CITY OF HUNTSVILLE

FY2017
APPLICATION

EMERGENCY SOLUTIONS
GRANTS PROGRAM

PLEASE SUBMIT ONE (1) ORIGINAL AND TWO (2) COPIES TO THE ADDRESS BELOW BY NOON ON JULY 17, 2017.

City of Huntsville
Department of Community Development
Yarbrough Office Center
120 Holmes Avenue, 2nd Floor
Huntsville, AL 35801

or

City of Huntsville
Department of Community Development Post Office Box 308
Huntsville, AL 35804-0308
APPLICATION  
ALABAMA EMERGENCY SOLUTIONS GRANTS PROGRAM  
FISCAL YEAR 2017

A.1. **Applicant:** ____________________________________________

City/County /Nonprofit Agency  County

Applicant’s DUNS Number:__________________________________________

Mayor/Chairman/Authorized Official: ________________________________

Applicant’s Address: _____________________________________________

________________________________________________________________

Telephone: ______________________________________________________

Contact Person: _________________________________________________

Address: _______________________________________________________

________________________________________________________________

Telephone: ________________   E-mail: ________________

A.2. **Declaration of Debt:**

a. Does the applicant owe money to the state or federal government?
   ☐ Yes ☐ No

b. If the answer to “a” is “yes,” is a repayment arrangement in place?
   ☐ Yes ☐ No

c. Have any disallowed costs resulted from an ADECA audit of the
   applicant? ☐ Yes ☐ No

d. If the answer to “c” is “yes,” has a resolution been finalized?
   ☐ Yes ☐ No

If the answer to either question above is “yes,” please attach an explanation.

A.3. **2010 Population of Service Area:** ________________

A.4. **House District:** ________  A.5. **Problem Area(s) Addressed:**

Senate District: ________  Street Outreach

Congressional: ________  Homelessness Prevention

                  ________ Emergency Shelter
                  ________ Rapid Re-housing
A.6. **Total ESG Funds Requested:** $__________
   Administration $__________  HMIS $__________
   Street Outreach $__________  Emergency Shelter $__________
   Homelessness Prevention $__________  Rapid Re-housing $__________

A.7. **Brief description of the project:** For each governmental entity or nonprofit agency that will provide direct services, provide the following information: DUNS number; the amount requested for each activity; the problem area(s) addressed; location and description of project; estimated number of persons to be served; number of persons served during the last calendar year; and the amount and source of matching funds.

A.8. **Verification of Tax-Exempt Status:**
Provide the IRS Determination Letter and tax-exempt number for each nonprofit agency (acting as the applicant or second-tier subrecipient).

A.9. **System for Award Management:**
Provide documentation of the applicant’s registration at [www.sam.gov](http://www.sam.gov).

A.10. If the applicant is a local unit of government, were funds provided to the second-tier subrecipient(s) from the general fund during the immediately preceding twelve-month period?
   - Yes
   - No
   - N/A (nonprofit applicants only)
   If the answer is “yes,” please attach the applicant’s annual budget and a detailed explanation of the amount(s) provided and how it was used by each applicable second-tier subrecipient for street outreach and emergency shelter services.

A.11. If the applicant is a nonprofit agency, please provide a copy of IRS Form 147C. To request a copy, call 1-800-829-4933.

A.12. For each agency requesting emergency shelter funds for facility-based services, submit documentation of the following:
   - the agency meets HUD’s definition of an emergency shelter;
   - compliance with the prohibition against involuntary family separation requirement; and
   - the facility is insured.

A.13. **Audit Information:**
Include a copy of the most recent audit or a professionally prepared financial statement. **YEAR:** __________
Attach the Audit Certification.
B.1 Identification of Homeless Assistance Needs 20 Points

Define and describe the service area. Identify the homeless assistance needs in the service area including the needs of other eligible clientele such as victims of domestic violence. Specifically address the needs of the unsheltered homeless persons in the service area. Use quantifiable data, specific to the service area, to the maximum extent possible. Data should include the number of individuals and families actually served during the last calendar year.

