#### HPRP:

Year: \_\_\_\_\_ Amount: \_\_\_\_\_ Planned Number Served: \_\_\_\_\_ Actual Number Served: \_\_\_\_\_

If you did not meet your planned number to be served, please provide an explanation below.

### F. Is your Agency an active participant in the County's HMIS System?

Yes \_\_\_\_\_ No \_\_\_\_\_

Describe your agency's participation in the HMIS system – Example: are all clients in homeless programs entered into the HMIS, how often is client data updated, what HMIS reports is your agency using?

Is your agency willing to participate in Centralized Intake and Assessment for your ESG program which will be required for future ESG allocations?

Yes \_\_\_\_\_ No \_\_\_\_\_

If No, explain reasons why?

In your previous experience with Federal projects, was your organization required to pay back funds, in violation of regulations, etc.?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate the actions cited.

## Part V - Evidence of Need for Service

### A. Check the activities for which ESG program you will request funds

Eligible Activity	Funds Requested	Proposed Number Served
Street Outreach		
Emergency Shelter Operations		
Homeless Prevention		
Rapid Re-Housing		

### B. Please identify the primary beneficiaries your ESG program will serve. Please check the appropriate categories below:

- |   |  |
|---|--|
| <input type="checkbox"/> Chronically Homeless         | <input type="checkbox"/> Persons with HIV / AIDS |
| <input type="checkbox"/> Unaccompanied Youth          | <input type="checkbox"/> Elderly                 |
| <input type="checkbox"/> Victims of Domestic Violence | <input type="checkbox"/> Veterans                |
| <input type="checkbox"/> Chronic Substance Abuse      | <input type="checkbox"/> Other:                  |
| <input type="checkbox"/> Other Disabled               |  |

### C. Total unduplicated individuals to be served.

1. Indicate the number of unduplicated adults to be served: \_\_\_\_\_

2. Indicate the number of unduplicated children to be served: \_\_\_\_\_

**D. Provide statistical evidence of the need for services proposed. Include as much local data from your HMIS, if you are a participating agency, or other credible data to support your application. Include relevant statistics provided by the organization such as number of referral calls, number of clients on waiting lists, and time on waiting lists. Describe how you will meet priority needs of homeless individuals or those most at risk of homelessness in Essex County.**

**E. Are there other services or activities similar to your program provided by other organizations in the County of Essex?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how is your proposed program different or unique from other similar programs? Briefly explain in the space provided.

**F. Does your program collaborate with the Essex County Continuum of Care and other main stream resources in the area to provide services to clients?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain specific collaborative efforts with the CoC and list specific organizations and programs that provide services to the clients served by your organization in the space provided.

## Part VI - Emergency Shelter Operations Costs

<b>Shelter Operations Facility Name:</b>	
<b>Five Year Consolidated Plan Priority</b>	
Review the County of Essex Five-Year Consolidated Plan. Determine where this Shelter Operations activity falls in accordance with the priorities listed in Con Plan Table 4-3 HUD Table 2B - Community Development Priority Needs.	
<b>Priority Community Development Need</b>	<b>Priority Level</b>
	High_____ Medium_____ Low _____
<b>1. Project Description:</b>	
<p>a. Provide a detailed physical description of the emergency shelter facility at which the shelter program will be provided. Discuss the design of the shelter programs. Give a detailed description of the emergency homeless shelter operating costs to be funded. Discuss how the proposed activity relates to a comprehensive plan to provide shelter programs to the homeless over an extended period of time, including continued financial support for the program.</p>	
<p>b. Indicate the primary goals/performance standards of the shelter programs to be provided and how the goals/ performance standards will be quantified, monitored and tracked. This must include the projected number of homeless persons to be served, units/hours of service to be provided, and a quantifiable measurement of accomplishment for the emergency shelter program. Include an explanation of monitoring procedures and samples of documents to be used in monitoring of the clients.</p>	
<p>c. Indicate whether the project is a new service not previously funded by the County, or a supplement to an existing service. If supplementing an existing service, discuss how the project will increase the level of service currently being provided. Indicate whether the activity is currently supported or was previously supported (in the 12 months prior to the application due date) with any other source of County funds. If so, explain and list sources. Discuss the status of those funds and why ESG funds are now being sought.</p>	
<p>d. If the shelter assists the homeless clients with placement in permanent, affordable housing, discuss how your agency will assist the clients by expanding fair housing choice outside areas of racial, ethnic and LMI concentration.</p>	

**2. Project Location (Attach additional sheets as necessary):**

a. Identify the exact geographic location of the emergency shelter facility. Indicate the property address and nearest intersecting street, or indicate limits of proposed work (e.g. Main St. between 1st Ave. and 3rd Ave.). Describe any targeted geographic area of service related to the programs or services provided from the facility. Provide a map(s) indicating the exact location of the project and any target service area. For homeless projects, if shelter location is protected information, indicate as such.

