



State of Nevada
 Department of Business & Industry
HOUSING DIVISION
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 Carson City, Nevada 89706
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May 7, 2014

PROGRAM BULLETIN

Emergency Solutions Grant Program

TO: ESG Sub-Recipients (sent via email)
 RE: ESG Annual Reports

Attached please find the Exhibit 13(c) which has been revised to reflect all information required by sub-recipients to report information on the Emergency Solutions Grant Program for this past year. This report is due to the Division by July 15, 2014 and must reflect information on clients served through June 30, 2014.

Please note: Beneficiary data must include clients served with ESG program funds AND any other match funding source(s) used to serve clients in the ESG program. In most cases clients served with match funds were also served in some capacity with ESG funds, so client data has already been captured in HMIS and will be included in the ESG CAPER report. However, if an agency has pooled other funding sources to serve ESG clients; the agency is reporting these funds as match; and ESG funds were not used to assist these clients; beneficiary data for clients served with match funds must be provided. HMIS must be used to captured these clients so please make sure that programs offered that are funded through other funding sources are captured in the HMIS CAPER Report. (See attached FAQ from HUD)

Also attached are the Exhibit 13, Exhibit 13(a) and Exhibit 13(b) which must also be submitted to the Division for all ESG grants which have been completely expended. Agencies that expended 2011 and 2012 allocations during this past year, and agencies that have completely expended the 2013 award, must complete and return these forms for each of the grant allocations that are now closed. Separate forms are required for each grant year. *These forms must be submitted by July 15, 2014 and be accompanied by the agency's close out draw, if applicable.*

The following reflects grant awards numbers for each grant allocation which is needed in order to complete these forms:

Grant Award Numbers:

Second allocation of 2011 funds	E-11-DC-32-0001
PY 2012 allocation	E-12-DC-32-0001
PY 2013 allocation	E-13-DC-32-0001



Finally attached is the Exhibit 12-Semi Annual Certification of Employee Costs Charged to Federal Grants that must be completed by agencies to report *staff who are fully funded through the ESG program*. Very few agencies will be affected by this, but if you are please complete and submit this form by July 15, 2014.

Questions regarding this Bulletin should be referred to Soni Bigler, ESG Program Manager. She may be reached at 775-687-2042, 1-800-227-4960 extension 2042, or via email to sbigler@housing.nv.gov.

Thank you.

NEVADA HOUSING DIVISION



EMERGENCY SOLUTIONS GRANT PROGRAM

ANNUAL REPORT FOR 2013 PROGRAM YEAR

Due to the Division no later than Tuesday July 15, 2014

Sub-Recipient Name:

Organization Type: Faith-based Organization Other Nonprofit Organization Unit of Government

Also select the following if the sub-recipient provided services to victims of domestic violence, dating violence, sexual assault, or stalking. Includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs VAWA-DV Provider

Contact Name:

Email:

Address, City, State and Zip Code:

Phone Number:

Sub-Recipient DUNS Number:

Percentage of PY 2013 allocation expended through June 30th of this program year: _____ *If less than 50% of the annual award has been expended, provide an explanation for the delay:*

SECTION 1

BENEFICIARY DATA

Complete for clients served from July 1, 2013 through June 30, 2014 using ESG grant funds and all match sources

Sub-recipients are required to use HMIS to track data for each program funded and client served through the ESG program, including all match funds used to serve clients. Complete the following tables using data obtained from the **ESG CAPER Report** in Clarity, and **submit copies of the HMIS report(s) for each program type to the Division.** **Make certain to include client beneficiary information if served with match funds!**

ESG CAPER Report(s) attached: Yes No (If no provide explanation why HMIS was not utilized):

Homelessness Prevention Activities	
Number of Persons in Households	Total
Adults	
Children	
Don't Know/Refused	
Missing Information	
Total	
Rapid Re-Housing Activities	
Number of Persons in Households	Total
Adults	
Children	
Don't Know/Refused	
Missing Information	
Total	

Street Outreach	
Number of Persons in Households	Total
Adults	
Children	
Don't Know/Refused	
Missing Information	
Total	
Emergency/Transitional Shelter Activities	
Number of Persons in Households	Total
Adults	
Children	
Don't Know/Refused	
Missing Information	
Total	



Total Persons Served-All Programs (H/P + RRH + ES)	
Number of Persons in Households	Total
Adults	
Children	
Don't Know/Refused	
Missing Information	
Total	

