North Carolina Emergency Solutions Grants Program

**FY18-19 Project Application**

Funding for the 2019 Program Year (January 1, 2019 – December 31, 2019)

For submission information, refer to the NC ESG Application Information Packet, Section IV: Application Submission Information.

# Organization Information

## Project Applicant Information

|  |  |
| --- | --- |
| Legal Name of Organization: | |
| Street Address: | Mailing Address: |
| Telephone: | Website: |
| Federal Tax ID Number: | DUNS #: |
| Select organization type: | Date of Incorporation:  mm/dd/yyyy |
| Contact Person for Organization: | Email Address for Contact Person: |
| What LPA is your organization in? | What counties does your agency currently serve (include all, even if in a different LPA)? |

## Signatory Authority

Please enter the information for the person authorized to sign contracts for your organization.

|  |  |
| --- | --- |
| Name: | Title: |
| Telephone: | E-mail: |
| Mailing Address: | |

## Application Certification

**To the best of my knowledge and belief, all information in this application is true and correct.**

|  |  |
| --- | --- |
| Name of Applicant Organization | |
| Name of Authorized Official | |
| Title | Date |
| Signature | |

## Agency Mission

* 1. Describe in detail the applicant’s mission, types of program and services currently offered and how homeless programs fit within that mission.

|  |
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| Enter Response Here- Maximum 2000 Characters |

# Organizational Capacity & Stability

## Financial Capacity

|  |
| --- |
| **5.1** Applicant Agency’s fiscal year: mm/dd to mm/dd    **Attach** your agency’s financial policies under Tab L. |
| **5.2** Explain how your agency will monitor its activities to ensure that ESG dollars are spent in a timely manner and how ESG monies will be applied and tracked against specific activities.   |  | | --- | | Enter Response Here- Maximum 2000 Characters | |  | |
| **5.3** Has your organization received any HUD findings, resolved or unresolved, within the past 5 years?  **5.3.1** If yes, please **attach** the approved Corrective Action Plan under Tab J |
| **5.4 Attach** yourmost the audit for your most recent closed fiscal year in Tab H  OR  If you do not have an audit, **attach** the provided sworn financial statement form, the Organizational Budget, and the Statement of Activities for the most recent closed fiscal year (revenue less expenses). The Organizational Budget should show budget vs. actual revenue and expenses. |
| **5.5** List the total actual operating revenue and expenses of your organization for the last three completed fiscal years (with year 1 being the most recent year). |

Year 1

|  |  |  |
| --- | --- | --- |
| Fiscal Year End Date: mm/dd/yyyy | Revenue Amount |  |
| Were the amounts for year 1 audited? | Expenses Amount |  |
|  | Difference in Revenue and Expenses |  |

Year 2

|  |  |  |
| --- | --- | --- |
| Fiscal Year End Date: mm/dd/yyyy | Revenue Amount |  |
| Were the amounts for year 2 audited? | Expenses Amount |  |
|  | Difference in Revenue and Expenses |  |

Year 3

|  |  |  |
| --- | --- | --- |
| Fiscal Year End Date: mm/dd/yyyy | Revenue Amount |  |
| Were the amounts for year 3 audited? | Expenses Amount |  |
|  | Difference in Revenue and Expenses |  |

**4.5** Please provide an explanation for any negative balances over the past three years.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

The NC ESG Office may request additional financial documentation after application review.

## Board Information

|  |
| --- |
| **6.1** Total number of current board members: |
|  |
| **6.2** Provide a brief explanation of how board members are selected.   |  | | --- | | Enter Response Here- Maximum 2000 Characters | |
| **6.3** What is the term length for board members in your bylaws?   |  | | --- | | Enter Response Here- Maximum 2000 Characters | |
| **Attach** the Board of Directors Member Roster in Tab G that includes:   * Name of each board member; * Mailing address for each board member; * Occupation of each board member and affiliate organization; * Email address of each board member; * Indication of which board member(s) have experienced homelessness. |

## Past Awards

**7.1** Did the applicant agency receive NC ESG funding during the 2018 Program Year?

**7.2** If you answered no because you did not receive NC ESG funding during the 2017 calendar year, has the applicant agency been a subrecipient in previous years?

**7.2.1** If you have previously been a subrecipient, what was the most recent year you were funded?

**7.2.2** For the year designated above (7.2.1), indicate amount of funding you received for each activity.

|  |  |
| --- | --- |
| Activity | Amount |
| Street Outreach | $ |
| Emergency Shelter | $ |
| Homelessness Prevention | $ |
| Rapid Rehousing | $ |
| HMIS | $ |

# Staff Capacity

## Organizational Staff Information

**8.1** Please complete the chart below to reflect all staff working for the organization and staff working in ESG-funded programs.

|  |  |
| --- | --- |
| **Entire Organization** | **ESG Program(s)** |
| Total FTEs: | Total FTEs: |
| Total PTEs: | Total PTEs: |
| 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: |

* + 1. Please complete the chart below to indicate the type of staff filling positions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Filled with Paid Staff** | **Filled with Volunteer Staff** | **Unfilled** | **Position Does Not Exist** |
| Executive Director |  |  |  |  |
| Intake Worker |  |  |  |  |
| Case Manager(s) |  |  |  |  |
| HMIS Agency Administrator |  |  |  |  |
| Fiscal Officer/Bookkeeper |  |  |  |  |
| Shelter Director/Manager |  |  |  |  |
| Housing Specialist/Landlord  Engagement |  |  |  |  |

**8.2** Describe any services being provided by volunteers.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

# Connection to Community

## LPA Participation

**9.1** Explain how your agency will coordinate homeless housing, essential services, homelessness prevention, and rapid rehousing activities with other local nonprofit agencies and governmental service providers to ensure coordinatedcase management, non-duplication of services AND access to mainstream resources such as TANF, Food Stamps, Housing Assistance, etc.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**9.1** Explain how your agency utilizes the SOAR (SSI/SSDI Outreach, Access and Recovery) model to connect eligible adults to Social Security disability benefits (SSI/SSDI).

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| --- |
| Enter Response Here- Maximum 2000 Characters |

**Attach** Certificate of Local Planning Area Participation and Coordination in Tab E. Please note that LPA participation includes adhering to the written standards of the LPA and participating in any oversight process created by the LPA to ensure adherence to written standards.

## Coordinated Entry

**10.1** ESG subrecipients are required to participate in the local coordinated assessment process as designed by your Continuum of Care and only take referrals from the coordinated assessment system. Do you affirm that your agency will fully participate in the coordinated entry process in your LPA and not take referrals from sources outside of the coordinated entry process as outlined by our LPA?

## Written Standards

|  |
| --- |
| **11.1** ESG subrecipients are required to adhere to written standards of your LPA. Do you affirm that your agency will operate programs according to the LPA’s written standards? |

## Feedback from Participants

**12.1** Describe how the applicant receives and responds to feedback from participants in the program (e.g. exit interviews, internal surveys, etc.).

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

# Data

## Data Collection

ESG-funded homeless providers are important participants in the successful implementation of an HMIS responsive to Congressional direction on improved data collection on homelessness. The HEARTH Act requires that ESG subrecipients participate in HMIS. ESG subrecipients must comply with HUD’s standards on participation, data collection, and reporting. Victim Service Providers are prohibited from utilizing HMIS but must use a comparable database. The comparable database must produce unduplicated and aggregated reports, including the CAPER. Data Elements are required as stated in the application instructions.

**13.1** Does your agency deny services if clients refuse to provide any of the data elements listed in the application instructions, Appendix 7? Please refer to Appendix 7 of the application instructions for further detail.

**13.1.1** If yes, which data elements?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**13.2** Please describe how your agency ensures compliance with HUD data requirements, including staffing, data entry, and data quality standards.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**13.3** How do you ensure that client files are kept confidential?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## HMIS

**14.1** Has the agency selected an Agency Administrator to enter data, pull reports, and attend User meetings?

**14.2** Is the Agency Administrator a Full-time or Part-time staff person?

**14.3** Is the Agency Administrator’s primary job responsibility data entry?

**14.4** How many licensed users does your agency have?

## Domestic Violence HMIS Comparable Database

***Only Victim Service Providers should complete this section.***

**15.1** What is the name of the software the agency uses to record data?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**15.2** Are you able to produce the CAPER directly from your database?

**15.2.1** If no or unsure, how are you going to comply with reporting requirements?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**15.3** Please provide the contact information for the person responsible for maintaining the comparable database:

|  |  |
| --- | --- |
| Contact Person: | Title: |
| Email Address: | Phone Number: |

# Activities

Please complete the following sections for each of the activities for which you are requesting ESG funds.

