

2020 THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT) ESG FUNDS APPLICATION

Eligible activities include all activities listed in the Emergency Solutions Grant Interim Rule, published in the Federal Register on December 5, 2011. ESG-CV funds may be used for any single activity or combination of eligible activities as outlined below and address the priorities and any published supplemental requirements of the CARES Act in order to prepare for, prevent the spread of and respond to the COVID-19.

Activity Name: _____

If the organization is submitting more than one application, rank them in order of importance, with one (1) being the most important. This application is ranked # _____ of _____.

Amount of ESG funding requested: \$ _____ 2019

TOTAL REQUEST \$ _____

Organization Name: _____ DUNS #: _____

Address: _____

Phone: _____ Fax: _____

Contact Person: _____ Email: _____

Please check the appropriate line: _____ Municipality _____ Non-Profit Entity

_____ For-Profit Entity (501(c) (3) ___Y ___ NO (Tax Identification Number: _____)

Activity Description:

Census Tract and Block Group where service is located (available from CD staff) _____

Please check all of the following that apply to this activity:

____ Emergency Shelter Operations

____ Meets Written Standards

____ Rapid Rehousing

____ Homeless Prevention

____ Incorporates supportive services

____ Meets HUD ESG Program Requirements

____ Helps people to obtain and maintain stable permanent housing

____ Meets 10 Year Plan to end Homelessness Guiding Principle

____ Street Out-Reach

Signature of Authorized Official, Title

Date

Date of Municipal/Board Resolution approving applications(s).

Attach a copy of the resolution to the application.

Activity Eligibility for ESG-CV

Please check the box in front the following ESG-CV program components that comprise the proposed activity:

- Homeless shelter operations (payment for maintenance, operation, rent, repairs, security, fuel, equipment, insurance utilities, food, and furnishings, , individual shelter nights i.e, motel/hotel vouchers)
- Homelessness prevention (delivery and short term and medium term rental assistance to renters at risk of becoming homeless, relocation & stabilization services)
- Rapid Re-housing (rental assistance, financial assistance and or services to move families from homelessness to permanent housing, relocation & stabilization services)
- Street Outreach essential services for unsheltered homeless include engagement, case management, emergency health services, emergency mental health services, transportation, services for special populations.

Commitment to Street Outreach (24 CFR 576.101 a)

Describe agency's commitment and ability to Street Outreach for the duration of the funding term, if awarded.

Commitment to Maintain Shelter (24 CFR 576.102)

Describe agency's commitment and ability to maintain shelter for the duration of the funding term, if awarded.

Commitment to data entry into County HMIS System (24 CFR 576.400)

Describe agency's commitment and ability to provide data for County HMIS system.

NOTE: this section does not apply to victims services providers due to confidentiality requirements.

Activity Estimated Cost

Provide the financial data described below. When preparing this data:

1. Provide annual budget information for the *activity*, not for the entire agency, unless it runs only one program.
2. Use the best information currently available. More detailed and exact figures will be requested if the activity is approved for funding.

Single Year Activity Estimated Budget

Operating	\$ _____
Client Services / Intake / Supportive Services/ Essential Services	\$ _____
Rental Assistance	\$ _____
Other: Explained: _____	\$ _____
Year Activity Total	\$ _____

Sources of Non-ESG Funds

List all sources of other funding obtained/committed/sought for this activity in the following tables. Include: name of program or fund, name of source, year of anticipated receipt, and whether federal, state, or nongovernmental entity.

Source of Funds	Amount	Funds Used For	Status
1. _____	\$ _____	_____	Secured ____ Pending ____ Denied ____
2. _____	\$ _____	_____	Secured ____ Pending ____ Denied ____
3. _____	\$ _____	_____	Secured ____ Pending ____ Denied ____
4. _____	\$ _____	_____	Secured ____ Pending ____ Denied ____

TOTAL \$ _____

** If secured, attach confirmation letter (unless local funds). If denied, attach denial letter stating the name of the source, the date funds were sought, and the reason for the denial.*

Note Required Funding Match - Not applicable for ESG-CV

If no other funding sources are involved in this activity, please explain why:

Activity Narrative- Summary of the proposed activity. The summary should be comprehensive, yet concise. :

1. Briefly describe the proposed activity:

2. **Briefly *describe* the Agency operating the proposed activity/program:**

Provide a copy of the *mission statement* of agency

Provide the *complete address and description* of the agency and the facility to be used for the activity/program. If no site has been located, the applicant should indicate this fact and supply information on the type of facility being considered.

Describe the applicant's *prior experience* in the administration and provision of this activity or program, or similar activities.

Submit a list of *organizational officers* and board members.

Submit *audit or financial statements* (only if *not* previously funded through ESG). If neither is available, submit bank references.

Submit formal process used to terminate homeless assistance