Emergency/Transitional Shelter Utilization	# of units
Number of Beds-Rehabbed	
Number of Beds-Conversion	
Total # of bed-nights available	
Total # of Bed-nights provided	
Capacity Utilization Rate	
RACE AND ETHNICITY DATA	
White	
African Amer./Black	
Asian	
American Indian/Alaska Native	
American Indian/Alaska Native & White	
Native Hawaiian/Pacific Islander	
Asian & White	
Black/African American & White	
American Indian/Alaska Native & Black/African American	
Other Multi-Racial	
	TOTAL
	Hispanic Ethnicity



SECTION II
PROGRAM PERFORMANCE

Homeless Prevention Program:

Enter number of persons who received Homeless Prevention (HP) assistance from above: _____

Enter number of H/P clients who exited and did not become homeless within 7 months of assistance: _____

Enter number of H/P clients provided assistance who meet the definition of homeless under other Federal programs: _____

Enter number of H/P clients who obtained employment prior to exiting: _____.

Of those whose income increase, how many clients were considered to be disabled: _____

How many clients were non-disabled: _____

Of those who gained employment, how many participants obtained a job with an hourly wage higher than minimum wage: _____

Enter number of H/P clients which have been enrolled in a savings account with monthly savings goals: _____

Enter number of H/P clients who have enrolled in GED or job training program as a result of assistance: _____

Enter number of H/P clients that increase household income (cash or non-cash) prior to program exit: _____

Rapid Re-Housing Program:

Enter number of persons who received Rapid Re-Housing (RRH) assistance from above: _____

Enter number of RRH who exited and did not become homeless within 7 months of assistance: _____

Enter number of RRH clients who obtained employment prior to exiting: _____

Of those whose income increase, how many clients were considered to be disabled: _____

How many clients were non-disabled: _____

Of those who gained employment, how many participants obtained a job with an hourly wage higher than minimum wage: _____

Enter number of RRH clients which have been enrolled in a savings account with monthly savings goals: _____

Enter number of RRH clients who have enrolled in GED or job training program as a result of assistance: _____

Enter number of RRH clients that increase household income (cash or non-cash) prior to program exit: _____

Emergency/Transitional Shelter Program:

Enter number of persons who was provided emergency/transitional shelter from above: _____

Number of households placed into permanent housing upon discharge from shelter: _____

Average length of stay that persons stayed in emergency shelter: _____

Average length of stay persons resided in transitional housing for the homeless: _____

SECTION III
MATCH OBLIGATION REPORTING

Part 1. Please provide all cash match for the past three (3) years by funding type. This information shall be reported to HUD:

Match Type	FY 2011	FY 2012	FY 2013
Other Non-ESG HUD funds			
Other Federal Funds			
State Government			
Local Government			
Private Funds			
Fees			
Program Income			
Other : _____			
Total Match Amount			

Part 2. In the table below provide cash and in-kind information that was used to meet the match obligation during the past year. *The total amount of match reported must equal the total amount of ESG funds expended during the program year.* List programs separately. (Rapid re-housing reported separately from homeless prevention. Emergency/transitional shelter programs reported separately from street outreach programs funded with ESG). This information will be maintained in program files for review during monitoring visits conducted by HUD and the Division. *If the amount reported does not equal the amount of ESG funds expended July 1, 2013 through June 30, 2014, please provide an explanation below:*

Match non-compliance explanation:



**SECTION IV
PROGRAM EVALUATION SUMMARY**

Please evaluate the sub-recipient's progress in meeting HUD's objective to reduce and end homelessness

Action

Response

1. Describe actions taken to reach out to homeless persons (especially unsheltered persons) and assess their individual needs. Describe any street outreach that occurred outside of the agency (in homeless encampments, PIT counts, etc.), even if not funded through the ESG program.

