

NC ESG Application Form: Regional Application

2016-2017 (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 received or postmarked by Friday, October 21, 2016.

Section One: Application Summary

1. ESG Lead Agency Information	
Organization Name:	Counties Included in Regional Application
Street Address:	Contact Person:
City, State, Zip:	Contact Person Title:
Mailing Address:	Contact Person E-mail:
City, State, Zip:	Contact Person Telephone:
Telephone:	Fax:
Website:	
2. Please complete the following information about the ESG Lead Agency	
a. Check all the following that apply: <input type="checkbox"/> Non-profit or <input type="checkbox"/> Unit of Local Government <input type="checkbox"/> Single County or <input type="checkbox"/> Regional/Multiple County	
b. Does your ESG Lead Agency provide direct services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Does your ESG Lead Agency have paid staff to provide administrative support to the CoC/Regions as a part of their job description? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Is the ESG Lead Agency requesting Emergency Response or Housing Stabilization Activities funding for itself? <input type="checkbox"/> Yes <input type="checkbox"/> No	

e. *Optional:* What additional information not covered elsewhere in this application should we know about the ESG Lead Agency? (150 word limit)

Section Two: Fiscal Sponsor

3a. Has your CoC/Regions chosen to use a Fiscal Sponsor this year?

Yes No (If no, skip to Section Three)

3b. If yes, fill out the following information.

Select which type of Fiscal Sponsor your CoC/Regions is applying for:

- Housing Stabilization Activities Only
- Emergency Response and Housing Stabilization Activities (all activities)

3c. Is the Fiscal Sponsor prepared to:

- Hold the ESG contract with the State
- Sub-contract with all other ESG agencies
- Reimburse ESG sub-contractors for eligible ESG activities
- Submit reimbursement requests to the State on behalf of the region
- Be the central point of contact for all reporting requirements
- Coordinate monitoring visits and training opportunities in the region

4. Fiscal Sponsor Information:

Organization Name:

Street Address:

Contact Person:

City, State, Zip:

Contact Person Title:

Mailing Address:

Contact Person E-mail:

City, State, Zip:

Contact Person Telephone:

Telephone:

Fax:

Website:	Fiscal Year (i.e. July 1 - June 30):
Federal Tax ID:	DUNS #:
5. Does the Fiscal Sponsor have paid staff to provide administrative support for the ESG funds?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Will the Fiscal Sponsor also be providing services?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. If awarded funds, who do you want to receive emails?	
For contract issues? If needed, add additional names and emails on a separate piece of paper, placed behind this one.	
Name(s):	Email(s):
For program implementation information? <i>If needed, add additional names and emails on a separate piece of paper, placed behind this one.</i>	
Name(s):	Email(s):

Section Three: Continuum of Care

8. Continuum of Care/Regional Committee
8a. Continuum of Care/Regional Committee Name:
8b. Does your CoC/Regions participate in Coordinated Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No
8c. Has your CoC/Regions developed Housing Stabilization Standards? <input type="checkbox"/> Yes <input type="checkbox"/> No
8d. If yes, will all recommended projects for funding adhere to Housing Stabilization Standards as determined by the CoC/Regions? <input type="checkbox"/> Yes <input type="checkbox"/> No
8e. What was the amount of funds allocated to the CoC/Regions for the 2015-2016 ESG Program Year?
8f. As of October 1, 2016, what percentage of CoC/Regions funds have been submitted for reimbursement to NC ESG Program?
<input type="checkbox"/> 80% - 100% <input type="checkbox"/> 70% - 79% <input type="checkbox"/> 51% - 69% <input type="checkbox"/> 0 - 50%

Section Four: CoC/Regions Goals and Outcomes

9. In order of priority list the top three (3) goals of the CoC/Regions and how will the goals be measured at the end of the funding cycle.			
Goal #1	Measurement		
Goal #2	Measurement		
Goal #3	Measurement		
10. What percentage of program exits are to permanent housing? The NC ESG program's statewide goals are: *80% of rapid re-housing program exits to permanent housing. *30% of emergency shelter exits to permanent housing			
Type of Program	% of exits to permanent housing current year	% of exits to permanent housing last year	Don't Know
Emergency Shelter			
Rapid Re-Housing			
Prevention			