* Street Outreach
* Emergency Shelter
* Rapid Rehousing
* Homelessness Prevention
* HMIS

# Street Outreach

## Street Outreach Project Description

* 1. Population to be served:  single men  single women households with children   
       youth 18-24  unaccompanied youth 17 years old and under  DV only
  2. Please fill out the following chart.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outreach Activity** | **Provided with  ESG funds** | **Provided with  other funds** | **Referral Only** | **Years of experience providing service** *(if none mark n/a)* |
| Engagement |  |  |  |  |
| Case management |  |  |  |  |
| Emergency health treatment |  |  |  |  |
| Mental health services |  |  |  |  |
| Transportation |  |  |  |  |
| Services for special populations |  |  |  |  |

**16.3** If your agency does not provide an outreach activity, please explain how program participants are referred for those services and how the organization ensures that program participants receive those services.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**16.4** If you received funding in the prior year for street outreach, what are you doing to improve your agency’s program?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**16.5** What distinguishes your organization’s project from other programs providing similar services?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**16.6** What are the hours of operation?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Experience

**17.1** Explain below any experience your agency has in implementing street outreach. *Specifically, include the years of experience of staff and/or agency that will be administering the ESG funds. Where your agency and staff lack experience, explain how you will obtain the technical assistance needed to administer and complete the program*.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Street Outreach Program Design and Philosophy

* 1. Please describe how outreach is conducted, including how referrals are made for outreach, how participants are engaged, and how often outreach is done.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

|  |
| --- |
|  |

**18.2** Does the project screen out participants based on the following:

Having too little or no income

Active or history of substance abuse

Having a criminal record (with exceptions for state mandated restrictions)

History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement

**18.2.1** If any box above is checked, please explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**18.3** Does the project terminate participants based on the following:

Failure to participate in support services

Failure to make progress on a service plan

Loss of income or failure to improve income

Domestic violence

Any other activity not covered in a lease agreement typically found in the project’s geographic area

**18.3.1** If any box above is checked, please explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**18.4** Please describe how your program is housing focused.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**18.5** How does your program partner with shelters in your LPA to provide emergency services?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**18.6** How does your program partner with Rapid Rehousing and Permanent Supportive Housing programs in your LPA to provide permanent housing?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**18.7** How does your program participate with coordinated entry (check all that apply):

Assess households that you outreach

Refer households to coordinated entry upon engagement

Transport households to coordinated entry points for assessment

Other:

## Street Outreach Project Performance (if applicant was an ESG FY 2017-18 grantee)

Applicants that were funded for Street Outreach in Program Year 2018, **attach** the Q3 QPR reflecting performance from January to September 30, 2018 under Tab C.

**19.1** Describe how your project performed relative to your expectations for its performance and strategies your project is implementing to improve project performance.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**19.2** Please provide estimates of who will be served by this funding request. These numbers are estimates and should not be seen as a cap on the total number served by the program.

|  |  |
| --- | --- |
| **Category** | **Program Estimate** |
| Total Persons Served |  |
| Percentage of Persons Exiting to Positive Housing Destinations |  |
| Cost Per Household |  |

# Emergency Shelter

## Emergency Shelter Project Description

* 1. Population to be served:  single men  single women households with children  youth 18-24 unaccompanied youth 17 years old and under  DV only

**20.2** Please indicate which services will be provided by your agency and which will be provided by another through referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Shelter** | **Provided with ESG funds** | **Provided with other funds** | **Referral Only** | **Years of experience providing service** *(if none mark n/a)* |
| Case management |  |  |  |  |
| Child care |  |  |  |  |
| Education services |  |  |  |  |
| Employment assistance and job training |  |  |  |  |
| Outpatient health services |  |  |  |  |
| Legal services | Not Available |  |  |  |
| Life skills training | Not Available |  |  |  |
| Mental health services |  |  |  |  |
| Transportation |  |  |  |  |
| Emergency Shelter Bed |  |  |  |  |

**20.3** If your agency does not provide an emergency shelter activity, please explain how program participants are referred for those services and how the organization ensures that participants’ needs are met.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**20.4** What distinguishes your organization’s project from other programs providing similar services?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**20.5** What are the hours of operation?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**20.6** If the shelter does not operate 24 hours a day for 7 days a week (including holidays), please describe how households access emergency services while the shelter is closed:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Experience

