

Nevada Housing Division 2018 Emergency Solutions Grant (ESG)

Application

Nevada Housing Division Request for ESG Applications

**Application Submission Timeline:**

|  |  |
| --- | --- |
| Notice of Funding Availability (NOFA) | February 23, 2018 |
| Letter of Intent | March 1, 2018 |
| **Application submittal deadline** | **April 13, 2018 @ 5 pm** |
| Notification of approval | On or before July 9th, 2018 |

**Submit Applications to:**

*Nevada Housing Division*

*aTTENTION: Amber Neff*

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*CARSON CITY, nEVADA 89706*

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2018 ESG Application

For application instructions please refer to the **2018 ESG Application Guidelines**. 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.** Please be aware of formatting changes when entering information, pages may shift.

## Agency 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 |

**Include Attachment A:** Proof of nonprofit status, as registered with the Nevada Secretary of State or a tax-exemption letter from the Nevada Department of Taxation and a copy of a current non-profit designation from the IRS.

## Key Agency Contacts

Please identify key organizational and program contacts for this grant:

### Authorized representative information

|  |  |
| --- | --- |
| First 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 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 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 the activity, the requested funding amount, and the estimated number of beneficiaries served for Program Year 2018.

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.

General Program Narrative

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

1. Describe in detail the agency’s mission and how homelessness programs fit within that mission. Maximum length, 1000 characters: Click here to enter text.
2. Describe the agency’s client intake process.

a. Are client intakes standardized?

b. How does the applicant agency prioritize program funding during intake? 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 here to enter text.
2. How does the applicant agency keep clients informed of the status of their assistance request? Maximum length, 1000 characters: Click here to enter text.
3. Describe how the applicant agency tracks the program participants housing status once ESG assistance has ended. Maximum length, 1000 characters: Click here to enter text.
4. Does the agency have a homeless person on their board or include them in the operations of the agency’s ESG-funded programs?

a. If yes, please describe their role and their function on your board and/or organization. Maximum length, 1000 characters: Click here to enter text.

b. 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 here to enter text.

Please enter requested data in Table 2 to determine permanent housing efficiency for agency.

**Table 2**

|  |  |  |
| --- | --- | --- |
| Total Expenditures  (July 1, 2018 to June 30, 2019) | Divided by the number of individuals 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. |

What efforts has the agency made 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.

## Previous Emergency Solutions Grant Funding

Did the agency receive ESG funds NHD during the 2017-2018 Program Year?

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

If yes, as of February 1, 2018, what percentage of funds have been drawn for reimbursement?

|  |
| --- |
| 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 and Resolution. | |
| 1. Has your organization returned any HUD funds including NHD 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 agency have conducting the ESG activity or activities proposed in this 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 Programs, how many years of experience does the agency have in operating a similar activities?

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

2a. Describe the similar activity. Maximum length, 1500 characters: Click or tap here to enter text.

2b. List up to three (3) similar activities in **Table 3**. 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 3

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

## Personnel

### Staffing

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. |

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. |

Program Positions

Please **mark** the appropriate column in **Table 4** for each positon that will have a role in administering your ESG Program.

Table 4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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) |  |  |  |  |

For each position marked in **Table 4** provide the following: 1) Educational background, 2) Experience,and 3) Duties for each paid position within the agency’s ESG Program. Maximum length, 2500 characters: Click here to enter text.

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 (list) |

**Attachment B:** Please attach your agency’s organizational chart, identifying the staff listed above.

## Target Populations

In **Table 5,** please mark what population(s) is/are being targeted as most likely to become homeless in the applicant’s service area.

Table 5

|  |  |
| --- | --- |
|  | 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: |

Please explain why the agency has decided to target the populations that were marked in **Table 5**.

Maximum length, 1500 characters: Click here to enter text.

## Community Partnerships

In **Table 6,** 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) Contract/MOU; 2) Informal Agreement; or 3) Verbal Agreement. (More than 10 partnerships may be identified, if applicable.)

Table 6

|  |  |  |
| --- | --- | --- |
| 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

In **Table 7,** please list the agency’s major sources of funding (e.g. HUD), purpose of funds, and the percentage of the agency’s total annual budget that is derived from the identified funding source. All non-profit agencies are required to attach their most recently completed IRS Form 990.

Table 7

|  |  |  |  |
| --- | --- | --- | --- |
| Funding Source Name | Source of Funds | Purpose of Funds | Percent of Total Budget |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Describe the agency’s operating plans if ESG funds are not awarded to the agency. Maximum length, 1000 characters: Click here to enter text.

### Match

In **Table 8,** please list the specific sources that will be used by your organization as match for the ESG Grant. Indicate whether they are firmly committed or tentative; written verification must be submitted with the application. Unverified sources of proposed match will not be counted as committed.

Table 8

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source | Cash Match Contribution | In-Kind Match Contribution | Status of Commitments | Date Available |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Totals: |  |  | N/A | N/A |

What percent of the total project budget are ESG funds? Click here to enter text.

**In-kind** – if vouchers, donated food, and volunteer labor are an on-going, recurring activities, or events within your organization, you can identify them as “Committed/On-Going” under the Status of Commitments and you can identify them as “Recurring” in the Date Available column.

However, each in-kind contribution type (i.e., vouchers, donated food, volunteer labor, etc.) must be listed separately.

***Note:*** *The total project budget does not refer to the 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, federal or state government agencies are to be used as match for ESG funds, attach copies of funding awards and/or commitment letters from these sources on official letterhead and signed by the authorized official to this application.
2. If donated volunteer hours, donations from businesses or individuals, client rent/boarding fees or client programs fees will be used to match ESG funds, attach a letter on official letterhead signed by the board chair 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.
3. If the value of a donated building or any lease will be used to match ESG fund, attach documentation of the fair market values of the building or lease.
4. If staff salaries are used to match ESG funds, then the organization must identify the source of the funds that are funding staff salaries by attaching a letter on official letterhead signed by the board chairperson or department head identifying the salaries of the staff members and the source of funds for their salaries.

**Attachment C:** Please attach documentation of match funds.

## Community Needs

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 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Rapid Re-Housing | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Total number of clients in HMIS that qualified for rapid re-housing in your service area from July 1, 2016 to June 30, 2017: 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 individuals who were turned away due to lack of funding from July 1, 2016, to June 30, 2017: 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 the target population(s) in most need of assistance in your service area. Maximum length, 1000 characters: Click here to enter text.
6. Please describe any major problems or obstacles that the homeless and chronic homeless face in your service area. Click here to enter text.

