



FY 2018-19

ESG and CA-ESG Grant Application

Project Summary Page

- Must Specify Activity or Activities
 - Please Complete all Sections
 - 30% Area Median Income AMI and below
 - Homeless Population or At-Risk of Homelessness
-



Stanislaus County

Emergency Solutions Grants (ESG) Emergency Solutions Grants (CA-ESG)

Grant Application

For Fiscal Year 2018-2019

Submittal Reminder
Due: December 15, 2017
by 4:30 pm
 (1) Original with Exhibits A-P
 (10) Copies with Exhibits A, A-1, A-2 and P only
 (1) Digital Copy with Exhibits A-P
 (See Grant Application Guidelines for more information)

ESG-Federal **CA-ESG- State**

ESG: Limit (1) one grant application per activity, maximum of (2) two grant applications per agency. CA-ESG (1) one grant application. Please review the Grant Application Guidelines prior to starting the application process. When completing application, if additional space is needed to complete any of the questions in the application, please use Exhibit O and identify the corresponding question number.

A. PROGRAM SUMMARY

A-1 Program Title: _____
 Total Amount Requested \$ _____ Total Program Cost: _____
 (should match Budget "Exhibit A")

Street Outreach \$ _____ Shelter \$ _____
 Homeless Prevention (ESG-Federal Only) \$ _____ Rapid Re-Housing \$ _____
 HMIS (ESG-Federal Only) \$ _____

2 Legal Name of Agency: _____
 Doing Business As (DBA): _____
 Agency Address: _____
 Phone: _____ Fax: _____
 Incorporation Year: _____ 501(c)(_____) Tax ID number: _____
 DUNS Number (9 digit No.): _____

3 Program Contact Name: _____ Title: _____
 Program Site Address (if different than above): _____
 E-Mail Address: _____
 Phone: _____ Fax: _____

4 Agency Type (check all that apply):
 Non-Profit Government Faith-Based Education

5 Number of unduplicated persons and households you anticipate serving for this program:
 Individuals (I) _____ Households (H) _____

6 Other measurements of program success (*Ex: # of Individuals provided Shelter, or Connected to Employment*):

A-7 Summarized Program Description: In the box below, provide a brief description of the proposed program and what it plans to accomplish if funded:

B. AGENCY CAPACITY AND EXPERIENCE

B-1 Briefly explain the Agency's previous experience in carrying out this or similar projects/programs. Discuss staff's responsibilities and their qualifications for administering the program.

2 Provide copies of job descriptions and resumes of the individuals that will be involved with the implementation of the program. Attach these items to the provided "**Exhibit A-2**" (Please complete regardless of whether or not you are not requesting salary funds as this assists in assessing agency capacity to carry out the activity).

3 Is your Agency required to have local, State, or Federal certificates, licenses, or conditional use permits?
 Yes No

If Yes, please indicate what type of certificate/license the entity that certifies your agency, and the dates of your most recent certification. List all licenses required. Licensed childcare center applicants and Charter Schools must also attach a copy of Certificate of Occupancy. All ESG/CA-ESG funded staff working with children must be fingerprinted. Please list the staff positions that require fingerprinting. Please attach all of the indicated information labeled as "**Exhibit K**".

B-4 Will any of the services to be delivered as part of the proposed program be contracted out? Yes No
If yes, please list all agencies to be contracted and explain their role: *Please note: services contracted out to other entities are required to have agreements allowing County, HUD and/or HCD access to program related documents and client files and shall follow the same program regulations.*

B-5 If the program is a collaborative effort with other agencies or contracted out, describe the partnership. Name the agencies involved and explain their role. Services contracted out to other entities are required to have agreements allowing County, HUD and/or HCD access to program related documents and client files and must follow the same program regulations. The agency must have adopted program policies and procedures in place to ensure that program regulations and requirements are met.

B-6 Please list all building locations (by street address) where program activities will be conducted, except where the location is a safe haven situation (i.e. domestic abuse shelter): *Please note: a copy of the Certificate of Occupancy for any building to be utilized for childcare and/or by a charter school as part of the proposed program will need to be provided before a grant may be recommended for funding.*

B-7 Please provide contact information for three (3) Professional References from partnering agencies, non-profits, service providers, or public/private agencies. These references may be contacted by County Program staff in order to confirm experience or support for proposed program.

1. Name: _____ Contact Phone: _____
Agency: _____ Title: _____
Email: _____

2. Name: _____ Contact Phone: _____
 Agency: _____ Title: _____
 Email: _____
3. Name: _____ Contact Phone: _____
 Agency: _____ Title: _____
 Email: _____

8 Do you currently participate in the Homeless Management Information System (HMIS)? Yes No
 If no, are you willing to participate? Yes No Please Note- HMIS participation is a requirement for all ESG funded activities.

9 Describe in detail the type of case management that is currently offered by your agency for homeless or at-risk of homelessness clients; including information on how clients are screened for eligibility and types of referrals that occur.

B-10 Describe the experience your agency has in administering other Federal housing and/or homeless services grants; including information on the total number of years of experience for each current staff member who will be involved in oversight of the program.