**21.1** Explain below any experience your agency has in implementing an emergency shelter program that you have proposed in this application. *Specifically, include the years of experience of staff and/or agency that will be administering the ESG funds. Where your agency and staff lack experience, explain how you will obtain the technical assistance needed to administer and complete the program*.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Emergency Shelter Program Design and Philosophy

**22.1** What are your eligibility requirements to access emergency shelter?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**22.2** What are the reasons that someone may be turned away or asked to leave your shelter?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**22.3** Does the project screen out participants based on the following:

Having too little or no income

Active or history of substance abuse

Having a criminal record (with exceptions for state mandated restrictions)

History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement

**22.3.1** If any box above is checked, please explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**22.4** Does the project terminate participants based on the following:

Failure to participate in support services

Failure to make progress on a service plan

Loss of income or failure to improve income

Domestic violence

**22.4.1** If any box above is checked, please explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**22.5** Describe how your program is housing focused:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**22.6** Does the program have dedicated staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program?

**22.6.1** If no, do the case manager’s responsibilities include landlord recruitment and negotiation?

**22.7** Is staff trained in landlord recruitment?

**22.7.1** If yes, please describe.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**22.8** Does your program offer a standard, basic level of support to all landlords?

**22.8.1** If yes, please describe.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**Emergency shelters must have a connection to rapid rehousing, permanent supportive housing, and other permanent housing resources. For the following questions, please explain those connections in detail.**

**22.9** How does the shelter utilize Rapid Rehousing programs?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**22.10** How does the shelter utilize Permanent Supportive Housing programs?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**22.11** Of the people served by your shelter from January – September 2018, what percent exited to permanent housing?

**22.11.1** Describe how ESG funding will impact the ability of your agency to increase the percentage of exits to permanent housing.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**22.12** How does your program participate in coordinated entry (choose all that apply):

Shelter serves as an access point for coordinated entry

Shelter staff completes assessments

Shelter accepts referrals from coordinated entry

Other:

## Emergency Shelter Project Performance (if applicant was an ESG FY 2017-18 grantee)

Applicants that were funded for Emergency Shelter in Program Year 2018, **attach** the Q3 QPR reflecting performance from January to September 30, 2018 under Tab C.

**23.1** Describe how your project performed relative to your expectations for its performance.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**23.1.1** Please describe strategies your project is implementing to improve project performance.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**23.2** Please provide estimates of who will be served by this funding request. These numbers are estimates and should not be seen as a cap on the total number served by the program.

|  |  |
| --- | --- |
| **Category** | **Program Estimate** |
| Total Number of Persons Engagement |  |
| Total Number of Persons Enrolled  (entered into HMIS/DV Comparable) |  |
| Percentage of Persons Exiting to Positive Housing Destinations |  |
| Cost Per Household |  |

# Rapid Rehousing

## Rapid Rehousing Project Description

**24.1** Population to be served:  single men  single women households with children  youth 18-24  unaccompanied youth 17 years old and under 18  DV only

**24.2** Please indicate which services will be provided by your agency and which will be provided by another through referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rapid Rehousing** | **Provided with ESG funds** | **Provided with other funds** | **Referral Only** | **Years of experience providing service** *(if none mark n/a)* |
| Rental Application Fees |  |  |  |  |
| Security Deposits |  |  |  |  |
| Last month’s rent |  |  |  |  |
| Utility deposits |  |  |  |  |
| Utility payments |  |  |  |  |
| Moving costs |  |  |  |  |
| Housing search and placement |  |  |  |  |
| Housing stability and case management |  |  |  |  |
| Mediation |  |  |  |  |
| Legal services |  |  |  |  |
| Credit repair |  |  |  |  |
| Short term rental assistance |  |  |  |  |
| Short term rental assistance |  |  |  |  |
| Payment of arrears |  |  |  |  |

**24.3** If your agency does not provide a rapid rehousing activity, please explain how program participants are referred for those services and how the organization ensures that participants’ needs are met.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**24.4** What distinguishes your organization’s project from other programs providing similar services?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**24.5** What are the hours of operation?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**24.6** If participant and/or landlord have an issue outside of operating hours, how are these issues addressed:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Experience

