

**FY2024 Emergency Solutions Grant (ESG) Annual Application**

**Note: there are multiple sections to this application, complete all sections I. through VII. And remember to include the required attachments and signature page.**

**SECTION I.-APPLICANT INFORMATION**

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:

**SECTION II.--THRESHOLD CRITERIA**

\*The first 3 elements are the threshold requirements. Applicants must pass threshold requirements in order for their application to be considered for funding.

**1. HEARTH Act, HMIS and Coordinated Entry (CE) Compliance Agreement**

Please certify with *initials* in each box indicating that your agency has read and agrees to abide by all of the following Emergency Solutions Grant requirements: Emergency Solutions Grants Program Laws and Regulations [ESG Law, Regulations, and Notices - HUD Exchange](#)

Homeless Management Information System Policies and Procedures [starkcountyhomeless.org](#)

Coordinated Entry (CE) Policies & Procedures [starkcountyhomeless.org](#)

*Only Victim Service Agencies can opt out of participation in HMIS and CE but must maintain a separate and comparable data system that captures all HMIS data elements while maintaining participant security standards for victim service agencies. Victim Service Agencies will be required to submit quarterly performance outcomes from an internal database.*

Is your agency a Victim Service Provider as defined by 24 CFR 576.2: “A private non-profit organization whose primary mission is to provide services to victims of domestic violence, dating violence, a sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.”

Yes

No

## **2. Compliance with Homeless Definitions**

Describe how your agency will ensure and document compliance with HUD’s definition of either “Homeless” or “At Risk of Homelessness” as applicable to the project type.

(max. characters 700) [HUD's Definition of Homelessness: Resources and Guidance - HUD Exchange](#)

Note: Only projects that serve qualifying participants are eligible for funding consideration.

### **3. Match Documentation ATTACHMENT REQUIRED for ALL APPLICANTS IN ORDER TO MEET THRESHOLD CRITERIA**

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 FY2024 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 FY2024 grant if awarded.**

### **SECTION III. -PROGRAM COMPONENTS**

There are five eligible program components and different eligible activity types within each of those five components. Eligibility for each component is restricted to individuals and families that meet various definitions of “homeless” or “at risk of homelessness.” In the charts below, please indicate which component and activity type you are applying for.

FY2024 ESG Annual funding priorities are listed below in **order of priority**:

1. Homeless Management Information System
2. Homelessness Prevention
3. Emergency Shelter Operations

<b>Shelter Activities</b> <i>(HUD Objective/Outcome) Suitable Living Environment/Availability/Accessibility</i>					
	Renovations		Essential Services		Operations
<b>Street Outreach/Essential Services</b> <i>(HUD Objective/Outcome) Suitable Living Environment/Availability/Accessibility</i>					
<b>Homeless Prevention</b> <i>(HUD Objective/Outcome) Decent Affordable Housing/Sustainability</i>					
	Housing Relocation & Stabilization Financial Assistance		Rental Assistance		
<b>Rapid Re-Housing</b> <i>(HUD Objective/Outcome) Decent Affordable Housing/Affordability</i>					
	Housing Relocation & Stabilization Financial Assistance		Rental Assistance		
<b>HMIS (Homeless Management Information System)</b> Data Collection					

## **SECTION IV.--ADDITIONAL SCORING ELEMENTS**

### **1. Previous Experience**

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, other federal, state, local or private funds in the past 5 years (2018-current)?

Yes      No      N/A

**If yes**, briefly explain each incidence by providing a description of the funding including the name of the funding source and the audit findings and/or the amount of funding that was recaptured:  
(max. characters 700)

- b. Please describe your previous experience with HUD and/or experience in administering other federal, state, or local grants.  
(max. characters 700)

## 2. Promote Equity – Equity Factors

Agency Leadership, Governance, and Policies - (Please check all boxes that apply to the agency or project)

Organization's board of directors includes representation from more than one person with lived experience of homelessness.

Organization has relational process for receiving and incorporating feedback from persons with lived experience.