(i) Congressional District    (ii) Municipality    (iii) Census Tract(s)    (iv) Census Block Group(s)

b. Indicated if the shelter facility is located in or will have any impact on the following? (Check Yes or No)

(i) Natl. Register Historic District?    (ii) 100 Year Floodplain?    (iii) Designated Wetlands Area?  
 \_\_\_ Yes    \_\_\_ No    \_\_\_ Yes    \_\_\_ No    \_\_\_ Yes    \_\_\_ No

c. Check if the location of the shelter facility is in any of the following municipalities:

\_\_\_ City of Newark    \_\_\_ City of East Orange    \_\_\_ Irvington Twp.    \_\_\_ Bloomfield Twp

( i ) If you checked any of the above municipalities, you must discuss your agency’s promotional procedures and strategies for the programs or services provided from the shelter facility. You must demonstrate that these procedures endeavor to draw clients primarily from the Urban County (i.e. Essex County exclusive of the municipalities listed above).

**3. Project Benefit**

a. Provide documentation demonstrating that the emergency shelter facilities and programs are designed for the particular needs of or used exclusively by the homeless in general or for specific subpopulations of the homeless.

b. Indicate the purpose of the activity.

(i) Help Prevent Homelessness?	___ Yes	___ No
(ii) Help the Homeless?	___ Yes	___ No
(iii) Help Those with HIV/AIDS?	___ Yes	___ No
(iv) Primarily Help Persons with Disabilities?	___ Yes	___ No

c. Indicate with an “X” the essential services provided.

Emergency Shelter Facilities	___ Yes	___ No	Food Pantry	___ Yes	___ No
Drop-In Center	___ Yes	___ No	Alcohol/Drug Program	___ Yes	___ No
Mental Health	___ Yes	___ No	Transitional Housing	___ Yes	___ No
Child Care	___ Yes	___ No	Soup Kitchen/ Distribution	___ Yes	___ No
Outreach	___ Yes	___ No	HIV/AIDS Services	___ Yes	___ No
Health Care	___ Yes	___ No	Vouchers for Shelters	___ Yes	___ No
Employment	___ Yes	___ No	Homeless Prevention	___ Yes	___ No
Other	___ Yes	___ No			

## Part VII - Statement of Work / Scope of Services

This information will be used to structure the scope of services portion of the agreements with the County, if your project is selected for funding.

### A. Statement of Work

Develop a sound statement of work/work plan narrative that details the service activities the program will undertake to achieve the program's goal. Include the following:

- service activity plan of action for each Service Activity to be provided (e.g. prevention, rapid re-housing, street outreach, basic shelter)
- coordination of intake and referral procedures with other service providers;
- use of the Homeless Management Information System (HMIS) to track client information;
- program location(s) and hours of operation;
- program evaluation plan, **specific performance measures and outcomes** to evaluate the success of your program
- program specific procedures and guidelines.

## Part VIII - Financial - Project Funding

### A. PROJECT BUDGET

Please answer the following questions in the space provided. You may reference and attach an additional page if necessary.

- A. Complete the Budget Summary chart. More detailed budgets may be attached (and are strongly recommended) in support of the application.
- B. Identify sources of leveraged Match funding for this activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.). Attach copies of funding commitment letters or other evidence of funding support.
- C. Match – Consideration will be given to the amount of non-ESG funds committed to the project.

**Summary Budget**

	Homeless- ness Prevention	Rapid Re- Housing	Emergency Shelter	Street Outreach	Total Amount Budgeted
Rental Assistance*					
Housing Relocation & Stabilization Services**					
Essential services					
Renovation					
Shelter Operations					
Other Services					
TOTAL					

\*Includes short and medium-term rent payments and up to 6 months of arrears

\*\*Includes all other eligible forms of direct financial assistance under Prevention and Re-Housing plus costs related to eligible services.