**25.1** Explain below any experience your agency has in implementing a rapid rehousing program that you have proposed in this application. *Specifically, include the years of experience of staff and/or agency that will be administering the ESG funds. Where your agency and staff lack experience, explain how you will obtain the technical assistance needed to administer and complete the program*.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Rapid Rehousing Program Design and Philosophy

**Rapid rehousing programs must have a connection to emergency shelters and street outreach. For the following question, please explain those connections in detail.**

**26.1** How does the agency partner with emergency shelters?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**26.2** How does your agency ensure access to your program for people while unsheltered?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**26.3** What are your eligibility requirements to be accepted into the Rapid Rehousing project?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**26.4** What are the reasons that someone may be turned away or asked to leave your Rapid Rehousing project?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**26.5** Does the project screen out participants based on the following:

Having too little or no income

Active or history of substance abuse

Having a criminal record (with exceptions for state mandated restrictions)

History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement)

**26.5.1** If any box above is checked, please explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**26.6** Does the project terminate participants based on the following:

Failure to participate in support services

Failure to make progress on a service plan

Loss of income or failure to improve income

Domestic violence

Any other activity not covered in a lease agreement typically found in the project’s geographic area

**26.6.1** If any box above is checked, please explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**26.7** Does the program have dedicated staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program?

**26.8** If no, do the case manager’s responsibilities include landlord recruitment and negotiation?

Is staff trained in landlord recruitment?

**26.8.1** If yes, please describe

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**26.9** Does your program offer a standard, basic level of support to all landlords?

**26.9.1** If yes, please describe

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**26.10** Are program staff trained on regulatory requirements of all rapid rehousing funding streams and on the ethical use and application of a program’s financial assistance policies, including, but not limited to, initial and ongoing eligibility criteria, program requirements, and assistance maximums?

**26.10.1** If yes, please describe

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**26.11** Does the program use a progressive approach, where financial assistance is not a standard “package” and is flexible enough to adjust to households’ unique needs and resources, for determining the duration and amount of rental assistance provided?

**26.11.1** If yes, please describe

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**26.12** Are program participants involved in creating a mutually agreed-upon time, place, and frequency of meetings with the case manager?

**26.13** Do meetings occur in a participant’s home and/or in a location of the participant’s choosing whenever possible?

**26.13.1** Is participation in services voluntary?

**26.14** Do you have a relationship with employment and income programs to which to refer RRH participants?

**26.14.1** If yes, please describe, including the names of the employment and income programs

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**26.15** How does your program participate with coordinated entry (check all that apply):

Assess households

Refer households to coordinated entry upon engagement

Transport households to coordinated entry points for assessment

Provide diversion services

Other:

## Rapid Rehousing Project Performance (if applicant was an ESG FY 2017-18 grantee)

Applicants that were funded for Rapid Rehousing in Program Year 2018, **attach** the Q3 QPR reflecting performance from January to September 30, 2018 under Tab C.

**27.1** Describe how your project performed relative to your expectations for its performance and strategies your project is implementing to improve project performance.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**27.2** Please provide estimates of who will be served by this funding request. These numbers are estimates and should not be seen as a cap on the total number served by the program.

|  |  |
| --- | --- |
| **Category** | **Program Estimate** |
| Total Persons Served |  |
| Percentage of Persons Exiting to Positive Housing Destinations |  |
| Cost Per Household |  |

# Homelessness Prevention

## Homeless Prevention Project Description

**28.1** Population to be served:  single men  single women  households with children   
  youth 18-24  unaccompanied youth 17 years old and under  DV only

**28.2** Please indicate which services will be provided by your agency and which will be provided by another through referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Homelessness Prevention Activity** | **Provided with ESG funds** | **Provided with other funds** | **Referral Only** | **Years of experience providing service** *(if none mark n/a)* |
| Rental Application Fees |  |  |  |  |
| Security Deposits |  |  |  |  |
| Last month’s rent |  |  |  |  |
| Utility deposits |  |  |  |  |
| Utility payments |  |  |  |  |
| Moving costs |  |  |  |  |
| Housing search and placement |  |  |  |  |
| Housing stability and case management |  |  |  |  |
| Mediation |  |  |  |  |
| Legal services |  |  |  |  |
| Credit repair |  |  |  |  |
| Short term rental assistance |  |  |  |  |
| Short term rental assistance |  |  |  |  |
| Payment of arrears |  |  |  |  |

