# FY2023 Emergency Solutions Grant (ESG) Annual – HMIS Summary Request

#  *For Use by HMIS Requests only*

Name of Organization:

Mailing Address:

Agency Federal ID Number: UEI #

Project Name:

Contact Person (*This is the person who will receive ALL grant‐related information, i.e. correspondence, telephone calls, e‐mails, etc.):*

Name:

Title:

Telephone: Fax:

E‐Mail:

# Match Documentation

Agencies must be able to document committed and/or pending match sources in order to meet threshold requirements. This requirement applies to all match sources including an agency’s own operating funds as a source of match. Emergency Solutions Grants require a 1:1 match with sources that meet match requirements identified in ESG interim regulations (links provided above). Budget and match tables must be completed later in the application with documentation as outlined below in order to meet threshold criteria:

# Committed match sources - signed grant agreements, award letters/notifications or letters of commitment covering the match to be received for the project requesting funds and expended during the operating year of the FY2023 grant if awarded.

* + **Pending match sources ‐ written and dated correspondence with pending match source which includes amount being requested (as identified above) and confirmation that the pending match is being requested for the project requesting funds and for expenditure during the operating year of the FY2023 grant if awarded.**

**Previous Experience**

1. Good standing with funding sources and capacity to administer Federal, State, local and private funds.

a.      Has your agency had any prior findings, audit findings and/or recapture of HUD funds?

                  [ ]  Yes  [ ]  No   [ ]  N/A

                  If yes, briefly explain and provide the amount of funding that was recaptured:    (max. characters 700)

b.     Has your agency had any prior findings, audit findings and/or recapture of

 other federal funds?

     [ ]  Yes  [ ]  No   [ ]  N/A

 If yes, briefly explain and provide the amount of funding that was recaptured:    (max. characters 700)

c.      Has your agency had any findings, audit findings and/or recapture of state, local, or private funds?

                  [ ] Yes    [ ] No   [ ] N/A

                 If yes, briefly explain and provide the amount of funding that was recaptured: (max. characters 700)

# Statement of Work/Scope of Service

This information will be used to structure the scope of services portion of the funding agreement with the City of Canton if your project is selected for funding.

Develop a sound statement of work/work plan narrative that details the service activities the program will undertake to achieve the program’s goals. Provide the following description.

* Description of reports your project will produce to show system-wide outcomes and explanation of how project staff will participate in analyzing them to identify areas of improvement or system gaps.

# Project Funding/Budget

Complete all budget charts.

**Summary Budget**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Homelessness Prevention | Rapid Re‐ Housing | Emergency Shelter | Street Outreach | HMIS | Total Amount Budgeted |
| Rental Assistance\* |  |  |  |  |  |  |
| Housing Relocation & Stabilization Services\*\* |  |  |  |  |  |  |
| Essential Services |  |  |  |  |  |  |
| Renovation |  |  |  |  |  |  |
| Shelter Operations |  |  |  |  |  |  |
| Relocation Assistance |  |  |  |  |  |  |
| Other Services |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |

All activities must provide 1:1 cash match. Please identify sources of committed and pending match in the Match chart below.

**Match Detail**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source | Amount | Cash or In‐ Kind | Committed \*\*\* (include Date of commitment) | Pending \*\*\* (include date ofApplication/Request) |
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|  |  |  |  |  |
| TOTAL |  |  |  |  |

**\*\*\* Documentations must be provided to confirm committed and pending match as follows:**

* + **Committed match sources ‐ signed grant agreements, award letters/notifications or letters of commitment covering the match listed above to be received for the project requesting funds and expended during the operating year of the FY2023 grant if awarded.**
	+ **Pending match sources ‐ written and dated correspondence with pending match source which includes amount being requested (as identified above) and confirmation that the pending match is being requested for the project requesting funds and for expenditure during the operating year of the FY2023 grant.**

**Budget Detail**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category Breakdown | ESG FUNDING REQUEST | Match Funds | Source of Match Funds | Total Funds |
| HMIS activities |  |  |  |  |

NOTE: Complete Budget Detail – Personnel Costs below if staff costs are included in your application.

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 (ex. Case Manager 1, Case Manager 2).

**Budget Detail – Personnel Costs**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Position Title | Current or Proposed Position | Annual Salary | Annual Fringe Benefits | Total Annual Salary | Multiplied by % Time Spent on ESGProgram | Total Position Costs Requestedfrom ESG |
| **Example – Case Manager** | **Current** | **$25,000** | **$5,000** | **$30,000** | **X 40%** | **$12,000** |
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# ADDITIONAL DOCUMENTS

Additional documents required with the application:

* Organizational chart with all vacancies indicated
* Position descriptions for all affected staff positions
* Applicant’s most recent audit report and most recent financial statement (must be after 2021)
* Applicant’s operating budget for the current year
* Internal Revenue Service 501 (c)3 designation
* Articles of Incorporation
* Agency by-laws
* Certificate of Good Standing from the Secretary of State (current year)
* List of all current members of the organization’s board of directors
* Last three months of board minutes, including attendance
* Copy of the organization’s conflict of interest policy/ questionnaire

Approved projects also may be required to show:

* Property deeds
* Proof of insurance
* Current Fire Inspection Certificate for each facility that funds are being requested for
* Certificate of occupancy for each facility that funds are being requested for
* Various other documents as required

# ATTACHMENTS REQUIRED

Attachment I – A statement describing the accessibility of every facility to be assisted with ESG funds. If a facility does not meet the Federal accessibility guidelines and standards, the applicant must submit a detailed plan for sheltering a disabled person.

Attachment II – A summary of the applicant’s goals for assisting participants and the community must be submitted.

Attachment III – A copy of your participant termination policy must be submitted.

Attachment IV – A statement of services provided to participants and whether the service is a part of your agency’s in‐house program or provided through linkages with other agencies or service providers in the community must be submitted. Include either 1) brochures or pamphlets describing your in‐house program or 2) a statement on agency letterhead from the Executive Director or Board President.

Attachment V – Request for proof of the following information: in good standing with the City for grants previously received; in good standing with the City of Canton and Stark County in payment of city income tax, real estate taxes, personal property taxes, water and sewer charges or other city assessments for any properties owned within the City of Canton.

Attachment VI – Bidder and Contractor Employment Practices Report

# Certification

**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. I FURTHER CERTIFY THAT NO CONTRACTS HAVE BEEN AWARDED, FUNDS COMMITTED, OR CONSTRUCTION BEGUN ON THE PROPOSED PROGRAM AND THAT NONE WILL BE DONE PRIOR TO ISSUANCE OF A RELEASE OF FUNDS BY THE CITY OF CANTON.**

Signature of CEO/Executive Director Date

Print Name Title