APPLICATION INSTRUCTIONS

For COVID-19 Emergency Solutions Grant Funding

The ESG Program is designed to end homelessness by providing COVID-19 financial assistance to eligible non- profit organizations (NPOs) or general units of local government for:

* **Street Outreach** (SO) to engage with unsheltered homeless populations
* **Emergency Shelter** (ES) to increase access to, or improve the quality of, temporary emergency shelters
* **Rapid Re-Housing** (RRH) to rapidly move homeless individuals and families into permanent housing
* **Homelessness Prevention** (HP) to provide at-risk individuals and families with financial stabilization to prevent them from becoming homeless
* **Homeless Management Information System** (HMIS) to offset the cost of data collection and reporting required by the program
* **Administration** (ADMIN) to offset the cost of certain program administrative expenses

Specific activities within each of the above ESG “components” may, if the associated requirements are correctly documented, be reimbursable from a COVID-19 ESG sub-grant. Those activities and requirements are described in the regulations for the U.S. Department of Housing and Urban Development (HUD) in 24 CFR Part 576 and in the Arkansas DHS/DCO Office of Community Services Emergency Solutions Grant Policy and Procedures Manual and other documents **related to COVID-19 eligibility**. **Before starting this application, the applicant should review these documents to verify both applicant and project eligibility.**

# Completion Instructions

**Applicants who fail to follow the completion and submission instructions specified in this document will score poorly or, for certain failures, not be considered for funding.** Applicants who applied for the ESG sub- grant in the current or previous grant cycles can apply for this funding. In addition, agencies who meet the criteria may also apply.

**\*IT IS EXTREMELY IMPORTANT TO FOLLOW ALL INSTRUCTIONS EXACTLY AS WRITTEN\***

**NOTE:** This application is a Microsoft Word fillable form. **All applicants are strongly encouraged to complete the application early. The due date for electronically submitting the application is no later than 4:30 PM August 24, 2020.**

# Submission Instructions

After completing the application,

1. **Remove these instruction pages. They are not part of the application.**
2. Sign page four of the application. (It is a separate PDF fillable attachment to the application).
3. Save the application as “ESG20 COVID-19 Application.”
4. Gather the required attachments, in the order shown on page two of the application and scan them into a single PDF document named "ESG20 COVID-19 Attachments." The signed page must also be included.
5. The entire completed application package must be emailed to: Lorie.Williams@dhs.arkansas.gov

The electronic copy must be received by the DCO/Office of Community Services no later than 4:30 PM August 24, 2020. Applications submitted after the published deadline, regardless of the reason, will not be considered for funding. It is solely the applicants' responsibility to submit the application early enough to ensure it has been received. Early submission and verification of receipt by the DCO/OCS Assistant Director would be prudent and is strongly encouraged. A read receipt should be requested.

# Scoring Criteria

Below you will find the scoring criteria for participation in the ESG Covid-19 program. Preference will be given to agencies whose application meet the ESG program requirements and are utilizing more than one component of the ESG program funding either as an agency or partnering with other agencies.

The ESG COVID 19 Sub-Grant Application will be scored according to the following criteria:

|  |  |
| --- | --- |
| **Criterion** | **Maximum Possible Score** |
| **Narrative** | 35 |
| **Budget** | 25 |
| **Audit** | 15 |
| **Geographic Need** | 10 |
| **Capacity** | 10 |
| **CoC Participation** | 5 |
| *Total Possible Points* | **100** |

## Up to 35 points will be awarded based on the Narrative

The Narrative is to clearly, concisely and compellingly address each of six topics:

1. What eligible activities does the applicant propose to complete with ESG COVID-19 funds?
2. Who (quantity and demographic) are the eligible participants who will benefit from the proposed activities?
3. What specific capacity does the applicant possess to provide the proposed activities?
4. What specific capacity does the applicant possess to manage a federal grant?
5. What specific data can the applicant cite to demonstrate a strong need for the proposed project activities?
6. If the applicant received any ESG sub-grant within the past two years, provide a compelling success story.
7. Please identify agencies you are partnering with to provide services using the COVID-19 ESG funding.

These partnerships must be presented on the partners’ letterhead, be signed by the partners’ responsible party, and clearly state the item or service the partner brings to the project.

The Narrative is limited to **not more than six pages**, but there is no minimum length requirement. Six pages of repetitive, poorly written narrative will not score as well as fewer pages of well-written and informative content. The Narrative will be scored on the quality, not the quantity, of the content.

## Up to 25 points will be awarded based on the Budget

**Part I is the ESG Sub-Grant Budget and is worth up to five points.** This budget must be entered directly into the application and must show only the proposed distribution of only ESG dollars. The ESG Budget subtotals in the ESG budget must exactly equal the ESG Sub-Grant Component totals on the application cover page. *If the ESG Sub-Grant Budget subtotals do not exactly equal the ESG Sub-Grant Component Requested Funding on the application cover page, zero points will be awarded for the ESG Sub-Grant Budget.*

**Part II is the ESG Project Budget and is worth up to 10 points.** This budget must also be entered directly into the application and must include the ESG sub-grant budget, and all other resources that will pay for ESG COVID-19 activities provided to ESG participants.

**Part III is an Organizational Budget and is worth up to 10 points.** This budget is the applicant’s own form and is a required attachment to the ESG COVID-19 application. It must include the ESG COVID-19 Project Budget as well as the budget for any non-ESG COVID-19 relative activities, or activities provided to non-ESG participants, supported by other funding sources. The Organizational Budget will be used to verify that organization-wide expenses, such as insurance and utilities, are cost-allocated appropriately according to a cost allocation plan approved by the DHS-OCS/Office of Community Services prior to signing the sub-grant agreement.

## Up to 15 points will be awarded for the applicant’s most recent Audit

Counties and municipalities may, if available, submit audits of the Department or Division containing the ESG project. The most recently reported audit is required. If no audit has been conducted, a non-profit organization

(NPO) must submit a [Statement of Financial Position](https://www.nonprofitaccountingbasics.org/reporting-operations/statement-financial-position)1 (SOP), and a [Statement of Cash Flows](http://accounting-simplified.com/financial/statements/cash-flow-statement.html)2, but these

documents may not be substituted for an audit if an audit has been conducted.

**1** <https://www.nonprofitaccountingbasics.org/reporting-operations/statement-financial-position>

**2** <http://accounting-simplified.com/financial/statements/cash-flow-statement.html>

Audits are initially awarded the full 25 points, but the points may be reduced by reviewers according to the Findings, Deficiencies or Concerns revealed by the audit. SOPs and Statements of Cash Flows are also initially awarded the full 25 points, but these points also may be reduced by reviewers.

## Up to 10 points will be awarded based on Geographic Need

Reviewers will score the application based on the specific counties being served, the available beds in those counties, and Point in Time (PiT) count figures.

## Up to 10 points will be awarded based on Capacity

The ESG COVID-19 program involves significant paperwork that requires accuracy, attention to detail, and the ability to prepare monthly invoices using a Microsoft Excel workbook. The applicant’s capacity to effectively assemble the necessary file documentation, to successfully complete and submit a payable invoice, and to provide the service(s) described in the application must be supported by a description of available resources and personnel in the Narrative.

## 5 points will be awarded for documentation of active Continuum of Care participation

Newly formed organizations will be awarded five points for documented contact that expresses the intent to join and participate.

**OVERALL SCORE**

The score from each reviewer will be summed, and the resulting total will be divided by the number of reviewers to yield a final application score. **Final application scores lower than 70 will not be considered for funding.**

# Application Assistance

Have questions? Lorie Williams (501) 682-8714

 Assistant Director, OCS

 Lorie.Williams@dhs.arkansas.gov

 Application Deadline: August 24, 2020 by 4:30 PM

**Arkansas Department of Human Services**

**Division of County Operation**

**Office of Community Services**



**2019 Emergency Solutions Grant COVID-19 Sub-Grant Application**

|  |  |
| --- | --- |
| Application Organization Name: |        |
| Continuum of Care: |        |
| City, State, ZIP: |        | AR, |        |
| County: |        |

**NOTE:** When entering the requested funding amount, place the cursor after the $ sign and use the tab key after each entry. If you click enter it will not calculate.

|  |  |
| --- | --- |
| **ESG Component** | **Requested Funding** |
| **Street Outreach (SO)** | $0.00 |
| **Emergency Shelter (ES)** | $0.00 |
| **Rapid Re-Housing (RRH)** | $0.00 |
| **Homelessness Prevention (HP)** | $0.00 |
| **HMIS (Paid directly to HMIS Provider)** | $0.00 |
| **\*ADMIN** | $500.00 |
| **Total Requested** | $500.00 |

Application Checklist

\*Dollar amount may change dependent on the number of approved applications

Each item listed below must be provided. Applications that do not include each of the following items are incomplete and will not be considered for funding. The applicant is strongly encouraged to obtain necessary signatures and forms early, as some documents require a lead time.

The documents should be assembled, in order, scanned and then scanned at a minimum image resolution of 170 ppi (pixels per inch) into a single PDF file. The PDF file is required with the electronic submission. No paper copies will be accepted.

## Attachments

 [ ]  SF-424

 [ ]  State and Regional Development District Clearinghouse Letters

 [ ]  Verification of active SAM registration

 [ ]  IRS 501(c)(3) Determination Letter *(if a Non-Profit Organization)*

 [ ]  Continuum of Care “Good Standing” Letter3

 [ ]  Local Government Approval Letter4

 [ ]  HUD-2991 Certification of Consistency with the Consolidated Plan

 [ ]  Organizational Chart showing Staff involved with operation of the ESG program

 [ ]  Audit / SOP & Statement of Cash Flows

 [ ]  Organizational Budget

 [ ]  Letters of Support

 [ ]  Partnership Documentation

 [ ]  Minimum Habitability Standards for Emergency Shelters *(if requesting Shelter funding)*

**3** The “Good Standing” Letter is not a specific form. It is simply a letter from the applicant’s Continuum of Care stating that the applicant has regularly attended meetings and has participated in PiT counts.

**4** The Local Government Approval Letter is not a specific form. It is simply a letter from the Mayor or County Judge approving the project in his/her jurisdiction.

# Applicant Information

The applicant must fill out each field in this Section. If the duties in fields 10-13, 14-17, or 18-21 are duplicated, then the applicant must re-enter the information. **Do not leave fields blank.**

1. Legal Name:
2. Federal Tax ID Number (TIN):
3. D-U-N-S\* Number:       (should be 9-digits) <http://fedgov.dnb.com/webform>
4. Physical Address\*:
5. Physical City\*:       6. Physical ZIP\*:

\* The physical location is necessary for the Environmental Review and is **required** for funding consideration. Domestic Violence Shelters should enter “*CONFIDENTAL*” directly after the address to ensure the address is kept confidential. **Applications that fail to provide a physical address will not be considered for funding.**

1. Mailing Address:
2. Mailing City\*:       9. Mailing ZIP\*:
3. Name of Responsible Party (RP)5:
4. RP Title:
5. RP Phone:
6. RP Email:
7. Name of the person who will complete invoices (INV):
8. INV Title:
9. INV Phone:
10. INV Email:
11. Name of the primary HMIS Person (HMIS):
12. HMIS Title:
13. HMIS Phone:
14. HMIS Email:

**5** The Responsible Party (RP) is the Executive Director, Commanding Officer, CEO, etc.

It is not the project manager or person handling ESG sub-grant responsibilities at the organization.

1. **Responsible Party**

Printed Name: **SIGNATURE PAGE IS A SEPARATE ATTACHMENT**

Title:

"I hereby acknowledge that the submission of this Emergency Solutions Grants Application has been approved by me and, if necessary, the Board of Directors."

Signature:  Date:

# Project Information

The applicant must complete each item in this Section, except for item #1. **A Project Name should only be entered if it differs from the applicant’s name. Examples might be a named shelter or a project “doing business as” something other than the parent organization.**

1. Project Name:
2. Continuum of Care:

 [ ]  Central Arkansas Team Care for the Homeless (CATCH)