Verification of Miscellaneous Requirements

B-11 a. Check all of the following requirements already being met by your agency:

- Staff are trained on Lead Based-Paint regulations (N/A for shelters);
- Staff are trained on how to calculate and document Rent Reasonableness and Utility Allowances (N/A for shelters);
- Applicant has a process in place for working with landlords which includes the execution of a Landlord Memorandum of Understanding (N/A for shelters);
- Applicant has developed written policies and procedures for programs offered to homeless or at-risk of homeless clients, which includes client eligibility criteria;
- Staff are trained on conducting Habitability Standards Inspections;
- Applicant has a current Privacy Policy that has been made available to all staff;
- Applicant has a current Code of Conduct that has been made available to all staff;
- Applicant has a current Grievance Policy that has been made available to program participants and applicable staff; and
- Applicant has developed a Housing Assessment and Housing Plan for clients to ensure their long term success.

b. If any of the applicable requirements listed above are not already being met, please describe your agency's plan for meeting the requirements before grant funds may be awarded:

C. PROGRAM INFORMATION

C-1 Statement of Problem or Need: Briefly describe the problem/need that the proposed program is intended to address.

C-2 Describe the current community need(s) and gap(s) in programs and services for homeless and at-risk of homeless populations to be addressed by the proposed program; include obstacles that prohibit your agency from currently addressing these needs/gaps with available resources and why your agency feels the population to be served is most in need of assistance:

C-3 Is the proposed program a new (to County ESG or CA-ESG) program or an expansion of a currently offered program?
Check one of the selections and explain.

New Program- If the Program is New, has the program been attempted by another agency and/or in another jurisdiction? If so please explain.

Expanded Numbers Served- Please state the estimated percentage of projected increase and explain the reason for the increase.

Expanded Area Served- Please state the reason and/or need for the expansion in the service area.

Expansion or Change of an Activity- Please explain the expansion or change of the activity and the reason and/or need for the expansion/change.

C-4 Proposed ESG/CA-ESG services for this grant program (check all that apply):

Street Outreach (specify below):

Engagement

Emergency Mental Health Care

Case Management

Client Transportation

Emergency Health Services

Services for Special Populations

Emergency Shelter (specify below):

- | | | |
|---|---|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Case Management | <input type="checkbox"/> Education Services |
| <input type="checkbox"/> Job Skills Training | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Life Skills Training |
| <input type="checkbox"/> Employment Assistance | <input type="checkbox"/> Client Transportation | <input type="checkbox"/> Services for Special Populations |
| <input type="checkbox"/> Outpatient Health Services | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Substance Abuse Treatment Services |

Homeless Prevention – ESG Federal only (specify below):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Rental Application Fees | <input type="checkbox"/> Security Deposits | <input type="checkbox"/> Last Month's Rent | <input type="checkbox"/> Utility Deposits |
| <input type="checkbox"/> Utility Payments | <input type="checkbox"/> Moving Costs | <input type="checkbox"/> Short-Term Rental Asst. | <input type="checkbox"/> Credit Repair |
| <input type="checkbox"/> Payment of Rental Arrears | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Medium-Term Rental Asst. | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Housing Search/Placement | <input type="checkbox"/> Housing Stability Case Management | | |

Rapid Re-Housing (specify below):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Rental Application Fees | <input type="checkbox"/> Security Deposits | <input type="checkbox"/> Last Month's Rent | <input type="checkbox"/> Utility Deposits |
| <input type="checkbox"/> Utility Payments | <input type="checkbox"/> Moving Costs | <input type="checkbox"/> Short-Term Rental Asst. | <input type="checkbox"/> Credit Repair |
| <input type="checkbox"/> Payment of Rental Arrears | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Medium-Term Rental Asst. | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Housing Search/Placement | <input type="checkbox"/> Housing Stability Case Management | | |

C-5 Check all of the target area that will be served by the proposed program:

- | | | |
|---|--|--|
| <input type="checkbox"/> City of Ceres | <input type="checkbox"/> City of Hughson | <input type="checkbox"/> City of Turlock |
| <input type="checkbox"/> City of Newman | <input type="checkbox"/> City of Oakdale | <input type="checkbox"/> City of Modesto (CA-ESG only) |
| <input type="checkbox"/> City of Patterson | <input type="checkbox"/> City of Waterford | <input type="checkbox"/> City of Riverbank (CA-ESG only) |
| <input type="checkbox"/> Stanislaus County Unincorporated Areas (please specify): _____ | | |

6 Does your agency currently provide Homeless Prevention (HP), Rapid Re-Housing (RRH), or other similar assistance?

- Yes No

If yes, provide the following information for the period of time from July 1, 2016 through June 30, 2017 and include with your application a copy of the ESG CAPER report (or, if not currently an ESG recipient, other database) that supports the information being provided:

Total number of clients served for HP: _____

Total number of clients served for RRH: _____

Describe type of client (chronically homeless, veterans, families with children, etc.) served:

Estimated number of persons who were turned away due to lack of funding: _____

7 **Emergency Shelter applicants only. Check if not applicable**

a. Provide the agency's average utilization rate(s) for emergency shelter and/or transitional housing beds for the period of July 1, 2016 through June 30, 2017, using the example calculation provided below, and provide documentation from HMIS (or, if not currently an ESG recipient, other database) that supports the utilization rate: *Example calculation: (total Number of nightly beds available x 365)/number of total beds used for the year*

b. Does the agency's utilization rate calculated above exceed 80%? Yes No

If no, please explain why funding is being requested:

C-8 What specific accomplishments/outcomes does your agency/collaborative expect to achieve with this program? What measures are in place to confirm and track these results? Please detail both short-term and long-term outcomes.

D. CLIENT ENGAGEMENT AND ELIGIBILITY PROCESS

D-1 Describe the actions to be taken by your agency to bring awareness to the availability of the proposed program to homeless and at-risk of homeless populations; include information on how it is anticipated that the proposed program will receive most of its referrals?

D-2 a. Provide the definition of an unduplicated person for the purposes of participation in the proposed program:

b. Describe the procedures/methods to be used by your agency to count and monitor unduplicated persons:

D-3 Does the agency utilize the HMIS database? Yes No

Please Note: Recipients of ESG and CA-ESG and other McKinney-Vento funding must utilize the HMIS database. Agencies must be willing to share data with other agencies in the HMIS system in order to prevent duplication of services to program participants.

All agencies are responsible for ensuring that privacy policies for HMIS data collection and reporting are followed; that client's personal identifying information is protected; staff is trained on all HMIS policies and procedures; and data is entered accurately and completely. In addition, agencies must ensure that reports generated from HMIS and provided to the County are accurate.

If your agency does not currently utilize the HMIS database, please identify any anticipated obstacles to meeting the HMIS requirements:

D-4 Describe how your agency will verify and document client income levels and income documentation required for participation in the proposed program?

D-5 What are the eligibility requirements to participate in the program?

D-6 Street Outreach applicants only. Check if not applicable

Describe the outreach efforts to homeless individuals and families (especially unsheltered persons) that will occur to ensure that they have access to programs and services offered by the agency; including a summary of how clients will be screened for eligibility and processes to be used to determine need for assistance and long-term stabilization:

7 Rapid Re-Housing applications only. Check if not applicable

a. Describe how your agency will help homeless persons access affordable housing units, including steps which will help prevent individuals and families who were recently homeless from becoming homeless again; including actions that your agency will take to help homeless clients transition into permanent housing and independent living, even if not funded through an ESG Program:

b. Will your agency charge a portion of housing rent to program participants? Yes No
If yes, please explain:

c. Will clients be denied assistance to the proposed program if unable to pay occupancy or rental fees?
 Yes No NA
If yes, please explain:

D-8 Emergency Shelter applicants only. Check if not applicable

Describe programs or services offered that will be offered by your agency to address emergency shelter and transitional housing needs of homeless persons; including information on how long clients are able to stay in shelters and any requirements of clients in order to access shelter and services:

E. COLLABORATION

- E-1** Describe how your agency will engage other community partners in order to address the needs of clients; include a list of all anticipated partners and a detailed description of the types of collaboration that will occur with each listed partner: *Please highlight any cross sector engagement or coordinated access efforts to be undertaken as part of the proposed program.*
- E-2** Describe your agency's participation in the local Continuum of Care (CoC), including the number of meetings attended and any sub-committees participated in between July 1, 2017 – June 30, 2018:
- E-3** ESG recipients shall be required to participate in at least four (4) CoC meetings per calendar year. Describe your agency's participation in any other collaborative meetings (including the name of the collaborative and the average number of meetings agency staff have attended each year) and any initiatives that have been created or partnerships formed as a result of your agency's participation in these meetings:
- E-4** Describe all programs, services, and other mainstream resources that will be made available to clients (include programs such as, but no limited to, HUD-VASH Voucher program, Section 8-Housing Choice Voucher Program, Supportive Services for Veteran Families (SSVF) Program, Community Development Block Grant Program, United Way, TANF, Emergency Food and Shelter Program, etc.) and describe how clients will be assisted in accessing these resources.
- E-5** Describe your agency's policy regarding discharging of clients from ESG-funded programs once assistance has ended; including steps taken to ensure clients who are released or terminated from the programs are not discharged into a situation that will cause them to be at risk of homelessness or to become homeless due to lack of adequate resources:

E-6 How are people made aware of the Agency, the program and services? How does the program receive most of its referrals?

E-7 What will the Agency do in order to promote and provide services to the community's diverse ethnic population?

E-8 Are you aware of other programs in the area that offer these same services? Yes No
If so, how does your program ensure duplication of services is not occurring?

E-9 **Rapid Re-Housing applications only. Check if not applicable**

Describe the collaboration that will occur with emergency and transitional housing shelters to ensure those homeless will have access to housing and supportive services offered by your agency:

E-10 **Emergency Shelter applications only. Check if not applicable**

Describe the collaboration that will occur with housing and supportive service providers to ensure clients are discharged into transitional or permanent housing and have access to other resources available to help improve their homeless situation:

F. PROGRAM OUTCOMES AND EVALUATION

F-1 Describe specific short-term and long-term accomplishments/outcomes expected to be achieved with the proposed program and how those achievements/outcomes will be confirmed and tracked?

F-2 Describe how your agency will be providing emergency shelter, rapid re-housing, or other services to harder to serve populations (mentally or physically disabled, chronic substance users, chronically homeless, etc.); include information on how the agency will target these populations and actions which will be taken to ensure long-term stabilization once a participant exits a program:

F-3 Describe all type(s) of case management that will be provided to clients of the proposed program, even if not funded through the ESG/CA-ESG program:

F-4 **Rapid Re-Housing and Emergency Shelter applications only. Check if not applicable**

Describe specific actions that will occur to ensure program participants have access to job, income, and self-sufficiency building resources and services prior to exiting a shelter or housing program:

F-5 **Emergency Shelter applications only. Check if not applicable**

Describe specific actions that will occur to ensure that the average length of stay in a shelter is reduced and what steps will occur to ensure program participants are exited into permanent or transitional housing:

F-6 Describe a success story your agency will strive to achieve through the implementation of the proposed program.

a.) Is the proposed program prevention focused? Yes No Please explain

b.) Is there cross sector engagements? Please explain

G. FINANCIAL AND BUDGET INFORMATION

G-1 a) Has this program been previously funded with ESG/CA-ESG funds administered by Stanislaus County?
 Yes No

If Yes, please indicate the year(s), allocations, expended, number served, and program name/description in the following table:

Fiscal Years	Allocated	Expended	Goal for No. Ser.	Actual No. Served	Program Name/Description
2013/2014	\$	\$			
2014/2015	\$	\$			
2015/2016	\$	\$			
2016/2017	\$	\$			
2017/2018	\$	\$			

b) Please explain any discrepancy between allocated and expended funds:

G-2 Has the Agency received any findings or concerns from other funding sources? If so, please explain.

G-3 If your agency is currently a recipient of ESG and/or CA-ESG funding and has expended less than 50% of their Fiscal Year 2016-2017 and/or 2017-2018 awarded allocation, as of the due date of this application, provide an explanation for the delay in expending funds and the agency's plan to ensure all funding will be expended by the respective grant deadline:

G-4 If you are proposing a renovation project for an Emergency Shelter Facility, there are restrictions imposed by the Federal government that require the facility be maintained as a shelter for a period of no less than 5 years. How will you meet the maintenance/continued use requirement?

G-5 Are there any fees or charges required for membership in the agency or to receive services for the program?
 Yes No If "Yes" is selected please provide the appropriate fee schedule labeled "**Exhibit M**" and fully describe the fees or charges:

G-6 Will you agency still implement the proposed project if not awarded the requested ESG/CA-ESG funding?
 Yes No If yes, how will the proposed project be funded?

G-7 Will not receiving the requested ESG/CA-ESG funding have an impact on other agency programs?
 Yes No If yes, please explain?

G-8 Federal ESG regulations, 24 CFR part 576.201, require that agencies receiving funds obtain matching contributions to supplement the program in an amount that equals the ESG/CA-ESG allocation. Does your agency have sufficient existing funds to meet the ESG/CA-ESG match funding requirement equal to the total amount of ESG funding being requested?
 Yes No If no, describe your agencies plan to ensure required match funding will be available before grant award:

9 Street Outreach applications only. Check if not applicable
a. Average number of employees who will be billed to the Grant: _____
b. Average hourly wage that will be billed to the Grant: _____

10 Rapid Re-Housing applications only. Check if not applicable
a. Average number of employees who will be billed to the Grant: _____
b. Average hourly wage that will be billed to the Grant: _____

11 Homeless Prevention applications only. (ESG – Federal only) Check if not applicable
a. Average number of employees who will be billed to the Grant: _____
b. Average hourly wage that will be billed to the Grant: _____

12 Emergency Shelter applications only. Check if not applicable
a. Average number of employees who will be billed to the Grant: _____
b. Average hourly wage that will be billed to the Grant: _____

13 Please provide a list of all persons authorized to budget amendments:
Name: _____ Signature: _____ Title: _____
Name: _____ Signature: _____ Title: _____
Name: _____ Signature: _____ Title: _____

14 a.) If the Agency is not awarded all of the funding requested; can the agency still provide the project?
 Yes No
b.) What impact will not receiving this funding have on your proposed program?

G-15 Describe other sources of funding for this project by completing the attached form labeled "Exhibit A-1 - Other Funding Sources". **Make sure to only list funding for this project, not for your entire agency.**

16 Complete the attached budget form “**Exhibit A**”. The budget should identify in detail how ESG/CA-ESG funds are to be utilized. This form should balance with the figures provided in “**Exhibit A-1 - Other Funding Sources**”. All budget information must be provided using the supplied form, no substitutions will be allowed. If the supplied form is not utilized the application will be deemed incomplete and not considered for approval.

17 Please provide a list of all persons authorized to request payment:

Name: _____
Title: _____

Signature: _____

Name: _____
Title: _____

Signature: _____

Name: _____
Title: _____

Signature: _____

Name: _____
Title: _____

Signature: _____

H. CONFLICT OF INTEREST

H-1 Any conflicts of interest to report? Yes No

If Yes, please explain in the space provided. Conflict of interest requires a written waiver from the County Counsel before an agreement is signed. Please make sure to list any and all conflicts or possible conflicts.

H-2 Please provide a list of names and positions of the Board of Directors and Officers for the Agency and label **Exhibit J**. Provide a copy of the minutes from the board of directors or equivalent that the grant application submittal has been approved and label as “**Exhibit C**”. If not required provide a notation that it was not required and label as “**Exhibit C**”.

H-3. Please list any employees or board members of the agency who are elected officials, appointed members of a Stanislaus County Commission/Committee, or a Stanislaus County employee (if applicable). Make sure to clearly identify the group with which they are affiliated. Current listings of Stanislaus County advisory groups can be found on the Stanislaus County website at www.stancounty.com/board/boards-commissions.shtm

I. CERTIFICATIONS AND APPLICATION SIGNATURES

All applications must be signed by the authorized official of the agency and, if applicable, the authorized official of any co-applicant. The application signature(s) acts to certify compliance with state and federal laws and requirements, as outlined in this section of the application, and to certify the application as being true, accurate, and complete.