(Highlight key accomplishments, milestones, and benchmarks. Also, identify any barriers that may have a negative impact on progress. Cite specific examples. Based on this, explain any adjustments and improvements that will be made to more effectively carry out the strategies)

2. Describe actions taken to address the emergency shelter and transitional housing needs of homeless persons.

(Highlight key accomplishments, milestones, and benchmarks. Also, identify any barriers that may have a negative impact on progress. Cite specific examples. Based on this, explain any adjustments and improvements that will be made to more effectively carry out the strategies)

3. Describe actions taken to help homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.

(Highlight key accomplishments, milestones, and benchmarks. Also, identify any barriers that may have a negative impact on progress. Cite specific examples. Based on this, explain any adjustments and improvements that will be made to more effectively carry out the strategies)



<p>4. Describe actions taken to help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); and, receiving assistance from public or private agencies that address housing, health, social services, employment, education or youth needs.</p> <p><i>(Highlight key accomplishments, milestones, and benchmarks. Also, identify any barriers that may have a negative impact on progress. Cite specific examples. Based on this, explain any adjustments and improvements that will be made to more effectively carry out the strategies. Discuss progress made in terms of coordinating discharge policies that result in a decrease of homelessness)</i></p>	
<p>5. Describe actions taken to reduce the number of poverty-level families within your community. To the extent the information is available, estimate the number of families removed from poverty in your community.</p> <p><i>(Provide explanation for actions not taken during the past year to reduce poverty in your community. Explain how future actions will change based on the results of the current year)</i></p>	
<p>6. Describe actions taken to enhance coordination between public and private housing; and shelters and transitional housing; with social services agencies and other homeless providers within the community.</p> <p><i>(Summarize specific actions taken during the program year. Provide explanations for actions not taken to reduce poverty within a community. Explain how future actions will change based on the results of the current year)</i></p>	

Please evaluate the sub-recipient's progress in meeting other performance standards for the ESG Program as required by the Division:

<p>7. Provide a listing of all funding sources utilized by the agency to support ESG programs, and <i>describe the various ways funds were utilized to address the homeless and poverty needs of clients served.</i> Include programs such as Community Development Block Grant, Community Services Block Grant, State Low-Income Housing Trust funds, foundation grants, etc. that were obtain to ensure the long-term success of the ESG program.</p>	
<p>8. Describe collaboration efforts that occurred this past program year to obtain other mainstream resources for program participants <i>to ensure the long-term housing stability of the household.</i></p>	
<p>9. Describe participation in local Workforce Investment Boards or Community Coalition meetings that occurred during the past year. Include a summary of topics covered, collaborations that were created as a result of the participation, and resulting outcomes that positively impacted homelessness in the community.</p>	
<p>10. Describe specific action steps the community has taken to develop and implement a community-wide discharge plan. List all agencies that have either executed Memorandum's of Understanding, or have agreed to participate in a formalized discharge planning process that demonstrates commitment by communities and agencies to address this issue at a local level.</p>	
<p>11. Describe how the sub-recipient participated in the local Continuum of Care process. Include the total of the number of monthly meetings or other sub-committee meetings that staff participated during the past year. Describe any positive outcomes or initiatives that occurred locally as a result of participating in this homeless initiative, if any.</p>	
<p>12. Describe the process and frequency that sub-recipient staff enters client data into HMIS. Provide a copy of the HMIS Data Quality Report for all ESG programs offered to demonstrate that the sub-recipient met the Data Quality requirement of 90% accuracy</p>	
<p>13. Describe any success stories that occurred during this past year that has not been covered in this report. (optional)</p>	



FAQ ID FAQ Question

1365

For reporting on numbers of clients served and kinds of services provided with ESG in the CAPER, should we include clients that are served through the match dollars?

FAQ Answer

Yes. In order to use funds as match for ESG, the matching contributions must meet all requirements that apply to the ESG funds provided by HUD (see 24 CFR 576.201(c)). Therefore, the program participants served with matching funds must be entered into an HMIS, and must be reported on the CAPER.

URL

<https://www.onecpd.info/faqs/1365/for-reporting-on-numbers-of-clients-served-and-kinds-of-services-provided/>

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY

HOUSING DIVISION
Emergency Solutions Grant Program
CFDA # 14.341
Grant Close-Out Form

This form is to be completed and returned to the Housing Division with the final
ESG Draw Reimbursement Request Form

Agency Name	
Contact Name & Phone	

Activity	Submit one form for each grant year Grant Award Year (2011, 2012, 2013):	
	Budgeted Amount from most recent Award or Amendment	Actual Amount Expended
Street Outreach		
Case Manager Salary		
Outreach and Engagement		
Other-		
Shelter-Essential Services		
Case Manager Salary		
Outreach and Engagement		
Other-		
Shelter Operation Costs		
Shelter Operation Costs		
Maintenance and Repairs		
Motel Vouchers		
Other-		
Financial Assistance (Homeless Prevention)		
Rental Assistance		
Housing Relocation and Stabilization (Homeless Prevention)		
Utility Assistance		
Rental Arrears		
Security Deposit		
Hotel/Motel Voucher		
Staff Salaries		
Other-_____		
Case Manager Salary		
Outreach and Engagement		
Housing Search & Placement		
Credit Repair		
Legal Services		
Other-_____		



