**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:

Unique Entity Identifier (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:       Email:

# 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.

### 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](https://www.hudexchange.info/programs/esg/esg-law-regulations-and-notices/#laws)

      Homeless Management Information System Policies and Procedures \*[starkcountyhomeless.org](https://starkcountyhomeless.org/)

      Coordinated Entry (CE) Policies & Procedures \*[starkcountyhomeless.org](https://starkcountyhomeless.org/)

**\* Policies and procedures will continue to be under review and revised based on additional guidance from HU****D**.

*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 performance outcomes as requested 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

### 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 ‐](https://www.hudexchange.info/news/huds-definition-of-homelessness-resources-and-guidance/) HUD Exchange Note: Only projects that serve qualifying participants are eligible for funding consideration.

### 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 FY2026 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 FY2026 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 chart below, please indicate which component and activity type you are applying for.**

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

# SECTION IV.-ADDITIONAL SCORING ELEMENTS

### Previous Experience

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

* 1. 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 (2020‐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)

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

1. **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 FY2024, please complete all columns. \*If the project served less than the proposed number in FY2024, 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 | FY2024 Data (if applicable) |
|  |  |  | Proposed numberto be served | Actual number served |
| Street Outreach (SO) | [ ]  |        |       |       |
| Emergency Shelter Operations(ES) | [ ]  |        |       |       |
| Homeless Prevention(HP) | [ ]  |       |       |       |
| Rapid Re‐Housing(RRH) | [ ]  |       |       |       |
| HMIS | [ ]  |       |       |       |

###  \* FY2024 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 | [ ]  |

1. 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:
2. Total unduplicated households to be served:

### 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)

### 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. If applying for Street Outreach, describe how your agency provides or will provide essential services including engagement, case management, emergency health services, emergency mental health services, transportation, and services for special populations. 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) (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) 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). (max. characters 2,500)

1. **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 entered shelter or were prioritized for rapid rehousing or permanent supportive housing. 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 or for Street Outreach, how your agency supports participants in exiting to emergency shelter or prioritization for rapid rehousing or permanent supportive housing. (max. characters 1,500)

### 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 (a-g) below in the narrative **\*(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)**

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

1. **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 AmountBudgeted |
| Rental Assistance\* | $      | $      |  | $      |
| Housing Relocation & StabilizationServices\*\* | $      | $      | $      |
| Essential Services |  | $      | $      |  | $      |
| Renovation | $      |  | $      |
| Shelter Operations | $      | $      |
| Relocation Assistance | $      | $      |
| 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 and costs for eligible services (reference: [eCFR :: 24 CFR Part 576 -- Emergency Solutions Grants Program](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-576#576.106))

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) |
|       | $      |       |       |       |
|       | $      |       |       |       |
|       | $      |       |       |       |
|       | $      |       |       |       |
|       | $      |       |       |       |
|       | $      |       |       |       |
| **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 FY2026 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 FY2026 grant.

**Budget Detail**

**When completing the budget tables, you must specify what the *other eligible activity is by listing the activity in the chart below as it reads in the Quick Reference Guide and CFR.* Please refer to the following sources foreligible activities*:*** [**ESG Program Components Quick Reference Guide**](https://files.hudexchange.info/resources/documents/ESG-Program-Components-Quick-Reference.pdf) **and** [**eCFR :: 24 CFR Part 576 -- Emergency Solutions Grants Program**](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-576#576.101)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category Breakdown | ESGFUNDING REQUEST | Match Funds | Source of Match Funds | Total Funds |
| **Personnel – Eligible under all Project Types – May be listed in Personnel and in additional categories below to detail specific activities where applicable** |
| Salaries & Benefits | $      | $      |       | $      |
| **Street Outreach** |
|  Transportation | $      | $      |       | $      |
| Engagement | $      | $      |       | $      |
| Case Management | $      | $      |       | $      |
| \*Other Eligible Activity (please specify) | $     Activity:       | $      |       | $      |
| \*Other Eligible Activity (please specify) | $     Activity:       | $      |       | $      |
| **Street****Outreach Subtotal** | $      | $      |  | $      |
| **Prevention and Rapid Rehousing ONLY - Direct Financial Assistance** |
| Short‐ & Medium‐ Term RentalAssistance | $      | $      |       | $      |
| Security Deposits | $      | $      |       | $      |
| Utility Deposits | $      | $      |       | $      |
| Utility Payments | $      | $      |       | $      |
| Moving Costs | $      | $      |       | $      |
| Rental Application fees | $      | $      |       | $      |
| **Financial****Assistance Subtotal** | $      | $      |  | $      |
| **Prevention and Rapid Rehousing ONLY - Housing Relocation and Stabilization Services** |
|  | $      | $      |       | $      |
| Case Management | $      | $      |       | $      |
| Housing Search/Placement | $      | $      |       | $      |
| Legal Services | $      | $      |       | $      |
| Budgeting & Credit Repair | $      | $      |       | $      |
|  Mediation | $      | $      |       | $      |
| **Services Subtotal** | $      | $      |  | $      |
| **Shelter Renovations** |  |  |  |  |
| Renovation expenses | $      | $      |       | $      |
| **Shelter Operations** |
| Maintenance | $      | $      |       | $      |
| Rent | $      | $      |       | $      |
| Security | $      | $      |       | $      |
| Equipment | $      | $      |       | $      |
| Insurance | $      | $      |       | $      |
| Utilities | $      | $      |       | $      |
| \*Other Eligible Activity (please specify) | $     Activity:       | $      |       | $      |
| **Shelter Operations Subtotal** | $      | $      |  | $      |
| **Shelter Essential Services** |
|  | $      | $      |       | $      |
| Case Management | $      | $      |       | $      |
| \*Other Eligible Activity (please specify) | $     Activity:       | $      |       | $      |
| \*Other Eligible Activity (please specify) | $     Activity:       | $      |       | $      |
| \*Other Eligible Activity (please specify) | $     Activity:       | $      |       | $      |
| **Essential Services****Subtotal** | $      | $      |       | $      |
| **HMIS** |
| HMIS activities | $      | $      |       | $      |
|  |
| **Total ESG Request** | $      |  | $      |
| **Total Other (Match) Funds** |  | $      |  | $      |
| **Grand Total** |  | $      |

**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 relates 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 Cost**

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

**Cost per person served**

|  |  |
| --- | --- |
| Emergency Solutions Grant (ESG) | Program Year 2025 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*(Not required for grant funds being requested to support a Homeless Management Information System [HMIS] project)* |         |
| 5. Total Program Costs Per Participant (item 2 divided by item 4)*(Not required for grant funds being requested to support a Homeless Management Information System [HMIS] project)* | $      |
| 6. Total ESG Cost Per Participant (item 1 divided by item 4)*(Not required for grant funds being requested to support a Homeless Management Information System [HMIS] project)* | $      |

# SECTION VI. -ADDITIONAL DOCUMENTS

### ADDITIONAL DOCUMENTS

Additional documents required with the application:

* 1. Organizational chart with all vacancies indicated
	2. Position descriptions for all affected staff positions
	3. Applicant’s most recent audit report and most recent financial statement (must be 2024 or after . )
	4. Applicant’s operating budget for the current year
	5. Internal Revenue Service 501 (c)3 designation
	6. Articles of Incorporation
	7. Agency by‐laws
	8. Certificate of Good Standing from the Secretary of State (current year)
	9. List of all current members of the organization’s board of directors
	10. Last three months of board minutes, including attendance
	11. 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 – City of Canton Affidavit -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

Attachment VI-Disclosure of Lobbying Activities

**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: