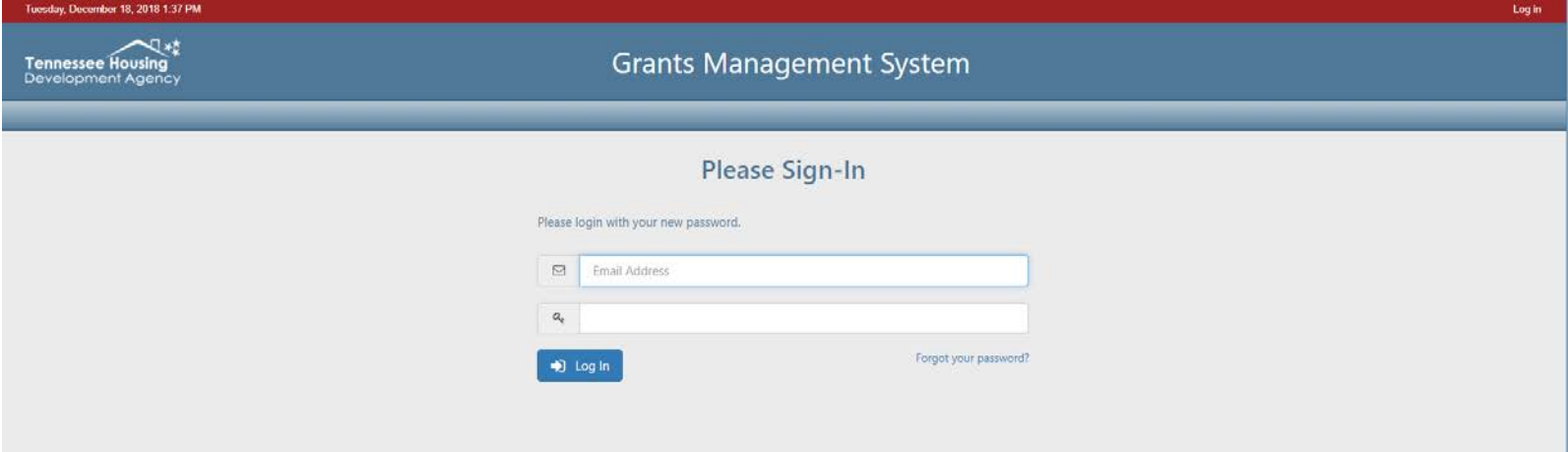


THDA GRANTS MANAGEMENT SYSTEM | ESG USER GUIDE

The Grants Management System, or “GMS,” is THDA’s web-based system for entering and submitting grant applications. GMS will streamline the application process for applicants, help reduce errors, significantly decrease paper waste, and eliminate the need to mail or hand-deliver applications.

| LOGGING IN | |
|---|--|
| <p>Navigate to https://gms.thda.org (Google Chrome is recommended for GMS.)</p> <p>Log in with the new login information you just set up.</p> <p>Note: If you forgot your password, please use the “Forgot your password?” link. The system will lock you out after 3 unsuccessful log-in attempts.</p> |  |
| PIMS | <ul style="list-style-type: none">You will need a THDA Participant Information Management System (PIMS) account. https://thda.org/business-partners/pimsContact pims@thda.org or your ESG Coordinators for assistance. |

| USER SETUP | |
|--|--|
| <p>Depending on the type of applicant, grant applications can have several people involved in the process. For any given grant, there could be:</p> <ul style="list-style-type: none">One or more employees at the county/city level/non-profit who actually enters the informationA project administrator working in conjunction with the applicantThe Mayor or Executive Director who will ultimately sign the application | |

USER SETUP (Continued)

GMS allows you to assign each of these types of users with different permission levels.

Select Manage User to add or make changes to users permitted to work on the application.

Note: You will be automatically logged out after **30 minutes** of inactivity.

To add a new user:
Select the role type: Program Manager or Program User (read-only access).

Enter the user's email address.

Invite New User

Type

Please Choose A Role Type

Please Choose A Role Type

Program Manager

Program User

Email

Send

→ Click Send and the new user will receive an email with log-in information inviting them to participate in GMS.

To reset passwords or make changes to current users:

- Select the Edit button next to the user's name

Manage Existing Users

| Program Name | Name (FN, LN) | Email | Entity | Role | Status | |
|--------------|---------------------------|-----------------------------------|-----------------|-----------------------|--------|---|
| Home 2019 | Test ProgramAdministrator | TestProgramAdministrator@thda.org | Test Business 1 | Program Administrator | Active |  Edit  Reset PW |
| Home 2019 | Test ProgramManager | TestProgramManager@thda.org | Test Business 1 | Program Manager | Active |  Edit  Reset PW |
| Home 2019 | Test ProgramUser | TestProgramUser@thda.org | Test Business 1 | Program User | Active |  Edit  Reset PW |

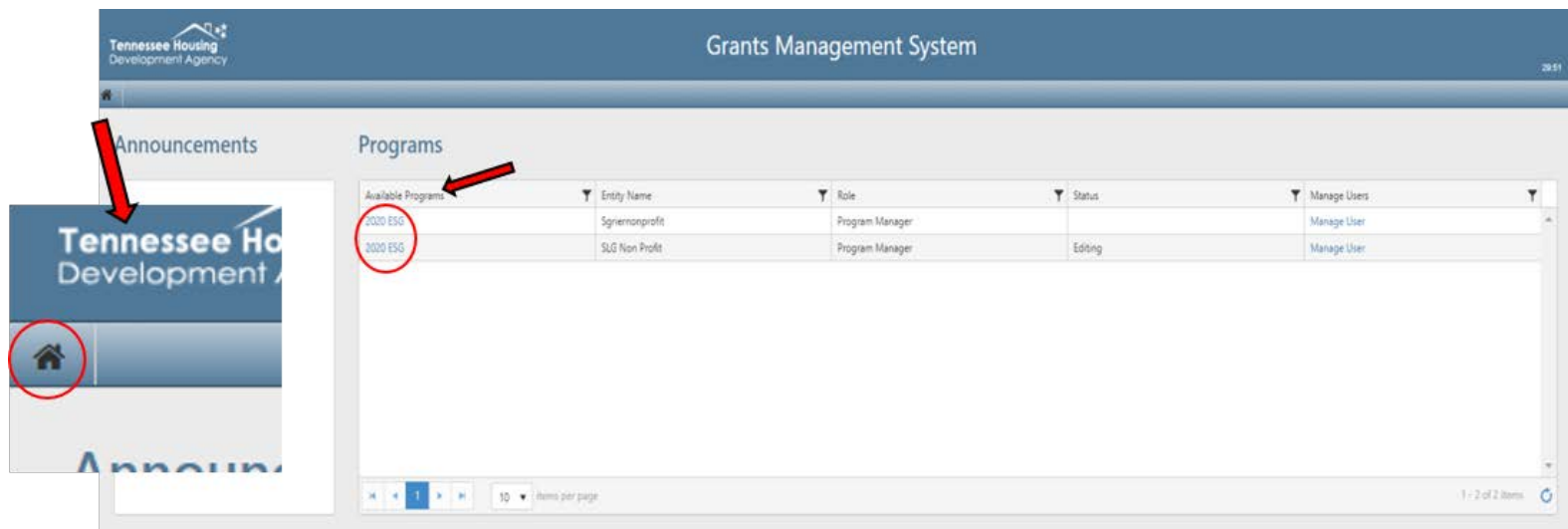
→ You cannot delete a user; you can only make them inactive.

→ You cannot change someone's name or email address here. (Contact your THDA contact for help if you make an error.)

NAVIGATING THE PROGRAM

Click on the house icon in the upper left to return to the home screen. You can always access this button at any point in the application process.

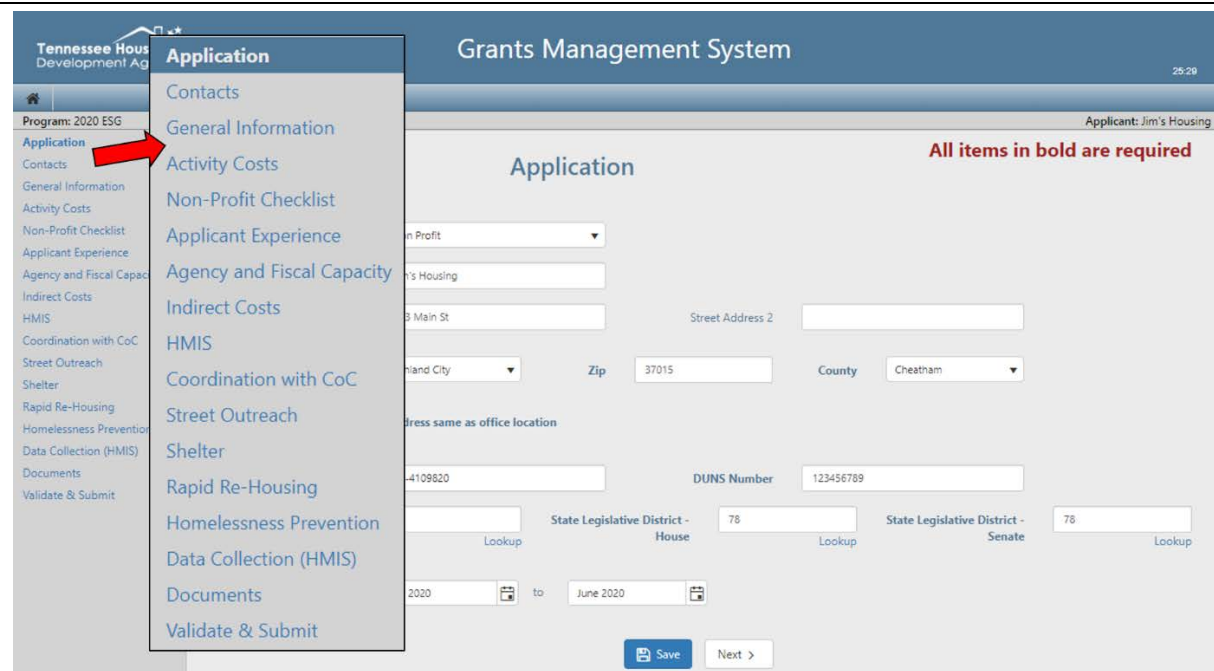
Under the Available Programs header, click the link for the appropriate THDA program and application year to begin the application process.



The sidebar shows navigation links to various sections of the application.

You may jump between sections from this sidebar or proceed in order. We recommend you proceed in order. Remember to complete the Activity Costs section so that the correct activity sections appear.

The current screen is always bolded on the sidebar.



SECTION 1 - APPLICATION

Enter the Applicant Organization's:

- Org Type & Legal Name
- Full Main Office Address
- Federal Tax ID
- DUNS #
- Federal Legislative District – House
- State Legislative District – House
- State Legislative District – Senate
- Select the Applicant's Fiscal Year using the drop-down calendar

Use the "Lookup" links to find your legislative districts. *You only need to input the districts' numbers.*

All items in bold are required

Application

Organization Type

Organization Legal Name

Main Office Street Address **Street Address 2**

City **Zip** **County**

☒ **Mailing address same as office location**

Federal Tax ID **State Tax ID**

Federal Legislative District - House **Lookup** **State Legislative District - House** **Lookup** **State Legislative District - Senate** **Lookup**

Grantee Fiscal Year **to**

Tuesday, January 21, 2020

Click Save, then Click Next to move onto the Contacts Section

Note: If you do not click the Save Button before moving to another section of the application, a warning will pop up. Changes will not be saved.

State Legislative District - House **Lookup**

Other Specify **Lookup**

Are you sure you want to do that?

You've made changes on this page which aren't saved. If you leave you will lose these changes.

SECTION 2 - CONTACTS

Click Add New Contact and a new Add/Edit Contact box will appear.

Complete all required fields, and then click the Update button to return to the Contacts section.

Complete this process for each application contact.

Street Address 2 and Cell Phone are not required.

Contacts

All items in bold are required

1. Add all contacts to populate the selection in section 2 on this page. Only enter a contact once, no matter how many roles they may hold.

+ Add New Contact

Contact Name Company Name Email Phone Number

Add/Edit Contact

Prefix First Name Last Name Title

Company Name

Street Address Street Address 2

City State Zip

Phone Cell Phone Email

Update **Cancel**

Application Contact

Signatory Contact

HMIS & Reporting Contact

Save **Next >**

After all your application contacts are added, select the appropriate person for **each** contact:

- Application
- Signatory
- HMIS & Reporting Contact

Click Save.

2. Make a selection for all contacts

Application Contact Jim Conner

Signatory Contact David Conner

HMIS & Reporting Contact

Jim Conner

David Conner

Save **Next >**

Made a mistake?

Don't worry! Once you enter a contact, new buttons will appear, which allow you to modify or delete the information you entered.

+ Add New Contact

| Contact Name | Company Name | Email | Phone Number | |
|--------------|---------------|------------------|--------------|---------------------------|
| Jim Conner | Jim's Housing | dconner@thda.org | 6158152159 | Edit Delete |
| David Conner | Jim's Housing | jconner@thda.org | 6158152159 | Edit Delete |

1 - 2 of 2 items

SECTION 3 – GENERAL INFORMATION

Answer all questions.

For the Service Area question, select all applicable counties from the drop-down list.

The CoCs will auto-populate depending on which counties you select.

Selected counties will be highlighted blue.

Note: If you select “Yes” for Prior State ESG Funding, new fields will appear. Select the Most Recent Year from the drop-down list and enter the amount awarded.

Is the Organization a Victim Service Provider? ☐ Yes ☒ No

What is your Service Area?

Cheatham X Montgomery X X
Dickson X

Clay
Cocke
Coffee
Crockett
Cumberland
Davidson
Decatur
DeKalb
Dickson

Which CoC will be served by Applicant using these ESG Funds?



Faith-Based Organization?

Prior State ESG Funding?

| Identify Most Recent | Year |
|----------------------|--------|
| | 000.00 |

Are you applying to an ESG Set-Aside City in addition to this competitive application? ☒ Yes ☐ No

Have changes been made to your ESG Written Standards since your last application submission to THDA? ☒ Yes ☐ No

 Save  Next >

SECTION 4 – Activity Costs

Input dollar amounts for each ESG Activity category you are seeking funding.

Activities Total must equal at least 35k and no greater than 150k.

Note: After you click Save, each Activity Section you selected by adding a dollar amount will populate on the sidebar.

Note: Make sure to complete the Activity Costs section (and Save!) before continuing on to the other sections.

Scroll down to Match Sources. Click Edit and complete the fields: Dollar Value, Source of Match, and Method of Calculation. Repeat for all types of match.

Note: The Match Total must be greater than or equal to the Total Program Cost.

Example: Type is Other, building value will be Source of Match, and a real estate appraisal document would be the Method of Calculation.

SECTION 5 – Non-Profit Checklist

When you check off an item on the Non-Profit Checklist, you are confirming the applicable document has been uploaded to THDA's Participant Information Management System (PIMS).

<https://resources.thda.org/pims>

<https://thda.org/business-partners/pims>

- | | |
|--|---|
| <input type="checkbox"/> 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. | <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| <input type="checkbox"/> B. Copy of Organizational Charter | <input type="checkbox"/> 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). |
| <input type="checkbox"/> C. Copy of Organizational By-laws | <input type="checkbox"/> E. Business plan or strategic management plan that demonstrates the agency's short term and long term goals, objectives, and plans to achieve them. |
| <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | <input type="checkbox"/> 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 or Board Chairman must be provided indicating reasons for the delay in obtaining an updated audit. |
| <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | <input type="checkbox"/> G. Applicant/Board Member and Corporate Disclosure Forms completed, signed by the organization's Executive Director and <u>each</u> Board Member and notarized. |
| <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | <input type="checkbox"/> H. Applicant/Board Member and Corporate Disclosure Form completed, signed by the Chairman of the Board or Executive Director on <u>behalf of the organization</u> and notarized. |

SECTION 6 – Applicant Experience

Applicant Experience

Complete all questions.

Describe in detail the applicant's mission, types of programs and services currently offered and homelessness programs fit within that mission.

text

500 character max

Describe the experience of the applicant in providing assistance to help individuals and families experiencing homelessness.

text

500 character max

Describe the experience of the applicant's senior staff in providing assistance to help individuals and families experiencing homelessness.

text

500 character max

Describe the applicant's intake process.

text

500 character max

Are intakes
standardized?

☒ Yes ☐ No

Grantees must involve the homeless individuals and families in the maintenance and operation of facilities, and in the provision of services to residents of these facilities to the maximum extent possible.

Describe the involvement of homeless individuals and families in the policies and decisions regarding facilities, services or other assistance funded under the Emergency Solutions Grant (ESG) Program.

text

500 character max

Describe any changes that have been made as a result of participant feedback.

text

500 character max

 Save

Next >

Complete all questions.

All items

Agency and Fiscal Capacity

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. (Applicant should make sure to answer each part of the question)

500 character max

Describe how your agency assists participants with Limited English Proficiency (LEP). How does the agency make known its services to LEP participants within the service area?

500 character max

Provide information about the board of directors and/or advisory council, such as the regularity of meetings, list of subcommittees, goals and planning, and their involvement in the agency's activities.

500 character max

Applicant's most recent audit or a professionally prepared financial statement has been uploaded to PIMS?

500 character max

Does the financial audit show the applicant is in a cash positive financial situation?

☐ Yes ☐ No

What is the total percentage operating revenue that the ESG grant will represent if funded?

50%

If you answer yes in the Prior Expenditures section (for 2018 ESG funding), answer the questions that appear.

Note: If you received ESG funding from the 2018 competitive grant round and a set-aside city's ESG funding, for this competitive application, we are only asking about your 2018 competitive award.

What is the total percentage operating revenue that the ESG grant will represent if funded?

50%

ESG is a reimbursement program and in very extreme cases a pay request can sometime take as long as 60 days to be reimbursed as permitted by the ESG contract. Is the agency in a financial position to be able to wait for a reimbursement that might take as long as 60 days to receive?

☐ Yes ☐ No

Prior Expenditures

Did you receive 2018 ESG funding?

☒ Yes ☐ No

If applicant was a 2018 ESG grantee, identify the total grant award and amount expended by year.

Awarded


0

Expended

0

How many budget amendments did the applicant require through out of the ESG 2018 funding year ?

0

 Save

Next >

SECTION 7 – Indirect Costs

If you will not seek reimbursements of indirect costs, then select No and Save.

If you will seek reimbursements of indirect costs, then select Yes.

Answer the next questions and include your indirect cost rate.

Upload the Cost Allocation Plan in the Documents Section (Section 11, p.22 in this guide).

Save & Next.

Indirect Costs

Will the applicant seek reimbursement of indirect costs from the ESG award?

☒ Yes ☐ No

Does the applicant have an approved indirect cost rate?

☒ Yes ☐ No

Provide documentation of the approved cost allocation plan on the Documents page.

What is the cost rate that the agency will be applying to ESG expenditures?

 Save

Next >

SECTION 8 – HMIS

Homeless Management Information System (HMIS)

All items in bold are required

If you use your local CoC's HMIS, then answer Yes, and fields will appear directly below for you to enter HMIS software-related questions.

If you answer No, you are most likely a Domestic Violence Shelter or another Victims Service Provider (VSP).

Enter the software information for the comparable database your agency uses.

An HMIS or a comparable database (for VSPs) is required for ESG data collection and reporting.

Software Name

Software Vendor Name

Software Contact Person

Software Contact Phone

Software Contact Email

24 CFR 576.107 requires all ESG grantees to collect data about clients served. All ESG grantees which are not victims service providers must use the HMIS adopted by the Continuum of Care covering the grantee's service area. Victims service providers are required to maintain a comparable database that produces HUD required, unduplicated, aggregate reports.

Does the applicant use the local CoC's HMIS?

☒ Yes ☐ No

Describe the applicant's process for ensuring project-level and agency-wide data quality in HMIS, or if a victim service provider, the comparable database.

500 character max

How does the applicant use data and reporting to inform agency decision making?

500 character max

What is the average number of days between client intake and entry into the HMIS or comparable database program? (three digit number is the max allowed)

Save

Next >

SECTION 9 – Coordination with CoC

Describe CoC Priorities.