COMPLIANCE WITH DRUG-FREE WORKPLACE REQUIREMENTS

- The undersigned acknowledges and certifies that the employees to be engaged in the performance of this grant at the Place or Places of Performance, hereinafter defined, will comply with the Drug-Free Workplace Act of 1988. The agency also agrees to obtain signed certifications by each employee and new hire that certifies that the employee will comply with the Act, and the agency will maintain these certifications on file and make them available for review pursuant to the terms and conditions relative to record keeping and monitoring, as will be defined in the resolution governing any future grant awards.

Places of Performance (include street address, city and zip code for each site where services will be provided):

Function of Facility in Program Services	Street Address	City / Zip Code	Estimated No. of employees at site:
<i>Example: Shelter</i>	<i>1000 A Street</i>	<i>Mesquite, 89004</i>	<i>10</i>

COMPLIANCE WITH OTHER FEDERAL AND STATE REQUIREMENTS

- The undersigned acknowledges and certifies that the organization will comply with all applicable State and Federal requirements as reflected in 24 CFR part 576.404, 576.406, 576.407 and 576.408 regarding the following: Conflict of Interest; Lobbying Requirements, Uniform Administrative Requirements; Procurement of Recovered Materials; Displacement, Relocation and Acquisition; and Relocation Assistance for Displaced Persons.

In addition the undersigned acknowledges and certifies that the organization prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964.

It is further certified that this organization has reviewed its projects, programs, and services for compliance with all applicable regulations contained in Section 504 of the Rehabilitation of 1973, as amended, and the Americans with Disabilities Act of 1990.

CONFIDENTIALITY REQUIREMENTS

- The undersigned certifies that the organization will adopt policies and procedures which meet at least the minimum standards for protecting the confidentiality of information as set forth in the State and Federal ESG requirements as reflected in 24 CFR part 576.500.

CERTIFICATION OF HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS) PARTICIPATION REQUIREMENTS

- The undersigned acknowledges and certifies that the organization will participate in the congressionally mandated HMIS database system that has been implemented by the local Continuum of Care.

It is further certified that this organization agrees to comply with Federal Register 4848-N-02, which states that recipients of McKinney-Vento HUD funds, including the ESG/CA-ESG Program, must provide certain data on homeless clients served through a centralized HMIS database. The organization understands that they will be contacted by the HMIS System Administrator to secure licenses, software and training for this database.

The undersigned understands that participation in the HMIS database system will be at their own cost in order to meet this mandated requirement. (Note: Domestic violence shelters will not be required to participate in the HMIS database system but must agree to enter client data into a comparable database as required by 24 CFR part 576.)

DISCHARGE PLANNING

- Local governments receiving ESG/CA-ESG funds must make every effort to develop, to the maximum extent practicable and where appropriate, practices and protocols to insure that publicly funded institutions, such as health care facilities, foster care and other jails/corrections programs located in the local government’s jurisdiction do not discharge persons to the streets or otherwise result in homelessness for this vulnerable population.

Applicant acknowledges and certifies that the agency will participate in efforts to implement and participate in community-wide discharge plans and will work with partners to develop discharge plans that are supported by executed Memorandums of Understanding between participating agencies.

PERFORMANCE STANDARDS

- The undersigned acknowledges and certifies that programs and services funded through the ESG/CA-ESG program will be designed to assist the County in meeting the goals set forth to HUD and HCD and approved by the Board of Supervisors. The undersigned further understands that performance objectives, outcomes and measures will be used to demonstrate how activities funded with the ESG program are helping local CoC to meet their goals.

The undersigned also agrees to provide the County copies of reports obtained from HMIS which will be used to determine whether or not the agency is meeting objectives, and will provide completed Quarterly and Annual Reports to the County upon request.

CERTIFICATION OF SUBMISSION

- The undersigned hereby acknowledges and certifies that the Board of Directors of the applying organization endorses this Application to be submitted to Stanislaus County Planning and Community Development, the State of California Housing and Community Development Division (HCD) and/or the U.S. Department of Housing and Urban Development (HUD) for funding consideration for Fiscal Year 2018-2019.
- The undersigned further certifies that the organization submitting this Application is: 1) a non-profit, government, faith-based, or government organization; 2) tax-exempt, if applicable; 3) incorporated in the State of California; and 4) has complied with all applicable laws and regulations pertaining to same.
- The undersigned hereby commits the organization to provide Eligible Activities in accordance with this Application for Emergency Solutions Grants (ESG) or (CA-ESG) Program Funds.
- The undersigned further commits that the organization will submit required reports and draw reimbursement requests within the timeframes provided by Stanislaus County once funds are awarded.
- The undersigned further commits that the organization will agree that all relevant federal, state and local regulations and other assurances as required by the Stanislaus County, including all guidelines, definitions, and limitations set forth in ESG and CA-ESG Program Guidelines, will be adhered to at all times.
- The undersigned hereby confirms that the organization is fully capable of fulfilling the obligations as cited in this Application, and that the organizations Board of Directors, or equivalent, has reviewed and approved submittal of this Application, as reflected in the minutes provide as “**Exhibit C**” of the Application.
- The undersigned further confirms that the organization understands that any approval of the Application is conditional pending the final approval of CA-ESG funding by HCD or final approval of ESG funding by HUD, acceptance of the funding by Stanislaus County, and execution of an agreement by Stanislaus County with the organization. Applicant acknowledges that only an executed agreement with Stanislaus County authorizes the initiation of project services or activates eligibility for reimbursement.
- The undersigned further acknowledges that ESG and CA-ESG funds are provided on a reimbursement basis and supporting documentation shall be approved by Stanislaus County prior to payment, that the organization has sufficient funds available, or will be available, to complete the project as described in the Application, and that the organization does not have any unresolved audit findings for any prior ESG/CA-ESG or other state and/or federal funded project.
- The undersigned further certifies, as the official authorized to act on behalf of the organization, that this Application, and the information contained herein, is true, correct and complete, and that the organization understands that an Application submitted late or incomplete will not be considered for funding.