**Attachment D:** Please attach the2018 Point in Time (PIT) Count for the agency’s county or jurisdiction**.**

## Plan of Action

**Table 10** provide a summary of the Rural Nevada Continuum of Care and the State of Nevada’s 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 first time homelessness; and reduce returns to homelessness. | 1. **Emergency Shelters Only**: At least 10% of homeless individuals served will be placed in temporary or permanent housing units upon discharge from a shelter.  2. **Emergency Shelters Only:** At least 20% of individuals 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 individuals placed in permanent housing remain in the unit for at least 7 months after program exit.  4. **Homeless Prevention Only:** At least 80% of individuals who exit the program remain housed 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 employment income and will have an increase in allsources of income.  2. **All Activities:** At least 54% of adults will have increased or sustained 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 will enhance their education level by program exit. |
| 4. Comply with HMIS quality standards. | 1. **All Activities:** 90% of individuals who exit programs will have “known destinations” fields completed.  2. **All Activities:** 90% of individuals will have income data collected at program entry, program exit, and updated at least annually.  3. **All Activities:** No more than 10% of individuals reflect “Don’t Know”, “Refused”, or “Missing” as entries. |
| 5. Increase the availability of emergency shelters, temporary shelters, and permanent housing beds. | 1. **All Activities:** Average utilization rate for transitional, permanent and emergency shelter beds are 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 with “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 with 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; 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 are documented via a formal agreement with other participating agencies. |

Based on the objectives and performance measures listed in **Table 10,** please describe what actions or changes the agency will make to ensure each relevant objective and each corresponding performance measure is met. Maximum length, 1 page: Click here to enter text.

In your description, you **must** be sure to include the following elements:

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

### Rapid re-housing

(Complete only if requesting rapid Re-housing funding)

1. Describe how the 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 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 in permanent housing. Click here to enter text.

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

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

In **Table 11,** please indicate if the agency provides the following services directly or makes referrals to the service:

Table 11

|  |  |  |
| --- | --- | --- |
| 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 |  |  |

1. Do you have experience running a rapid re-housing program? If yes, please indicate the funding source and the amount of funds awarded. Maximum length, 500 characters: Click here to enter text.

### Homeless prevention

(Complete only if requesting homeless prevention funding)

1. Describe how the applicant agency will use ESG 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 agency’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 agency uses to determine if the household is at-risk of homelessness. Maximum length, 1000 characters: Click here to enter text.
4. In **Table 12,** please indicate if the agency provides the following services directly or makes referrals to the service:

Table 12

|  |  |  |
| --- | --- | --- |
| 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

(Complete only if requesting emergency shelter funding)

1. Describe how the agency will use ESG 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. Is the facility considered an emergency shelter or transitional housing facility?

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

1. What are the hours of operation for the homeless facility? Click here to enter text.
2. Provide the number of days/weeks/months that clients will be allowed to stay at the shelter. Click here to enter text.
3. What was the average length of stay for a person sheltered at the facility from July 1, 2016, to June 30, 2017? Click here to enter text.
4. What was the total number of homeless individuals sheltered from July 1, 2016, to June 30, 2017? Click here to enter text.
5. What was the number of beds reported as occupied from the 2018 Point-in-Time count? Click here to enter text.
6. 9. How many of the total number of homeless sheltered from July 1, 2016, to June 30, 2017 where moved into permanent housing? Click here to enter text.
7. How many of the total number of homeless sheltered from July 1, 2016, to June 30, 2017 exited back to the streets or unknown? Click here to enter text.
8. What is the applicant agency’s cost per day to shelter a homeless person? Click here to enter text.
9. If your utilization rates to emergency shelter and/or transitional beds for the homeless did not exceed 80%, the agency must provide an explanation as to why funding is being requested. Maximum length, 1000 characters: Click here to enter text.
10. Describe the agency’s on-site rapid re-housing services. If the agency does not provide on-site rapid re-housing services, describe how the agency refers individuals to those services. Maximum length, 1000 characters:

In **Table 13,** please indicate if the agency provides the following services directly or makes referrals for the service:

Table 13

|  |  |  |
| --- | --- | --- |
| 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 14** if you are applying for emergency shelter funds:

Table 14

|  |  |  |  |
| --- | --- | --- | --- |
| 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 supports 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 the 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 |  |  |  |

The Emergency Solutions Grant (ESG) Program interim rule, 24 CFR 576.403, establishes minimum standards for safety, sanitation, and privacy in emergency shelters funded with ESG, and minimum habitability standards for permanent housing funded under the Rapid Re-housing and Homelessness Prevention components of ESG. Describe how the agency will become or remain in compliance. Maximum length, 500 characters: Click here to enter text.

**Exhibit C:** ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing checklists and certifications (included in this application), must be completed and submitted to the NHD, prior to the execution of the ESG award.

### Outreach

(Complete only if requesting outreach funding)

1. Describe how the 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 individuals encountered on the street? If not, how will they be provided shelter? Maximum length, 1000 characters: Click here to enter text.

In **Table 15,** please identifyif the agency provides the following services directly or makes referrals for the service.

Table 15

|  |  |  |
| --- | --- | --- |
| 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 16** to determine your estimated cost per client for Program Year 2018.

Table 16

|  |  |
| --- | --- |
| Item | Program Year 2018 Request |
| 1. ESG Funding Request: | Click here to enter text. |
| 2. Total Program Budget: | Click here to enter text. |
| 3. ESG Funding Request as % of Program Budget (item 1 divided by item 2): | Click here to enter text. |
| 4. Unduplicated Clients to be Served: | Click here to enter text. |
| 5. Total Program Costs Per Client (item 2 divided by item 4) | Click here to enter text. |
| 6. Total ESG Cost Per Client (item 1 divided by item 4) | Click here to enter text. |

## Budget Narrative

Each agency must complete the ESG 2018 Budget Form and the Budget Narrative section.

1. **Personnel Costs** — Indicate the positions’ titles, staff names, hourly wages, 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: 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 services can be included. Operational costs not included in the budget form need to be justified in the budget narrative. Maximum length, 1000 characters:. 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 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: Click here to enter text.
4. **Contracts** — The narrative must include a short description of the services provided by each contractor, 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 met. Maximum length, 1500 characters: 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. Please include estimates for the renovations or repairs needed. For example, if the applicant agency is proposing to replace a roof, identify the age and condition of the current roof, and a repair or replacement estimate. Maximum length, 1500 characters: Click here to enter text.
6. **Other Costs–** All other costs not identified in the ESG Application Guidelines or in the ESG Budget Form must be justified in the budget narrative. The agency must show quantity, price and how it will benefit the ESG program. Maximum length, 1000 characters: Click here to enter text.