**\*If the above box is checked, describe the organization's process for receiving and incorporating feedback from persons with lived experience (max 2,500 characters).**

### **Promote Equity – Equity Factors (CONT'D)**

Organization has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers

Organization has identified programmatic changes needed to make program participant outcomes more equitable and to sustain program participant outcomes that are equitable, and developed a plan to implement those changes

**\*If the above box is checked, describe the organization’s plan to implement changes needed to make program participant outcomes more equitable. (max. 2,500 characters)**

### 3. Capacity and Target Population

Please check the activities for which you are requesting ESG funds and indicate the proposed number to be served. If the project was funded in FY2022, please complete all columns. If the project served less than the proposed number in FY2022, provide an explanation of why the number was not achieved and what the project plans to do differently.

**PLEASE DO NOT *JUST* CHECK BOXES**

Eligible Activity	Program Request (check box if applying for this program)	Proposed Number to be Served	FY2022 Data (if applicable)	
			Proposed number to be served	Actual number served
Street Outreach (SO)				
Emergency Shelter Operations (ES)				
Homeless Prevention (HP)				
Rapid Re-Housing (RRH)				
HMIS				

**FY2022 Explanation (if needed):**



Please identify the primary populations and household type your ESG program will serve by checking the boxes below.

Primary Population and Household Type	Check all boxes that apply
Chronically Homeless	
Youth (18-24)	
Survivors of Domestic Violence	
Veterans	
Persons w/ Disabilities including those living with HIV/AIDS	
Households with Adults and Children	
Households without Children	

- A. 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: \_\_\_\_\_
- B. Total unduplicated households to be served: \_\_\_\_\_

**4. Statement of Need**

Provide evidence of the need for the services proposed. Include as much data as possible to support your application (include HMIS data). Include relevant statistics such as number of referral calls, number of participants on your priority lists, and time on priority lists. Describe how you will meet the priority needs of homeless individuals or those most at risk of homelessness. (max characters 550)

## 5. Coordinate and Integrate with other Mainstream Services and Programs

Describe how your agency assists program participants in obtaining mainstream services and financial assistance, including housing, social services, employment, training, education (for children and adults), and youth programs for which participants are eligible. Specify which services are provided within your agency and with external partnerships. Include any Memoranda of Understanding/Agreements with external agencies. **In order to receive the full 10 points** on this question, please provide data related to the outcome measures and outcome results the agency uses to determine if the coordination and integration is successful. (Example: #of participants that had Non-Cash Benefit Sources (CAPER Q20a) at Start, latest status and exit and # of participants that had Cash Income Sources at Start, latest status and exit (CAPER Q17) (max. characters 2,500) Examples include Social Security Income, Social Security Disability Income, SNAP assistance (food stamps), earned income, Section 8, etc. If your agency serves homeless families with children or unaccompanied youth, also describe how your agency ensures that children are enrolled in school, connected to appropriate services, and aware of their eligibility for McKinney-Vento education services.

6. **Rate of Housing Placement** Provide annual data including the date range and the corresponding aggregate report (i.e., CAPER, or HMIS comparable data system report) related to the percentage of persons who exited your emergency shelter, homelessness prevention, or rapid rehousing project to permanent housing for the most recent reporting period. If applying for Street Outreach, provide data related to the percentage of persons who exited your project to positive destinations (exited to place not meant for human habitation or to jail, prison, or juvenile detention are the only exits considered negative destinations). Annual data report dates will vary based on agency and project. Describe how your agency supports participants in exiting to permanent (long-term) housing destinations. (max. characters 1,500)

7. **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. Include the following:

- a. Plan of action for each Service Activity to be provided (i.e. prevention, rapid re-housing, street outreach, emergency shelter);
- b. Coordination of intake and referral procedures with HCCSC's Coordinated Entry and HMIS and other service providers;
- c. Use of HMIS or a comparable database to track participant information;
- d. Program location(s) and hours of operation;
- e. Program evaluation, specific performance measures and outcomes to evaluate the success of your program;
- f. Program specific procedures and guidelines;
- g. Explanation of how your organization will involve persons with lived experience of homelessness in the operations of the ESG-funded program.

