

# PRE-SELECTION APPLICATION INSTRUCTIONS

# 2020 EMERGENCY SOLUTIONS GRANTS PROGRAM

# CARES ACT – PART II (ESG-CV2)

1. ESG-CV2 Process of application reviews and awards.
   * 1. Applicant will submit required organizational documentation to THDA via THDA’s Participant Information System (PIMS) for review.
     2. Applicant will submit Pre-Selection Application to THDA via Electronic File Transfer (EFT) for review.
     3. THDA will review applications to make a threshold determination for funding consideration.
     4. THDA will submit eligible applications to the local Continuum of Care (CoC) for review and ranking.
     5. CoCs will provide THDA with their application ranking in order of priority.
     6. THDA will review and make final application funding determinations.
     7. THDA will make funding awards and distribute contracts.
     8. THDA will provide access to THDA’s Grants Management System (GMS) to successful Applicants.
2. Complete all pages of the application.
   * All Non-Profit Applicants must submit all items identified on Part IX – Non-Profit Checklist.
   * All Local Government Applicants must submit a copy of their financial audit through PIMS as noted on Part X – Local Government Checklist.
   * All Applicants must submit one copy of their ESG-CV2 Written Standards. Organizations funded under the 2020 ESG Program must submit their ESG-CV2 Written Standards only if changes or new activities have been added to these standards since their prior submission.
3. Answer all questions. If not applicable to your program, please mark N.A.
4. Submit application and supporting information.

The applications must be received via the EFT site by **4:00 p.m. CST, on Friday, January 15, 2021.**  THDA will not consider applications received late. Applications will not be accepted via email.

1. The Mayor, Executive Director, or Board Chairperson of the Applicant, as appropriate, must sign the application. Digital signatures are acceptable.

\*Due to the short application window, THDA will allow the following items to be submitted after the application deadline of January 15, 2021. These items must be submitted to THDA via the EFT site by 4:00 p.m. CST on Friday, February 19, 2021.

* + Part VI of the Application: Certification of Local Government Approval for Non-Profit Organizations Implementing Shelter Activities.
  + Part VII of the Application: Certification of Consistency with the Consolidated plan.

1. Please submit a complete application. THDA will provide a limited opportunity of 3 business days for Applicants to correct the following threshold factors:

* Failure to upload all required documents to PIMS.
* Failure to submit a Certificate of Existence that was issued within the required time established by the application instructions.
* Failure of the Mayor, Executive Director, or the Board Chairman to sign the application.



**TENNESSEE HOUSING DEVELOPMENT AGENCY**

**2020 EMERGENCY SOLUTIONS GRANTS CARES ACT PART II**

**PRE-SELECTION APPLICATION**

CoC Number: TN-\_\_\_\_\_

**PART I: GENERAL APPLICANT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **APPLICANT INFORMATION** | | | | | | | | | | | | | |
| Organization Legal Name: | | |  | | | | | | | | | | |
| Mailing Address: | | |  | | | | | | | | | | |
| City: |  | | | | | | | Zip: | |  | | | |
| County: | | | | | | | | | | | | | |
| Applicant’s Email Address: | | | |  | | | | | | | Phone: |  | |
| Federal Tax ID#: | | | | | DUNS Number: | | |  | | | | | |
| **2.** | **APPLICANT SIGNATORY** | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | |
| Title: | |  | | | | | | | | | | | |
| Mailing Address: | |  | | | | | | | | | | | |
| City: | |  | | | | | | State: |  | | | Zip: |  |
| Email Address: | |  | | | | | | Phone: | |  | | | |
| **3.** | **CONTACT PERSON FOR THE APPLICATION** | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | |
| Title: | |  | | | | | | | | | | | |
| Phone: | |  | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | |
| **4.** | **TARGET GROUP (Check all that apply)** | | | | | | | | | | | | | |
| ⬜ Chronically Homeless | | | | | | ⬜ Domestic Violence | | | | | | | |
| ⬜ Homeless Youth (18-24) | | | | | | ⬜ Elderly (62+) | | | | | | | |
| ⬜ Persons with HIV/AIDS | | | | | | ⬜ Individuals with Disabilities | | | | | | | |
| ⬜ Homeless Veterans | | | | | | ⬜ Homeless Adults | | | | | | | |
| ⬜ Homeless Families with Children | | | | | | ⬜ Other: | | | | | | | |
| **5.** | **FAITH-BASED ORGANIZATION?** ⬜ Yes ⬜ No | | | | | | | | | | | | | |
| **6.** | **NUMBER OF YEARS IN EXISTENCE:** | | | | | | |  | | | | | | |
| **7.** | **NUMBER OF YEARS PROVIDING HOUSING RELATED SERVICES:** | | | | | | |  | | | | | | |
| **8.** | **HAVE YOU ADMINISTERED AN ESG PROGRAM IN THE PAST?** ⬜ Yes ⬜ No | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |

**9. TOTAL ESG-CV2 FUNDS REQUESTED IN 2020 (New ESG-CV activities are italicized)**

|  |  |
| --- | --- |
| Street Outreach | $ |
| *-Training* |
| *-Handwashing Stations* |
| Shelter Activities (Essential Services + Operations + Rehabilitation) | $ |
| *-Shelter – Renovation* |
| *-Shelter – Major Renovation* |
| *-Shelter – Conversion* |
| Temporary Emergency Shelter | $ |
| *-Temporary Shelter – Acquisition* |
| *-Temporary Shelter – Renovation* |
| *-Temporary Shelter – Major Renovation* |
| *-Temporary Shelter – Conversion* |
| Homelessness Prevention | $ |
| Rapid Re-Housing | $ |
| Data Collection (HMIS) | $ |
| **Activities Subtotal:** | **$** |
|  |
| Administration  (for local governments only; at a maximum of 5% of the Activities Subtotal | $ |
| **TOTAL PROGRAM COST:** | **$** |

1. **ALL APPLICANTS MUST INCLUDE:**

⬜ *For Non-Profit applicants only -* Most recent audit or audited financial statements (if funded under 2020 ESG Program, there is no need to resubmit unless financials were amended or updated)

⬜ *For Local Governments only -* THDA will retrieve the most recent audit or audited financial statements from the Tennessee Comptroller of the State’s website.

⬜ ESG-CV2 Written Standards (If funded under 2020 ESG Program and Standards have changed since last submission, please resubmit)

1. **NON-PROFIT APPLICATIONS MUST ALSO INCLUDE:**

⬜ Part IX – Non-Profit Checklist with all supporting documentation

1. **LOCAL GOVERNMENT APPLICATIONS MUST ALSO INCLUDE:**

⬜ Part X – Local Government Checklist with all supporting documentation

1. **CERTIFICATION BY SIGNATORY:**

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the Applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on this application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

By signing this application for funds, I am also certifying that all documents required to be electronically uploaded to the THDA Participant Management Information System (PIMS) have been uploaded and that those documents reflect the most recent and complete documents available. All applications will be evaluated based on the supporting documents in the PIMS document repository as of the application deadline.

Mayor, Executive Director, or Board Chairman:

Signature: \_\_\_\_

Typed Name: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**PART II: APPLICANT NARRATIVE**

* 1. Describe the geographic make-up of the service area of the Applicant.
     + Geographic area served (list all counties):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Location of main and satellite offices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + Check all Continua of Care to be served by Applicant using 2020 ESG-CV2 Funds:

⬜ **TN-500** - Chattanooga Regional Homeless Coalition

⬜ **TN-501 -** Memphis/Shelby County CoC

⬜ **TN-502 -** Knoxville/Knox County CoC

⬜ **TN-503 -** Central Tennessee CoC

⬜ **TN-506 -** Upper Cumberland CoC

⬜ **TN-507 -** Jackson/West Tennessee CoC

⬜ **TN-509 -** Appalachian Regional CoC

⬜ **TN-510 -** Murfreesboro/Rutherford County CoC

⬜ **TN-512 -** Morristown/Blount, Sevier, Campbell, Cocke Counties CoC

* 1. Describe in detail the Applicant’s mission, types of programs and services currently offered, and how homelessness programs fit within that mission, including how the activities proposed in this application relate to prevent, prepare for, and respond to coronavirus as well as addressing the needs and priorities of the local Continuum of Care in the efforts to prevent, prepare for, and respond to coronavirus. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Describe the Applicant’s participation in their CoC’s coordinated entry (CE) system and assessment tools. Provide examples, which demonstrate the level of participation and knowledge of local CE policy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Did the Applicant participate in other ESG Programs in 2020?

If no, skip to question number 5.