**Budget Detail**

<b>Category Breakdown</b>	<b>ESG FUNDING REQUESTED</b>	<b>Match Funds</b>	<b>Source of Match Funds</b>	<b>Total Funds</b>
<b>Personnel</b>				
Salaries & Benefits				
<b>Personnel Subtotal</b>				
<b>Direct Financial Assistance</b>				
Short & Medium Term Rental Assistance				
Security Deposits				
Utility Deposits				
Utility Payments				
Moving & Storage Costs				
OTHER – Specify				
<b>Financial Assistance Subtotal</b>				
<b>Other Costs Related to Housing Relocation and Stabilization Services</b>				
Centralized Intake & Assessment				
Housing Search/ Placement				
Legal Services				
Budgeting & Credit Repair				
Other (please specify)				
<b>Services Subtotal</b>				
<b>Total ESG Request</b>				
<b>Total Other Funds</b>				
<b>Grand Total</b>				\$

**\*NOTE: Complete Budget Detail - Personnel Costs on next page if staff costs are included in your application.**



**A Note about the Staff/Salary Breakdown:** Please show all proposed staff positions funded with ESG funding that relate to the proposed activity. If multiple staff members have the same position/title, list separately (For example: Case Manager 1, Case Manager 2). **You must submit job descriptions with your application for each position title identified below.**

**Budget Detail - Personnel Costs**

POSITION TITLE	Current or Proposed Position	Annual Salary	Annual Fringe Benefits	Total Annual Salary	Multiplied by % Time Spent on ESG Program	Total Position Cost Requested from ESG
<b>EXAMPLE Case Manager</b>	<b>CURRENT</b>	<b>\$25,000</b>	<b>\$5,000</b>	<b>\$30,000</b>	<b>X 40%</b>	<b>\$12,000</b>

**Part IX - Budget Narrative**

**A. Budget Narrative**

Describe the program budget, including itemized revenues and expenses. The budget narrative should explain the total program budget in detail and explain the budget line items in the order they are listed on the budget form. Provide an explanation for each line item expense.

## B. Cost per person Served

Emergency Solutions Grant (ESG)	Reprogramming Request
1. ESG Funding Request	
2. Total Program Budget	
3. Total Organization Budget (including other programs)	
4. ESG Request as % of Program Budget (Item 1 divided by item 2)	
5. ESG Request as % of Organization Budget (Item 1 divided by item 3)	
6. Unduplicated Clients to be Served	
7. Total Program Cost Per Client (Item 2 divided by item 6)	
8. Total ESG Cost Per Client (Item 1 divided by item 6)	

## C. Program Management

Describe the organization's program management, including:

- financial reporting,
- record keeping,
- accounting systems,
- payment procedures, and
- audit requirements.

## Part X - Agency / Organization Revenues

Revenue	Year 2017 Estimated Revenue	Proposed ESG Match
Contributions		
Special Events		
Membership Fees/Dues		
Program Service Fees		
Grants/Foundations (specify: )		
County of Essex ESG Request		
Other		
Other		
Other		
Other		
Other		
<b>TOTAL</b>		

## Part XI - Project Implementation Time Table and Performance Outcomes

**A. Outline the program plan goals, performance measures and outcomes that will take place if your agency is selected for funding.**

ESG Allocation : Reprogramming	
Quarter	Goals/Activities/Performance Measures & Outcomes
Qtr 1: _____	
Qtr 2: _____	
Qtr 3: _____	
Qtr 4: _____	

**B. State how your organization will involve homeless persons in the operation of the ESG-funded program. This involvement may include the participant's employment or volunteering in program activities such as maintenance, general operation of facilities, or provision of services. Describe how your organization uses volunteers to supplement paid staff in the space provided.**

**C. If your organization presently serves homeless people, briefly describe the average time that households remain homeless in your program? Briefly describe or suggest actions steps that can be taken to decrease that time, in order to rapidly re-house homeless households?**

**Part XII - Program Contact & Certifications**

Provide the following information for a project contact person, a financial contact person, the person who wrote the application, and an authorized contact. Include attachments of job descriptions and résumés of key staff.

	<b>Name</b>	<b>Title</b>	<b>Phone / Email</b>
<b>Project Contact</b> Someone who works with the program on a daily basis and can answer questions			
<b>Finance Contact</b>			
<b>Application Contact</b> Person who wrote this application			
<b>Authorized Contact</b> Person authorized to make commitments on behalf of the organization			

*I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.*

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON LISTED ABOVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

## Application Checklist

**Applicant Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

Review the following list of documentation requirements. The original must include all of the following information in the order outlined below. Applications that do **not** contain all of the following information will be considered **ineligible**.