**Attachment E:** Please complete and attach the agency’s program budget.

## Agency Signature

*I CERTIFY THAT THE INFORMATION CONTAINED IN THIS 2018 ESG 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 WILL BE AWARDED, FUNDS COMMITTED, OR CONSTRUCTION INITIATED BASED ON THE PROPOSED ESG AWARD, PRIOR TO THE ISSUANCE OF A RELEASE OF FUNDS BY THE NEVADA HOUSING DIVISION.*

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

## Attachment E

**ESG Program Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name:**  **Expense Category** | | **Total Project Budget** *(Include all funding sources used to run program)* | **Amount of ESG Funds Requested** |
| **Street Outreach** | |
|  | Engagement, case management, emergency health/mental health services, transportation, services for special populations |  |  |
| ***Street Outreach Subtotal*** | |  |  |
| **Shelter** | |
|  | Essential Services |  |  |
|  | Operations |  |  |
| ***Shelter Subtotal*** | |  |  |
| **Homelessness Prevention** | |
|  | Rental Assistance: Short or medium-term or arrears |  |  |
|  | Housing Relocation & Stabilization Services: Other financial assistance (Rental app fees, security deposits, last month’s rent, utility deposits, utility payments, moving costs) |  |  |
|  | Housing relocation & Stabilization services: Case management |  |  |
|  | Housing relocation & stabilization services: Service costs (mediation, legal services, credit repair) |  |  |
| ***Homelessness Prevention Subtotal*** | |  |  |
| **Rapid Re-housing** | |
|  | Rental Assistance: Short- or medium-term or arrears |  |  |
|  | Housing relocation & Stabilization services: Other financial assistance (Rental app fees, security deposits, last month’s rent, utility deposits, utility payments, moving costs) |  |  |
|  | Housing relocation & Stabilization services: Case management |  |  |
|  | Housing relocation & Stabilization services: Service costs (mediation, legal services, credit repair) |  |  |
| ***Rapid Re-housing Subtotal*** | |  |  |
| **Data Collection/Reporting** | |
|  | Salaries for data collection |  |  |
|  | Other (comparable database, etc) |  |  |
| **Data Collection/Reporting Subtotal** | |  |  |
| **Administrative Costs** | |
|  | Allowable administrative costs (reporting, accounting of funds) |  |  |
| **Grand Total** | |  |  |
| **Matching Contributions** | |  | **Amount** |
| Cash (federal, state, local, private grants, or other contributions) | | **N/A** |  |
| Noncash (real property, equipment, goods, services, etc) | | **N/A** |  |
| **Total Matching Contributions (Must equal amount reflected in Attachment C)** | | **TOTAL** |  |
|  | |  |  |

## Attachment F

**EMERGENCY SOLUTIONS GRANT PROGRAM (ESG)**

**CERTIFICATION OF LOCAL APPROVAL FOR**

**NON-PROFIT ORGANIZATIONS**

**(**Required for **first-time** non-profit/faith-based applicants only**)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (name and title) duly authorized to act on behalf of the

City/County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby approve the following project(s) proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of nonprofit/jurisdiction requesting ESG funding) which is/will be located at the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Furthermore, the City/County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is aware that the funding for this project may extend beyond the current year and approval of this project will continue unless revoked in writing.

By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Type or Print Name and Title of Local Government Official)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\* The City/County completing this form will not be accountable for the agency’s performance or management of this program. This form is used solely to document support of the non-profit’s plans for the use of the Emergency Solutions Grant funds.

## Attachment G

**Homeless Management Information System (HMIS)**

HMIS User Preparation Survey

(Required of new agencies only)

**Agency information:**

Organization:

Name:

Title:

Email:

Phone:

Fax:

**Technology infrastructure:**

Do you have a computer for every HMIS user in your agency?

Total computers:  Total for HMIS:

Please indicate computer operating system:

How do you connect to the Internet?

Are you using current antivirus software?

Do you have a firewall and/or router?

Name of Internet provider:

**IT staff information:**

Contact name:

Location:

Email:

Phone:

Contact name:

Location:

Email:

Phone:

**Primary contact person regarding HMIS issues:**

Contact name:

Location:

Email:

Phone:

**Types of staff that will be using HMIS:**

Information and referral staff

Intake staff

Service and shelter managers

Counselors and case managers

Staff supervisors

Clerical and data entry

Other:

Other:

## Attachment H

**Written Standards Checklist**

**Emergency Solutions Grant Program**

The U.S. Department of Housing and Urban Development requires sub-recipients to develop and implement Written Standards for programs provided through the Emergency Solutions Grant Program. The following guidelines must be followed when developing these Standards. Standards for emergency shelter programs will be different than Standards for homeless prevention and rapid re-housing programs. Agencies must ensure that the Standards developed are appropriate for programs offered. Enter a checkmark next to applicable areas as the Standards are completed, to ensure all aspects of the requirements are met.

A copy of the Written Standards, along with this checklist, must be provided to the NHD as part of the request for funds.

***Rural Agencies: Written Standards must be in alignment with the RNCoC/Nevada Housing Division (NHD) Standards adopted in 2015***.

|  |  |
| --- | --- |
| **ALL PROGRAMS** | CHECK IF IMPLE-MENTED |
| 1. Standards include the area of service where assistance shall be offered. |  |
| 1. Standards include all type(s) of assistance that will be offered through the ESG program. |  |
| 1. Standards summarize the procedures that defines how program participants will be evaluated for eligibility under the ESG program ***using the coordinated intake and assessment system located within the agency’s area of service***. (Note: DV shelters must follow the requirements of the Violence Against Women Act and the Family Violence Prevention and Services Act which prohibits agencies from making its shelter or housing conditional on the participant’s acceptance of service.) |  |
| 1. Standards include procedures describing the coordination that will occur amongst emergency shelter providers, essential services providers, homelessness prevention, and rapid re-housing assistance providers, other homeless assistance providers, mainstream services, and housing providers. |  |
| 1. Standards include a list of available programs that participants may be referred to including programs reflected in CFR 576.400 (b) and (c) such as Shelter + Care, VASH Voucher, Section 8, Emergency Food and Shelter program, etc. if available to the participants within the agency’s area of service. |  |
| 1. Standards describe the formal termination process from agency services, taking into account the rights of the participants. Termination is reserved for severe violations. |  |
| 1. Standards describe the program participant’s formal grievance process, including the right of the participant to contact the agency’s Director, the Housing Division or HUD. |  |
| 1. Standards include requirements that entries regarding clients served and activities provided with ESG funds will be entered into HMIS (or comparable database if a DV shelter), within the approved timeframe for data to be entered, and with a process that ensures confidentiality of client records. |  |
| 1. Standards include steps used to ensure clients receiving ESG assistance are provided all applicable HMIS releases, forms, client complaint processes, etc. as required by HMIS regulations. |  |
| **STREET OUTREACH/ EMERGENCY SHELTER OPERATIONS/ESSENTIAL SERVICES** | |
| 1. Standards include agency process for targeting and providing services related to street outreach, if applicable. |  |
| 1. Standards include steps for admission, diversion, referral, and discharge by emergency shelters assisted under ESG. Standards will also include stay limits, if any, and safeguards to meet the safety and shelter needs of special populations, such as victims of domestic violence, sexual assault, etc. |  |
| 1. Standards include procedures for admission, diversion, referral and discharge by emergency shelters for individuals and families who have the highest barriers to housing and are likely to be homeless the longest. |  |
| 1. Standards include assessing, prioritizing, and reassessing individuals and families’ needs for essential services related to emergency shelter. |  |
| 1. Standards include procedures on how staff will providing referrals of shelter clients to permanent housing programs. |  |
| 1. ***New:*** Standards include procedures on increasing household income, including earned income, other cash income, and non-cash income resources. |  |
| **HOMELESS PREVENTION AND RAPID RE-HOUSING** | |
| 1. Standards shall include definitions of who is considered to be homeless and at-risk of homelessness, as defined in CFR 576.2. (***Note: Agencies are not allowed to use the definition under 576.2(iii)(G), that states “Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness”)*** |  |
| 1. Standards include a process for determining and prioritizing which eligible families and individuals will receive homeless prevention or rapid re-housing assistance. ***If agency is utilizing a “vulnerability index” please describe how it will be used to determine clients who are most in need of assistance.*** |  |
| 1. Standards include procedures for determining what percentage or amount of rent and utilities costs each program participant must pay while receiving homelessness prevention or rapid re-housing assistance, if applicable. |  |
| 1. Standards include process for evaluating and documenting income to determineeligibility **at or below 30% of area median income** as established by HUD for the area in which the participant lives when entering the program. Agencies must follow guidelines found under 24 CFR 5.609 when calculating income. |  |
| 1. Standards include the process to determine the eligibility of rental assistance and ensuring that rent + utilities do not exceed the Fair Market Rents for the area of service. |  |
| 1. Standards include documenting FMR and rent reasonableness, lead based paint inspections, and housing inspections. Standards include procedures to verify and document the age of units built before 1978 that may contain lead based paint. |  |
| 1. Standards include steps for determining how long a program participants will be provided rental assistance and if the amount of the assistance will be adjusted over time, if applicable. |  |
| 1. Standards include steps for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant, including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance, the maximum number of months the program participant receives assistance, or the maximum number of times the program participant may receive assistance. |  |
| 1. Standards include the requirements of program participants to meet with a case manager, not less than once per month, to assist the program participant in ensuring long-term housing stability which will be documented in the client’s case file and HMIS. Included shall be the agency’s plan to assist the program participant to retain permanent housing after the ESG assistance ends, taking into account all relevant considerations such as the program participant’s current or expected income and expenses, other public or private assistance for with the program participant will be eligible and likely to receive, and the relative affordability of available housing in the area. (Note: DV shelters must follow the requirements of the Violence Against Women’s Act or the Family Violence Prevention and Services Act which prohibits agencies from making shelter or housing conditional on the participant’s acceptance of service.) |  |
| 1. Standards include requirements that clients will be re-evaluated for program eligibility and the types and amounts of assistance the program participant needs. This re-evaluation process shall be conducted not less than once every 3 months for program participants who are receiving homelessness prevention assistance and not less than once annually for program participants receiving rapid re-housing assistance. Income limits shall not exceed 30% of AMI; the participants still lacks the resources and support networks necessary to retain housing. |  |
| 1. Standards shall include any requirements the agency may have regarding the requirement of the program participant to notify the agency of any change in income, stability, support circumstances that would affect the program participant’s need for assistance under the ESG program. If applicable, when notified of the relevant change, the agency shall include steps to re-evaluate the program participant’s eligibility and amount and types of assistance the program participant needs. |  |
| 1. If the program participant receives rental assistance or housing relocation and stabilization services, the Standards shall include the formal process for terminating a program participant that includes: 2. Written notice to the program participant containing a clear statement of the reasons for termination; 3. A review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision; and 4. Prompt written notice of the final decision to the program participant. ***Included shall be language stating that termination does not bar the program participant from receiving assistance at a later date if the issue that caused the termination is resolved.*** |  |
| 1. If the program participant receives rental assistance or housing relocation and stabilization services, the Standards shall include an Exit Strategy which will assess housing needs of program participants who are nearing the end of assistance. The Standards should include an exit strategy that will ensure program participants remain housed for at least 6 months after program exit. |  |
| I certify that the Written Standards developed for the 2018 Emergency Solutions Grant Program will follow the guidelines reflected above, the regulations under 24 CFR Part 576, and include the minimum requirements reflected within RNCoC and NHD’s Written Standards (rural agencies only).  Enclosed is a copy of the Written Standards that will be used by all agency staff who will participate in the ESG program.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name of Agency Director Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | |

## Attachment I

**Anticipated number of *unduplicated* clients to be served by Program Type**

|  |  |  |
| --- | --- | --- |
| Agency Name: |  | |
| ESG Amount Requested | $ |  |
| Activity Type | Amount Requested | Anticipated of clients to be served (provide number of Individuals and Families *and* number of adults and children |
| Street Outreach |  | Individuals  Families  Adults  Children |
| Emergency Shelter-Shelter Operations |  | Individuals  Families  Adults  Children |
| Emergency Shelter-Essential Services |  | Individuals        Families  Adults  Children |
| Homeless Prevention-Rental Assistance |  | Individuals  Families  Adults  Children |
| Homeless Prevention-Housing Relocation & Stabilization ***(Include only unduplicated clients not reflected under Rental Assistance)*** |  | Individuals  Families  Adults  Children |
| Rapid Re-Housing-Rental Assistance |  | Individuals  Families  Adults  Children |
| Rapid Re-Housing-Housing Relocation & Stabilization ***(Include only unduplicated clients not reflected under Rental Assistance)*** |  | Individuals  Families  Adults  Children |
| Data collection/HMIS |  | N/A |
| Administration |  | N/A |

## 

## Attachment J

**CERTIFICATION OF RELIGIOUS COMPLIANCE**

(Agency) agrees to provide all eligible activities under this Program in a manner that is in accordance with 24 CFR Part 576.406:

1. Applicant will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference in employment to persons on the basis of religion;
2. Applicant will not discriminate against any person applying for shelter or any of the eligible activities under this part on the basis of religion and will not limit such housing or other eligible activities or give preference to persons on the basis of religion; and
3. Applicant will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of shelter and other eligible activities provided with ESG funding.

Printed Name of Authorized Representative Title

Authorized Representative Signature

Date

## Attachment K

**MAINTENANCE OF EFFORT**

**(Units of General Purpose Local Government Agencies only)**

Has the unit of local government received State ESG funds for Emergency Shelter and/or Street Outreach in the past? Yes  No

**Emergency Shelter-Operations** *(Select one)*

2018 ESG funding for Emergency Shelter-Operations will replace funds that were provided by the local government during the past 12 months. \****Activity may not be eligible.***

2018 ESG funding for Emergency Shelter-Operations will **NOT** replace funds that were provided by the local government within the last 12 months.

**Emergency Shelter-Essential Services** *(Select one)*

2018 ESG funding for Emergency Shelter-Essential Services will replace funds that were provided by the local government within the past 12 months. \****Activity may not be eligible.***

2018 ESG funding for Emergency Shelter-Essential Services will **NOT** replace funds that were provided by the local government within the past 12 months.

**Street Outreach** *(Select one)*

2018 ESG funding for Street Outreach services will replace funds that were provided by the local government within the past 12 months. \****Activity may not be eligible.***

2018 ESG funding for Street Outreach services will **NOT** replace funds that were provided by the local government within the past 12 months.

\* If the first option is selected on any of the above, the activity may not be eligible for Emergency Shelter Operations, Essential Services or Street Outreach funding unless the agency meets the “Severe Financial Deficit” criteria. Refer to 24 CFR Part 576.101(a)(6)(c) for guidance.

The agency certifies that Emergency Solutions Grant funds ***will not replace*** funds that were provided by the unit of local government for emergency shelter or street outreach activities during the previous twelve (12) months (do not sign if ESG funds **will** supplant government funding. Contact the ESG Program Administrator for instructions):

Printed Name of Local Government Authorized Representative Title

Authorized Representative Signature Date

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Attachment L **FY 2018 COMPLIANCE CERTIFICATION**  HUD requires grant recipients to certify to compliance with certain federal laws and requirements, and the NHD requires grant recipients to certify all conflicts of interest. Please review the certifications below, complete blanks as needed, and have the authorized representative of your Board of Directors or unit of local government sign in affirmation.  **A. COMPLIANCE WITH DRUG-FREE WORKPLACE REQUIREMENTS**  The undersigned acknowledges and certifies that the employees to be engaged in the performance of this grant at the place or places of performance, hereinafter defined, will comply with the Drug-Free Workplace Act of 1988. The agency also agrees to obtain signed certifications by each employee and new hire that the employee will comply with the Act. The agency will maintain these certifications on file and make them available for review pursuant to the terms and conditions relative to record keeping and monitoring.  Places of performance (include street address, city and zip code for each site where services will be provided):   |  |  |  |  | | --- | --- | --- | --- | | **Function of Facility in Program Services** | **Street Address** | **City / Zip Code** | **Estimated No. of Employees at Site:** | | *Example: Shelter (Do not list locations of domestic violence shelters)* | 1000 A Street | *Mesquite, 89004* | *10* | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **B. COMPLIANCE WITH OTHER FEDERAL REQUIREMENTS**  The undersigned acknowledges and certifies that the agency will comply with all applicable federal requirements as reflected in 576.404, 576.406, 576.407 and 576.408 regarding the following: Conflict of Interest; Affirmative Outreach; Lobbying Requirements, Uniform Administrative Requirements; Procurement of Recovered Materials; Displacement, Relocation and Acquisition; and Relocation Assistance for Displaced Persons.  In addition, the undersigned acknowledges and certifies that the agency prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964.  It is further certified that this agency has reviewed its projects, programs, and services for compliance with all applicable regulations contained in Section 504 of the Rehabilitation of 1973, as amended, and the Americans with Disabilities Act of 1990.  **C. CONFIDENTIALITY REQUIREMENTS**  The undersigned certifies that the agency will adopt policies and procedures which meet at least the minimum standards for protecting the confidentiality of information as set forth in the federal ESG requirements as reflected in 24 CFR part 576.500.  **D. CERTIFICATION OF HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS) PARTICIPATION REQUIREMENTS**  The undersigned acknowledges and certifies that the agency will participate in the congressionally mandated HMIS database system that has been implemented by the Northern, Southern, and Rural Nevada Continuums of Care.  It is further certified that the agency agrees to comply with Federal Register 4848-N-02, which states that recipients of McKinney-Vento HUD funds, including the ESG Program, must provide certain data on homeless clients served through a centralized HMIS database. The agency understands that they will be contacted by the HMIS System Administrator to secure licenses, software and training for this database, and that costs associated with this requirement *may be* paid for by the agency.  The undersigned also understands that although NHD has currently funded the HMIS provider directly and costs associated with this requirement should be minimal, applicants should be prepared to participate at their own cost in order to meet this mandated requirement. (Note: Domestic violence shelters will not be required to participate in the Statewide HMIS but must agree to enter client data into a comparable database as required by 24 CFR part 576.)  **E. DISCHARGE PLANNING**  Local governments receiving ESG funds must make every effort to develop, to the maximum extent practicable and where appropriate, practices and protocols to insure that publicly funded institutions, such as health care facilities, foster care and other youth facilities, and jails/corrections programs located in the local government’s jurisdiction do not discharge persons to the streets or otherwise result in homelessness for this vulnerable population.  Applicant acknowledges and certifies that the agency will participate in efforts to implement and participate in community-wide discharge plans and will work with community partners to develop discharge plans that are supported by executed Memorandums of Understanding.  **F. PERFORMANCE STANDARDS**  The undersigned acknowledges and certifies that the programs and services funded by the ESG will be designed to assist the local CoC and the NHD in meeting performance outcomes adopted by the CoC, as reflected in Exhibit B (attached). The undersigned further understands that performance objectives, outcomes and measures will be used to demonstrate how activities funded with the ESG program are helping the local CoC to meet their goals.  The undersigned also agrees to provide the NHD and the local CoC copies of HMIS reports and will provide completed annual reports to the NHD at the end of each program year.  **G. CERTIFICATION OF SUBMISSION**  The undersigned acknowledges and certifies that the Board of Directors of the applying agency (or the Board of Supervisors/County Commissioners if the agency is a unit of local government) endorses this Request for Emergency Solutions Grant Funds to be submitted to the NHD for funding consideration for the State of Nevada fiscal year FY 2018.  The undersigned further certifies that the organization submitting this Request is: 1) a non-profit, faith-based organization, or a unit of local government; 2) tax-exempt, if applicable; 3) incorporated within the State of Nevada; and 4) has complied with all applicable laws and regulations.  The undersigned hereby commits the agency to provide the services or projects identified as eligible activities in accordance with this request for Emergency Solutions Grant funding.  The undersigned commits that the agency will submit required reports and draw reimbursement requests within the timeframes provided by the NHD once funds are awarded.  If this application is approved and the agency receives funding from the NHD, the undersigned commits to develop written Policies and Procedures, which include the Written Standards provided as part of this submission, prior to the agency assisting program participants with ESG funds.  If this application is approved, and the agency receives funding from the NHD, it is agreed that all relevant federal, state and local regulations and other assurances as required by the NHD will be adhered to. Additionally, it is agreed that all guidelines, definitions, and limitations set forth in the accompanying Program Guidelines will be adhered to at all times.  The undersigned further certifies that this application and the information contained herein is true, correct and complete, and that the signer of this document is authorized to act on behalf of the agency.  Signed,    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME (print full name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TITLE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NAME OF AGENCY    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE  **POLICY OF NON-DISCRIMINATION**  This notice is published pursuant to the requirements of 24 CFR Part 8 Nondiscrimination Based on Handicap in Federally-Assisted Programs and Activities of the Department of Housing and Urban Development, as published in the Federal Register on June 2, 1988. Section 8.4 prohibits discrimination against qualified individuals because of his/her handicap status. Department of Business and Industry: Nevada Housing Division advises the public, employees and job applicants that it does not discriminate on the basis of handicapped status in admission or access to, or treatment or employment in its programs and activities. Department of Business and Industry: Nevada Housing Division is committed to providing reasonable accommodations for all individuals with disabilities to allow them to participate in all programs and activities. The following person(s) has been designated as the contact to coordinate efforts to comply with the above requirements. Inquiries should be directed to: Denise Cox, Section 504 Coordinator, Department of Business and Industry Housing Division. Requests for reasonable accommodation may be made in writing or in person at 1830 College Parkway Suite 200, Carson City, NV 89706; via phone: 775-687-2240; via fax:775-687-4040; via TDD Number: (800)326-6868 or via email to [dcox@housing.nv.gov](mailto:dcox@housing.nv.gov) during the hours 8:00 to 5:00 p.m., Monday through Friday. |

