

NC ESG Application Form: Project Application

2016-2017 (Funding for January 1, 2017 – December 31, 2017)

For submission information, refer to the NC ESG Application Information Packet, Section IV: Application Submission Information. This application must be delivered or postmarked by Friday, October 21, 2016.

If applying for:

- Rapid Re-housing answer questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 38, 39, 40, 41, 42, 43, 44 and 45
- Targeted Prevention answer questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 23, 24, 25, 26, 27, 28, 38, 39, 40, 41, 42, 43, 44 and 45
- Emergency Shelter answer questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 29, 30, 31, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44 and 45
- Street Outreach answer questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 29, 30, 31, 32, 33, 38, 39, 40, 41, 42, 43, 44 and 45
- HMIS answer questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 41, 44 and 45

Section One: Project Application Summary

1. Applicant Information	
Applicant Organization Name:	Counties Served by Applicant Organization:
Street Address:	Applicant Contact Person:
City, State, Zip:	Contact Person Title:
Mailing Address:	Contact Person E-mail:
City, State, Zip:	Contact Person Telephone:
Telephone:	Fax:
Website:	The applicant's fiscal year is (mm/yy) to
Federal Tax ID:	DUNS #:
2. Signatory Authority-who is authorized to sign contracts for your organization?	
Name:	Title:
Telephone:	E-mail:
3. Contract Administrator-who is the point person for the contract?	
Name:	Title:
Telephone:	E-mail:
4. If awarded funds, who do you want to receive emails?	
For contract issues? <i>If needed, add additional names and emails on a separate piece of paper, placed behind this one.</i>	
Name(s):	Email(s):

For program implementation information? *If needed, add additional names and emails on a separate piece of paper, placed behind this one.*

Name(s):	Email(s):
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5. Activity Information

Type of Project (check all that apply) REFER TO CoC POLICIES:	Funds Requested	Estimated # of Households to be Served
Emergency Response Activities: Note: A maximum of 60% may be allocated for ER.		
<input type="checkbox"/> Street Outreach	\$_____	
<input type="checkbox"/> Emergency Shelter	\$_____	
<input type="checkbox"/> HMIS	\$_____	
Housing Stabilization Activities: Note: A minimum of 40% must be allocated for HS		
<input type="checkbox"/> Rapid Re-Housing	\$_____	
<input type="checkbox"/> Targeted Prevention	\$_____	
<input type="checkbox"/> HMIS	\$_____	
Total	\$_____	

Counties served by this application:

5a. Did the applicant agency receive NC ESG funding during the 2015-2016 Program Year?
 Yes No

5b. If yes, as of October 1, 2016, what percentage of funds have been submitted for reimbursement to NC ESG Program?
 80% - 100%
 70% - 79%
 51% - 69%
 0 - 50%

6. Please complete the following information about the Applicant Organization.

6a. Check which of the following apply:
 Non-profit or Local Government

6b. If a nonprofit, how long has your organization had its 501(c) 3 status?
 Does not have a 501(c)3 status
 1-5 years
 6-10 years
 More than 10 years

6c. Check the item that best describes your agency:
 Homeless Services Provider

- Community Action Agency
- Division of Social Services
- Housing Authority
- City (division: _____)
- County (division: _____)
- United Way
- Local Management Entity
- Council of Government
- Community Development Corporation
- Veteran Services
- Veteran Medical Center
- Domestic Violence Agency
- Other _____

6d. Is your organization licensed by the Dept. of Health and Human Services?

Yes No

6e. If yes, is your organization’s goal to follow a "Housing First" approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible - and then providing voluntary supportive services as needed.

Yes No

7. ESG funds require a 100% match (dollar for dollar). The match can be provided through in-kind services or cash. If your organization is using cash, the match must come from a non-ESG source and must be used for eligible ESG activities. Funds used for ESG match cannot be used as a match for other types of funds. Please indicate the source of your organization’s match below.

- Cash Source:
- In-kind services Source:
- Combination Source:
- Match to be provided by the regional committee, not the agency

Note: Organizations can change source(s), if needed, at a later date.

Section Two: Organizational Capacity

8a. Staffing				
Overall Organization		ESG Program		
Total FTEs:		Total FTEs:		
Number of Paid Staff:		Number of Paid Staff:		
Number of volunteers filling a position that would otherwise be paid staff:		Number of volunteers filling a position that would otherwise be paid staff:		
8b. Program Positions				
Position (sample job descriptions for the following positions are below)	Filled with Paid Staff	Filled with Volunteer Staff	Unfilled	Position Doesn't Exist
Executive Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Intake Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Manager(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMIS/Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal Officer/Bookkeeper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter Director/Manager (shelters only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executive Director (nonprofits) or project manager (local governments): Staff responsibility for the organization. Position reports to the Board of Directors (non-profits) or department/division supervisor (local governments).				
Intake Worker: Staff responsible for meeting with households that are applying for ESG eligible services, completing eligibility documentation				
Case Manager(s): Staff responsible for connecting households to services needed, working with ESG eligible households to create and implement housing plans				
HMIS/Data Entry: Staff responsible for entering data into NC HMIS or if a DV shelter, a comparable data system				
Fiscal Officer/Bookkeeper: Staff responsible for financial transactions and recordkeeping for ESG eligible activities				
Shelter Director/Manager (shelters only): Staff responsible for operating and managing a homeless shelter serving ESG household and implementing ESG eligible activities.				
9. What type of training is offered to your staff?				
<input type="checkbox"/> Administration <input type="checkbox"/> Best practices <input type="checkbox"/> HMIS <input type="checkbox"/> Fair Housing Training <input type="checkbox"/> Skill enhancement <input type="checkbox"/> Program development <input type="checkbox"/> Other				
10. Has your organization received any HUD findings, resolved or unresolved, within the past 5 years?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach the approved Corrective Action Plan (Include under TAB Q)				
11. Has your organization returned any HUD funds, including NC ESG funds, in the past 2 years? If so, what type and how much?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.				
12. Does your organization have any unresolved audit issues?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.				
13. Has your organization ever declared bankruptcy?				

Yes

No

If yes, what is the date of discharge?

Section Three: ESG Eligible Activities

A. Housing Stabilization (complete if applying for Housing Stability funds - Rapid Re-housing and/or Targeted Prevention funds, see page 3, Question 5)

14. Which of these program principles reflect your organization's Housing Stabilization practices?

Check all that apply.

- The service provider is obligated to bring robust support services to the housing. These services are predicated on assertive engagement, not required
- Program participant completes a housing stabilization plan or person-centered-plan prior to move in
- Continued tenancy is not dependent on participation in services
- There are units targeted to most disabled and vulnerable homeless members of the community
- The service provider priority is to serve homeless clients that have the greatest need
- Embraces harm-reduction approach to addictions rather than mandating abstinence, yet supports resident commitments to recovery.
- Residents must have leases and tenant protections under the law
- Households must complete a service package or intervention before assistance with moving into housing
- Other

15. Are there agreements/partnerships in your community to link clients with mainstream resources?

Resource	Type of Agreement		
	Formal Written (attach under Tab H)	Informal Written (attach under Tab H)	Verbal
TANF			
Food Stamps			
Medicaid			
HOME			
CDBG			
Local Public Housing Authority			
Employment Security Commission/Workforce Development			
Veterans' Administration			
Other			

16. Will your organization be partnering with another organization(s) to provide any housing stabilization services?

Yes No
 If yes, name of organization(s): _____
 If yes, please check all below that apply and include all organizations on the Housing Stabilization Team chart below.

17. What population(s) is/are being targeted for housing stabilization activities?

- Specific Geographic area (streets, neighborhood, block group)
- Employees laid off by specific employer
- Families
- Chronically homeless
- Youth
- Veterans
- Substance abusers
- Mentally ill
- Developmentally disabled
- TANF eligible families
- Survivors of domestic violence

B. Rapid Re-Housing (complete if applying for Rapid Re-housing funds, see page 3, Question 5)

18. Has your organization received rapid re-housing funds?

Yes
 No

19. Do you have experience running a rapid re-housing program?

Yes
 No
 If yes, with what funding? _____

20. What services will be available to Rapid Re-housing clients?

Housing Relocation & Stabilization Services	Financial Assistance
<input type="checkbox"/> Housing search & placement	<input type="checkbox"/> Payment of up to 6 months of arrears (rental & utility)
<input type="checkbox"/> Case management	<input type="checkbox"/> Rental application fees
<input type="checkbox"/> Mediation	<input type="checkbox"/> Security deposits (rental & utility)
<input type="checkbox"/> Legal services	<input type="checkbox"/> Last month's rent
<input type="checkbox"/> Credit repair	<input type="checkbox"/> Moving expenses
<input type="checkbox"/> Counseling	<input type="checkbox"/> Tenant-based rental assistance (TBRA)
<input type="checkbox"/> Information & referral	
<input type="checkbox"/> Monitoring and evaluation of progress	

21. Do you have existing, working relationships with landlords in your community?

Yes
 No

If yes, have there been changes in the past year?

