



**Stanislaus County
Emergency Solutions Grant (ESG)
Grant Application
Cover Page
For Fiscal Year 2016-2017**

Submittal Reminder
Due: December 14, 2015 by 4:30 pm
(1) Original with Exhibits A-R
(10) Copies with Exhibits A-C, Q & R
(1) Digital Copy with Application in Word, Ex. A-C in Excel & R in Word
(See Application Guidelines for more information)

** Limit is (1) one grant application submission **per activity** and up to a maximum of (2) two grant application submissions **per agency**. Please review the Grant Application Guidelines prior to starting the application process.*

A. Project Summary Page

A-1 Project Title: _____
Total Amount Requested (should match Budget "Exhibit A"): \$ _____
 Street Outreach \$ _____ Shelter \$ _____
 HP/RR \$ _____ HMIS \$ _____

A-2 Legal Name of Agency Requesting funding: _____
DBA: _____
Agency Address: _____
Phone: _____ Fax: _____
Incorporated Year: _____ 501(c)(____) Tax ID number: _____
DUNS Number (9 digit No.): _____

A-3 Contact Name: _____ Title: _____
Contact Address (if different than above): _____
Contact e-Mail Address: _____
Contact Phone: _____ Fax: _____

A-4 Agency Type (check all that apply):
 Non-Profit Government Faith-Based Education

A-5 Number of unduplicated persons and households you anticipate serving for this project: (I) _____ (H) _____

A-6 Other measurements of program success (Ex: Number of Ind. provided Shelter, or Connected to Employment):

A-7 Summarized Project Description: In the box below, provide a brief description of the proposed project and what it plans to accomplish if funded:

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B. Agency Information

B-1 Briefly explain the Agency's previous experience in carrying out this or similar projects/programs. Discuss staff's responsibilities and their qualifications for administering the project.

B-2 Provide copies of job descriptions and resumes of the individuals that will be involved with the implementation of the project. Attach these items to the provided "Exhibit Q" (Please complete regardless of whether or not you are not requesting salary funds as this assists in assessing agency capacity to carry out the activity).

B-3 Is your Agency required to have local, State, or Federal certificates, licenses, or conditional use permits?
 Yes No

If Yes, please indicate what type of certificate/license the entity that certifies your agency, and the dates of your most recent certification. List all licenses required. Licensed childcare center applicants and Charter Schools must also attach a copy of Certificate of Occupancy. All ESG funded staff working with children must be fingerprinted. Please list the staff positions that require fingerprinting. Please attach all of the indicated information labeled as "Exhibit L".

B-4 List the Agency's and/or Collaborative Mission Statement. If there is no formal Mission Statement(s), explain why the agency and or collaborative exists and list its goals:

B-5 Please provide contact information for Three (3) Professional References from partnering agencies, non-profits, service providers, or public/private agencies. These references may be contacted by CDBG/ESG Program staff in order to confirm experience or support for proposed program/project.

- 1. Name: _____ Email & Phone: _____
Agency: _____ Title: _____
- 2. Name: _____ Email & Phone: _____
Agency: _____ Title: _____

3. Name: _____ Email & Phone: _____
Agency: _____ Title: _____

B-6 Do you currently participate in the Homeless Management Information System (HMIS)? If no, are you willing to participate? Please Note- HMIS participation is a requirement for all ESG funded activities. Yes No

C. Project/Program Information

C-1 Statement of Problem or Need: Briefly describe the problem/need that the proposed project is intended to address.

C-2 Is the proposed project a new (to County ESG) project or an expansion of a currently offered project? **Check one of the selections and explain.**

New Project- If the Project is New, has the project been attempted by another agency and/or in another jurisdiction? If so please explain.

Expanded Numbers Served- If the Project is Expanded Numbers Served. Please state the estimated percentage of projected increase and explain the reason for the increase.

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Expanded Area Served- If the Project is Expanded Area Served. Please state the reason and/or need for the expansion in the service area.

Expanded Activity- If the Project is Expanded Activity. Please explain the expansion of the activity and the reason and/or need for the expansion.