Maximum of 2 text pages.
B.2 Applicant’s Strategy to Address Homeless Problems

Describe the reasons for addressing specific homeless problems. Describe the strategy for addressing homeless problems. Include specific data quantifying the types of assistance or services provided to homeless individuals and families or those persons at risk of homelessness during the last calendar year. **Estimate the number of persons to be assisted in relation to the types of assistance to be provided.** Explain the strategy for targeting funds to the neediest persons, or to the geographic or functional areas where funds may have the greatest impact. Submit samples of intake forms for each agency that will provide services.

**Only submit intake forms that capture information relative to eligibility for ESG assistance.**

**Maximum of 2 text pages.**
B.3. Capacity and Coordination

Applicants will describe their management capacity, especially that of all second-tier subrecipients, if any. Provide specific details relating to direct or related experience with service provision to homeless individuals and families or those at-risk of homelessness. Applicants will provide their plan to coordinate and integrate ESG-funded activities with other programs targeted to serving homeless persons and with mainstream resources for which program participants may be eligible.

Maximum of 2 text pages.
B.4. Participation in a Continuum of Care

The applicant will demonstrate a thorough understanding of the “continuum of care” concept and explain how the services provided by it or its second-tier subrecipients are in line with this concept. This will include information concerning membership in an existing Continuum of Care Homeless Coalition. The applicant will explain the levels of participation of the applicant and the second-tier subrecipients in the continuum and detail the strategies of their particular continuum for serving the homeless. Provide information to show how services provided by the applicant and/or second-tier subrecipients address the strategies of the local continuum.

Maximum of 2 text pages (charts not included in page limit).
Points will be given based on the clarity of proposed match. Match (in-kind or cash) must be explained as to how its use relates to the activities allowed under the McKinney Homeless Assistance Act, as amended. Match must be verified to include resolutions and letters detailing sources of funds. If match comes from the city or the county, then the source of funds (general fund) must be identified. Letters from banks, organizations, or donors specifying donated items will be needed. Volunteer hours and fundraising efforts will need to be discussed in enough detail to establish validity. The service area or activities for which volunteer hours are used must be clearly indicated.

**Matching funds/services must be spent on/used for ESG-eligible activities and must benefit the ESG program participants.**

If the application is selected for funding, matching funds/services must be applied in proportion to the amount of ESG funds expended.

**Maximum of 2 text pages (graphs/charts not included in page limit).**
B.6. Budget  

The budget narrative must consist of a thorough explanation of activities involved with the request. Each budget category (Administration, Street Outreach, Emergency Shelter, Homelessness Prevention, Rapid Re-Housing, and HMIS) must give a detailed description of costs. The applicant’s budget must be the aggregate of all second-tier subrecipient budgets.

Submit a budget form for the applicant and each second-tier subrecipient, if applicable. **NOTE: The budgets submitted with the applications do not require signatures or dates.**

Each agency for which funds are requested should submit its annual budget that shows the source and amount of other funds received.

**The budget narrative is limited to 2 text pages (graphs/charts not included in page limit).**
B.7. Schedule

Provide a flow chart or timeline showing the schedule of necessary project elements with starting and ending dates for each. Activities applied for must be completed and closed out within eighteen (18) to twenty-two (22) months. **However, if the applicant wishes to apply for FY2019 ESG funds, all activities must be completed and closed out by the date of the FY2019 ESG Application Workshop.**
B.8. Application Checklist

- Cover Letter
- Original Application and 2 Copies
- IRS Determination Letters (stating 501 (c)(3) status of all private nonprofit agencies)
- IRS Form 147C (nonprofit applicant only)
- sam.gov registration (applicant only; must show expiration date)
- Audit Certification (applicant only)
- Sample Intake Forms (for each agency providing direct assistance)
- ADECA ESG Budget Forms
- Last Year’s Budget (for each agency providing direct assistance)
- Letter from CoC (regarding agencies’ reporting in HMIS/comparable database)
- Resolution (local unit of government applicant)
- Match Verification Letters (on agencies’ letterhead)
- Summary of Past Volunteer Hours/Donations
- Declaration of Debt Documentation (see A.2.)
- Maintenance of Effort Documentation (see A.10.)
- Emergency Shelter Documentation (see A.12.)
- Copies of Deed (if applicable)
INSTRUCTIONS FOR COMPLETING THE ESG SECOND-TIER SUBRECIPIENT BUDGET/FINAL FINANCIAL REPORT

1. **Date of Report** – The date you are completing the budget.

