



# County of Essex

## EMERGENCY SOLUTIONS GRANT PROGRAM (ESG)

### REPROGRAMMING Application

Priority Number \_\_\_\_\_

Funds Requested \_\_\_\_\_

DUNS # \_\_\_\_\_

SAM # \_\_\_\_\_

### Part I - General

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Contact Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Title \_\_\_\_\_

Activity Title \_\_\_\_\_

Site Address \_\_\_\_\_

Are you registered under the System of Awards Management (SAM)? \_\_\_\_ Yes \_\_\_\_ No

Provide proof of registration as an attachment.

### 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 24, 2019 @ 4:00PM**

<b>For Office Use Only:</b>	
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)
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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)	Program Year 2018 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 2018 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 : Program Year 2018	
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