If yes, please check all applicable boxes and answer the questions below.

⬜ 2020 ESG Program

⬜ 2020 ESG CARES Act – Part I Program

⬜ Other ESG Program Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the Applicant will maintain good accounting standards in place to administer multiple ESG Programs simultaneously. How will the Applicant account for and separate the billing for each grant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Describe the Applicant’s intake process: (Note that individuals and families experiencing homelessness who are served with ESG-CV funds must not be required to receive treatment or perform other prerequisites in order to receive program services.)

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* + - Are intakes standardized? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - What eligibility requirements (if any) are included with your program?\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* + - What is the average length of time between intake and assistance given?

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* + - Describe efforts to lower barriers to assistance.

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* + - Describe process for giving and receiving referrals.

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* + - Describe the Applicant’s experience implementing Housing First practices.

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**PART III: AGENCY CAPACITY**

Describe the Applicant’s capacity to undertake and implement the proposed project or program to prevent, prepare for, and respond to coronavirus. The discussion should include, but not be limited to, the Applicant’s capacity to undertake and implement homelessness prevention activities to mitigate the impacts created by coronavirus. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List administrative and fiscal staff, as well as any experience in the management of federal or state grant programs, particularly those programs targeted to the homeless and/or those at imminent risk of homelessness.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Provide information about the board of directors and/or advisory council, such as the regularity of meetings, list of subcommittees, and their involvement in the agency’s activities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Describe how your Agency will use volunteers to implement and administer its program(s).

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1. Describe your agency's use of the Homeless Management Information System (HMIS) adopted by your Continuum of Care. Indicate if HMIS is used by the applicant to record transactions associated with all agency programs or only HUD-funded programs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* + Name of HMIS Software Provider or, if a DV provider, Comparable Database Software Provider; and HMIS/Comparable Software Provider Contact Person, Phone Number and Email Address. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Describe how your agency makes known that use of facilities, assistance, and services are available to all on a non-discriminatory basis, including steps to make individuals aware of the availability of the facilities, services, and assistance, including those with disabilities.\_\_\_\_\_\_\_\_\_\_

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1. Describe how your agency assists participants with limited English proficiency. How does the agency make known its services to these communities within the service area?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PART IV: PROPOSED ACTIVITIES**

1. **STREET OUTREACH:**
2. Describe the street outreach activities and services currently undertaken by the Applicant to prevent, prepare and respond to coronavirus. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Describe how the ESG-CV2 funds will be used to support and/or expand the activities undertaken. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Discuss how the Applicant will locate, identify, and build relationships with unsheltered homeless persons for the purpose of engagement and services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list all position titles, percentage of time, and salaries of personnel that will be billed under Street Outreach. Include percentage of time billed to ESG-CV and whether the position is full- or part-time. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If your agency is considering using ESG-CV funds for training as outlined above, please outline the training your staff will undertake. As permitted by the CARES Act, ESG-CV funds may be used for training on infectious disease prevention and mitigation for staff working directly to prevent, prepare for, and respond to coronavirus among persons who are homeless or at risk of homelessness and the use of funding shall not be considered administrative costs. This cost must be billed under street outreach; however, this activity can be used in a general capacity.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **EMERGENCY SHELTER:**
2. Will the Applicant use ESG-CV2 funding for acquisition, renovation or conversion?

If yes, a copy of the full budget for the acquisition, renovation, or conversion must be attached with a timeline of all activities that includes a description of the plans for repayment of the ESG-CV2 funding that is due to HUD by January 31, 2022. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Describe the shelter, the number of beds available, the length of service to the community, and the populations served. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does the Applicant have the capacity to immediately house or place in motel/hotel unsheltered persons applying for assistance to help prevent the spread of coronavirus?

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If yes, please describe shelter, and the agency’s ability to prevent the spread of the coronavirus in the shelter (ex. Create temporary barriers, adequate personal protective equipment, and ability promote social distancing). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Describe how the Applicant connects clients with relevant supportive services in order to improve their housing stability and self-sufficiency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Describe how the Applicant uses resources within the community to lower barriers to service and proceed with rapidly rehousing participants into permanent housing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Other than meeting the requirement of HUD’s homeless definition, what, if any, other eligibility requirements are included in your program (i.e., income, sobriety, employment, etc. Please note that recipients of ESG-CV funds cannot make any other requirements besides meeting HUD’s definition of homeless. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please list all position titles, percentage of time and salaries of personnel that will be billed under Shelter. Include percentage of time billed to ESG-CV and whether the position is full- or part-time. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **PREVENTION AND RAPID RE-HOUSING:**
2. How will you ensure that minimum habitability standards are met when rental assistance funds are used to place a homeless household into housing, or move a household to different housing? Who will conduct the necessary inspections and describe any related training completed or certifications obtained? Please attach Habitability Checklist form.

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1. How will you ensure that housing occupied by families with children under the age of six comply with requirements of the Lead-Based Paint Poisoning Prevention Act in accordance with 24 CFR parts 35.115(a) and 35.115.125? How will the Applicant assure that Lead-Based Paint inspections are conducted properly? Attach LBP standard form and LBP Assessment Certification for all staff assigned.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Other than meeting the requirement of HUD’s homeless definition, what, if any, other eligibility requirements are included in your program (i.e., income, sobriety, employment, etc. Please note that recipients of ESG-CV funds cannot make any other requirements besides meeting HUD’s definition of homeless.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. For both activity types, as applicable to your application, explain the assessment process and criteria for determining the duration and amount of financial assistance to be provided.

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1. List all position titles and salaries of personnel that will be billed under Housing Relocation and Stabilization Services (Prevention and/or Rapid Re-Housing). Include salary, percentage of time billed to ESG-CV2, and indicate whether the position is full- or part-time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For activities that provide financial assistance or rental assistance, how will your agency verify the legal owner or landlord of a rental unit? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Prevention activities only:**

1. Describe in detail how the Applicant’s program is targeting these resources in a way that reaches those who “but for” this assistance would end up homeless. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the documentation used to determine if the household meets 50% of the area median income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **INCENTIVE PAY/HAZARD PAY**
2. How will your agency determine the appropriate minimum or maximum amount to pay for Landlord Incentives? Describe the methodology used to determine the amounts and the form of payment you plan to use.

***Landlord incentives:*** *The limitations on eligible activities under section 415(a) of the McKinney-Vento Act and 24 CFR 576.105 are waived and alternative requirements are established to the extent necessary to authorize ESG-CV funds to be used under 24 CFR 576.105 to add the eligible cost of paying for landlord incentives as reasonable and necessary to obtain housing for individuals and families experiencing homelessness and at risk of homelessness. However, a recipient may not use ESG-CV funds to pay the landlord incentives set forth below in an amount that exceeds three times the rent charged for the unit. Please read the ESG CV notice for a more detail reading of the regulation.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your Agency plan to volunteer incentives? If yes, describe how your agency will make sure volunteer incentives are applied fairly and equally. How will your agency avoid fraud, waste, and abuse? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will your agency determine the appropriate minimum or maximum amount to pay for Volunteer Incentives? Describe the methodology used to determine the amounts and the form of payment you plan to use.

***Volunteer Incentives.*** *The limitations on eligible activities provided in section 415(a) of the McKinney-Vento Homeless Assistance Act and 24 CFR part 576, subpart B are waived and alternative requirements are established to the extent necessary to authorize ESG-CV funds to be used under 24 CFR 576.101(a), 24 CFR 576.102(a)(1), and 24 CFR 576.105(b) for cost of providing reasonable incentives to volunteers (e.g., cash or gift cards) who have been and are currently helping to provide necessary street outreach, emergency shelter, essential services, and housing relocation and stabilization services during the coronavirus outbreak. Waiving this requirement to allow the payment of reasonable costs of volunteer incentives will increase the number of people available to provide the needed services and connections to housing to individuals and families experiencing homelessness to prevent the spread of coronavirus.*

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1. How will your agency determine the appropriate minimum or maximum amount to pay for Hazard Pay? Describe the methodology used to determine the amounts and the form of payment you plan to use.

***Hazard Pay:*** *As permitted by the CARES Act, funds may be used to pay hazard pay for recipient- or subrecipient-staff working directly to prevent, prepare for, and respond to coronavirus among persons who are homeless or at risk of homelessness. Examples of recipient or subrecipient staff working directly in support of coronavirus response include emergency shelter intake staff, street outreach teams, emergency shelter maintenance staff, emergency shelter security staff, staff providing essential services (e.g., outpatient health or mental health, housing navigators), and staff in proximity to persons with coronavirus or working in locations with a high likelihood of contracting coronavirus.*

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1. **ADVANCED FUNDING:**

THDA will authorize eligible agencies to access the ESG-CV2 in advance. Eligible agencies must demonstrate the ability to maintain good accounting standards and expend program funding in a timely manner. Describe what type of safeguards your agency has in place to administer federal funding. Provide details around any proposed or established performance goals you will have or will have in place to meet the expenditure requirements.