2. **Subrecipient Budget/Report Number** - The number of the Subrecipient budget to which this budget is attached.

3. **Second-tier Subrecipient Budget/Report Number** - The Original Budget is Number 1. Any subsequent budget amendments or expenditure reports will be numbered sequentially until the final financial report. Reports received out of sequence will not be processed. For the final budget, this field should contain a number and the word “Final”.

4. **Subrecipient Name** – The City, County or Non-profit awarded the funds (from the Grant Agreement).

5. **Second-tier Subrecipient Name** – The name of the agency awarded funds by the Subrecipient listed above.

6. **Contract Number** – The City, County or Non-profit agreement/contract number on the Grant Agreement (ex. HESG-05-001).

7. **Column 1 (Total Activity Cost)** – This column should list the total cost for the activity; both ESG funds and local/other funds (match) budgeted for the activity (add columns “3” and “6”).

   The next three columns (2, 3, and 4) are related to ESG Funds.

8. **Column 2 (Last approved budget)** - This column should include the ESG totals for the activities from the last approved budget. If this is the original submittal, then leave column 2 blank.

9. **Column 3 (Original Budget/Budget Revision/Final Expenditure)** – This column should reflect the original budget or the new/revised budget or the final expenditure numbers.
   a. If this is the original budget, list the total amounts for the activities here.
   b. If this is a revised budget, the numbers in Column 2 should reflect the total for the activities as shown on the last approved budget; transfer numbers from Column 3 of last approved budget to Column 2 of revised budget. The new (revised) budget amounts would be listed in Column 3.
   c. A budget reflecting the final expenditure is required at grant closeout even if no revisions were made to the budget.

10. **Column 4 (Budget Adjustment or Deobligation)** – This column should show the budget adjustment. The adjustment is calculated by subtracting Column 2 from Column 3 (3-2).

    The next three columns (5, 6, and 7) are related to the Local/Other funds (match). Please refer to the instructions in numbers (8-10) above.

11. **Mayor/Chariman/Authorized Official** – Self-explanatory. This signature must be listed on the Certification Form submitted to ADECA.

12. **Date** – Self-explanatory.

13. **Description** – Use the space provided to describe each activity function (how you plan to carryout the program). The letters (a., b., c., etc.) correspond to the activities listed in the budget table.

14. **Reason for amendment and/or deobligation** - Use the space provided to explain the reason for the amendment or deobligation.

15. **State Reviewer, Date, and Division Chief** – For ADECA use only. Please do not write or sign in these areas.
16. **Source of local/other funds** – List the source of all local/other funds (match).
## SECOND-TIER SUBRECIPIENT

### Description:
- **a. Administration**
- **b. Street Outreach**
- **c. Emergency Shelter**
- **d. HMIS**
- **e. Prevention**
- **f. Re-Housing**

### Formatted Table:

<table>
<thead>
<tr>
<th>Activity</th>
<th>1 Total Activity Cost (3 + 6)</th>
<th>2 Last Approved Budget</th>
<th>3 Original Budget or Budget Revision (3 - 2)</th>
<th>4 Budget Adjustment or Deobligation (3 - 2)</th>
<th>5 Last Approved Budget</th>
<th>6 Original Budget or Budget Revision</th>
<th>7 Budget Adjustment or Deobligation (6 - 5)</th>
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### Total:
- **Rental Assistance Services *(HR & S)**
- **Total:** $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ -

* (HR & S) - Housing Relocation & Stabilization Services

### Source of local/other funds:

### Reason for amendment and/or deobligation:

### Original to Accounting, Copy to Grant Administrator, and Copy to Project File.