PENALTY FOR FALSE OR FAUDULENT STATEMENT:

U.S. Code Title 18, Section 1001, provides that a fine up to \$10,000 or imprisonment for a period not to exceed 5 years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious, or fraudulent statements, knowing the same to be false.

Legal Name of Agency: _____

DBA: _____

Signature of Authorized Official: _____

Date: _____

Print Name: _____

Title: _____

Phone: _____

Fax: _____

E-Mail Address: _____

Mailing Address: _____

Application Contact Information

Name of Program Contact Person/Agency/Title: _____

Contact's Address: _____

Contact's E-Mail Address: _____

Contact's Phone: _____ Fax: _____



Staff Use Only

Date Received: _____

Time Received: _____

Staff Initials: _____

Complete: _____ Incomplete _____

Electronic Copy Received

Date _____ Time _____



FY 2018-19

ESG and CA-ESG Grant Application

Exhibit Checklist and Application Reminders

- Use Exhibit Checklist to ensure that all the required information is included
 - Do not remove the Exhibit Checklist
 - Label all Exhibits
 - Use forms provided- do not substitute or remove forms.
 - Do not edit forms
-

REQUIRED DOCUMENTATION (EXHIBITS) CHECKLIST

All of the following Exhibits must be included and **clearly labeled** or the application will be disqualified and returned to the applicant. If an attachment does not apply to your agency please place a sheet labeled with the appropriate exhibit designation and the words "Not Applicable" clearly printed on the page, followed by a brief explanation of why this exhibit does not apply. All other attached narratives not specifically asked for in the exhibits page will be considered extraneous data and disregarded.

Note: All **EXHIBITS** need to be included in the Electronic Copy and Original Hard Copy
The 10 additional copies of your application submitted in addition to the Original application must have Exhibits A,A-1, A-2 & P only.

Place an **X** on each of the following Exhibits that are included with this application.

- Exhibit A _____ **Detailed Budget** (Required to use supplied "Exhibit A" Form). The budget should correspond with "Exhibit A-1 - Other Funding Sources." **Exhibit is Required**
- Exhibit A-1 _____ **Other Funding Sources:** Identify all sources of funding for this program (Required to use supplied "Exhibit A-1" Form). **Exhibit is Required**
- Exhibit A-2 _____ **Personnel Information:** Provide copies of resumes and job descriptions for the program staff that is involved in operating and/or implementing this program (Required to use supplied "Exhibit A-2" Form) **Exhibit is Required**
- Exhibit B _____ **Proof of Insurance:** Provide a copy of the Insurance Requirements outlined in Exhibit B. **Exhibit is Required**
- Exhibit C _____ **Copy of the Agency's Board of Directors Approved Minutes:** authorizing the action to submit an application for funds, for Stanislaus County CDBG PSG funds. **Exhibit is Required**
- Exhibit D _____ **Articles of Incorporation:** Copy from the California Secretary of State identifying the agency as a nonprofit. **Exhibit is Required**
- Exhibit E _____ **By-Laws:** Copy of Agency By-laws as registered with the California Secretary of State. **Exhibit is Required**
- Exhibit F _____ **Letter from the California Franchise Tax Board:** determining tax-exempt status under Section 23701d, Revenue and Taxation Code. **Exhibit is Required**
- Exhibit G _____ **Letter from Internal Revenue Service:** determining the agency's tax-exempt status under Section 501(c) (3) of the Internal Revenue Code. **Exhibit is Required**
- Exhibit H _____ **Certified Audit and/or Financial Statement:** (most recent). **Exhibit is Required**
- Exhibit I _____ **Business License:** (if applicable)
- Exhibit J _____ **Board of Directors Information:** Copy of names, addresses, phone numbers and title of current members of the Board of Directors and Officers of the agency. **Exhibit is Required**
- Exhibit K _____ **Certifications:** Please provide copies of current applicable licenses, evidence that fingerprinting requirements of staff have been met, and certifications that pertain to the program or program component that will utilize CDBG funds. (If Applicable)
- Exhibit L _____ **Request for NEPA Environmental Review** (see supplied "Exhibit L") **Original Signature is Required.**
- Exhibit M _____ **Fee Schedule:** Reasonable fees may be charged for program services. If fees are charged provide a copy or schedule. Failure to submit the fee schedule for a fee-based program will render your application as disqualified. (If Applicable)
- Exhibit N _____ **Site Control:** Please attach documentation regarding the status of or evidence of site control. **Exhibit is Required**
- Exhibit O _____ **Detailed Program Description:** (Required to use supplied "Exhibit O" Form) **Exhibit is Required**
- Exhibit P _____ **Pre Award Risk Assessment:** (Required to use supplied "Exhibit P" Form) **Exhibit is Required** (See *Application Guidelines for more information*)



FY 2018-19

ESG and CA-ESG Grant Application

Exhibit A- BUDGET

- CDBG funds may not be used to pay for food/meals for staff, fund raising, entertainment, alcoholic beverages, deposits on equipment, incentives to clients (gift cards, raffle prizes, holiday gifts, prizes for social activities), and late fees or penalties.
 - No bonuses or PTO**
 - Costs must be directly related to grant project work (back-up documentation for payment requests must clearly show this)
-