Based on the applicant's requested activity funds, identify any corresponding CoC priorities.

The checked boxes for in the Requesting ESG Funds column will auto populate based on the activities requested for funding in the Activity Costs section.

You will see a warning to go back to the Activity Costs section if you try to uncheck one of those boxes.

Answer questions regarding the following subjects:

- CE participation
- PITC participation
- CoC meeting attendance
- Other CoC Activities

Note: If you select Yes for the PITC participation question, a new question will appear (see box on left).

The wording of the new question can change depending on if you select Yes or No.

Coordination with CoC

The Continuum of Care is tasked with the responsibility of setting priorities in the region to reduce homelessness.

Describe the priorities of the CoC for addressing homelessness.

500 character max

Identify the ESG components (Street Outreach, Shelter, Prevention and Rapid Rehousing) that have been identified by the CoC as a priority and if the applicant is requesting funds for the activity.

| | Requesting ESG Funds | CoC Priority |
|--|-------------------------------------|--|
| Street Outreach | <input checked="" type="checkbox"/> | <input type="radio"/> Yes <input type="radio"/> No |
| Shelter Activities (Essential Services + Operations) | <input checked="" type="checkbox"/> | <input type="radio"/> Yes <input type="radio"/> No |
| Homelessness Prevention | <input type="checkbox"/> | <input type="radio"/> Yes <input type="radio"/> No |
| Rapid Re-Housing | <input checked="" type="checkbox"/> | <input type="radio"/> Yes <input type="radio"/> No |
| Data Collection (HMIS) | <input checked="" type="checkbox"/> | <input type="radio"/> Yes <input type="radio"/> No |

The coordinated entry process standardizes the way individuals and families at risk of homelessness or experiencing homelessness are assessed for and referred to the housing and services that they need for housing stability. Describe how the applicant participates in the coordinated entry process set forth by the Continuum of Care.

500 character max

Did the applicant participate in the most recent Point in Time count? ☒ Yes ☐ No

How many CoC meetings has the applicant attended in the past year?

Meetings attended

Meetings held

Describe in detail any other CoC activities in which the applicant participated.

500 character max

Save

Next >

SECTION 10 – Activities Sections

- Your sidebar will autopopulate based on the activities you selected in the Activity Costs section.
- The five activities to choose from are Street Outreach, Shelter, Rapid Re-Housing, Homelessness Prevention, and Data Collection (HMIS).
- Note that there is a section called HMIS (Section 8 above), which is required for all applicants related to HMIS software, reporting, etc. In contrast, the Data Collection (HMIS) activity section is a potential category in which to request funding; it is not required.
- Each activity section has five subsections: Narrative, Services, Experience, Data, and Goals.
- The function of each subsection is similar for each activity, but the content and questions will change.
- If you indicated that you did not receive 2018 THDA ESG Funding, the Data subsections will not appear for each Activity.

SECTION 10 – Activities Sections: Street Outreach

Narrative
Services
Experience
Data
Goal

Make sure to note if you offer a service but don't use HUD funds. You will still be able to count this as a service you provide your clients.

Street Outreach

All items in bold are

Narrative

Street Outreach services target individuals and families living unsheltered, meaning those who qualify under 21 CFR Part 576.2 paragraph (1)(i) of the definition of "homelessness." Services are described under 21 CFR Part 576.101. Services for eligible program participants are provided on the street or in parks, abandoned buildings, bus stations, campgrounds, and in other such settings where people living unsheltered are staying.

Describe the proposed Street Outreach program to be provided using ESG funds.

500 character max

Engagement is key to administering the street outreach component with the goal of moving clients from living unsheltered to shelter.

How will the applicant find unsheltered clients? (ex. PIT, visit encampments, community policing, city or county service agency, etc..)

500 character max

Unsheltered populations may require multiple contacts in order to build a relationship with the goal of moving clients into permanent housing.

Outline a clear plan how the applicant will build relationships with the unsheltered homeless to get to engagement?

500 character max

Street Outreach Services and Experience

For each service you a check, a text box will appear for you to explain the service you offer in more detail.

In the Experience subsection, you need to add staff members and include their Name, Title, and years of experience administering the activity specified.

The Experience subsections are similar for each activity.

Services

Emergency health services and emergency mental services under the ESG Outreach component may only be provided if these services are inaccessible or unavailable within the area and are provided at the location of the individual. Applicant can provide the services or contract with a service provider.

Provision of services from outside service providers should be evidenced by a formal agreement, such as a contract or memorandum of understanding, with the service provider.

Note that a referral to another provider is insufficient for the Application to be awarded points under this criterion.

Each service selected as provided must be uniquely different.

[See HUD Definitions Document](#)

- ☐ Engagement and Case Management
- ☐ Emergency Health Services (may only provide if inaccessible or unavailable from other sources in the area)
- ☐ Emergency Mental Health Services (may only provide if inaccessible or unavailable from other sources in the area)
- ☐ Transportation Services

Experience

Add information for each staff member who will be administering street outreach:

The screenshot shows a web application interface for adding staff members. At the top, there is a button labeled '+ Add Staff Member' which is circled in red. A red arrow points from this button to a modal window titled 'Add/Edit Staff Member'. The modal window contains four input fields: 'First Name' (with the value 'Jim'), 'Last Name' (with the value 'Conner'), 'Title' (with the value 'CEO'), and 'Years of Experience' (with the value '20'). At the bottom right of the modal are two buttons: 'Update' (with a checkmark icon) and 'Cancel' (with a close icon). Below the modal, there is a table with columns 'First Name' and 'Last Name'. The table is currently empty. At the bottom of the page, there is a pagination bar showing '0' items, a dropdown for '10 items per page', and a status message 'No items to display' with a refresh icon.

