

Nevada Housing Division 2017-2018 Emergency Solutions Grant (ESG\_ Applications

Nevada Housing Division Request for ESG Applications

**Application Submission Timeline:**

|  |  |
| --- | --- |
| Application Released | February 13th, 2017 |
| Letter of Intent to Apply Due | February 17th, 2017 |
| Technical Assistance Call 2 | March 7th, 2017 |
| **Application Submittal Deadline** | **March 24th, 2017 @5pm** |
| Notification of Approval | May 5th, 2017 |
| Grant Agreement to Sub-recipients | July 1st, 2017 |

**Submit Applications to:**

*aTTENTION: dALE hANSEN*

*1830 cOLLEGE PARKWAY SUITE 200*

*CARSON CITY, nEVADA 89706*

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2017 ESG Application

For application instructions please refer to **the 2017 ESG Application Guide**. Applications that do not meet the application formatting and submission instructions or do not include all the documents required in the **Application Checklist** will be considered **non-responsive.**

# Applicant Agency Information

## General Information:

|  |  |
| --- | --- |
| Name of Applicant: | Click here to enter text. |
| County/Service Area: | Click here to enter text. |
| Street Address: | Click here to enter text. |
| City, State, Zip Code: | Click here to enter text. |
| Federal Tax Identification Number: | Click here to enter text. |
| Data Universal Numbering System (DUNS): | Click here to enter text. |
| Website Address: | Click here to enter text. |

### Type of Organization (Mark as many as apply):

Please mark which type of organization type:

|  |
| --- |
| Private Non-Profit 501(c) (3) |
| Unit of General Purpose Local Government |
| Victim Services Provider |
| Legal Services Provider |

## Key Applicant Agency Contacts

Please identify key organizational and program contacts for this grant:

### Authorized Representative Information:

|  |  |
| --- | --- |
| First, Middle and Last Name: | Click here to enter text. |
| Agency Official Title: | Click here to enter text. |
| Mailing Address: | Click here to enter text. |
| City, State, and Zip Code: | Click here to enter text. |
| Area Code and Phone Number: | Click here to enter text. |
| Fax Number: | Click here to enter text. |
| Email Address: | Click here to enter text. |

### Program manager Contact Information (If Different from Authorized Representative):

|  |  |
| --- | --- |
| First, Middle and Last Name: | Click here to enter text. |
| Agency Official Title: | Click here to enter text. |
| Mailing Address: | Click here to enter text. |
| City, State, and Zip Code: | Click here to enter text. |
| Area Code and Phone Number: | Click here to enter text. |
| Fax Number: | Click here to enter text. |
| Email Address: | Click here to enter text. |

### Applicant Fiscal Representative (i.e., CFO, Accountant/Bookkeeper):

|  |  |
| --- | --- |
| First, Middle and Last Name: | Click here to enter text. |
| Agency Official Title: | Click here to enter text. |
| Mailing Address: | Click here to enter text. |
| City, State, and Zip Code: | Click here to enter text. |
| Area Code and Phone Number: | Click here to enter text. |
| Fax Number: | Click here to enter text. |
| Email Address: | Click here to enter text. |

## Proposed ESG Activities and Funding Request

Please mark each activity in **Table 1** that the applicant agency is applying for, enter in the requested funding amount, and the estimated number of clients the applicant agency is expected to serve for Program Year 2017.

Table 1

|  |  |  |
| --- | --- | --- |
| Activity | Request Amount | \*Estimated No. of Clients to be Served |
| Street Outreach | $ Click here to enter text. | Click here to enter text. |
| Emergency Shelter | $ Click here to enter text. | Click here to enter text. |
| Homeless Prevention | $ Click here to enter text. | Click here to enter text. |
| Rapid Re-Housing | $ Click here to enter text. | Click here to enter text. |
| HMIS | $ Click here to enter text. | Click here to enter text. |

\* 1. Please describe how the applicant agency determined the estimated number of clients to be served. Maximum length 750 characters. Click here to enter text.

2. Does the applicant agency follow a “Housing First” approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible, as well as providing them with voluntary support services as needed. If so, please describe how you have integrated this approach into your organization’s practices and policies? If no, please explain why the applicant agency has not adopted a Housing First policy? Maximum length 1500 characters. Click here to enter text.

## Previous Emergency Solutions Grant Funding:

1. Did the applicant agency receive Nevada Balance of the State ESG funds during the 2016-2017 Program Year?

|  |  |
| --- | --- |
| Yes | No |

2. If yes, as of February 1, 2017 what percentage of funds have been submitted for reimbursement to the Nevada Housing Division?

|  |
| --- |
| 75% to 100% |
| 50% to 74% |
| 25% to 49% |
| 0% to 24% |
|  |

## Outstanding Issues:

|  |  |
| --- | --- |
| 1. Has your organization received any HUD findings, resolved or unresolved, within the last 5 years? | |
| Yes | No |
| 1A. If yes, please attach the approved Corrective Action Plan? | |
| 1. Has your organization returned any HUD findings, including Nevada Balance of State ESG funds, in the past 2 years? | |
| Yes | No |
| 2A. If yes, identify the HUD funding source and identify the amount that was returned. Click here to enter text. | |
| 1. Does your organization have any unresolved audit issues? | |
| Yes | No |
| 3A. If yes, please identify the unresolved audit issues and their resolution status. Click here to enter text. | |
| 1. Has your organization ever declared bankruptcy? | |
| Yes | No |
| 4A. If yes, what is or what was your discharge date? Click here to enter text. | |

# Organizational Capacity

## Applicant Experience

1. How many years of experience does the applicant agency have operating the **ESG funded activity or activities** proposed in the application?

|  |  |
| --- | --- |
|  | 6+ Years |
|  | 3 to 5 Years |
|  | 1 to 2 Years |
|  | Less than 1 Year |

1. If the applicant does not have any experience with ESG program, how many years does the applicant agency have in experience operating a similar activity?

|  |  |
| --- | --- |
|  | 6+ Years |
|  | 3 to 5 Years |
|  | 1 to 2 Years |
|  | Less than 1 Year |

1. Describe the similar activity? Maximum Length 1000 characters. Click or tap here to enter text.
2. List up to three (3) similar activities in **Table 2** for the time period being reported. If less than a full year, include months. (*Note: Allocations refer to a grant award and the time period associated with that particular grant award).*

Table 2

|  |  |  |
| --- | --- | --- |
| Activity | Funding Source | No. of Allocations in past 3 years |
| Shelter Operations | Click here to enter text. | Click here to enter text. |
| Rental Assistance | Click here to enter text. | Click here to enter text. |
| Case Management/Services | Click here to enter text. | Click here to enter text. |
| HMIS | Click here to enter text. | Click here to enter text. |
| Other: | Click here to enter text. | Click here to enter text. |

## Personnel

### Staffing

1. Overall Organization

|  |  |
| --- | --- |
| Total FTEs: | Click here to enter text. |
| Number of Paid Staff: | Click here to enter text. |
| Number of Volunteers filling a position that would otherwise be filled by paid staff: | Click here to enter text. |

2. ESG Program:

|  |  |
| --- | --- |
| Total FTEs: | Click here to enter text. |
| Number of Paid Staff: | Click here to enter text. |
| Number of Volunteers filling a position that would otherwise be filled by paid staff: | Click here to enter text. |

3. Program Positions

Please **mark** the appropriate column in **Table 3** for each positon that will have a role in carrying out your ESG program.

Table 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Filled with Paid Staff | Filled with Volunteer Staff | Unfilled | Positon Doesn’t Exist |
| Executive Director |  |  |  |  |
| Intake Worker |  |  |  |  |
| HMIS/Data Entry |  |  |  |  |
| Fiscal Officer/Bookkeeper |  |  |  |  |
| Shelter Director/Manager (shelters only) |  |  |  |  |

4. For each position marked in **Table 3** provide the following for the incumbent in that position: 1) educational background, 2) work experience and 3) duties assigned to that position. Maximum length 2500 characters. Click here to enter text.

|  |
| --- |
| 5. What type of training is offered to your staff? **Mark all that apply.** |
| Administration | |
| Best Practices | |
| HMIS | |
| Fair Housing Training | |
| Skill Enhancement | |
| Program Development | |
| Other | |

6. **Organizational Chart**. Please attach to application your agency’s organizational chart, identifying the staff listed above.

## Target Populations

#### Target Populations (All Activities)

1. In **Table 4** please mark what population(s) is/are being targeted most likely to become homeless in the applicant’s service area? Click or tap here to enter text.

