

**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: _____

Senate District: _____

Congressional: _____

A.5. Problem Area(s) Addressed:

- _____ Street Outreach
- _____ 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.

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: _____

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

25 Points

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

20 Points

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

15 Points

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).

B.5. Match

10 Points

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

10 Points

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 January 2019.**