C-3 The primary service that the project provides meets the following goal (check one):

- Homeless Services Senior Services Serves Victims of Domestic Violence
- Job/Education Training Homeless Prevention Serves Physically/Mentally Disabled
- Emergency Food Assistance General Low-Mod Income
- Other _____

C-4 Proposed ESG services for this grant project (check all that apply):

Street Outreach (specify below):

- Engagement Case Management Emergency Health Services
- Emergency Mental Health Care Client Transportation Services for Special Populations

Emergency Shelter (specify below):

- Child Care Case Management Education Services

- Job Skills Training
- Employment Assistance
- Outpatient Health Services

- Legal Services
- Client Transportation
- Mental Health Services

- Life Skills Training
- Services for Special Populations
- Substance Abuse Treatment Services

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Homeless Prevention (specify below):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Rental Application Fees | <input type="checkbox"/> Security Deposits | <input type="checkbox"/> Last Month's Rent | <input type="checkbox"/> Utility Deposits |
| <input type="checkbox"/> Utility Payments | <input type="checkbox"/> Moving Costs | <input type="checkbox"/> Short-Term Rental Asst. | <input type="checkbox"/> Credit Repair |
| <input type="checkbox"/> Payment of Rental Arrears | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Medium-Term Rental Asst. | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Housing Search/Placement | <input type="checkbox"/> Housing Stability Case Management | | |

Rapid Re-Housing (specify below):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Rental Application Fees | <input type="checkbox"/> Security Deposits | <input type="checkbox"/> Last Month's Rent | <input type="checkbox"/> Utility Deposits |
| <input type="checkbox"/> Utility Payments | <input type="checkbox"/> Moving Costs | <input type="checkbox"/> Short-Term Rental Asst. | <input type="checkbox"/> Credit Repair |
| <input type="checkbox"/> Payment of Rental Arrears | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Medium-Term Rental Asst. | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Housing Search/Placement | <input type="checkbox"/> Housing Stability Case Management | | |

C-5 Select project target area that will benefit from these funds (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> City of Ceres | <input type="checkbox"/> City of Oakdale | <input type="checkbox"/> City of Hughson |
| <input type="checkbox"/> City of Patterson | <input type="checkbox"/> City of Newman | <input type="checkbox"/> City of Waterford |
| <input type="checkbox"/> Stanislaus County Unincorporated Areas (please specify): _____ | | |

C-6 What specific accomplishments/outcomes does your agency/collaborative expect to achieve with this project? What measures are in place to confirm and track these results? Please detail both short-term and long-term outcomes. (Should correspond with "Exhibit A")

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C-7 What is the anticipated number of unduplicated persons and households you anticipate serving with this project? _____ Individuals and _____ Households. (should match section A-5)

C-8 Give the definition of an unduplicated person for the purposes of this project.

C-9 Describe the procedures/methods used to count and monitor the unduplicated beneficiaries or project participants.

C-10 What are the eligibility requirements to participate in the project/program?

C-11 Describe how you will determine the income level and income documentation requested from clients.

C-12 Please list all locations (with addresses) where this project will be held, unless the location is a safe haven situation (i.e. Domestic abuse shelter).

C-13 Attach evidence of site control, such as a rental, lease, or use agreement, or proof of ownership, to the application and label "Exhibit O".

C-14 If the project is a collaborative effort with other agencies or contracted out, describe the partnership. Name the agencies involved and explain their role. Services contracted out to other entities are required to have agreements allowing County and HUD access to project related documents and client files and must follow the same project regulations. The agency must have policies and procedures in place to ensure that project regulations and requirements are met.

C-15 How are people made aware of the Agency, the project and services? How does the project receive most of its referrals?

C-16 What will the Agency do in order to promote and provide services to the community's diverse ethnic population?

C-17 Are you aware of other programs in the area that offer these same services? If so, how does your program ensure duplication of services is not occurring?