## Exhibit A

**Instructions for Running Bed Utilization Reports in Clarity**

Provide the utilization rate of existing emergency or transitional housing beds for the homeless if applicable to the applicant for period of July 1, 2016 through June 30, 2017. Clarity users must provide the utilization rates by using the following three steps:

1. **Determine the total available beds for your program**

* Multiply the number of beds available in your program by 365. If you’re program was not available during the entire scope of the year, you will need to determine the actual number of nights the beds were available and multiply that by the total number of beds.

1. **Determine the total bed nights provided**

* In Clarity, run the [HSNG-101] Housing Census report for the 12 month date range. The total at the bottom of the report represents the actual bed nights provided. The last page of this report (showing the total) should be submitted with your application.

1. **Determine your utilization rate**

* Utilization = total bed nights provided divided by total number of beds available and multiplied by 100 to determine the percentage.

Example 1: Agency has a 5 bed program that was available all year. The total number of available beds for the year equals 1825 (5 X 365 = 1825). The Housing Census Report in Clarity reflects a total at the bottom of 1801. This is the total number of bed nights provided. The utilization rate for the year is 98.7% (1801 divided by 1825 and multiplied by 100 = 98.68%, rounded up to 98.7%)

Example 2: Agency has a 10 bed seasonal program that was available for only 92 days during the 12 months. The total number of available beds for the year is 920 (10 x 92 = 920). The Housing Census Report in Clarity reflects a total at the bottom of 720. This is the total number of bed nights provided. The utilization rate for the year is 78.3% (720 divided by 920 and multiplied by 100 = 78.26, rounded up to 78.3 %.)

***Contact Bitfocus, Inc. if applicant needs assistance with determining the utilization rate by bed type from Clarity***