FY 2018-2019

Agency: _____
 Project: _____
 Date: _____

BUDGET AND PROGRAM GOALS/OBJECTIVES:

_____ Individuals and _____ Households will receive services from this program through the FY 2018-2019.

Line Item	Awarded	Requested
EMERGENCY SHELTER		
Essential Services		
Salaries :	\$ 1.00	\$ 5.00
Benefits/Taxes (<i>capped at 20% of salary</i>) :		
HMIS Case Management		
Transportation		
Subtotal:	\$ 1.00	\$ 5.00
Operational Costs		
Rent:		
Utilities/Maintenance (<i>specify _____</i>):		
Office Supplies:		
Subtotal:	\$ 0.00	\$ 0.00
HOMELESS PREVENTION		
Essential Services		
Salaries :		
Benefits/Taxes (<i>capped at 20% of salary</i>) :		
HMIS Case Management		
Transportation		
Subtotal:	\$ 0.00	\$ 0.00
Financial Assistance Costs		
Rental Application Fees:		
Security Deposits:		
Last Month's Rent:		
Utility Deposits:		
Utility Payments/Arrears:		
Moving Costs:		
Services Costs:		
Subtotal:	\$ 0.00	\$ 0.00
HP Rental Assistance (0-3 mos.):		
HP Rental Assistance (4-24 mos.):		
Subtotal:	\$ 0.00	\$ 0.00
RAPID RE-HOUSING		
Essential Services		
Salaries :		
Benefits/Taxes (<i>capped at 20% of salary</i>) :		
HMIS Case Management		
Transportation		
Subtotal:	\$ 0.00	\$ 0.00
Financial Assistance Costs		
Rental Application Fees:		
Security Deposits:		
Last Month's Rent:		
Utility Deposits:		
Utility Payments:		
Moving Costs:		
Services Costs:		
Subtotal:	\$ 0.00	\$ 0.00
RR Rental Assistance (0-3 mos.):		
RR Rental Assistance (4-24 mos.):		
Subtotal:	\$ 0.00	\$ 0.00
HMIS		
Essential Services		
Salaries - Data Entry:		
Benefits/Taxes (<i>capped at 20% of salary</i>) :		
Subtotal:	\$ 0.00	\$ 0.00
Other Costs		
Participation Fees:		
Training:		
Technical Assistance:		
Other (<i>specify: _____</i>):		
Subtotal:	\$ 0.00	\$ 0.00
TOTAL:	\$ 1.00	\$ 5.00

Signature of Project Director or Authorized Person **is required** _____ Date: _____

TO BE COMPLETED BY CDBG MONITORING STAFF:	
ESG/CA-ESG Staff Recommendation: Approve or Deny (Circle one)	
Signature of Stanislaus County ESG/CA-ESG Official _____	Date: _____



FY 2018-19 ESG and CA-ESG Grant Application

Exhibit A-1 Other Project Funding Sources

- Only list funding that has been secured or committed for the proposed activity-not agency-wide.
-

EXHIBIT A-1

Other Program Funding Sources

Program: _____ Agency: _____

Identify all sources of funding by agency or donor and amount of funds that are anticipated to be utilized **for this program**. These funding sources should correspond with your proposed budget (Exhibit A). Leveraging and matching funds are not required but are highly encouraged as ESG funds are not intended to provide ongoing support.

Source of Funds: (agency/agency name)	Type of Funds: (i.e., CDBG, HOME, ESG, HOPWA, other Federal Funds, State/Local, Private, fees, contributions, special events, volunteers, other...)	Amount of Funds: (list amount received or anticipated)	Funding Status: (i.e., cash on hand, grant awarded, etc.) Committed, Pending, & Not yet requested
Example: City of Modesto Public Service Grant Funds	Example: Federal ESG funds	\$ -	Example: Pending
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
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		\$ -	
		\$ -	
TOTAL PROGRAM FUNDING		\$ 0.00-	This must equal your "Total Program" budget listed on "Exhibit A"



FY 2018-19

ESG and CA-ESG Grant Application

Exhibit A-2

Personnel Information

- List names of staff, their hourly wage and % of their salary to be covered by the grant.
-

EXHIBIT A-2

Personnel Information

Project: _____

Agency: _____

Complete the following personnel chart, including volunteers and contracted employees. Please note that the column labeled "Position Type" refers to direct service, administrative support etc. Attach copies of job descriptions and resumes of the individuals that will be involved with the implementation of the project to this exhibit. **Each of these components must be present for Exhibit A-2 to be considered complete.**

Position Title	Position Type (direct service, admin support, etc.)	Pay Rate (*Hourly without Fringe)	Total Hours Per Month (for the program)	Total Cost to Program (per month)	Total Cost of ESG Funds (per month)
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
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				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
				\$ 0.00	
Monthly Totals:				\$ 0.00	\$ 0.00

Program Totals:

(above totals x12/22/24 months- based on your estimated program length)

* If staff person is salaried, please still provide an hourly rate based on the number of hours worked per week.