11. What are the barriers to obtaining housing for homeless persons in your region?	
<input type="checkbox"/> Criminal backgrounds <input type="checkbox"/> Poor credit <input type="checkbox"/> Poor rental history <input type="checkbox"/> Area landlords aren't interested in working with organization <input type="checkbox"/> Area rents are too high <input type="checkbox"/> Available units aren't the right size	<input type="checkbox"/> Area rents are greater than HUD FMR <input type="checkbox"/> Not enough existing rental housing in area <input type="checkbox"/> Lack of transportation between units and services/jobs/amenities <input type="checkbox"/> Income <input type="checkbox"/> Available units don't pass inspection <input type="checkbox"/> Other:
12. Has your region implemented any strategies towards reducing these barriers?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which of the following?	
<input type="checkbox"/> Master lease <input type="checkbox"/> Co-lease <input type="checkbox"/> Payment of rental or utility arrears <input type="checkbox"/> Requests for reasonable accommodation <input type="checkbox"/> Staff Training on how to make a request for a reasonable accommodation <input type="checkbox"/> Building relationships with area landlords <input type="checkbox"/> Assertively assist clients to engage in credit repair <input type="checkbox"/> SOAR worker on staff <input type="checkbox"/> Link clients to SOAR worker	<input type="checkbox"/> Payment of deposits or last month's rent <input type="checkbox"/> Provides transportation or bus tokens <input type="checkbox"/> Encourage landlords to list properties on NC Housing Search <input type="checkbox"/> Engage legal services (legal aid or volunteer attorneys) to assist with criminal records <input type="checkbox"/> MOA with DSS to help clients link with benefits <input type="checkbox"/> Support or coordinate local fair housing training for property managers <input type="checkbox"/> Other:
13. What are the barriers to maintaining housing for households in your region?	
<input type="checkbox"/> Clients' incomes are too low <input type="checkbox"/> Lack of employment opportunities	

<input type="checkbox"/> Mental health services <input type="checkbox"/> Lack of tenancy supports <input type="checkbox"/> Transportation <input type="checkbox"/> Unhealthy social network <input type="checkbox"/> Lack of knowledge of tenant/landlord rights & responsibilities <input type="checkbox"/> Other:
14. Has your region implemented any strategies towards reducing these barriers?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which of the following? <input type="checkbox"/> Partnership with employment/job training program <input type="checkbox"/> Arrangement with TANF to pay 3 months of rent for TANF eligible families <input type="checkbox"/> Partnership with Vocational Rehabilitation <input type="checkbox"/> MOU with MCO <input type="checkbox"/> Provide transportation or bus tickets <input type="checkbox"/> Provide tenant/landlord rights & responsibilities and fair housing training <input type="checkbox"/> Offer tenant-based rental assistance <input type="checkbox"/> Peer support programs <input type="checkbox"/> Other:

Section Five: CoC Policies and Procedures- Tab C

15. CoC Policies and Procedure: Conflict of Interest, Appeals, ESG Assistance <i>**The CoC is responsible for establishing and enforcing the following policies and procedures for subrecipients receiving ESG funds.</i>
15a. Conflict of Interest: What is the CoC policy to ensure conflict of interest is minimized in recommending project applications. Attach policy at the end of the Regional Application identified as "Attachment A."
15b. Appeals What is the CoC policy that outlines how agencies can appeal decisions determined by the CoC i.e. funding, priorities and recommendations. Policy must include the number of days to provide written request to CoC Lead, time frame hearing and resolution of the appeal. (ex. hearing will be held within 10-30 days of receipt of appeal, written resolution will be mailed 10-30 days after hearing). Attach policy at the end of the Regional Application identified as "Attachment B."
15c. Housing Stabilization Standards Attach CoC Housing Stabilization Standards at the end of the Regional Application identified as "Attachment C."
16. ESG Assistance <i>Emergency Shelter</i> 16a. Provide the written policy to address how shelters move homeless persons to permanent housing as quickly as possible (Housing First Model). Attach policy at the end of the Regional Application identified as "Attachment C1."