### Application Narrative

**Tab 1** Cover Letter (optional)  
Program Cover Sheet  
Application Checklist

**Tab 2** Part I: General  
Part II: Summary  
Part III: Certification  
Part IV: Organization Capacity and Experience  
Part V: Evidence of Need of Services  
Part VI: Emergency Shelter Operations Costs  
Part VII: Statement of Work/Scope of Services

### Budget Information and Financials

**Tab 3** Part VIII :Financial - Project funding  
Part IX: Budget Narrative  
Part X: Agency / Organization Revenue  
Part XI: Program Implementation Timeline & Performance Measures  
Part XII: Program Contact & Certifications  
Title 2 CFR Part 200 Certification

### Attachments for ALL projects

**Tab 4** ESG-funded Job descriptions and Résumés of Key Personnel  
Client Assessment & Client Intake Form  
Additional information as needed

### Attachments for ORIGINAL COPY ONLY

**Tab 5** Non-profit documentation from IRS  
Minutes authorizing submittal of Application  
Articles of Incorporation  
By-laws

**Tab 6** Organizational Chart (not program specific)  
Organizational Budget (not program specific)  
Financial Audit/Certified Financial Statement  
Directors and Officers Liability and Errors and Omissions Insurance  
Policies and Procedures for employees  
Code of Conduct listing prohibited behavior of board and employees



**APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICIES, RULES AND REGULATIONS OF ESSEX COUNTY AND THE U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT IF FUNDING IS AWARDED. IT IS FURTHER UNDERSTOOD THAT INFORMATION PRESENTED IN THIS APPLICATION WILL BECOME A PART OF ANY SUBSEQUENT FUNDING AGREEMENT.**

**I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO APPLY FOR FINANCIAL ASSISTANCE ON BEHALF OF THE ENTITY DESCRIBED HEREIN, AND THAT THE INFORMATION CONTAINED HEREIN AND ATTACHED IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ATTEST: \_\_\_\_\_

*Putting Essex County First*



**APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICIES, RULES AND REGULATIONS OF ESSEX COUNTY AND THE U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT IF FUNDING IS AWARDED.**

**THIS STATEMENT IS TO ACKNOWLEDGE THAT I HAVE READ, REVIEWED, AND ADHERED TO REQUIREMENTS APPLICABLE TO OUR ORGANIZATION OF TITLE 2 CFR PART 200 OF THE FEDERAL CODE.**

SIGNATURE

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* MUST be signed and completed by the agencies Chief Financial Officer. The agencies Treasurer or Executive Director must sign if no CFO exists.**

ATTEST: \_\_\_\_\_

*Putting Essex County First*

**STATEMENT OF CERTAIN  
POLITICAL CONTRIBUTIONS MADE AFTER JULY 11, 1986  
-NEGOTIATED CONTRACTS-**

(This statement is part of the proposal packet)

Ordinance Number 0-86-0007, as amended by Ordinance Number 0-95-0003, adopted by the Board of Chosen Freeholders of the County of Essex, requires that all proposals for negotiated contracts submitted by individuals and/or business entities seeking to provide goods or to perform services for the County of Essex shall contain a statement setting forth each political contribution by them of \$500.00 or more made within five years next preceding the date of said contract, either directly or indirectly, to any County elected political official, County political party and/or County official, political organization, or any State political party.

Set forth name of County elected official, County political party and/or County official, political organization, or State political party to whom a political contribution of \$500.00 or more was made by proposers within five (5) years of the date hereof. If none, write "none".

**Name**

**Amount**


Proposer \_\_\_\_\_

By \_\_\_\_\_  
(Signature)

Print or Type

Name of Signatory \_\_\_\_\_



## REQUIREMENTS FOR NON-PROFIT ORGANIZATIONS

1. Name of Fiscal Officer \_\_\_\_\_  
Telephone Number \_\_\_\_\_
2. Federal ID Number \_\_\_\_\_
3. Corporation Type:  
Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Other (Specify) \_\_\_\_\_
4. Is agency exempt under Section 501(c)(3) of the U.S. IRS Code?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Is Agency a registered charity?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach a copy of Charities Registration Form.
6. Please attach a copy of Certificate of Incorporation.
7. Please attach a copy of current list of Board of Directors.
8. Please attach a copy of IRS Letter granting tax exempt status under 501(c)(3).
9. Please attach a copy of your Organization Chart.

### BACKGROUND INFORMATION:

#### A. MISSION OF THE AGENCY:

#### B. HISTORY OF AGENCY: