

PY2020 APPLICATION CYCLE

Emergency Solutions Grant

APPLICATION



CDBG Program Office
192 Anderson Street, Suite 150
Marietta, GA 30060

Application Cycle commences Friday, February 1, 2019
and ends at 4:00 p.m. on Friday, April 5, 2019

SUBMITTAL INSTRUCTIONS

Please provide **one (1) original application with attachments & one (1) application copy with attachments** to the Cobb County CDBG Program Office no later than **4:00 p.m. on Friday, April 5, 2019**. Please label all attachments.

CHECKLIST

| Submission Requirements | Documentation | Check if Enclosed |
|---|---|--------------------------|
| 1. The applicant must a. have nonprofit status for at least one (1) full year, or b. have two (2) full years of operating experience under another nonprofit entity, or c. be a local governmental entity or agency (governmental agencies can skip to line 5) | ATTACHMENT 1: Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant | <input type="checkbox"/> |
| 2. The applicant must be registered to conduct business in the State of Georgia at the time of application. (Not applicable to governmental agencies) | ATTACHMENT 2: Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: www.sos.ga.gov | <input type="checkbox"/> |
| 3. The applicant must have an audit or audited financial statements (if budget is less than \$25,000 annually) prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Copies of each audited financial statement must be submitted with the application. Reviews and Compilations will not be accepted. Audit findings will make the applicant ineligible to receive assistance. (Not applicable to governmental agencies) | ATTACHMENT 3: Provide one copy each of the last two most recent audited financial statements that meet the criteria described. Include management letters if applicable. | <input type="checkbox"/> |
| 4. Non-profit organizations must have an active Board of Directors within the last 12 months. (Not applicable to governmental agencies) | ATTACHMENT 4: Provide list of board members and a copy of board meeting minutes authorizing the submittal of this application. Please also include a copy of Conflict of Interest Statement from the Board of Directors. | <input type="checkbox"/> |
| 5. The applicant must have at least twelve (12) months experience directly related to the proposed project or program. | ATTACHMENT 5: Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant's previous related program activities. | <input type="checkbox"/> |
| 6. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures. | ATTACHMENT 6: Provide a copy of the agency's written financial management procedures, and a current organization chart. | <input type="checkbox"/> |
| 7. Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker's Compensation | ATTACHMENT 7: Provide a copy of Certificate of Insurance. | <input type="checkbox"/> |
| 8. Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit www.sam.gov | ATTACHMENT 8: Provide proof of registration with the U.S. System for Award Management. | <input type="checkbox"/> |
| 9. The contract period for the project, if approved, will begin January 1, 2020 and end no later than December 31, 2020. | ATTACHMENT 9: Provide a projected timeline of proposed activities. | <input type="checkbox"/> |

All submitted materials will be used in determining the organization's eligibility for funding.

ESG Program Overview

This program is funded and regulated at the federal level by the U.S. Department of Housing and Urban Development (HUD) and administered locally by the Cobb County CDBG Program Office. It is authorized under Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act).

Annually, the Cobb County CDBG Program Office requests proposals from local non-profit organizations and government entities to carry out eligible activities in the County. This funding application is for the period beginning January 1, 2020 through December 31, 2020.

A Selection Committee will review all applications for compliance with requirements and make funding recommendations to the Chairman and Cobb County Board of Commissioners (BOC). Recommendations for grant awards will be provided to the Chairman and BOC during the month of November 2019.

The primary objective of the ESG Program is to assist people in quickly regaining stability in permanent housing after experiencing a housing crisis and/or homelessness, through the following services:

- Street Outreach
- Emergency Shelter
- Homelessness Prevention
- Rapid Re-Housing

All Homelessness Prevention must serve clients with incomes below 30% Area Median Income (AMI). All Rapid Re-Housing Programs must serve clients with incomes below 50% AMI.

ESG Low Income Limits *Effective April 1, 2018*

| FY 2018 Income Limit Area | Median Income | FY 2018 Income Limit Category | Persons in Family | | | | | |
|--|-------------------------------|----------------------------------|-------------------|----------|----------|----------|----------|----------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 |
| Atlanta- Sandy Springs- Roswell, GA | \$74,800 Household Of 4 | 30% - Extremely Low Income | \$15,750 | \$18,000 | \$20,780 | \$25,100 | \$29,420 | \$43,400 |
| | | 50% - Very Low Income | \$26,200 | \$29,950 | \$33,700 | \$37,400 | \$40,400 | \$40,450 |

Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>

All ESG funded agencies are required to participate in the Homeless Management Information System (HMIS) ClientTrack.

Program Year 2020
Emergency Solutions Grant Program
Application for Funding



| I. AGENCY INFORMATION | | | |
|--|--|-----------|--|
| Agency Name: | | | |
| Mailing Address: | | | |
| Telephone Number: | | Email: | |
| Contact Person: | | Title: | |
| DUNS Number: | | Tax ID #: | |
| II. PROGRAM INFORMATION | | | |
| Program Title: | | | |
| Program Location: | | | |
| <p>If PY2019 funds were available, would you want to be considered for these funds?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> | <p>If yes, please let us know how soon after signing an agreement could your project start?</p> <p><input type="checkbox"/> Immediately (within first 30 days)</p> <p><input type="checkbox"/> 2-4 months</p> <p><input type="checkbox"/> 5-7 months</p> <p>Anticipated completion date: _____</p> | | |
| III. REQUESTED FUNDING | | | |
| Total Program Cost | | \$ | |
| Total ESG Amount Requested | | \$ | |
| Percentage of ESG Investment (<i>ESG Amount Requested/ Total Program Cost</i>) | | % | |
| IV. ORGANIZATION INFORMATION | | | |
| 1. What is your organization's mission statement? | | | |
| 2. How long has the Organization existed in its current form? | | | |
| 3. How long has the Organization had its 501 (c) (3) status? If your organization is a government entity, enter N/A. | | | |
| 4. How many years has the Organization conducted the project/program for which it is requesting funding? | | | |



V. ORGANIZATION CAPACITY

| | |
|---|--|
| 1. What percentage of the Organization's budget is grant funded? | |
| 2. How many program staff persons are dedicated to this project (<i>i.e. Case Managers, Intake Coordinators</i>)? | |
| 3. Does the organization have administrative staff (<i>i.e. Accountants, Executive Director</i>) dedicated to this grant? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Has the organization secured funding for the administrative staff for this project? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

VI. TARGET POPULATION

Briefly describe the target population/category of persons to be served in Cobb County (*i.e. seniors 62+, homeless, abused children or women, or persons with disabilities*). All clients served must certify as Homeless per 24 CFR 576.2. Please select the following hyperlink for more information: [24 CFR 576.2](#).

VII. PERFORMANCE OBJECTIVES & OUTCOMES

Select only **one** of the following objectives that best describes your project.

Select only **one** of the following outcomes that best describes your project.

| | | | |
|--------------------------|-------------------------------|--------------------------|--|
| <input type="checkbox"/> | Suitable Living Environment | <input type="checkbox"/> | Improving Availability / Accessibility |
| <input type="checkbox"/> | Decent Housing | <input type="checkbox"/> | Improving Affordability |
| <input type="checkbox"/> | Creating Economic Opportunity | <input type="checkbox"/> | Improving Sustainability |

VIII. PROPOSED SERVICES

Please list the proposed number of persons to be served in each applicable service activity.

| Service Description | Number of Persons to Serve |
|-----------------------------------|----------------------------|
| Street Outreach | |
| Emergency Shelter | |
| Homelessness Prevention | |
| Rapid Re-Housing | |
| Total Persons to be Served | |



Briefly describe the program accomplishments by outlining the objectives and outcomes of the previous two (2) years.

IX. NARRATIVE

1. Please provide a description of the proposed project for funding. Include supporting data used to identify the need(s) for the proposed program (i.e. community input, surveys, and input from other agencies) in your response.

2. Describe and discuss your organization's experience with utilizing an HMIS database or other comparable reporting system.

3. Discuss your organization's current intake and recordkeeping process including measures taken to ensure the protection of sensitive client information.



| X. BUDGET PROPOSAL | | | |
|---|-----------|-------------|-------------|
| Complete the following budget template: | | | |
| Line Items | ESG Funds | Other Funds | Total Funds |
| Street Outreach | | | |
| 1. Engagement | \$ | \$ | \$ |
| 2. Case Management | \$ | \$ | \$ |
| 3. Emergency Health Services | \$ | \$ | \$ |
| 4. Emergency Mental Health Services | \$ | \$ | \$ |
| 5. Transportation | \$ | \$ | \$ |
| 6. Services for Special Populations | \$ | \$ | \$ |
| Total Street Outreach | \$ | \$ | \$ |
| Emergency Shelter | | | |
| Essential Services | | | |
| 1. Case Management | \$ | \$ | \$ |
| 2. Childcare | \$ | \$ | \$ |
| 3. Education Services | \$ | \$ | \$ |
| 4. Employment Assistance | \$ | \$ | \$ |
| 5. Outpatient Health Services | \$ | \$ | \$ |
| 6. Legal Services | \$ | \$ | \$ |
| 7. Life Skills Training | \$ | \$ | \$ |
| 8. Mental Health Services | \$ | \$ | \$ |
| 9. Substance Abuse Treatment Services | \$ | \$ | \$ |
| 10. Transportation | \$ | \$ | \$ |
| Shelter Operations | | | |
| 1. Minor or Routine Repairs | \$ | \$ | \$ |
| 2. Rent/Lease Payments | \$ | \$ | \$ |
| 3. Security | \$ | \$ | \$ |
| 4. Fuel | \$ | \$ | \$ |
| 5. Equipment | \$ | \$ | \$ |
| 6. Insurance | \$ | \$ | \$ |
| 7. Utilities | \$ | \$ | \$ |
| 8. Food | \$ | \$ | \$ |
| 9. Furnishings/Bedding | \$ | \$ | \$ |
| 10. Custodial Supplies | \$ | \$ | \$ |
| 11. Office Supplies and Printing | \$ | \$ | \$ |
| Renovations | | | |
| 1. Labor | \$ | \$ | \$ |
| 2. Materials/Tools | \$ | \$ | \$ |
| 3. Major Rehabilitation | \$ | \$ | \$ |
| 4. Conversion | \$ | \$ | \$ |
| 5. Total | \$ | \$ | \$ |
| Total Emergency Shelter | \$ | \$ | \$ |



| BUDGET PROPOSAL CONTINUED | | | |
|---|-----------|-------------|-------------|
| Line Items | ESG Funds | Other Funds | Total Funds |
| Homelessness Prevention & Rapid Re-Housing | | | |
| Financial Assistance | | | |
| 1. Rental Application Fees | \$ | \$ | \$ |
| 2. Security Deposit | \$ | \$ | \$ |
| 3. Last Month's Rent | \$ | \$ | \$ |
| 4. Utility Deposit / Payments | \$ | \$ | \$ |
| 5. Moving Costs | \$ | \$ | \$ |
| Service Costs | | | |
| 1. Housing Search/ Placement | \$ | \$ | \$ |
| 2. Housing Stability Case Management | \$ | \$ | \$ |
| 3. Mediation and legal service | \$ | \$ | \$ |
| 4. Credit Repair/Budgeting | \$ | \$ | \$ |
| Rental Assistance | | | |
| 1. Short Term Rental Assistance (up to 3 | \$ | \$ | \$ |
| 2. Medium Term Rental Assistance (4-24 | \$ | \$ | \$ |
| Total Homelessness Prevention & Rapid Re-housing Component | \$ | \$ | \$ |
| HMIS Coordination | | | |
| 1. Computer hardware, software, or | \$ | \$ | \$ |
| 2. Equipment | \$ | \$ | \$ |
| 3. Participation Fees charged by HMIS | \$ | \$ | \$ |
| Total HMIS Coordination | \$ | \$ | \$ |
| GRAND TOTAL OF ALL COMPONENTS | \$ | \$ | \$ |

Budget Narrative: Complete the following questions about the proposed budget.

1. For each line item listed in your budget, provide a detailed description of how ESG funds will be used to support your program.



2. Please provide the source and amount of funding commitments, as well as, additional funding awarded in the past three years for this project.

XI. PROPOSED MATCH & SOURCES

Per 24 CFR 576.201, Subrecipients must make a matching contribution of 100% for ESG funds used. Match may be cash or “in-kind”, but it must be documented during program operations, reported monthly with each request for reimbursement, and is subject to review during monitoring. Match must be used in providing the same or closely related services. Please list sources and uses of proposed match in the spaces provided below.

| Agency/ Organization/Grantee/Donor | Source (Federal, non-Federal, In-Kind, etc.) | Amount of Match (For 100% of ESG Funds Requested) |
|------------------------------------|---|--|
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