**28.3** If your agency does not provide a prevention activity, please explain how program participants are referred for those services and how the organization ensures that participants’ needs are met.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**28.4** What distinguishes your organization’s project from other programs providing similar services?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**28.5** What are the hours of operation?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**28.6** If participant and/or landlord have an issue outside of operating hours, how are these issues addressed:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Experience

**29.1** Explain below any experience your agency has in implementing a homelessness prevention program that you have proposed in this application. *Specifically, include the years of experience of staff and/or agency that will be administering the ESG funds. Where your agency and staff lack experience, explain how you will obtain the technical assistance needed to administer and complete the program*.

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| Enter Response Here- Maximum 2000 Characters |

## Homeless Prevention Program Design and Philosophy

**30.1** Does your organization have prior experience with providing rapid rehousing with ESG, SSVF or other funding?

**30.1.1** If yes, please describe:

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| Enter Response Here- Maximum 2000 Characters |

* 1. **.2** How are you targeting this assistance to those most likely to become homeless or return to homelessness?

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| Enter Response Here- Maximum 2000 Characters |

**30.2** Does the project screen out participants based on the following:

Having too little or no income

Active or history of substance abuse

Having a criminal record (with exceptions for state mandated restrictions)

History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement

**30.2.1** If any box above is checked, please explain:

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| Enter Response Here- Maximum 2000 Characters |

**30.3** Does the project terminate participants based on the following:

Failure to participate in support services

Failure to make progress on a service plan

Loss of income or failure to improve income

Domestic violence

Any other activity not covered in a lease agreement typically found in the project’s geographic area

**30.3.1** If any box above is checked, please explain:

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| Enter Response Here- Maximum 2000 Characters |

**30.4** Does the program have dedicated staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program?

**30.4.1** If no, do the case manager’s responsibilities include landlord recruitment and negotiation?

**30.5** Is staff trained in landlord recruitment?

**30.5.1** If yes, please describe.

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| Enter Response Here- Maximum 2000 Characters |

**30.6** Does your program offer a standard, basic level of support to all landlords?

**30.6.1** If yes, please describe.

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| Enter Response Here- Maximum 2000 Characters |

**30.7** Are program staff trained on regulatory requirements of all prevention funding streams and on the ethical use and application of a program’s financial assistance policies, including, but not limited to, initial and ongoing eligibility criteria, program requirements, and assistance maximums?

**30.7.1** If yes, please describe

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| Enter Response Here- Maximum 2000 Characters |

**30.8** Does the program use a progressive approach, where financial assistance is not a standard “package” and is flexible enough to adjust to households’ unique needs and resources, for determining the duration and amount of rental assistance provided?

**30.8.1** If yes, please describe

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| Enter Response Here- Maximum 2000 Characters |

**30.9** Are program participants involved in creating a mutually agreed-upon time, place, and frequency of meetings with the case manager?

**30.10** Do meetings occur in a participant’s home and/or in a location of the participant’s choosing whenever possible?

**30.11** Is participation in services voluntary?

**30.12** Do you have a relationship with employment and income programs to which to refer HP participants?

**30.12.1** If yes, please describe, including the names of the employment and income programs

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| Enter Response Here- Maximum 2000 Characters |

**30.13** How does your program participate with coordinated entry (check all that apply):

Assess households

Refer households to coordinated entry upon engagement

Transport households to coordinated entry points for assessment

Provide diversion services

Other:

## Homeless Prevention Performance (if applicant was an ESG FY 2017-18 grantee)

Applicants that were funded for Homeless Prevention in Program Year 2018, **attach** the Q3 QPR reflecting performance from January to September 30, 2018 under Tab C.

**31.1** Describe how your project performed relative to your expectations for its performance and strategies your project is implementing to improve project performance.

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| Enter Response Here- Maximum 2000 Characters |

**31.2** Please provide estimates of who will be served by this funding request. These numbers are estimates and should not be seen as a cap on the total number served by the program.

|  |  |
| --- | --- |
| **Category** | **Program Estimate** |
| Total Persons Served |  |
| Percentage of Persons Exiting to Positive Housing Destinations |  |
| Cost Per Household |  |

# HMIS/DV Comparable Database

While Victim Service Providers cannot participate in HMIS, these agencies can apply for HMIS funds to be used on the costs associated with the required comparable database.