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1. **DATA COLLECTION:**
2. Describe the current HMIS or, if a victim services provider, the current comparable data system in place and the operational aspects that assure that all required data is entered completely and accurately in a timely manner. Describe steps taken to ensure data completeness and cleanliness. Describe the need for any additional equipment, staffing, software, and training to ensure the complete and timely entry of data.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. For HMIS Lead Agencies, estimate the number of new local participation agreements in your service area where HMIS service fees will be charged to participating agencies or directly to ESG-CV.

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1. List all position titles and salaries of personnel that will be billed under HMIS: List all position titles and salaries of personnel that will be billed under Data Collection. Include salary, percentage of time billed to ESG-CV, and indicate whether the position is full- or part-time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify the cost of fees charged by the HMIS Lead Agency or the HMIS Provider for use of the CoC’s HMIS. If a victim services provider, identify any fees charged for use of the comparable data system used by the Applicant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART V: ESG-CV2 FISCAL INFORMATION**

**PROGRAM OPERATING BUDGET**

**OCTOBER 1, 2020 to JUNE 30, 2022**

|  |  |  |
| --- | --- | --- |
| **ACTIVITY** | **ESG-CV2 FUNDS** | |
| **STREET OUTREACH** | | |
| Salaries | $ | |
| Hazard Pay | $ | |
| Travel | $ | |
| Emergency Services | $ | |
| Client Transportation | $ | |
| Training | $ | |
| Volunteer Incentives | $ | |
| Portable Handwashing Stations | $ | |
| Other: | $ | |
| **TOTAL:** | **$** | |
| **SHELTER – ESSENTIAL SERVICES/OPERATIONS/REHABILITATION** | | |
| Salaries | $ | |
| Hazard Pay | $ | |
| Travel / Transportation | $ | |
| Utilities | $ | |
| Phone / Communications | $ | |
| Rent | $ | |
| Equipment | $ | |
| Furniture | $ | |
| Food | $ | |
| Rehabilitation\*\* | $ | |
| Major Rehabilitation\*\* | $ | |
| Conversion\*\* | $ | |
| **TOTAL:** | **$** | |
| **TEMPORARY EMERGENCY SHELTER** | | |
| Acquisition\*\*\* | $ | |
| Rehabilitation\*\*\* | $ | |
| Major Rehabilitation\*\*\* | $ | |
| Conversion\*\*\* | $ | |
| **TOTAL:** | **$** | |
| **ACTIVITY** | | |
| Program Supplies | $ | |
| Insurance | $ | |
| Maintenance / Security Staff | $ | |
| Client Legal Services / Costs | $ | |
| Child Care | $ | |
| Emergency Medical | $ | |
| Counseling | $ | |
| Job / Educational Training | $ | |
| Hotel Vouchers | $ | |
| Volunteer Incentives | $ | |
| Other: | $ | |
| Other: | $ | |
| Other: | $ | |
| **TOTAL:** | **$** | |
| **HOMELESSNESS PREVENTION** | | |
| Financial Assistance | | $ |
| Salaries | | $ |
| Hazard Pay | | $ |
| Hotel/Motel Vouchers | | $ |
| Landlord Incentives | | $ |
| Volunteer Incentives | | $ |
| Other: | | $ |
| **TOTAL:** | | **$** |
| **RAPID RE-HOUSING** | | |
| Financial Assistance | | $ |
| Salaries | | $ |
| Hazard Pay | | $ |
| Hotel/Motel Vouchers | | $ |
| Landlord incentives | | $ |
| Volunteer Incentives | | $ |
| Other: | | $ |
| **TOTAL:** | | **$** |
| **HMIS** | | |
| Salaries | | $ |
| Equipment | | $ |
| Fees | | $ |
| Travel | | $ |
| Other: | | $ |
| **TOTAL:** | | **$** |