EXHIBIT B

Please provide ALL requested information. Partial submission delays approval. Thank you

Contractor:

Program /Req # :

INSURANCE CHECKLIST

	Section 1 Department Complete	General Liability	Auto	Workers' Comp
1	NAIC # of insurers is provided on certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Best's rating of no less than A-, and Financial Size Category of at least VII*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Carrier is admitted/licensed to issue insurance in California (CA)* or on the Ca. Approved LASLI list**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Policy limits of insurance meet requirements in the agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Expiration date of policy is six months or more into the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Deductibles/self-insured retention are declared and approved or waived by County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 2 Insurance Broker				
7.	Certificate Holder is "Stanislaus County" or "County of Stanislaus, its Officers, Directors, Officials, Agents, Employees and Volunteers"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Policy numbers on all Endorsements or, provide a copy of the Declarations Page(s) to show which endorsements are attached to the various policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Additional Insured (AI) Endorsement naming "County of Stanislaus, its Officers, Directors, Officials, Agents, Employees and Volunteers" or a blanket endorsement as required by written agreement	<input type="checkbox"/>	<input type="checkbox"/>	N/A
10	Waiver of subrogation endorsement included. (see AI wording above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Primary and Non-Contributory Endorsement. (see AI wording above)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
12	30 day notice of cancellation included. (see AI wording above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 3 Check with Risk Management				
13	Professional Liability if on claims made basis retroactive date is prior to the contract date & continues into future	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
14	Is Fire / Builders Risk Insurance a requirement ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes ***
15	Is a Waiver of Insurance Requirements required ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes ***

RESOURCE HELP:

*To check insurers: <http://www3.ambest.com/consumers/consumersearch.aspx?bl=36>

**Approved surplus line insurance (LASLI) carrier acceptable if no CA carrier writes the insurance, see <http://www.insurance.ca.gov/0100-consumers/0030-licensee-info/0031-surplus-lines/lasli.cfm>

Note: County Counsel approval required if carrier is reinsured.

*** Check with Risk Management for details

FOR COUNTY USE ONLY

Surety Bonds Required? If Yes specify type(s)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Reviewer Signature:	Date:	
Title:		

EXHIBIT L - REQUIRED

Request for NEPA Environmental Review

Legal Name of Agency Requesting Funding: _____

DBA: _____

Agency Address: _____ Phone: _____

_____ Fax: _____

Program Title: _____

Program Contact: _____ Contact Title: _____ (if applicable)

Contact Address: _____ Phone: _____

_____ Fax _____

Contact E-mail: _____

ESG Funds Requested: \$ _____ Total Program Cost: \$ _____

Is the proposed Program a new program or an expansion of a currently offered program?(choose one)

- New Program Expanded Numbers Served Expanded Area Served Expanded Activity

Please describe how these funds will be utilized (i.e. hire new staff to expand the program, site security, etc):

Please check the appropriate categories below to indicate where HUD or HCD funds will be spent.

- Operating costs: maintenance, security, utilities, furnishing, equipment, supplies, staff training, recruitment, and other incidental costs.
- Services: case management, employment, crime prevention, child care, health, drug abuse, education, counseling, utility assistance, welfare, or recreation needs.
- Housing Services: emergency shelter, transitional shelter, permanent housing placement, day care, nutritional services, health care, and referrals to government services
- Tenant-based rental assistance
- Handicap Accessibility
- Homeless Prevention/Rapid Rehousing
- Administrative and management activities
- Financial Services
- Renovation/Rehab
- Engineering or design costs
- Technical Assistance and training
- Other: _____

Signature (original)

Date

EXHIBIT O

Detailed Program Description

EXHIBIT P

Pre-Award Risk Assessment

As part of the Stanislaus County ESG-CA-ESG Grant Application, we need information additional about the operation of your organization. Please respond to all attach requested questions, information, and submit with application.

Organization name: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

Year Incorporated in: _____

Number of Employees: _____

Name of CEO: _____

URL: _____

Date: _____

Fiscal year dates (month and year): _____

Type of organization (check all that apply):

- US Government Entity
- US entity that did not expend \$750,000 or more in US federal funds in the latest fiscal year
- For profit organization
- Non-profit organization
- University
- Foundation

Must mark either Yes or No to all questions. Application will not be considered if incomplete.	Yes	No	COUNTY STAFF ONLY:
			Details/supporting documentation
Audits			
Have you completed an annual audit in accordance with Uniform Guidance Single Audit requirements a single audit?			
Have your annual financial statements been audited by an independent audit firm?			
Does your organization have a financial management system that records the source and application of funds for award-supported activities?			

Must mark either Yes or No to all questions. Application will not be considered if incomplete.	Yes	No	COUNTY STAFF ONLY:
			Details/supporting documentation
Are all cash disbursements within the organization fully documented with evidence of receipt of goods or performance of services?			
Does organization have an effective system or procedure to control paid time charged to awarded funds?			
Does organization have an effective system or procedure for authorization and approval of:			
Capital equipment expenditures?			
Travel expenditures?			
Vendor and subcontractor expenditures?			
Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?			
Do you have written policies that address:			
Pay Rates and Benefits?			
Time and Attendance?			
Leave?			
Discrimination?			
Privacy and Confidentiality?			
Conflicts of Interest?			
Purchasing?			
Record Retention?			
Petty Cash?			
Accounts Payable?			
Accounts Receivable?			
Information Technology?			
Credit Cards?			
Do you subcontract to perform duties under this contract?			
Does your organization have appropriate insurance documents?			
Has there been a change in your senior management team in the past year?			
Have any key program staff started with the organization in the past year?			
Has your agency been placed on a corrective action plan within the past 12 months by any agency?			