<input type="checkbox"/> We have relationships with more landlords
<input type="checkbox"/> We have relationships with fewer landlords
If yes, please indicate below.
<input type="checkbox"/> Organization has paid rent on behalf of clients <input type="checkbox"/> Landlords: <input type="checkbox"/> reduced rent for your clients <input type="checkbox"/> waived deposit or last month's rent <input type="checkbox"/> serve clients through a rent subsidy program (ex. Shelter Plus Care, Section 8) <input type="checkbox"/> agree to be part of a local housing resource list for clients <input type="checkbox"/> have a second chance policy for clients with criminal history or poor credit or criminal history <input type="checkbox"/> consider reasonable accommodation requests <input type="checkbox"/> list available units with NC Housing Search <input type="checkbox"/> Other: _____
22. If you have been implementing a RRH program in the past year, what changes/improvements might you make to it in the upcoming year? (1500 word limit)

C. Targeted Prevention (complete if applying for Targeted Prevention funds, see page 3, Question 5)

23. Do you have experience running a Targeted Prevention program?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what funding?
24. What population(s) is/are being targeted as most likely to become homeless?
<input type="checkbox"/> Specific Geographic area (streets, neighborhood, block group) <input type="checkbox"/> Employees laid off by specific employer <input type="checkbox"/> Families <input type="checkbox"/> Chronically homeless <input type="checkbox"/> Youth <input type="checkbox"/> Veterans <input type="checkbox"/> Substance abusers <input type="checkbox"/> Mentally ill <input type="checkbox"/> Developmentally disabled <input type="checkbox"/> TANF eligible families <input type="checkbox"/> Survivors of domestic violence <input type="checkbox"/> Persons receiving another specific service (ex. Section 8 recipients) <input type="checkbox"/> Persons with HIV/AIDS <input type="checkbox"/> Other: _____
Have targeted populations changed since last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how and why?
25. How was this decision made?

- Organizational mission
- CoC/Regions priorities
- HMIS data
- Consolidated Plan/Action Plan data
- Ten Year Plan
- Other: _____

26. How will you target households who are the most likely to become homeless? What risk factors will you use? (e.g. shelter population demographics, specific geographic location) (1500 word limit)

27. What services will be available to Targeted Prevention clients?

Housing Relocation & Stabilization Services		Financial Assistance	
<input type="checkbox"/> Housing search & placement	<input type="checkbox"/> Credit repair	<input type="checkbox"/> Payment of up to 6 months of arrears (rental & utility)	<input type="checkbox"/> Last month's rent
<input type="checkbox"/> Case management	<input type="checkbox"/> Counseling	<input type="checkbox"/> Rental application fees	<input type="checkbox"/> Moving expenses
<input type="checkbox"/> Mediation	<input type="checkbox"/> Information & referral	<input type="checkbox"/> Security deposits (rental & utility)	<input type="checkbox"/> Tenant-based rental assistance (TBRA)
<input type="checkbox"/> Legal services	<input type="checkbox"/> Monitoring and evaluation of progress		

28. If you implemented a Targeted Prevention program in the past year, what changes/improvements will you make in the 16-17 Program Year? (1500 word limit)

D. Emergency Response (complete if applying for Emergency Response funds, see page 3, Question 5)

29. Will your organization be partnering with another organization(s) to provide any services?

- Yes No
- If yes, name of organization(s): _____
- If yes, please check all below that apply and include all organizations in the Emergency Response Team chart below.
- Engagement
 - Case management
 - Emergency health services
 - Emergency mental health services
 - Transportation
 - Services for special populations
 - Other: _____

30. Emergency Response Team

- Street Outreach Emergency Shelter Both

31. In the chart below, please describe your emergency response team.

Emergency Response Function	Staff Position(s) Responsible/Agency
Street Outreach:	_____ / _____
1. Outreach	_____ / _____
2. Case management	_____ / _____
3. Services	_____ / _____
Emergency Shelter	_____ / _____