**\* If you are budgeting for indirect costs, you MUST submit a current approved cost allocation plan.**

**\*\*If you are budgeting for rehabilitation or conversion costs under Shelter Activity, you MUST provide a detailed budget with the timelines of the project.**

**\*\*\*If you are budgeting for acquisition, rehabilitation, or conversion costs under Temporary Emergency Shelter Activity, you MUST provide a detailed budget with the timelines of the project as well as your detailed plans for reimbursing the ESG-CV2 funds by January 31, 2022.**

**PART VI: CERTIFICATION OF LOCAL GOVERNMENT APPROVAL FOR NON-PROFIT ORGANIZATIONS IMPLEMENTING SHELTER ACTIVITIES**

**To be signed by local government official for Applicants applying for shelter only, including temporary shelter.**

I, <<Insert Name and Title of Authorized Local Government Official>>, duly authorized to act on behalf of <<Insert Name of Local Government or Organization>>, hereby approve the following shelter project(s) proposed by <<Name of Nonprofit Applicant>> that is (are) located in <<Name of Jurisdiction>>:

* List address of each shelter location to be funded by ESG-CV2 Grant in the community:

BY:

(Print Name and Title of Signatory)

(Signature) (Date)

**PART VII: CONSISTENCY WITH THE CONSOLIDATED PLAN**

(Type or clearly print the following information)

Applicant Name:

Project Name:

Location(s) of the Activities to be undertaken:

Name of the Federal Program to which the Applicant is applying:

2020 Emergency Solutions Grants CARES Act Part II Program of the Tennessee Housing Development Agency

I certify that the proposed activities/projects in the application to the Tennessee Housing Development Agency for 2020 Emergency Solutions Grants CARES Act Part II funds are consistent with the jurisdiction’s current, approved Consolidated Plan.

Name of Certifying Jurisdiction:

Name of Certifying Official of the Jurisdiction:

Title of Certifying Official:

Signature:

Date:

**PART VIII: CERTIFICATION OF SHELTER STANDARDS**

**To be signed by local government official or board chairperson of Applicant, as applicable.**

On behalf of the <<Insert Name of Applicant>>, I certify that the following emergency shelter locations for which 2020 Emergency Solutions Grants CARES Act Part II funds will be expended meet the federal requirements listed in CFR 24 Part 576.403, including lead-based paint remediation and disclosure and minimum habitability standards for emergency shelters:

* List Street Address of all Applicant Shelters for which ESG-CV2 Funds will be expended.

BY:

(Print Name and Title of Signatory)

(Signature) (Date)

**PART IX: NON-PROFIT CHECKLIST- 2020 Emergency Solutions Grants CARES Act Part II Program**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NON-PROFIT CHECKLIST (to be completed by non-profit Applicants only)** | | | | |
| 1. | Legal Name of Applicant: | | |  |
| 2. | IRS Tax Exempt Number: | | |  |
| 3. | Documentation to be uploaded and submitted through THDA’s Participant Information Management System (PIMS): | | | |
| ⬜ | A. | Documentation of an IRS designation under Section 501(c)(3) or 501(c)(4) of the federal tax code. A 501(c)(3) non-profit organization may not submit an application until they have received their designation from the IRS. A 501(c)(4) non-profit Applicant must provide documentation satisfactory to THDA, in its sole discretion, that the non-profit has filed the necessary material with the IRS and received a response from the IRS demonstrating 501(c)(4) status. | |
| ⬜ | B. | Copy of Organizational Charter | |
| ⬜ | C. | Copy of Organizational By-laws | |
| ⬜ | D. | List of Board members, including: name, occupation, role on the Board, a description of the member’s primary contribution to the Board, length of service to the Board, date the term of service expires, home address, phone number, and email address. (Form is provided on PIMS website to capture information). | |
| ⬜ | E. | Business plan or strategic management plan that demonstrates the agency’s short term and long term goals, objectives, and plans to achieve them. | |
| ⬜ | F. | The most recent financial audit or audited financial statements of the organization. If the issuance date of the financial audit or audited financial statement is more than 12 months prior to the date of the application, a statement signed by the Executive Director of Board Chairman must be provided indicating reasons for the delay in obtaining an updated audit. | |
| ⬜ | G. | Applicant/Board Member and Corporate Disclosure Forms *completed, signed by the organization's Executive Director and each Board Member and notarized.* | |
| ⬜ | H. | Applicant/Board Member and Corporate Disclosure Form completed, *signed by the Chairman of the Board or Executive Director on behalf of the organization and notarized*. | |
| 4. | Documentation to be submitted with this form as attachments to part of Part XI of the Application: | | | |
| ⬜ | A. | If the nonprofit is organized and existing under the laws of Tennessee, a current Certificate of Existence from the Tennessee Secretary of State's office. The certificate must be purchased from the Secretary of State's office and must be dated no more than **30 days** prior to the application due date.  OR  If the nonprofit is organized and existing in a state outside of Tennessee, (1) a current Certificate of Existence from the office of the Secretary of State in which the organization is organized and existing and dated no more than **30 days** prior to the application due date AND (2) a Certificate of Authorization to do business in Tennessee from the Tennessee Secretary of State and dated no more than **30 days** prior to the application date. | |
| ⬜ | B. | Attach the resolution by the Board of Directors authorizing the submission of this application. | |
| ⬜ | C. | Attach the minutes of the most recent Board meeting at which this application were discussed. | |
| ⬜ | D. | Documentation of operating funds from other sources, including how much annually and from what sources. | |
| ⬜ | E. | Explanation of any other programs operated by the organization, including the program(s) and its funding source(s). Do not include a description of the future activities proposed in this application for which funds are sought. | |