Street Outreach Data/Goal
Subsections

State the number of years the applicant has provided Street Outreach services?

Data

How many total unsheltered individuals were engaged by the applicant through street outreach between 7/1/2018-6/30/2019

Of the clients that the agency engaged during this period: How many clients moved into Shelter?

Of the clients that the agency engaged during this period: How many clients moved into permanent housing?

Goal

If the applicant is funded to administer the Street Outreach component: Estimate how many persons experiencing homelessness will be engaged from 7/1/2020-6/30/2021?

 Save

Next >

SECTION 10 – Activities Sections: Emergency Shelter

Shelter Narrative Subsections

Click to add a Shelter Location. Complete the questions that pop up in a new window. Click Update.

If you are a Domestic Violence Shelter or other Victims Service Provider, and therefore do not wish to disclose the specific address of your shelter, you may enter **“Domestic Violence Shelter”** as the Street Address.

You will still need to enter the City and Zip Code.

Narrative

Emergency Shelter (Including 24 CFR 576.102)
Eligible program participants are persons in emergency shelter, emergency shelter activities, eligibility or as a condition of participation: Health, Mental Health, Child Care or Transportation

+ Add Shelter Location

Shelter Address

0

Services

Applications may receive a referral to and outside service providers as provider.
Each service selected as participant is eligible for points under the

Add/Edit Shelter Location

Street Address

City State Zip

What populations will be served?

500 character max

Describe the proposed shelter program to be provided using ESG funds. List all shelter locations and populations to be served.

500 character max

Is the shelter considered a low-barrier shelter as described? ☐ Yes ☐ No

A low-barrier shelter responds to the needs of people seeking shelters, and ensures easy, open, and immediate access into a safe environment, embracing a Housing First approach to remove as many preconditions to entry as possible. A low-barrier shelter strives to eliminate sobriety and income requirements and other policies, which make it difficult to enter or stay in shelter or access housing and income opportunities.

Identify the requirements in place for a client to access the shelter? (ex. sobriety, job, identification, etc..)

500 character max

Describe the case management services provided and how it leads to permanent housing?

500 character max

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

500 character max

| | | |
|---|---|--|
| <p>Services for Emergency Shelter.</p> <p>The Experience subsection is similar in content and function to the other activities.</p> <p>Explain each service you check in detail (a text box will pop up).</p> | <h3>Services</h3> <p>Applications may receive a maximum of five points based on the number of emergency shelter services provided through ESG or other funds including case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, outpatient mental health services, outpatient substance abuse treatment services, and transportation. Emergency health services and emergency mental services may only be provided by ESG funds if these services are inaccessible or unavailable within the area.</p> <p>Note that a referral to another provider is insufficient for the Application to be awarded points under this criterion. Provision of services from outside service providers should be evidenced by a formal agreement, such as a contract or memorandum of understanding, with the service provider.</p> <p>Each service selected as provided must be uniquely different. Case management is required to be provided with ESG funds and, therefore, is not eligible for points under this scoring category. See HUD Definitions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child Care <input type="checkbox"/> Education Services <input type="checkbox"/> Employment Assistance and Job Training <input type="checkbox"/> Outpatient Health Services (may only provide if inaccessible or unavailable from other sources in the area) <input type="checkbox"/> Legal Services <input type="checkbox"/> Life Skills Training <input type="checkbox"/> Outpatient Mental Health Services (may only provide if inaccessible or unavailable from other sources in the area) <input type="checkbox"/> Outpatient Substance Abuse Treatment Services | |
| <p>Data and Goal subsections.</p> | <h3>Data</h3> <p>What was the number of homeless households sheltered from 7/1/2018-6/30/2019</p> <input type="text" value="0"/> <p>How many individuals were included in those households sheltered?</p> <input type="text" value="0"/> <p>How many of those households moved into permanent housing?</p> <input type="text" value="0"/> <p>How many individuals were included in those households that moved into permanent housing?</p> <input type="text" value="0"/> <h3>Goal</h3> <p>If the applicant is funded to administer the Shelter component: Estimate how many households from 7/1/2020-6/30/2021 will move to permanent housing?</p> <input type="text" value="0"/> | |

SECTION 10 – Activities Sections: Rapid Re-Housing & Prevention

The Prevention Activity section is similar in function and content to the Rapid Re-Housing section.

The Prevention Narrative subsection also adds a question regarding certifying eligibility for medium-term rent.

RRH Services subsection (some different services for Prevention apply):

- Housing Stability and Case Management (required)
- Financial Assistance
- Housing Search and Placement
- Mediation
- Legal Services
- Credit Repair

Data subsection.

Goal subsection (not pictured).

Narrative

24 CFR 576.104 Individuals and families experiencing homelessness, meaning those who qualify under paragraph (1) of the homeless definition in 24 CFR 576.2 or who meet the criteria under paragraph (4) of the homeless definition and live in an emergency shelter or other place described in paragraph (1) of the homeless definition. Short- and medium-term rental assistance and housing relocation and stabilization services are eligible activities. Staff salaries related to carrying out Rapid Re-Housing activities are also eligible.

Describe the proposed Rapid Re-Housing assistance to be provided using ESG funds.

500 character max

How will the Applicant ensure that minimal habitability standards are met when rental assistance funds are used to place a program participant into housing or move the participant to different housing?

500 character max

Will the Applicant use the "Minimum Standards for Permanent Housing" template as prepared by THDA?

☐ Yes ☐ No

How will the Applicant ensure that housing occupied by families with children under age 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?

500 character max

Other than meeting the requirement of HUD's homeless definition, what, if any, other eligibility requirements are included for potential client Housing Assistance?

500 character max

How does the Applicant determine the duration and amount of financial assistance to be provided?

500 character max

What is the maximum duration of financial assistance provided?

Services

Choose applicable services to be undertaken with ESG Rapid Re-Housing HUD Definitions

- ☐ Housing Stability and Case Management (required)
- ☐ Financial Assistance
- ☐ Housing Search and Placement
- ☐ Mediation
- ☐ Legal Services
- ☐ Credit Repair

Data

How many households did the Applicant serve with Rapid Re-Housing assistance between 7/1/2018–6/30/2019?

Of those households served, how many were still in stable housing 6 months after services were provided

What is the average number of days between Project Start and Housing Move-In Date?

State the estimated number of households from 7/1/2020 to 6/30/2021 to serve with Rapid ReHousing.

SECTION 10 – Activities Sections: Data Collection (HMIS)

Data Collection (HMIS)

Answer all applicable questions.

You will have more questions to answer if you answer Yes to the question: Are you HMIS Lead for your CoC?

If you answer No, the bottom part will not appear.

Describe any planned expenses to be paid for with ESG funds during the upcoming program year for equipment, hardware, software, or HUD-approved or HUD-sponsored training related to HMIS.

500 character max

| Planned Expense | Amount |
|--|---------|
| Equipment | \$ 0.00 |
| Hardware | \$ 0.00 |
| Software | \$ 0.00 |
| HUD-approved or HUD sponsored Training | \$ 0.00 |
| Total | \$0.00 |

Are you HMIS Lead for your CoC? ☒ Yes ☐ No

HUD allows the designated HMIS lead agency to use ESG to pay the costs of maintenance, back-up, or recovery and repair of HMIS software or data. It can be used to upgrade or enhance the HMIS implementation, integrate and warehouse data, administer the HMIS, manage reporting responsibilities conduct training. (24 CFR 576.107)

Describe proposed HMIS funding for needs or expenses specific to the HMIS Lead.

500 character max

| Expense | Amount |
|--|---------|
| Maintenance, back-up, recovery & Repair of HMIS software or data | \$ 0.00 |
| Upgrade or Enhance HMIS Implementation | \$ 0.00 |
| Integration and warehousing of data | \$ 0.00 |
| Costs of administering the HMIS, reporting responsibilities, conducting training | \$ 0.00 |

SECTION 11 – Documents

Upload all documents here. PDF files only are allowed with a max file size of 25MB.

Select a PDF to upload, then be sure to click the blue Upload button. *Your file has been successfully uploaded when you see “✓ Done.”*

You can upload multiple documents as needed.

Required Documents:

- Certificate of Existence
- Board Resolution Authorizing the Submission of this Application
- Explanation of Any Other Programs Operated by the Organization
- Certification of Local Governments/Shelter Standards
- ESG Written Standards
- Approved Cost Allocation Plan
- Formal Agreement

All items in bold

Documents

Document Upload Defaults:

- Max file size: 25 MB
- Allowed file types: PDF
- Multiple files: Allowed

Documents and forms provided by THDA can be acquired from here: [THDA Documents](#)

Required Documents

Certificate of Existence

Select files...

CPD_Funding_Grantee_Matrix_AAAA-TN_TN_20191001.pdf

Size: 99 KB

Upload

Select files...

✓ Done

CPD_Funding_Grantee_Matrix_AAAA-TN_TN_20191001.pdf

Size: 99 KB Upload Date: 1/23/2020 3:12 PM

Select files...

✓ Done

CPD_Funding_Grantee_Matrix_AAAA-TN_TN_20191001.pdf

Size: 99 KB Upload Date: 1/23/2020 3:14 PM

Explanation of Any Other Programs Operated by the Organization

Select files...

Certification of Local Governments/ Shelter Standards

Select files...

ESG Written Standards

Select files...

Approved Cost Allocation Plan

Select files...

Formal Agreement

Select files...

SECTION 12 – Validate & Submit

All incomplete sections will have a red “X” and complete sections will display a green “✓.”

Note: You will be see a reminder if you have not started a section.

When all sections are validated with a green “✓,” click the Request Certification button at the bottom.

Fill out the Authorized Agent’s Name and email and click Send Request.

The Signatory will receive an email and has 10 calendar days (or by the application deadline) to review documents, the application summary, and sign.

All items in bold are required

Validate & Submit

[Print](#)
[Export to Excel](#)

Application ✖

✖ Organization Type is required. Please select a value.

✖ Main Office Street Address is required.

✖ City is required. Please select a value.

✖ Main Office Street Address is required.

✖ County is required. Please select a value.

✖ DUNS Number is required.

Contacts ✓

General Information ✖

✖ General Information page has not been started.

Activity Costs ✓

Applicant Experience ✖

✖ Describe in detail the applicant's mission, types of programs and services currently offered and homelessness programs fit within that mission. is required.

✖ Describe the experience of the applicant in providing assistance to help individuals and families experiencing homelessness. is required.

✖ Describe the experience of the applicant's senior staff in providing assistance to help individuals and families experiencing homelessness. is required.

✖ Describe the applicant's intake process. is required.

If the signatory and/or applicant decide on changes, the application will need to be resubmitted.

After the certification request is sent, this screen shows where the application contact can cancel the application request and edit if changes need to be made before the signatory certifies the application.

[Print](#)
[Export to Excel](#)

Application ✓

Contacts ✓

General Information ✓

Activity Costs ✓

Non-Profit Checklist ✓

Applicant Experience ✓

Agency and Fiscal Capacity ✓

Indirect Costs ✓

Homeless Management Information System (HMIS) ✓

Coordination with CoC ✓

Shelter ✓

Rapid Re-Housing ✓

Documents ✓

A certification request has been sent to Jim Conner (jconner@thda.org). If this contact is incorrect please request certification to a new contact. Only the most recent certification link will be active.

[Change Authorized Agent](#)
[Cancel Request and Edit](#)

The signatory will receive an email similar to the email on the right.

The signatory will follow the unique link to the application certification page where a PDF copy of the application is available along with uploaded application documents.

The signatory will complete all fields and click the Certify button. The next page will say, ESG Application Certification Successful.

Application and Signatory contacts will receive an email that the application has been approved for submission.

The applicant then logs back into their ESG application and clicks the submit bottom.

An email titled "ESG Application Successfully Submitted!" will then be automatically be sent to the listed contacts.

ESG Application Certification

Application Content

ESG Application Summary (PDF)

Application Documents

- Certificate of Existence
 - CoC_Map_2020.pdf
- Board Resolution Authorizing the Submission of this Application
 - CPD_Funding_Grantee_Matrix_AAAA-TN_TN_20191001.pdf
- Documentation of Operating Fund from Other Sources (Including How Much Annually)
 - CPD_Funding_Grantee_Matrix_AAAA-TN_TN_20191001.pdf
- Explanation of Any Other Programs Operated by the Organization
 - ESG 19-TVCEH #4_tech for PITC.pdf
- Certification of Local Governments/ Shelter Standards
 - ESG 19-TVCEH #4_tech for PITC.pdf
- ESG Written Standards
 - RPTS - ESG Application Summary - Jan 21 2020 03 20.pdf
- Approved Cost Allocation Plan
 - RPTS - ESG Application Summary - Jan 21 2020 03 20.pdf
- Formal Agreement
 - ESG 19-TVCEH #4_tech for PITC.pdf

From: QAGMS@thda.org <QAGMS@thda.org>
Sent: Thursday, January 30, 2020 8:22 AM
To: Jim Conner <JConner@thda.org>
Cc: ESG Application Contact <esgappcontact@aol.com>
Subject: ESG Application Submission Approval Request

Greetings Jim Conner,

In your capacity as the authorized agent for Jim's Housing, and in compliance with the requirements of the ESG Grant Application, please click below to review, certify and approve this year's application. If you have questions or concerns, please contact John Conner at esgappcontact@aol.com or (615) 815-2159.

Please be aware that this link is temporary, and will expire 10 calendar days from the date of this email, or the 3/12/2020 application deadline, whichever comes first.

<https://qagms.thda.org/ESG/Certify/ZmE0Mie4YTctZTZkZi00ZWMSLWE3NzctODMSYTJIM2JmGY5>

Once approved, you, as well as the Manager/Administrator, will receive acknowledgement through email, and the application will be released for submission by the Manager/Administrator.

Thank you!

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.

I am also certifying that the matching supplemental funds or in-kind support contribution required by the State of Tennessee's Emergency Solutions Grants Program will be provided. Included in this application is a description of the proposed sources and amount of such supplemental match sources. I understand that failure to provide such match resources may result in repayment of ESG funds for which an eligible match contribution is not provided.

First Name

Last Name

Title

Certification Date

✓ Certify

ESG Application Certification Successful

Thank you! A confirmation email has been sent to the applicant and authorized agent.

Validate & Submit

All items in bold are required

Print

Export to Excel

Application ✓

Contacts ✓

General Information ✓

Activity Costs ✓

Non-Profit Checklist ✓

Applicant Experience ✓

Agency and Fiscal Capacity ✓

Indirect Costs ✓

Homeless Management Information System (HMIS) ✓

Coordination with CoC ✓

Shelter ✓

Rapid Re-Housing ✓

Documents ✓

Application certified by Jim Conner on 1/30/2020.

Submit