Table 4

|  |  |
| --- | --- |
|  | Specific Geographic Area (streets, neighborhood, block, etc.) |
|  | Employees laid off by a specific employer |
|  | Families |
|  | Chronically Homeless |
|  | Youth |
|  | Veterans |
|  | Substance Abusers |
|  | Mentally Ill |
|  | Developmentally Disabled |
|  | TANF Eligible Families |
|  | Survivors of Domestic Violence |
|  | Persons receiving another specific service (ex. Section 8 recipients) |
|  | Persons with HIV/AIDS |
|  | Other: |

1a. Please explain why the applicant agency has decided to target the populations that were marked in **Table 4**? Maximum length 1000 characters

## Community Partnerships (All Activities)

1. In **Table 5** please list the applicant agency’s current community partnerships for each of the following services/resources listed. In addition, identify what type of relationship the applicant agency has with each partner: 1) Contact/MOU; 2) Informal Agreement; and 3) Verbal Agreement. (**Applicant agency** can list more than 10 partnerships, if needed):

Table 5

|  |  |  |
| --- | --- | --- |
| Resource/Services | Community Partnership(s) | Type of Agreement |
| TANF | Click here to enter text. | Choose an item. |
| Food Stamps | Click here to enter text. | Choose an item. |
| Medicaid | Click here to enter text. | Choose an item. |
| HOME | Click here to enter text. | Choose an item. |
| CDBG | Click here to enter text. | Choose an item. |
| Local Public Housing Authority | Click here to enter text. | Choose an item. |
| Workforce Development | Click here to enter text. | Choose an item. |
| Veteran’s Administration | Click here to enter text. | Choose an item. |
| Education | Click here to enter text. | Choose an item. |
| Other: | Click here to enter text. | Choose an item. |

## Funding and Match Capacity

### Total Funding and Sustainability

1. In **Table 6** please list the applicant agency’s major sources of funding include funding source name, source of fund (ex. HUD), purpose of funds and the total percent of the applicant total annual budget. All non-profits are required **to attach** their **most** recently completed **IRS Form 990.**

Table 6

|  |  |  |  |
| --- | --- | --- | --- |
| Funding Source Name | Source of Funds | Purpose of Funds | Percent of Total Budget |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Describe the applicant agency’s operating plans if **ESG funds** are not awarded to your agency? Maximum Length 1000 characters. Click here to enter text.

### Match

In **Table 7** please list out the specific sources that will be used by your organization as match for the ESG Grant. Indicate whether they are firmly committed or tentative. All non-ESG project funds require written verification submitted with the proposals. Unverified sources will not be counted as committed.

Table 7

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source | Cash Match Contribution | In-Kind Match Contribution | Status of Commitments | Date Available |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals: |  |  | N/A | N/A |

|  |  |
| --- | --- |
| Percent that Emergency Solutions Grants Program funds that make up the total **project’s** budget: | Click or tap here to enter text. |

*Note: Total project budget does not refer to total agency budget, but to the project budget that ESG funds will be allocated to if the applicant is awarded ESG funds.*

#### Required Documentation of Match for Application

1. If funds received from units of local government, churches, foundations, United Way, or federal or state government agencies are to be used as match to ESG funds then the following is needed:

* Attached copies of funding award and/or commitment letters from these sources on their official letterhead and signed by their authorized official;

1. If the value of donated volunteer hours, donations from businesses or individuals, client rent/boarding fees or client programs fees will be used to match ESG funds, the applicant organization must provide:

* A letter on official letterhead signed by its board chairperson or Department head describing the records which will be maintained on these match sources, the amount of the match expected to be received and, in the case of volunteer hours, the number of hours expected to be donated.

1. If the value of a donated building or any lease will be used to match ESG fund, then the applicant organization must provide:

* Documentation of the fair market values of the building or lease.

1. If staff salaries are used to match ESG funds, then the applicant organization must identify the source of the funds that are funding staff salaries:

* A letter on official letterhead signed by its board chairperson or Department head identifying the salaries of those staff members and the source of funds for these salaries.

# Community Needs

1. Please attach the 2016 Point in Time (PIT) Count for the applicant agency’s county or jurisdiction.
2. In **Table 9** please enter the number of beds and units reported in the Continuum of Care’s 2016 Housing Inventory Count (HIC):

Table 9

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Family Units | Family Beds | Adult-Only Beds | Child-Only Beds |
| Emergency Shelter |  |  |  |  |
| Rapid Re-Housing |  |  |  |  |

1. Total number of clients in HMIS that qualified for rapid re-housing in your service area from July 1, 2015 to June 30, 2016: Click here to enter text.
2. Total number of available housing units for rapid re-housing in your service area:Click here to enter text.
3. Total number of persons who were turned away due to lack of funding from July 1, 2015 to June 30, 2016:Click here to enter text.
4. Describe current gaps in programs and services in your “Area of Service” for homeless and at-risk of homelessness populations. Maximum length 1500 characters. Click here to enter text.
5. Describe target population(s) in most need of assistance in your service area. Maximum length 1000 characters. Click here to enter text.
6. Please describe what are some of the major problems or obstacles that the homeless and chronic homeless face in your service area? Click here to enter text.

# Plan of Action and Narrative

## Plan of Action

In **Table 10** the following is a summary of some of the Rural Nevada Continuum of Care and State ESG Program Objectives and Performance Measures:

Table 10

|  |  |
| --- | --- |
| Objectives | Performance Measure(s) |
| 1. Assist harder to serve homeless populations | 1. **All Activities:** At least 50% of homeless persons served will be “harder to serve” homeless populations. |
| 2. Reduce the length of time clients are homeless; Reduce the first time homelessness; and reduce returns to homelessness. | 1. **Emergency Shelters Only**: At least 10% of homeless persons served will be placed in temporary or permanent housing units upon discharge from a shelter;  2. **Emergency Shelters Only:** At least 20% of persons exiting from a shelter into temporary or permanent housing units stayed less than 45 days in the shelter;  3. **Rapid Re-Housing Only:** At least 80% of the persons placed in permanent housing remain in a unit for at least 7 months after program exit;  4. **Homeless Prevention Only:** At least 80% of persons who exit the program do not become homeless for at least 6 months. |
| 3. Increase jobs, incomes, and self-sufficiency of program participants | 1. **All Activities:** At least 20% of adults will have increased or sustained **employmen**t income; and will have an increase in income from **all** sources of income.  2. **All Activities:** At least 54% of adults will have increased or sustained other cash income;  3. **All Activities:** At least 56% of adults will have increased or sustained mainstream non-cash benefits;  4. **All Activities:** At least 10% of adults improved education by program exit; |
| 4. Comply with HMIS quality standards | 1. **All Activities:** 90% of persons who exit programs will have “known destinations” fields completed.  2. **All Activities:** 90% of person will have income data collected at program entry and program exit and updated at least annually.  3. **All Activities:** No more than 10% of persons reflect “Don’t Know”, “Refused”, or “Missing” as entries. |
| 5. Increase the availability of Emergency Shelter, Temporary Shelter, and Permanent Housing Beds | 1. **All Activities:** Average utilization rate for transitional, permanent and emergency shelter beds is greater than or equal to 65% and no greater than 105%. |
| 6. Assist families and youth defined as homeless under other Federal Programs | 1. **Homeless Prevention:** At least 50% of households provided Homeless Prevention assistance met the definition of homeless under other Federal Programs. |
| 7. Provide assistance to priority households | 1. **Rapid Re-Housing:** At least 25% of households provided access to Rapid Re-Housing will be homeless families with children.  2. **All Activities:** At least 25% of homeless veterans will be provided access to transitional or permanent housing. |
| 8. Engage other community partners to address issues of homelessness and provide program participants access and referrals to available resources. | 1. **All Activities:** Participate in at least 4 local Workforce Investment Boards or Community Coalition meetings annually.  2. **All Activities:** Participate in local coordinated or centralized intake and assessment systems in order to provide program participants with access to other available resources. |
| 9. Oversee local efforts to develop community-wide discharge plans | 1. **All Activities:** Participate in community discharge planning initiatives that is documented via a formal agreement with other participating agencies. |

1. Based on the objectives and performance measures listed in **Table 10** please describe what actions or changes the applicant agency will make to ensure **each** relevant objective and **each** corresponding performance measures are met. In your description, you **must** please be sure to include the following **elements**: (Maximum Length 1 Page):

* Identify unmet needs in your service area;
* Identify who will be responsible for carry out each action step;
* Identify community partners;
* Identify other funding sources beside ESG that will be used;
* Identify how the applicant agency will monitor and evaluate its progress;
* Identify previous performance for each objective; and,
* Identify any potential barriers the applicant agency might encounter.

## General Program Narrative Questions

**All applicants must answer the following questions:**

|  |
| --- |
| 1. Describe in detail the applicant agency’s mission and how homelessness programs fit within that mission. Maximum Length 1000 character: Click or tap here to enter text. |

|  |
| --- |
| 1. Describe the applicant agency’s client intake process?    1. Are client intakes standardized?    2. How does the applicant agency prioritize program funding?   Maximum Length 1500 characters: Click here to enter text. |

|  |
| --- |
| 1. Describe the applicant agency’s process for receiving and giving referrals? Maximum Length 1000 characters: Click or tap here to enter text. |

|  |
| --- |
| 1. How does the applicant agency keep clients informed of the status of their assistance request? Maximum Length 1000 characters: Click or tap here to enter text. |

|  |
| --- |
| 1. Describe how the applicant agency tracks the program participants housing status once ESG assistance has ended? Maximum Length 1000 characters: Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Does the applicant agency have a homeless person on their board or include them in the operations of the agency’s ESG-funded programs?    1. If yes, please describe their role and their function on your board and/or organization.    2. If no, please describe your plans to include a homeless person on your board and/or in the operations of your ESG-funded programs? Maximum Length 1000 characters: Click or tap here to enter text. 2. Please enter requested data in **Table 11** to determine permanent housing efficiency for agency.   Table 11   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Total Expenditures  (July 1, 2015 to June 30, 2016) | Divided by | No. of Individual Leavers who exited to permanent housing | Equals | Average Cost per Permanent Housing Outcome | | Click here to enter text. | / | Click here to enter text. | = | Click here to enter text. | |

1. What efforts has the agency made with to coordinate discharge of at-risk individuals from other institutions in your service area to ensure discharged individuals don’t become homeless? Maximum Length 1500 characters. Click here to enter text.

### Rapid Re-Housing (For Rapid Re-housing Funding Requests Only)

1. Describe how the applicant agency will use requested funds to assist program participants in moving to stable housing and link them to resources that will increase their ability to maintain stable housing once ESG assistance ends? Maximum length 1500 characters. Click here to enter text.

2. How does or how will the applicant agency locate and identify individuals for rapid re-housing services? Maximum length 1000 characters. Click here to enter text.

3. Specify the average time between client intake and start of service delivery? Click here to enter text.

4. Specify the average time between client intake to placement of permanent housing? Click here to enter text.

5. Does the applicant conduct client intake at the shelters?

|  |  |
| --- | --- |
| Yes | No |

6. Please mark in **Table 12** whether or not the applicant agency provides the following services directly or makes referrals for the service:

Table 12

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rapid Re-Housing Component | Direct Service | | Referral Only | |
| Rental Application Fees |  |  | |
| Security Deposits |  |  | |
| Last Month’s Rent |  |  | |
| Utility Deposits |  |  | |
| Utility Payments |  |  | |
| Moving Costs |  |  | |
| Housing Search and Placement |  |  | |
| Housing Stability and Case Management |  |  | |
| Mediation |  |  | |
| Legal Service |  |  | |
| Credit Repair |  |  | |
| Short-Term Rental Assistance |  |  | |
| Medium-Term Rental Assistance |  |  | |
| Payment of Arrearages |  |  | |

7. Do you have experience running a rapid re-housing program? If yes, please indicate the funding source and the amount. Maximum Length 500 characters. Click here to enter text.

### Homeless Prevention (For Homeless Prevention Fund Requests Only)

1. Describe how the applicant agency will use Homeless Prevention funding to assist program participants in moving to stable housing and link them to resources that will increase their ability to maintain stable housing once ESG assistance ends. Maximum length 1500 characters. Click here to enter text.
2. Describe in detail how the applicant’s program is targeting these resources in a way that they can reach those who would otherwise end up homeless unless they receive ESG Homeless Prevention assistance. Maximum length 1000 characters. Click here to enter text.
3. Describe the criteria the applicant uses to determine if the household is at-risk of homelessness. Maximum length 1000 characters. Click here to enter text.
4. Please mark in **Table 13** whether or not the applicant agency provides the following services directly or makes referrals for the service:

Table 13

|  |  |  |
| --- | --- | --- |
| Homeless Prevention Component | Direct Service | Referral Only |
| Rental Application Fees |  |  |
| Security Deposits |  |  |
| Last Month’s Rent |  |  |
| Utility Deposits |  |  |
| Utility Payments |  |  |
| Moving Costs |  |  |
| Housing Search and Placement |  |  |
| Housing Stability and Case Management |  |  |
| Mediation |  |  |
| Legal Service |  |  |
| Credit Repair |  |  |
| Short-Term Rental Assistance |  |  |
| Medium-Term Rental Assistance |  |  |
| Payment of Arrearages |  |  |

### Emergency Shelter (For Emergency Shelter Fund Requests Only)

1. Describe how the applicant agency will use Emergency Shelter funding to assist program participants in moving to stable housing and link them to resources that will increase their ability to maintain stable housing once ESG assistance ends. Maximum length 1500 characters. Click here to enter text.

2. Describe strategies for prioritizing services, removing barriers to services and using **diversion**. Maximum length 1500 characters. Click here to enter text.

3. Describe rapid re-housing service available on-site. If the applicant does not provided on-site rapid re-housing services, describe how those services are provided through another agency. Maximum length 1500 characters. Click here to enter text.

4. Is the facility considered an emergency shelter or transitional housing facility?

|  |  |
| --- | --- |
| Yes | No |

5. What are the hours of operation for the homeless facility? Click here to enter text.

6. Provide the number of days/weeks/months that clients will be allowed to stay at the shelter: Click here to enter text.

7. What was the average length of state for a person sheltered in the facility from July 1, 2015 to June 30, 2016? Click here to enter text.

8. What was the total number of homeless persons sheltered from July 1, 2015 to June 30, 2016? Click here to enter text.

9. Number of beds reported as occupied from the 2016 Point-in-Time count. Click here to enter text.

10. How many of the total number of homeless sheltered from July 1, 2015 to June 30, 2016 where moved into permanent housing? Click here to enter text.

11. How many of the total number of homeless sheltered from July 1, 2015 to June 30, 2016 exited back to the streets or unknown? Click here to enter text.

12. What is the applicant agency’s cost per day to shelter a homeless person? Click here to enter text.

13. If your utilization rates to emergency shelter and/or transitional beds for the homeless did not exceed 80%, the applicant must provide an explanation as to why funding is being requested in the area below. Maximum Length 1000 characters. Click here to enter text.

14. Please **mark** in **Table 14** whether or not the applicant agency provides the following services directly or makes referrals for the service:

Table 14

|  |  |  |
| --- | --- | --- |
| Emergency Shelter Component | Direct Service | Referral Only |
| Case Management |  |  |
| Child Care |  |  |
| Education Services |  |  |
| Employment Assistance and Job Training |  |  |
| Outpatient Health Services |  |  |
| Legal Services |  |  |
| Life Skill Training |  |  |
| Mental Health Services |  |  |
| Transportation |  |  |

### Emergency shelter-physical structure

Please fill out thephysical structure checklist in **Table 15** if you are applying for emergency shelter funds:

Table 15

|  |  |  |  |
| --- | --- | --- | --- |
| Checklist Item | Yes | No | Don’t Know |
| 1. Has lead based paint? |  |  |  |
| 2. Building is structurally sound? |  |  |  |
| 3. Building is handicap accessible? |  |  |  |
| 4. Shelter provides an acceptable place to sleep, adequate space and security for each shelter resident and their belongings? |  |  |  |
| 5. There is a natural or mechanical means of ventilation? |  |  |  |
| 6. Shelter residents have access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste? |  |  |  |
| 7. All necessary heating/cooling facilities are in proper working condition? |  |  |  |
| 8. Shelter has adequate natural and artificial illumination to permit indoor activities and support health and safety of residents? |  |  |  |
| 9. Shelter has sufficient electrical sources to permit safe use of electrical appliances? |  |  |  |
| 10. Food Preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner? |  |  |  |
| 11. Shelter is maintained in a sanitary condition? |  |  |  |
| 12. Shelter has at least one working smoke detector in each occupied unit? |  |  |  |
| 13. Smoke detectors are located near sleeping areas? |  |  |  |
| 14. All public areas in shelter have at least one smoke detector? |  |  |  |
| 14. Shelter has a fire alarm system? |  |  |  |
| 15. Fire alarm system is designed for hearing impaired persons? |  |  |  |
| 16. Shelter has a second means of exiting the building in the event of a fire or other emergency? |  |  |  |
| 17. Shelter conducts fire drills on a quarterly basis? |  |  |  |

### Outreach (For Outreach Fund Requests Only)

1. Describe how the applicant agency will use Outreach funds to assist program participants in moving to stable housing and link them to resources that will increase their ability to maintain stable housing once ESG assistance ends. Maximum length 1000 characters. Click here to enter text.

2. Does the applicant agency have the capacity to immediately house unsheltered persons encountered on the street? If not, how will they be provided shelter? Maximum length 1000 characters. Click here to enter text.

3. Please **mark** in **Table 16** whether or not the applicant agency provides the following services directly or makes referrals for the service:

Table 16

|  |  |  |
| --- | --- | --- |
| Outreach Component | Direct Service | Referral Only |
| Engagement |  |  |
| Case Management |  |  |
| Emergency Health Treatment |  |  |
| Mental Health Services |  |  |
| Transportation |  |  |
| Services for Special Populations |  |  |

## Cost per Client

Please enter the requested information in **Table 17** to determine your estimated cost per client for Program Year 2017.

Table 17

|  |  |
| --- | --- |
| Item | Program Year 2017 Request |
| 1. ESG Funding Request: |  |
| 2. Total Program Budget: |  |
| 3. ESG Funding Request as % of Program Budget (item 1 divided by item 2): |  |
| 4. Unduplicated Clients to be Served: |  |
| 5. Total Program Costs Per Client (item 2 divided by item 4) |  |
| 6. Total ESG Cost Per Client (item 1 divided by item 4) |  |

# Budget Narrative

Apart from filling the ESG 2017 Budget Form, each applicant is required to fill out the Budget Narrative section question #1-6.

1. **Personnel Costs** — Indicate the positions’ title(s), the name of the staff member(s), hourly wage, and the number of estimated hours to be charged to each proposed ESG activity. For Fringe Benefits, identify all the benefits and how they are calculated. Maximum Length 1000 characters. Enter in **N/A** if narrative not required. Click here to enter text.
2. **Operational Costs —** These costs include any non-personnel costs for shelter maintenance, operations, rent, repairs, security, fuel, insurance, utilities, food and furnishings. Donated food does not count as costs towards the ESG program. However, cost associated with storage, preparation, and service can be included. Operational costs not included in the budget form need to be justified in the budget narrative. Maximum Length 1000 characters. Enter in **N/A** if narrative not required. Click here to enter text.
3. **Equipment —** Equipment for this project means purchased items that cost $5,000 or more and have a life expectancy of more than one year. The applicant agency must include an estimate for the equipment purchase. The narrative must justify the purchase of the equipment, identify the purpose of the purchase, how it will benefit the program, and identify the useful life of the equipment. Maximum Length 1000 characters. Enter in **N/A** if narrative not required. Click here to enter text.
4. **Contracts** — The narrative must include a short description of the services provided by each contractor, identity the deliverables, the total cost of the contracts, the length of the contract and when the contract expires. Additionally, the narrative must include how the contract will be monitored to ensure ESG program goals will be meet. Maximum Length 1500 characters. Enter in **N/A** if narrative not required. Click here to enter text.
5. **Renovations —** If proposing renovation activities (including rehabilitation or conversion), describe the renovations to be completed and justify the need for the renovations for this grant period. Also estimates for renovations or repairs need to be included. For example, if the applicant agency is proposing to replace a roof identify the age and condition of the current roof. Maximum Length 1500 characters. Enter in **N/A** if narrative not required. Click here to enter text.
6. **Other Costs–** All other costs not identified in the ESG Application Guidelines or in the ESG Budget form need to be justified in the budget narrative. The applicant agency must show quantity, price and how it will benefit the ESG program. Maximum Length 1000 characters. Enter in **N/A** if narrative not required. Click here to enter text.

# Applicant Agency Signature

***I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS. I FURTHER CERTIFY THAT NO CONTRACTS HAVE BEEN AWARDED, FUNDS COMMITTED, OR CONSTRUCTION BEGUY ON THE PROPOSED PROGRAM AND THAT NONE WILL BE DONE PRIOR TO ISSUANCE OF A RELEASE OF FUNDS BY THE NEVADA HOUSIND DIVISION.***

|  |  |  |
| --- | --- | --- |
|  | |  |
| PRINTED NAME OF AUTHORIZED REPRESENTATIVE | | TITLE |
|  | |
| SIGNATURE | |
|  |
| DATE |