## HMIS Project Description

**32.1** Which type of database does your organization use?

**32.1.1** If your organization uses a DV comparable database, which database do you use?

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| Enter Response Here- Maximum 2000 Characters |

* 1. Please indicate which expenses will be covered with ESG funds.

**Project Applicants:**

* If your agency is requesting financial assistance or operations funding only, your agency can apply for HMIS activity funding to cover the costs in the chart below.
* If your agency is requesting services funding for rapid rehousing, prevention and/or shelter, your agency can use the services funding to cover the service provider agency staff costs.

For more detailed information, please refer to the application instructions.

|  |  |  |
| --- | --- | --- |
| **HMIS/DV Comparable** | **Agency Requests Financial Assistance or Operations Funding Only** | **Agency Requests Services Funding** |
| Equipment/Hardware and Software |  |  |
| Service Provider Agency Staff Costs |  | N/A |
| License Fees |  |  |

**Collaborative Applicants:**

* Only CoC Collaborative Applicants, as defined in the application instructions, are able to apply for ESG funds to cover the following eligible HMIS costs.

|  |  |
| --- | --- |
| **HMIS/Data** | **Requesting ESG HMIS funds** |
| Continuum of Care Staff Cost |  |
| HMIS Lead Agency Costs |  |
| HMIS Local System Administrator Costs |  |

**32.3** Describe how these funds will contribute to your ability to collect, analyze, and report data.

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| Enter Response Here- Maximum 2000 Characters |

## Experience

**33.1** Explain below any experience your agency has in implementing HMIS activities that you have proposed in this application. *Specifically, include the years of experience of staff and/or agency that will be administering the ESG funds. Where your agency and staff lack experience, explain how you will obtain the technical assistance needed to administer and complete the program*.

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| Enter Response Here- Maximum 2000 Characters |

# Project Application Required Documents Checklist

**Note:** Each project must be submitted with separate, lettered tabs as outlined on this checklist. When multiple documents are behind one tab, take care to assemble in the noted order.

|  |  |  |  |
| --- | --- | --- | --- |
| **TAB** | **Document** | **Nonprofit Project Applicant** | **Unit of Local Government  Project Applicant** |
| **A** | Signed, Completed Application (Word Document) | **** | **** |
| **B** | Project budget worksheet (Excel spreadsheet) | **** | **** |
| **C** | NC ESG Quarterly Performance Report January 1, 2018 – September 30, 2018 (Q1, Q2, and Q3) | **** | **** |
| **D** | Current year operating budget (with Revenues and Expenditures) | **** | - |
| **E** | LPA Participation and Coordination | **** | **** |
| **F** | Organizational Chart | **** | - |
| **G** | Board of Directors Information. List of names, email addresses, telephone numbers, occupations, with officers identified. Indicate homeless or formerly homeless board member. | **** | - |
| **H** | Youragency’s most the audit for your most recent closed fiscal year  OR  If you do not have an audit, use the provided sworn financial statement form, the Organizational Budget (budget vs. actual revenue and expenses), and the Statement of Activities for the most recent closed fiscal year (revenue less expenses).  If your agency’s financial software produces a report with the information requested in the sworn financial statement form, the NC ESG Office will accept this report in lieu of the form. | **** | - |
| **I** | Project Operations Guidelines. See checklist in Appendix 6 | **** | **** |
| **J** | HUD Corrective Action Plan (if any) | **** | **** |
| **K** | NC DHHS Required Contract Certification Forms & Documents | | |
| 1. Federal Certifications | **** | **** |
| 2. State Certification | **** | **** |
| 3. No Overdue Taxes Certification Form | **** | - |
| 4. Annual IRS Tax Exemption Verification Form | **** | - |
| 5. Annual Conflict of Interest Verification | **** | - |
| 6. Conflict of Interest Policy | **** | - |
|  | 7. Current Certificate of Insurance |  |  |
|  | 8. IRS Tax exemptions Letter | **** | - |
|  | 9. W-9 | **** | **** |
| **L** | Agency’s Financial Policies | **** | **** |
| **M** | **SHELTER SERVICES AND OPERATIONS PROJECTS ONLY –** Submit Shelter Habitability Inspection Dated October 2018 (ESG Form 3.2) | **** | **** |