**PART X: LOCAL GOVERNMENT CHECKLIST- 2020 Emergency Solutions Grants CARES Act Part II Program**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOCAL GOVERNMENT CHECKLIST (to be completed by local government applicants only)** | | | | |
| 1. | Legal Name of Applicant: | | |  |
| 2. | IRS Tax Exempt Number: | | |  |
| 3. | Documentation to be uploaded and submitted through THDA’s Participant Information Management System (PIMS):  Please check the applicable box below. | | | |
| ⬜  ⬜ | A. | The most recent financial audit or audited financial statements of the organization. If the most recent financial audit or audited financial statements are more than 12 months prior to the date of the application, a statement signed by Mayor or City Manager must be provided indicating reasons for the delay in obtaining an updated audit.  Or  THDA can retrieve the most recent audit or audited financial statements from the Tennessee Comptroller of the State’s website. | |

**Part XI: Required Attachments Checklist**

Legal Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For All Applications:**

1. ESG-CV2 Written Standards

⬜ Applicant did not receive a grant under the 2020 Program and has attached a copy of the organization’s ESG-CV2 Written Standards in Part XI of this application.

⬜ Applicant received funding under the 2020 ESG Program and has submitted a copy of updated ESG-CV2 Written Standards in Part XI of this application, as changes to these standards have been made since their prior submission to THDA.

⬜ Applicant received funding under the 2020 ESG Program and the ESG Written Standards on file with THDA remain current and, therefore, new Written Standards have not been submitted with this application.

2. Certification of Consistency with the Consolidated Plan

⬜ Applicant is located in a jurisdiction that prepares a Consolidated Plan and has attached the Consolidated Plan Certification of Consistency completed by the local entitlement jurisdiction as Part VII to this application.

⬜ Applicant is located in a jurisdiction that prepares a Consolidated Plan and plans to submit the Consolidated Plan Certification of Consistency completed by the local entitlement jurisdiction by February 19, 2021.

⬜ Applicant is not located in a local jurisdiction that prepares a Consolidated Plan. Therefore, THDA will prepare the Consolidated Plan Certification of Consistency on the Applicant’s behalf, if funded.

**For Applications Proposing Shelter Activities:**

⬜ Applicant has included in Part VIII to this application the Certification of Shelter Standards completed by Applicant.

**AND**

⬜ Applicant has included in Part VI to this application the Certification of Local Government Approval for Non-Profit Organizations Implementing Shelter Activities completed by the local jurisdiction(s) for each shelter location.

**OR**

⬜ Applicant will submit the Certification of Local Government Approval for Non-Profit Organizations Implementing Shelter Activities completed by the local jurisdiction(s) for each shelter location by February 19, 2021.

**For Applications Proposing Homelessness Prevention and/or Rapid Re-Housing Activities, attach the following documents behind Part XI of this application:**

1. ⬜ Habitability Checklist Form to be used by Applicant

2. ⬜ Lead-Based Paint Standard Form to be used by Applicant

3. ⬜ Lead-Based Paint Assessment Certification(s) for staff who will conduct LBP assessment