If undertaking renovation for an emergency shelter activity request, detail the type of renovation to be undertaken along with detailed work write-up and cost estimates.

*If more space is needed-Continue Statement of Work/Scope of Service on next page*

**Statement of Work/Scope of Service (CONT'D)**

**8. Collaboration with the CoC**

Does your program collaborate with the Homeless Continuum of Care of Stark County (HCCSC)?

Yes       No

If yes, explain specific collaborative efforts with the HCCSC including HCCSC membership, committees and workgroups on which your agency's staff serve. (max. characters 700)

## SECTION V.--PROJECT FUNDING AND 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						
<b>TOTAL</b>						

\*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 service

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 of Application/Request)
<b>TOTAL</b>				

**\*\*\* 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 FY2024 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 FY2024 grant.

### Budget Detail

Category Breakdown	ESG FUNDING REQUEST	Match Funds	Source of Match Funds	Total Funds
<b>Personnel – Eligible under all Project Types – May be listed in Personnel and in additional categories below to detail specific activities where applicable</b>				
Salaries & Benefits				
<b>Street Outreach</b>				
Coordinated Entry				
Engagement				
Case Management				
Other Eligible Activity (please specify)				
Other Eligible Activity (please specify)				
<b>Street Outreach Subtotal</b>				
<b>Prevention and Rapid Rehousing ONLY - Direct Financial Assistance</b>				
Short- & Medium-Term Rental Assistance				
Security Deposits				
Utility Deposits				
Utility Payments				
Moving Costs				
Other Eligible Activity (please specify)				
<b>Financial Assistance Subtotal</b>				
<b>Prevention and Rapid Rehousing ONLY - Housing Relocation and Stabilization Services</b>				
Coordinated Entry				
Case Management				
Housing Search/Placement				
Legal Services				
Budgeting & Credit Repair				



Other Eligible Activity (please specify)				
<b>Services Subtotal</b>				
<b>Shelter Renovations</b>				
Renovation expenses				
<b>Shelter Operations</b>				
Maintenance				
Rent				
Security				
Equipment				
Insurance				
Utilities				
Other Eligible Activity (please specify)				
<b>Operations Subtotal</b>				
<b>Shelter Essential Services</b>				
Coordinated Entry				
Case Management				
Other Eligible Activity (please specify)				
Other Eligible Activity (please specify)				
Other Eligible Activity (please specify)				
<b>Essential Services Subtotal</b>				
<b>HMIS</b>				
HMIS activities				
<b>Total ESG Request</b>				
<b>Total Other Funds</b>				
<b>Grand Total</b>				

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 ESG Program	Total Position Costs 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>

**Cost per person served**

Emergency Solutions Grant (ESG)	Program Year 2024 Request
1. ESG Funding Request	
2. Total Program Budget	
3. ESG Request as % of Program Budget (item 1 divided by item 2)	
4. Unduplicated Participants to be Served <i>(Not required for grant funds being requested to support a Homeless Management Information System [HMIS] project)</i>	
5. Total Program Costs Per Participant (item 2 divided by item 4) <i>(Not required for grant funds being requested to support a Homeless Management Information System [HMIS] project)</i>	
6. Total ESG Cost Per Participant (item 1 divided by item 4) <i>(Not required for grant funds being requested to support a Homeless Management Information System [HMIS] project)</i>	

## **SECTION VI.--ADDITIONAL DOCUMENTS**

### **ADDITIONAL DOCUMENTS**

Additional documents required with the application:

- a. Organizational chart with all vacancies indicated
- b. Position descriptions for all affected staff positions
- c. Applicant's most recent audit report and most recent financial statement (must be after 2022)
- d. Applicant's operating budget for the current year
- e. Internal Revenue Service 501 (c)3 designation
- f. Articles of Incorporation
- g. Agency by-laws
- h. Certificate of Good Standing from the Secretary of State (current year)
- i. List of all current members of the organization's board of directors
- j. Last three months of board minutes, including attendance
- k. 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

## **SECTION VII.--ATTACHMENTS AND SIGNATURE**

### **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 – 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 V – 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