- C-18** a.) Is the proposed program prevention focused? Is there cross sector engagements? Please explain
 Yes No
- b.) Is there cross sector engagements? Please explain

D. Financial & Budget Information

- D-1** a) Has this project been previously funded with ESG/CDBG funds? Yes No
 If Yes, please indicate the year(s), allocations, expended, number served, and project name/description in the following table:

Fiscal Years	Allocated	Expended	Goal for No. Ser.	Actual No. Served	Project Name/Description
2011/2012	\$	\$			
2012/2013	\$	\$			
2013/2014	\$	\$			
2014/2015	\$	\$			
2015/2016	\$	\$			

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b) Please explain any discrepancy between allocated and expended funds:

- D-2** Has the Agency received any findings or concerns from other funding sources? If so, please explain.
- D-3** If you are proposing a renovation project for an Emergency Shelter Facility, there are restrictions imposed by the Federal government that require the facility be maintained as a shelter for a period of no less than 5 years. How will you meet the maintenance/continued use requirement?
- D-4** Are there any fees or charges required for membership in the agency or to receive services for the project? If "Yes" is selected please provide the appropriate fee schedule labeled "Exhibit N".
 Yes No
- If Yes, please fully describe the fees or charges:

D-5 a.) If the Agency is not awarded all of the funding requested; can the agency still provide the project?
 Yes No

b.) What impact will not receiving this funding have on your program?

D-6 Describe other sources of funding for this project by completing the attached form labeled "Exhibit B - Other Funding Sources". **Make sure to only list funding for this project, not for your entire agency.**

D-7 Complete the attached budget form "Exhibit A". The budget should identify in detail how ESG funds are to be utilized. This form should balance with the figures provided in "Exhibit B - Other Funding Sources". All budget information must be provided using the supplied form, no substitutions will be allowed. If the supplied form is not utilized the application will be deemed incomplete and not considered for approval.

D-8 Please provide a list of all persons authorized to request payment:

Name: _____
Title: _____

Signature: _____

Name: _____
Title: _____

Signature: _____

Name: _____
Title: _____

Signature: _____

Name: _____
Title: _____

Signature: _____

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E Conflict of Interest

E-1 Any conflicts of interest to report? Yes No
If Yes, please explain in the space provided. Conflict of interest requires a written waiver from the County Counsel before an agreement is signed. Please make sure to list any and all conflicts or possible conflicts.

E-2 Please provide a list of names and positions of the Board of Directors and Officers for the Agency and label Exhibit L. Provide a copy of the minutes from the board of directors or equivalent that the grant application submittal has been approved and label as "Exhibit D". If not required provide a notation that it was not required and label as "Exhibit D".

E-3. Please list any employees or board members of the agency who are elected officials, appointed members of a Stanislaus County Commission/Committee, or a Stanislaus County employee (if applicable). **Make sure to clearly identify the group with which they are affiliated.** Current listings of Stanislaus County advisory groups can be found on the Stanislaus County website at <http://www.stancounty.com/board/index.shtm>.

F. Certifications

If this application is approved for funding, the agency agrees to fully comply with all required federal regulations including section 504, state, and local laws and regulations. The Agency confirms that it is fully capable of fulfilling the obligations as cited in this proposal, and has attached the required documents referred to in this application. The Agency confirms that the board of directors or equivalent has reviewed and approved submittal of this grant application, and the minutes of said meeting are attached marked "Exhibit D".

The applicant understands that any approval of the grant proposal is conditional upon the final acceptance of the fiscal year 2016-2017 Emergency Solutions Grant application funding from HUD and execution of an agreement with Stanislaus County on implementing the grant and monitoring requirements. Applicant acknowledges that only an executed agreement with the County authorizes the initiation of project services or activates incurring expenditures for the project period.

Applicant acknowledges that ESG funds are provided on a reimbursement basis and supporting documentation must be approved by County staff prior to payment. Applicant has sufficient funds available or will be available to complete the project as described. Applicant does not have any unresolved audit findings for prior ESG or other federal-funded project.