16b. Provide the written policy that address how clients are prioritized to receive emergency shelter services. **Attach policy at the end of the Regional Application identified as "Attachment C2."**

Rapid Re-Housing

16 c. Provide the written policy that address how clients are prioritized to receive rapid re-housing financial assistance and services. **Attach policy at the end of the Regional Application identified as "Attachment D1."**

16 d. Provide the written policy for determining what percentage or amount of rent and utility costs each program participant must pay while receiving rapid re-housing financial assistance (this is only applicable if the participant has income). **Attach policy at the end of the Regional Application identified as "Attachment D2."**

Example:

Clients with income will pay 40% of their net income for rent and utilities.

16e. Provide the written policy to project the maximum number of months a program participant will be provided with rental assistance. In addition, how would you determine the eligibility amount for each participant? **Attach policy at the end of the Regional Application identified as "Attachment D3."**

Example:

Clients with greatest barriers may receive up to 6 months of financial assistance totaling \$7,200 per individual or family.

Average rent deposit \$1,200 (may have to offer an incentive of 2 months rent to landlord)

Average utility deposit \$ 150

Average monthly rent \$ 600

Average monthly utilities \$ 250

Total funds allocated for RR FA = \$30,000 $\$30,000/\$7,200 = 4.1$ (number of individuals/families to be served during program year for RR FA)

Clients with intermediate barriers may receive up 3 months of financial assistance.

16f. Provide the written documentation demonstrating how non NC ESG funds are also allocated to support Rapid Re-Housing Financial Assistance activities. Attach policy at the end of the Regional Application identified as "Attachment D4."

Prevention

16g. Provide the written policy that address how clients are prioritized to receive prevention financial assistance and services. **Attach policy at the end of the Regional Application identified as "Attachment E1."**

16h. Provide the written policy for determining what percentage or amount of rent and utility costs each program participant must pay while receiving prevention financial assistance (this is only applicable if the participant has income). **Attach policy at the end of the Regional Application identified as "Attachment E2."**

Example: Clients with income will pay 40% of their net income for rent and utilities.

16i. Provide the written policy to project the maximum number of months a program participant will be provided with rental assistance. In addition, how would you determine the eligibility amount for each participant? **Attach policy at the end of the Regional Application identified as "Attachment E3."**

Example: Clients may receive up to 2 months of financial assistance totaling \$2,000 per individual or family

Section Six: Homelessness Management Information System (HMIS) and Comparable Data Tracking System (if a DV Shelter)

17. What is your CoC/Regions's HMIS bed coverage for the following? (What percentage of the year round/seasonal overflow beds for each category are putting their information into HMIS and DV Shelter Comparable Data Tracking Systems?):		
Category	Year Round	Seasonal Overflow
Emergency Shelter Beds for Households without Children:	%	%
Emergency Shelter Beds for Households with Children:	%	%
Emergency Shelter Beds for Households with only Children:	%	%
RRH Beds for Households without Children:	%	%
RRH Beds for Households with Children:	%	%
RRH Beds for Households with only Children:	%	%
Permanent Supportive Housing Beds for Households without Children:	%	%
Permanent Supportive Housing Beds for Households with Children:	%	%
Permanent Supportive Housing Beds for Households with only Children:	%	%