1. Intake/eligibility	_____ / _____
2. Case management	_____ / _____
3. Services	_____ / _____
4. Shelter operations	

E. Street Outreach (complete if applying for Street Outreach funds, see page 3, Question 5)

32. What services will be available to Street Outreach clients?	
<input type="checkbox"/> Engagement <input type="checkbox"/> Case management <input type="checkbox"/> Emergency health services <input type="checkbox"/> Emergency mental health services <input type="checkbox"/> Transportation <input type="checkbox"/> Services for special populations <input type="checkbox"/> Other: _____	
33. Will your organization be partnering with another organization to provide any services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of organization: _____ If yes, please check all below that apply. <input type="checkbox"/> Engagement <input type="checkbox"/> Case management <input type="checkbox"/> Emergency health services <input type="checkbox"/> Emergency mental health services <input type="checkbox"/> Transportation <input type="checkbox"/> Services for special populations <input type="checkbox"/> Other: _____	

F. Emergency Shelter (complete if applying for Emergency Shelter funds see page 3, Question 5)

34. What services will be available to Emergency Shelter clients?	Year Round Service?
<input type="checkbox"/> Case management	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Child care	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Education services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Employment assistance/job training	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Outpatient health services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Legal services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Life skills training	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mental health services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Substance abuse treatment services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Services for special populations	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Does your organization have restrictions about who it will serve based on age and/or gender?	

Yes, if your organization operates a family shelter, please be aware that new regulations for ESG do not allow restricting services based on age or gender.

No

If yes, what are the restrictions?

36. Do you have a relationship with a Rapid Re-Housing program?

Yes, with: _____. Please complete list below and provide documentation that shows the relationship.

No

If yes, check all that apply

Share staff

Written MOU

Informal

Outlined in Consolidated Plan, CoC documents, 10-Year Plan

Other: _____

37. Physical Structure-do the following describe your shelter?

- | | | | |
|---|------------------------------|-----------------------------|-------------------------------------|
| 1. Has lead-based paint | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 2. The building is structurally sound | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 3. The building is handicap accessible | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 4. There is an acceptable place to sleep, adequate space and security for each shelter resident and their belongings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 5. There is a natural or mechanical means of ventilation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 6. The air is free of pollutants | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 7. The water supply free of contamination | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 8. Each resident has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 9. Any necessary heating/cooling facilities are in proper working condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 10. The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 11. There are sufficient electrical sources to permit safe use of electrical appliances in the shelter | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 12. If there are food preparation areas, they contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 13. The shelter is maintained in a sanitary condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 14. There is at least one working smoke detector in each occupied unit of the shelter | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 15. Where possible, smoke detectors are located near sleeping areas | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 16. There is a fire alarm system | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 17. The fire alarm system is designed for hearing impaired persons | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 18. All public areas of the shelter have at least one smoke detector | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

19. There is a second means of exiting the building in the event of a fire or other emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
20. Are fire drills conducted quarterly in shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Section Four: Project Policies and Procedures – TAB R

<p>38. Non-Discrimination: What is the policy to ensure non-discrimination of clients? Attach policy at the end of the Project Application identified as “Attachment AA.”</p>
<p>39. Termination of Assistance and Appeals: What is the policy to allow clients to request an appeal due to termination of assistance (policy should include time frame to request appeal verbally and in writing, to whom the appeal should be submitted and length of time to schedule a hearing)? Attach policy at the end of the Project Application identified as “Attachment BB.”</p>
<p>40. Fair Housing: What is the policy to ensure the promotion of fair housing laws? a. Policy should include where client can file a complaint b. How does the agency serve persons with limited English proficiency -- LEP c. How does the agency inform clients that interpretation/documents can be requested in languages other than English Attach policy at the end of the Project Application identified as “Attachment CC.”</p>
<p>41. HMIS Participation or Comparable System Agreement: Attach executed Data Use Agreement/Administrative QSOBAA identified as “Attachment DD.”</p>
<p>42. Are results of the linkages to mainstream resources being monitored in HMIS or a comparable system?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how?</p>
<p>43. Does your agency have a homeless or formerly homeless person as a member of the Board of Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, describe how homeless or formerly homeless person are involved in the policy decisions made by the agency: _____</p>

Section Five: Budget and Distribution of Funds

<p>44. The Excel spreadsheet “ESG Project Budget” should be completed and included in the application binder under Tab J.</p>
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Section Six: Authorized Signature

45. To the best of my knowledge and belief, all information in this application is true and correct. If the Applicant is a non-profit organization, the governing board of the Applicant Organization has authorized the request for funding.

Name of Applicant Organization

Name of Authorized Official

Title

Date

Signature