## Exhibit B

**(For Reference Only)**

**Rural Nevada Continuum of Care/Nevada Housing Division**

**Performance Standards**

|  |  |  |
| --- | --- | --- |
| ***RURAL NEVADA CONTINUUM OF CARE and STATE ESG PROGRAM OBJECTIVES AND OUTCOMES SUMMARY*** | | |
| ***Objective #1*** | ***Grantees shall assist “harder to serve” homeless populations*** | |
| Outcome #1 | ***All programs:***Homeless PERSONS served will be “harder to serve” populations, having one or more of the following issues: Mental Illness, Alcohol Abuse, Drug Abuse, Chronic Health Conditions, HIV, Developmental Disabilities, Physical Disabilities, Domestic Violence, Unaccompanied Youth under age 18, or Unaccompanied Youth age 18-24 years | |
| ***Performance Measures*** | *At least 50% of PERSONS served by program will be ”harder to serve” homeless* | |
| ***Objective #2*** | ***Grantees shall reduce length of homeless episodes, and new and returned entries into homelessness*** | |
| Outcome #2(a) | ***PH program only:*** Homeless PERSONS will stay in PH over six months | |
| Outcome #2(b) | ***TH program only:*** Homeless PERSONS in TH will exit to PH | |
| Outcome #2(c) | ***TH Program only:*** Average days from program entry to exit into PH will be reduced year to year | |
| ***Performance Measures*** | | |
| *Outcome #2(a)* | *At least 80% of homeless PERSONS in PH stay over 6 months* | |
| *Outcome #2(b)* | *At least 80% of homeless PERSONS in TH move to PH* | |
| *Outcome #2(c)* | *(To be determined. Baseline year)* | |
| **ESG Program Only** | | |
| Outcome #2(d) | ***Shelters only***: Homeless PERSONS will exit from shelter into TH or PH upon discharge | |
| Outcome #2(e) | ***Shelters only***: PERSONS exited into TH or PH stayed less than 45 days in shelter | |
| Outcome #2(f) | ***Rapid Re-Housing (RRH) only***: Homeless PERSONS were provided access to PH | |
| Outcome #2(h) | ***Homeless Prevention (HP) only***: HOUSEHOLDS where stabilized and diverted from shelters | |
| ***Performance Measures*** | | |
| *Outcome #2(d)* | *ES: At least 10% of homeless PERSONS are placed into TH or PH upon discharge from shelter* | |
| *Outcome #2(e)* | *ES: 20% of shelter PERSONS exiting into PH or TH stayed less than 45 days in the shelter* | |
| *Outcome #2(f)* | *RRH: At least 80% of PERSONS placed in PH will remain after 6 months from exit* | |
| *Outcome #2(g)* | *HP: At least 80% of PERSONS did not become homeless within 6 months of program exit* | |
| ***Objective #3*** | ***Grantees shall increase jobs, income and self-sufficiency of program participants*** | |
| Outcome #3(a) | ***All programs except ES:*** ADULTS in the household will have increased or sustained employment income; ***OR*** | |
| Outcome #3(b) | ***All programs except ES:*** ADULTS in the household will have increased or sustained other cash income (not including ES clients); ***OR*** | |
| Outcome #3(c) | ***All programs except ES:***ADULTS in the household will have increased or sustained mainstream non-cash benefits ; ***OR*** | |
| Outcome #3(d) | ***All programs except ES:*** PERSONS shall have improved education by program exit | |
| Outcome #3(e) | ***ES only:*** Homeless ADULTS residing in shelters shall have increased income from all sources (employment, benefits, mainstream resources) | |
| ***Performance Measures*** | | |
| *Outcome #3(a)* | *At least 20% of ADULTS will have increased or sustained employment income;* ***OR*** | |
| *Outcome #3(b)* | *At least 54% of ADULTS will have increased or sustained other cash income;* ***OR*** | |
| *Outcome #3(c)* | *At least 56% of ADULTS will have increased or sustained mainstream non-cash benefits;* ***OR*** | |
| *Outcome #3(d)* | *At least 10% of ADULTS will have improved education by program exit* | |
| *Outcome #3(e)* | *At least 20% of homeless ADULTS residing in shelters will increase income from all funding sources.* | |
| ***Objective #4*** | ***Grantees comply with HMIS data quality standards*** | |
| Outcome #4(a) | ***All programs:*** Percentage of PERSONS in housing and utilizing shelter beds who exit to known destinations | |
| Outcome #4(b) | ***All programs:*** Income data ADULTS will be collected at program entry and exit, and is updated at least annually | |
| Outcome #4(c) | ***All programs:*** Limit # of DATA ELEMENTS with “Don’t Know” and/or “Refused” | |
| ***Performance Measures*** | | |
| *Outcome #4(a)* | *At least 90% of PERSONS who exit programs will have “known destinations” fields completed* | |
| *Outcome #4(b)* | *At least 90% of ADULTS will have income data collected at program entry and exit and updated at least annually* | |
| *Outcome #4(c)* | *No more than 10% of DATA ELEMENTS reflect “Don’t Know”, “Refused” or “Missing” as entries* | |
| ***Objective #5*** | ***Timely disbursement of grant funds*** | |
| Outcome #5 | ***All Programs:*** Grantee and ESG sub-recipients submit draw reimbursements at least quarterly and are on target to spend funds by end of grant period | |
| ***Performance Measure*** | *95% of the time grantee and ESG sub-recipients submit quarterly draw reimbursement request by the due date* | |
| ***ESG Program Only*** | | |
| ***Objective #6*** | | ***Assist families and youth defined as homeless under other Federal Programs*** |
| Outcome #6 | ***HP only***: Percentage of HOUSEHOLDS served shall meet the definition of homeless under other Federal Programs | |
| ***Performance Measure*** | *At least 50% of HOUSEHOLDS provided HP assistance met the definition of homeless under other Federal programs* | |
| ***Objective #7*** | ***Provide assistance to priority households*** | |
| Outcome #7(a)  Outcome #7(b) | ***RRH only:*** A portion of HOUSEHOLDS provided access to RRH will be homeless families with children | |
| ***RRH only***: Homeless veterans shall be provided access to TH or PH | |
| ***Performance Measure***  *Outcome 7(a)* | *At least 25% of HOUSEHOLDS provided access to RRH will be homeless families with children* | |
| *Outcome 7(b)* | *25% of homeless veterans served will be provided access to transitional or permanent housing* | |
| ***Bonus Points: Additional requirements to be reviewed annually (RNCoC grantees will be reviewed prior to the NOFA. ESG sub-recipients will be reviewed at application and at year end for CAPER reporting)*** | | |
| ***Objective #8*** | ***ES/TH/PH only: Increase utilization of available ES, TH and PH beds*** | |
| Outcome #8 | ***ES/TH/PH only***: Bed utilization rates shall be greater than 65% and no more than 105% | |
| ***Performance Measure*** | *Average utilization rate for transitional, permanent and emergency shelter beds is not less than HUD’s standard of 65%, and does not exceed HUD’s standard of 105%* | |
| ***Objective #9*** | ***All Programs: Integration with local Continuums of Care*** | |
| Outcome #9 | RNCoC grantees and ESG sub-recipients shall attend local Continuum of Care meetings | |
| ***Performance Measure*** | *RNCoC grantees and ESG sub-recipients shall attend at least 75% of all local CoC meetings held annually* | |
| ***Objective #11*** | ***All Programs: Collaboration efforts*** | |
| Outcome #11 | RNCoC grantees and ESG sub-recipients shall obtain sufficient cash and non-cash funds to meet match requirements for the CoC and ESG programs | |
| ***Performance Measure*** | *RNCoC Grantees shall obtain at least 25% match for programs funded through the CoC. ESG sub-recipients shall provide enough match to cover at least 100% of the ESG allocation* | |
| ***Objective #12*** | ***Coordination efforts*** | |
| Outcome #12(a) | RNCoC grantees and ESG sub-recipients shall engage other community partners to address issues of homelessness | |
| Outcome #12(b) | Program participants shall be provided access and referrals to available resources | |
| ***Performance Measure***  *Outcome #12(a)* | *RNCoC grantees and ESG sub-recipients shall participate in at least 4 local Workforce Investment Boards or Community Coalition meetings annually* | |
| *Outcome #12(b)* | *RNCoC grantees and ESG sub-recipients shall participate in local coordinated assessment and referral systems in order to provide program participants with access to other available resources* | |
| ***Objective #13*** | ***Discharge Planning*** | |
| Objective #13 | RNCoC Grantees and ESG sub-recipients shall oversee local efforts to develop community-wide discharge plans | |
| ***Performance Measure*** | *RNCoC Grantees and ESG sub-recipients shall participate in community discharge planning initiatives that is documented via executed MOU’s with other participating agencies* | |

## Exhibit C

**ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing: Checklists**

|  |
| --- |
| **About this Tool**  The Emergency Solutions Grant (ESG) Program Interim Rule establishes different habitability standards for emergency shelters and for permanent housing (the Rapid Re-housing and Homelessness Prevention components).  **Emergency Shelter Standards**  Emergency shelters that receive ESG funds for renovation or shelter operations must meet the minimum standards for safety, sanitation, and privacy provided in §576.403(b).  In addition, emergency shelters that receive ESG funds for renovation (conversion, major rehabilitation, or other renovation) also must meet state or local government safety and sanitation standards, as applicable.  **Permanent Housing Standards**  The recipient or sub-recipient cannot use ESG funds to help a program participant remain in or move into housing that does not meet the minimum habitability standards under §576.403(c). This restriction applies to all activities under the Homelessness Prevention and Rapid Re-housing components.  Recipients and sub-recipients must document compliance with the applicable standards. Note that these checklists do not cover the requirements to comply with the Lead-Based Paint requirements at §576.403(a). For more discussion about how and when the standards apply, see ***ESG Minimum Standards for Emergency Shelters and Permanent Housing,*** located at https://www.hudexchange.info/programs/esg/.  The checklists below offer an optional format for documenting compliance with the appropriate standards. These are intended to:   1. Provide a clear summary of the requirements and an adaptable tool for recipients and sub-recipients to formally assess their compliance with HUD requirements, identify and carry out corrective actions, and better prepare for monitoring visits by HUD staff. 2. Provide a tool for a recipient to monitor that its sub-recipient is in compliance with HUD requirements. Where non-compliance is identified, the ESG recipient can use this information to require or assist the sub-recipient in making necessary changes.   Prior to beginning the review, the sub-recipient should organize relevant files and documents to help facilitate the review. For instance, this may include local or state inspection reports (fire-safety, food preparation, building/occupancy, etc.), or policy and procedure documents related to emergency shelter facility maintenance or renovations.  Carefully read each statement and indicate the shelter’s or unit’s status for each requirement (approved or deficient). Add any comments and corrective actions needed in the appropriate box. The reviewer should complete the information about the project, and sign and date the form. This template includes space for an “approving official,” if the recipient or sub-recipient has designated another authority to approve the review. When the assessment is complete, review it with program staff and develop an action plan for addressing any areas requiring corrective action. |

**Minimum Standards for Emergency Shelters**

**Instructions**: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. A copy of this checklist should be placed in the shelter’s files.

| **Approved** | **Deficient** | **Standard**  *(24 CFR part 576.403(b))* |
| --- | --- | --- |
|  |  | 1. *Structure and materials*:    1. The shelter building is structurally sound to protect the residents from the elements and does not pose any threat to the health and safety of the residents.    2. Any renovation (including major rehabilitation and conversion) carried out with ESG assistance uses Energy Star and WaterSense products and appliances. |
|  |  | 1. *Access*. Where applicable, the shelter is accessible in accordance with:    1. Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8;    2. The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and    3. Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35. |
|  |  | 1. *Space and security*: Except where the shelter is intended for day use only, the shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings. |
|  |  | 1. *Interior air quality*: Each room or space within the shelter has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents. |
|  |  | 1. *Water Supply*: The shelter’s water supply is free of contamination. |
|  |  | 1. *Sanitary* *Facilities*: Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, private, and adequate for personal cleanliness and the disposal of human waste. |
|  |  | 1. *Thermal environment*: The shelter has any necessary heating/cooling facilities in proper operating condition. |
|  |  | 1. *Illumination and electricity*:    1. The shelter has adequate natural or artificial illumination to permit normal indoor activities and supports health and safety.    2. There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter. |
|  |  | 1. *Food preparation*: Food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner. |
|  |  | 1. *Sanitary conditions*: The shelter is maintained in a sanitary condition. |
|  |  | 1. *Fire safety*:    1. There is at least one working smoke detector in each occupied unit of the shelter. When possible, smoke detectors are located near sleeping areas.    2. All public areas of the shelter have at least one working smoke detector.    3. The fire alarm system is designed for hearing-impaired residents.    4. There is a second means of exiting the building in the event of fire or other emergency. |
|  |  | 1. If ESG funds were used for renovation or conversion, the shelter meets state or local government safety and sanitation standards, as applicable. |
|  |  | 1. Meets additional recipient/sub-recipient standards (if any). |

**CERTIFICATION STATEMENT**

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

Property meets all of the above standards.

Property does not meet all of the above standards.

**COMMENTS:**

|  |
| --- |
| ESG Recipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ESG Sub-recipient Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Shelter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_  Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approving Official Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approving Official Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Minimum Standards for Permanent Housing**

**Instructions:** Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

| **Approved** | **Deficient** | **Standard**  *(24 CFR part 576.403(c))* |
| --- | --- | --- |
|  |  | 1. *Structure and materials*: The structure is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents. |
|  |  | 1. *Space and security*: Each resident is provided adequate space and security for themselves and their belongings. Each resident is provided an acceptable place to sleep. |
|  |  | 1. *Interior air quality*: Each room or space has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents. |
|  |  | 1. *Water Supply*: The water supply is free from contamination. |
|  |  | 1. *Sanitary Facilities*: Residents have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste. |
|  |  | 1. *Thermal environment*: The housing has any necessary heating/cooling facilities in proper operating condition. |
|  |  | 1. *Illumination and electricity*: The structure has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There are sufficient electrical sources to permit the safe use of electrical appliances in the structure. |
|  |  | 1. *Food preparation*: All food preparation areas contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner. |
|  |  | 1. *Sanitary condition*: The housing is maintained in a sanitary condition. |
|  |  | 1. *Fire safety*: |
|  |  | * 1. There is a second means of exiting the building in the event of fire or other emergency.   2. The unit includes at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors are located, to the extent practicable, in a hallway adjacent to a bedroom.   3. If the unit is occupied by hearing-impaired persons, smoke detectors have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.   4. The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas. |
|  |  | 11. Meets additional recipient/sub-recipient standards (if any). |

**CERTIFICATION STATEMENT**

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

Property meets all of the above standards.

Property does not meet all of the above standards.

**COMMENTS:**

|  |
| --- |
| ESG Recipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ESG Sub-recipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Apartment: \_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_  Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approving Official Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approving Official Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## ESG 2018 Application Checklist

**REQUIRED DOCUMENTS TO BE SUBMITTED WITH FY 2018 APPLICATION**

**The following items must accompany the 2018 ESG application. Missing items may disqualify the request from consideration**

|  |  |
| --- | --- |
|  | One (1) completed application with original signatures, including all the attachments, submitted to the NHD.  **Binder clips only, do not staple**. |
|  | One (1) electronic copy of the completed application with signatures, including all attachments submitted to: Amber.neff@housing.nv.gov |
|  | **Attachment A:** Proof of nonprofit status, as registered with the Nevada Secretary of State, if applicable.  (e.g., a tax-exemption letter from the Nevada Department of Taxation); and a copy of current non-profit  designation from the IRS; |
|  | **Attachment B:** Agency’s organizational chart, including names, titles, and contact information  (phone & email) of all staff; |
|  | **Attachment C:** Documentation of funding match for 2018 ESG funds |
|  | **Attachment D:** 2018 Point in Time (PIT) Count for the applicant agency’s county or jurisdiction |
|  | **Attachment E:** Program Budget |
|  | **Applicant Agency Signature Page** |
|  | **Attachment F:** Certification of local approval for non-profit organizations |
|  | **Attachment G:** HMIS Survey  (Required only of new agencies that do not currently participate in Clarity.) |
|  | **Attachment H:** Written Standards Checklist |
|  | **Attachment H.1:** Agency’s Written Standards, as outlined in the NHD’s ESG Program Guidelines, 24 CFR Part 576, and using checklist reflected in Attachment H.  *Rural agencies’ Written Standards must align with the RNCoC/NHD Written Standards and shall include minimum requirements as prescribed within the ESG Guidelines and the ESG Application.* |
|  | **Attachment I:** Anticipated number of *unduplicated* clients to be served |
|  | **Attachment J:** Certification of Religious Compliance |
|  | **Attachment K:** Maintenance of Effort  (Required of all units of general purpose local government agencies) |
|  | **Attachment L:** FY 2018 Compliance Certification |
|  | **Attachment M:** ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing: Checklists |
|  | Most current single audit per OMB Circular A-133 for expenses of $750,000 or more in federal funds for that reporting period (including the Compliance Section and all letters);  **OR** a copy of your organization’s most recent audited financial statements for expenses of $100,000 up to $749,999; **OR** provide a letter stating that your agency expended less than $100,000 of Federal funds during that reporting period AND a copy of your audited (or un-audited) financial statements; |
|  | **Current ESG recipients:** must provide a copy of an *APR* and the *ESG CAPER* report from Clarity for the period of 07/01/2016 through 06/30/2017; |
|  | **Non-profit agencies:** must also provide *current*financial statements that include the income and expense statement, balance sheet and the cash flow statement; |
|  | **Non-profit agencies:** must provide a Board of Directors list, including mailing addresses, email contacts if available, and titles; and dated copies of the last 4 Board of Director’s meeting minutes; |
|  | ***Faith-Based Organizations*** must submit a signed statement that the organization will follow requirements of CPD Notice 04-10, Sections IV and VIII, located under the following link: https://www.hudexchange.info/resource/2133/notice-cpd-04-10-equal-treatment-faith-based-organizations/ |

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