Section Seven: Funding Priorities

18. What is the amount of funding that the CoC/Regions is eligible to receive?	
\$	
19. Types of Funding Requested:	
<p>Emergency Response Activities (Maximum of 60% for ER activities)</p> <p><input type="checkbox"/> Street Outreach \$</p> <p><input type="checkbox"/> Emergency Shelter \$</p> <p>Total Amount Requested \$</p>	<p>Housing Stabilization Activities (Minimum of 40% for HS activities)</p> <p><input type="checkbox"/> Rapid Re-Housing \$</p> <p><input type="checkbox"/> Targeted Prevention \$</p> <p><input type="checkbox"/> HMIS \$</p> <p>Total Amount Requested \$</p>
20. Emergency Shelter Funding	
<p><input type="checkbox"/> Recommending funding emergency shelter at the same level as 15-16</p> <p><input type="checkbox"/> Recommending shifting money from emergency shelter to: (check all that apply)</p> <p style="padding-left: 40px;"><input type="checkbox"/> Street Outreach <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Targeted Prevention <input type="checkbox"/> HMIS</p> <p><input type="checkbox"/> No emergency shelter funds requested</p>	

21. Housing Stabilization Activities Funding (check all that apply)

- Partially Maintaining Rapid Re-Housing Capacity from NC ESG/Other
- Maintaining Rapid Re-Housing Capacity from NC ESG/Other
- Creating New Rapid Re-Housing Capacity
- Partially Maintaining Targeted Prevention Capacity from NC ESG/Other
- Maintaining Targeted Prevention Capacity from NC ESG/Other
- Creating New Targeted Prevention Capacity

22. What was used to set funding priorities:

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

Section Eight: Selection Process

In this section, we want to understand how your CoC/Regions determined which organizations and activities should be funded.

23. How did your region solicit interest in ESG funds?

- RFP/RFA
- CoC meetings
- Public comment
- Community dialogues
- Outreach to organizations that serve homeless people/at risk of becoming homeless populations
- Newspaper
- Websites
- Other: _____

24. Explain the process that was used to determine which of the interested parties would be funded and for which activities they would be funded (max 5,000 characters).

25. Please include under Tab D any materials used to select the organizations to be funded such as RFP, application, checklists, scorecards, etc.

26. Are data and outcome experience being used to drive changes in who receives what type of funds?

- Yes
- No

27. If yes, please describe. If no, why not?

28. Please list all members of your selection committee ESG funding below.

Name	Representing (CoC, Local Government, etc.)	How were they selected for the committee?
		<input type="checkbox"/> ESG experience <input type="checkbox"/> HPRP experience <input type="checkbox"/> CoC/CoC application experience <input type="checkbox"/> Other HUD funds experience <input type="checkbox"/> Understanding of HMIS Data <input type="checkbox"/> Other: _____
		<input type="checkbox"/> ESG experience <input type="checkbox"/> HPRP experience <input type="checkbox"/> CoC/CoC application experience <input type="checkbox"/> Other HUD funds experience <input type="checkbox"/> Understanding of HMIS Data <input type="checkbox"/> Other: _____
		<input type="checkbox"/> ESG experience <input type="checkbox"/> HPRP experience <input type="checkbox"/> CoC/CoC application experience <input type="checkbox"/> Other HUD funds experience <input type="checkbox"/> Understanding of HMIS Data <input type="checkbox"/> Other: _____
		<input type="checkbox"/> ESG experience <input type="checkbox"/> HPRP experience <input type="checkbox"/> CoC/CoC application experience <input type="checkbox"/> Other HUD funds experience <input type="checkbox"/> Understanding of HMIS Data <input type="checkbox"/> Other: _____
		<input type="checkbox"/> ESG experience <input type="checkbox"/> HPRP experience <input type="checkbox"/> CoC/CoC application experience <input type="checkbox"/> Other HUD funds experience <input type="checkbox"/> Understanding of HMIS Data <input type="checkbox"/> Other: _____

28a. Were representatives from potentially funded agencies on the selection committee?

Yes
 No

28b. If yes, how was conflict of interest addressed?

Section Nine: Budget and Distribution of Funds –Tab B

29. The Excel spreadsheet “ESG Regional Budget” should be completed and included in the application binder under Tab B.

Section Ten: Authorized Signature

30. To the best of my knowledge and belief, all information in this application is true and correct.	
Name of ESG Lead Agency Organization	
Name of Authorized Official	
Title	Date
Signature	