 [ ]  Fayetteville / Northwest Arkansas CoC

 [ ]  Southeast Arkansas CoC

 [ ]  Old Fort Homeless Coalition

 [ ]  Arkansas Balance of State

1. Please enter the counties that this project proposes to serve in the fields below:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Arkansas | [ ]  Dallas | [ ]  Lee | [ ]  Pope |
| [ ]  Ashley | [ ]  Desha | [ ]  Lincoln | [ ]  Prairie |
| [ ]  Baxter | [ ]  Drew | [ ]  Little River | [ ]  Pulaski |
| [ ]  Benton | [ ]  Faulkner | [ ]  Logan | [ ]  Randolph |
| [ ]  Boone | [ ]  Franklin | [ ]  Lonoke | [ ]  St. Francis |
| [ ]  Bradley | [ ]  Fulton | [ ]  Madison | [ ]  Saline |
| [ ]  Calhoun | [ ]  Garland | [ ]  Marion | [ ]  Scott |
| [ ]  Carroll | [ ]  Grant | [ ]  Miller | [ ]  Searcy |
| [ ]  Chicot | [ ]  Greene | [ ]  Mississippi | [ ]  Sebastian |
| [ ]  Clark | [ ]  Hempstead | [ ]  Monroe | [ ]  Sevier |
| [ ]  Clay | [ ]  Hot Spring | [ ]  Montgomery | [ ]  Sharp |
| [ ]  Cleburne | [ ]  Howard | [ ]  Nevada | [ ]  Stone |
| [ ]  Cleveland | [ ]  Independence | [ ]  Newton | [ ]  Union |
| [ ]  Columbia | [ ]  Izard | [ ]  Ouachita | [ ]  Van Buren |
| [ ]  Conway | [ ]  Jackson | [ ]  Perry | [ ]  Washington |
| [ ]  Craighead | [ ]  Jefferson | [ ]  Phillips | [ ]  White |
| [ ]  Crawford | [ ]  Johnson | [ ]  Pike | [ ]  Woodruff |
| [ ]  Crittenden | [ ]  Lafayette | [ ]  Poinsett | [ ]  Yell |
| [ ]  Cross | [ ]  Lawrence | [ ]  Polk |  |

1. Please indicate the population(s) to be served, ensuring that you check all the apply:

 [ ]  Men

 [ ]  Women

 [ ]  Families

 [ ]  Unaccompanied Youth

 [ ]  AIDS / Related Disease

 [ ]  Chronically Homeless

 [ ]  Drug or Alcohol Abuse

 [ ]  Fleeing or Attempting to Flee Domestic and Sexual Violence

 [ ]  Severe Mental Illness (SMI)

 [ ]  Veterans

# Budgets

## Part I: The ESG COVID-19 Sub-Grant Budget

The applicant must indicate how ESG funds, if awarded, should be distributed.

|  |  |
| --- | --- |
| **Street Outreach** | $0.00 |

|  |  |
| --- | --- |
| **Emergency Shelter** |  |
|  | Shelter Operations | $0.00 |
| Essential Services | $0.00 |
| Rehab, Renovation, Conversion | $0.00 |

|  |  |
| --- | --- |
| **Rapid Re-Housing** |  |
|  | Rental Assistance | $0.00 |
| **Housing Relocation and Stabilization** |  |
|  | Financial Assistance | $0.00 |
| Services | $0.00 |

|  |  |
| --- | --- |
| **Homelessness Prevention** |  |
|  | Rental Assistance | $0.00 |
| **Housing Relocation and Stabilization** |  |
|  | Financial Assistance | $0.00 |
| Services | $0.00 |

|  |  |
| --- | --- |
| **HMIS (Paid directly to HMIS Provider)** | $0.00 |

|  |  |
| --- | --- |
| **ADMIN** | $500.00 |

|  |
| --- |
| **ESG Sub-Grant Budget Summary** |
| Street Outreach Subtotal | $0.00 |
| Emergency Shelter Subtotal | $0.00 |
| Rapid Re-Housing Subtotal | $0.00 |
| Homelessness Prevention Subtotal | $0.00 |
| HMIS Subtotal | $0.00 |
| ADMIN Subtotal | $500.00 |
| **Total ESG Request** | $500.00 |

**NOTE:** The Subtotals and Total ESG COVID-19 Request above must be an exact match of the cover sheet.

## Part II: The ESG Project Budget

On the following pages, the applicant must enter the budget for the entire ESG Project.

The ESG COVID-19 Project Budget should show proposed ESG COVID-19 sub-grant funds and all Federal, State, Local and Private funds expected to contribute to the ESG COID-19 project. Applicants should show only ESG project activities provided to ESG program participants in this budget.

**ESG Project Budget**

Please complete the projected ESG Project Sources and Uses for the period of October 1, 2020 through September 30. 2021.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ESG Activity** | **ESG Funds Requested** | **Other HUD Federal** | **Non-HUD Federal** | **State Funds** | **Local Funds** | **Private** | **ESG Project Sub-Total** |
| **Street Outreach** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **Shelter****Operations** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **Shelter****Essential Services** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **Shelter****Rehab, Reno, Conv** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **RRH****Rental Assistance** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **RRH****Financial Assistance** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **RRH****Services** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **HP** **Rental Assistance** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **HP** **Financial Assistance** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **HP** **Services** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **HMIS** | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **ADMIN** | $500.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $500.00 |
| **Totals** | $500.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $500.00 |

# Street Outreach Information

1. Are ESG COVID-19 funds being requested to support a Street Outreach project?

 [ ]  Yes *If yes, please complete this section.*

 [ ]  No *If no, please skip to the next section.*

1. What specific needs will the proposed Street Outreach project address?

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| --- |
|       |

1. What are the goals of the proposed Street Outreach project?

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|       |

1. Cite specific, local evidence of the needs for the services proposed.

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|       |

1. In what specific areas of the applicant’s community will services be provided?

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|       |

1. Will these Street Outreach services be integrated with other programs serving homeless persons and with mainstream resources? If so, how?

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# Emergency Shelter Information

1. Are ESG COVID19 funds being requested to support an Emergency Shelter?

 [ ]  Yes *If yes, please complete this section.*

 [ ]  No *If no, please skip to the next section.*

1. Has the applicant’s shelter recently passed an ESG Minimum Habitability Standards for Emergency Shelters Inspection?

 [ ]  Yes *If yes, the inspection must be included as part of the attachments.*

 [ ]  No *If no, Emergency Shelter funds will not be awarded as this is a requirement.*

1. What specific needs will the proposed Emergency Shelter project address?

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|       |

1. What are the goals of the proposed Emergency Shelter project?

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|       |

1. Can you cite specific, local evidence of the need for this Emergency Shelter?

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|       |

1. Describe the entry requirements for this shelter and explain any requirements clients must meet to remain in the shelter after entry.

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| --- |
|       |

1. To whom will this Emergency Shelter offer services?

 [ ]  Men [ ]  Women [ ]  Families [ ]  Unaccompanied Youth

1. If this Emergency Shelter will not offer bed space to Men / Women / Families / Unaccompanied Youth, how will those not accepted into the Shelter be helped?

|  |
| --- |
|       |

1. How far away is the nearest shelter that does accept any demographic (men / women / families) not accepted into this shelter, and how do homeless persons turned away get to the nearest shelter that will accept them?

|  |
| --- |
|       |

1. Does this Shelter ever charge a fee for overnight stay?

 [ ]  Yes [ ]  No

1. What was this shelter’s average length of stay during the most recent calendar year?

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| --- |
|       |

1. Describe your agency's process for assisting clients with obtaining and remaining in permanent housing.

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|       |

1. Explain your agency's strategy for ensuring that clients receive individualized assistance to best meet their needs for housing stability. Please describe the types and frequency of services provided.

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|       |

1. Please explain this shelter’s methods for reducing the length of stay, and describe the strategies used to reduce the length of time shelter residents remain homeless.

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|       |

1. Discuss any diversion methods your agency utilizes during the initial intake process with clients.

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# Rapid Re-Housing and Homelessness Prevention Information

1. Are ESG COVID-19 funds being requested to support Rapid Re-Housing and/or Homelessness Prevention project(s)?

 [ ]  Yes *If yes, please complete this section.*

 [ ]  No *If no, please skip to the next section.*

1. What specific needs will the RRH/HP project address? Please list specific goals.

|  |
| --- |
|       |

1. Please describe the referral process for how clients are referred to your project. Explain how your project is connected to the Coordinated Entry process of your service area.

|  |
| --- |
|       |

1. Please explain the strategy for targeting funds to those most at need within your service area. Explain the methods of outreach your agency will use to engage with these individuals or families.

|  |
| --- |
|       |

1. Please explain your agency's strategy for ensuring that clients receive individualized assistance to best meet their needs for housing stability. Please describe the types and frequency of services.

|  |
| --- |
|       |

1. Please explain any limitations your agency has within the program, specifically addressing the length of time client can remain in the project and amount of assistance clients are able to receive.

|  |
| --- |
|       |

# Narrative Section

This section will account for 35% of the application score. It should be compelling to both ESG and non-ESG reviewers. It must clearly and concisely address the following six topics:

1. What eligible activities does the applicant propose to complete with ESG COVID-19 funds?
2. Who (quantity and demographic) are the eligible participants who will benefit from the proposed activities?
3. What specific capacity does the applicant possess to provide the proposed activities?
4. What specific capacity does the applicant possess to manage a federal grant?
5. What specific data can the applicant cite to demonstrate a strong need for the proposed project activities?
6. If the applicant received any ESG sub-grant within the past two years, provide a compelling success story.

The Narrative is limited to not more than six pages, but there is no minimum length requirement. Six pages of repetitive, poorly written narrative will not score as well as fewer pages of well-written and informative content. The Narrative will be scored on the quality, not the quantity, of the content.

[ ]  **I acknowledge that I have read these instructions.**

|  |
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|       |
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**End of application.**