Financial Assistance (Homeless Assistance)					
Rental Assistance					
Housing Relocation and Stabilization (Homeless Assistance)					
Utility Assistance					
Rental Arrears					
Security Deposit					
Hotel/Motel Voucher					
Staff Salaries					
Other-					
Case Manager Salary					
Outreach and Engagement					
Housing Search & Placement					
Credit Repair					
Legal Services					
Other-					
Data Collection and Reporting					
Data Collection					
Administrative Costs					
Reporting					
Accounting of Grant Funds					
Staff Training					
Other-_____					
Total					
Total ESG Award		Total ESG Expenditures		Balance**	

Totals must include any additional funds that may have been reallocated during the grant period.

I, _____, Director of _____, located in _____, Nevada, do hereby certify that all activities associated with grant number _____ have been completed and all funds expended in accordance with the Emergency Solutions Grant Program regulations. I certify that to the best of my knowledge the above information is a true and correct accounting of program funds.

Furthermore, I certify to the best of my knowledge that all costs incurred during the fiscal year will be included in the next Single Audit. I understand that if the Agency's total federal expenditures are less than \$500,000 a Single Audit is not required; however costs incurred shall be included in Agency's next audited financial statements. In the event that there are any costs that are disallowed by those audits or sustained by the Nevada Housing Division, the amount of those costs shall be returned the Nevada Housing Division.

Program records will be retained for five (5) years after each grant closeout. I agree to make available all client files, along with any financial and program records, for review by the Division, local HUD Office of Community Planning and Development, HUD's Office of Special Needs Assistance Programs, HUD's Office of Inspector General, HUD's Office of Fair Housing and Equal Opportunity, a contractor hired on behalf of the Division for the purposes of auditing programs



funded through the State, or other authorized state or federal agency, to determine compliance with the requirements of each program.

Signed:

Name of Executive Director or Authorized Signature

Signature of Executive Director

Date:

*Agencies have a maximum of 30 calendar days to submit all final draw requests. Only those costs incurred during the term of the grant agreement and allocated in the program budget are eligible for reimbursement.

** 100% of the allocation must be expended by the end of each 2 year grant cycle. After the ending date of the grant period, as indicated in the Notice of Sub-grantee Award Letter, the grant will be reduced by the amount of any unexpended funds. The Housing Division does not need Agency approval to modify the contract to close out unexpended balances.



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Exhibit 13(a)
Emergency Solutions Grant Program
Annual Audit and Disallowed Cost Certification Form

CFDA Grant Number: 14-231

Recipient Name: _____

I, _____, Director of _____,
located in _____, Nevada, do hereby certify that all activities associated with
grant number _____ have been completed and all funds expended in
accordance with the 24 CFR part 576 Emergency Solutions Grant regulations.

Furthermore, I certify to the best of my knowledge that all costs incurred subsequent to the
Single Audit or Audited Financial Statement (as applicable) for the year ending _____ will be
included in the Audit for the subsequent year. In the event that there are any costs that are
disallowed by those audits or sustained by the Nevada Housing Division, the amount of those
costs shall be returned the Nevada Housing Division

Signature Date

Name Title

Mail completed form once all funds are expended and grant is closed to the following:

Nevada Housing Division
Attn: Soni Bigler, Grants and Projects Analyst
1535 Old Hot Springs Road Suite 50
Carson City, NV 89706



**Nevada Housing Division
Emergency Solutions Grant Program
Certification of Record Maintenance**

Agency Name: _____

Grant Award Number: _____

Grant Beginning Date: _____ Grant Closeout Date: _____

Grantees that received Emergency Solutions Grant funding are required to maintain all records pertaining to the Grant for a period of five years from the close-out date of the contract.

I, _____, (enter name) certify that the agency will maintain all records pertaining to the above-referenced grant though _____ (*enter month and year equal to 5 years from close out date*)

Type/Print Name

Signature

Date

Title

This form is due within 15 days of grant close-out

Please return to the following agency:

Nevada Housing Division
Attn: Soni Bigler, Grants and Projects Analyst
1535 Old Hot Springs Road, Suite 50
Carson City NV 89706