I hereby certify as an authorized signer on behalf of the agency, I submit this application to the Stanislaus County Department of Planning & Community Development and verify that the information included herein is true, accurate, and complete. **Furthermore, I understand that late or incomplete proposals will not be considered for funding.**

PENALTY FOR FALSE OR FAUDULENT STATEMENT:
U.S. Code Title 18, Section 1001, provides that a fine up to \$10,000 or imprisonment for a period not to exceed 5 years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious, or fraudulent statements, knowing the same to be false.

Legal Name of Agency: _____

DBA: _____
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Signature of Authorized Official: _____ Date: _____

Print Name: _____

Title: _____

Phone: _____

Fax: _____

E-Mail Address: _____

Mailing Address: _____



REQUIRED DOCUMENTATION (EXHIBITS) CHECKLIST

All of the following Exhibits must be included and **clearly labeled** or the application will be disqualified and returned to the applicant. If an attachment does not apply to your agency please place a sheet labeled with the appropriate exhibit designation and the words "Not Applicable" clearly printed on the page, followed by a brief explanation of why this exhibit does not apply. All other attached narratives not specifically asked for in the exhibits page will be considered extraneous data and disregarded.

Note: Exhibits **A- C, Q & R** are exhibits that need to be included in the digital format and 10 additional copies of your application submitted in addition to your application.

Place an X on each of the following Exhibits that are included with this application.

- Exhibit A _____ **Proposed Detailed Budget** as requested under section D-6 of the application (see supplied "Exhibit A" Form). The budget should correspond with "Exhibit B - Other Funding Sources." **Exhibit is Required**
- Exhibit B _____ **Other Funding Sources:** as requested under section D-5 of the application. Identify all sources of funding for this project (see supplied "Exhibit B" Form). **Exhibit is Required**
- Exhibit C _____ **Personnel Information** (see supplied "Exhibit C" Form) as well as attached copies of job descriptions and resumes of the individuals that will be involved with the implementation of the project. **Exhibit is Required**
- Exhibit D _____ Copy of the Agency's Board of Directors minutes authorizing the action to submit an application for funds, for the Stanislaus County ESG Project. **Exhibit is Required**
- Exhibit E _____ Articles of Incorporation as a nonprofit corporation from the California Secretary of State **Exhibit is Required**
- Exhibit F _____ By-laws as registered with the California Secretary of State **Exhibit is Required**
- Exhibit G _____ Letter from the California Franchise Tax Board determining tax-exempt status under Section 2370 d, Revenue and Taxation Code **Exhibit is Required**
- Exhibit H _____ Letter from Internal Revenue Service determining the agency's tax-exempt status under Section 501(c) (3) of the Internal Revenue Code. **Exhibit is Required**
- Exhibit I _____ Certified Audit and/or Financial Statement (most recent). **Exhibit is Required**
- Exhibit J _____ Business License (if applicable)
- Exhibit K _____ Board of Directors: Copy of names, addresses, phone numbers and title of current members of the Board of Directors and Officers of the agency. **Exhibit is Required**
- Exhibit L _____ Certifications: Please provide copies of current applicable licenses, evidence that fingerprinting requirements of staff have been met, and certifications that pertain to the project or project component that will utilize ESG funds. (If Applicable)
- Exhibit M _____ Request for NEPA Environmental Review (see supplied "Exhibit M"). **Original Signature Required.**
- Exhibit N _____ Fee Schedule: Reasonable fees may be charged for project services. If fees are charged provide a copy or schedule. Failure to submit the fee schedule for a fee-based project will render your application as disqualified. (requested under section D-3) (If Applicable)
- Exhibit O _____ Site Control: Please attach documentation regarding the status of or evidence of site control (See section C-12 of the application). **Exhibit is Required**
- Exhibit P _____ Proof of Insurance: Provide a copy of the Insurance Requirements outlined in Attachment 1. **Exhibit is Required**
- Exhibit Q _____ Program Staff Resume(s): Provide copies resumes for the program staff that is involved in operating and/or implementing this program. **Exhibit is Required**

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