**EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM**

**GRANT APPLICATION**

**Introduction:**

This application will help City staff and officials make a decision regarding the funding of your project through the Emergency Solutions Grant (ESG) program. It will be used for this preliminary review of your funding request only. Completion and submission of this application does not obligate the City of Ontario to allocate ESG funds to your activity.

FINAL ALLOCATION OF ESG FUNDS IS BY CITY COUNCIL ACTION ONLY.

***Please be advised that ESG Contracts allow for an additional one-year renewal of funding***

***pursuant to City Council approval.***

**SECTION I – Project and Agency Information**

|  |  |  |
| --- | --- | --- |
| **AGENCY INFORMATION** |  | **PROJECT INFORMATION** |
| Agency Name |       |  | Project Title: |       |
| Not-for-profit organization(with active 501 (c) status)? | [ ]  Yes [ ]  No |  | Location of services:(check one) | [ ]  On site[ ]  Off site[ ]  Outside of City of Ontario limits |
| Faith-based organization? | [ ]  Yes [ ]  No |  | Program service address: |       |
| Agency’s street address: |       |  | Status:(check one) | [ ]  On-going ESG-funded activity[ ]  On-going non-ESG-funded activity[ ]  New multi-year activity[ ]  New one-time activity |
| City, State, Zip: |       |  |  |  |
| Agency’s DUNS #:(Required. If your agency does not have one, apply for one) |       |  |  |  |
|  |  |  | The plan for 2017-18 is:(check one) | [ ]  To keep the service at the current level[ ]  To expand the service above the current level[ ]  To reduce the service below the current level[ ]  N/A |
| Total Organization Annual Budget in FY 2016-17 | $      |  |  |  |
| Executive Director: |       |  |  |  |
| Telephone No.: |       |  | Total Estimated Cost: | $      |
| Fax No: |       |  | Estimated # of clients to be served |      [ ]  Persons [ ]  Households |
| E-Mail address: |       |  |  |  |
| Total Annual Federal Grants in FY 2016-17: | $      |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Program Administrator/Key Contact Person: |       |  |  |  |
| Telephone No.: |       |  |  |  |
| Fax No.: |       |  |  |  |
| E-mail address: |       |  |  |  |
|  |  |  |  |  |
|  |
| Brief description of the Project (150 words or less). This description will be used in the application summaries for City Council throughout the application process. |
|       |
| Reqeusted Funding by Eligible Components(please round to the dollar) | **Eligible Program Component/Subcomponent** | **Amount of Funding Requested** |
|  | Street Outreach | $      |
|  | Emergency Shelter Major Rehabilitation/Conversion/Renovation Essential Services Shelter Operations | $      |
|  | Homelessness Prevention Housing relocation and stabilization services Short and/or medium term rental assistance | $      |
|  | Rapid Re-Housing Assistance | $      |
|  | Homeless Management Information System (HMIS) | $      |
|  | Administration | $      |
|  | **Total Amount Requested** | $      |
| In FY 2017-18, this service will be paid for: | [ ]  With ESG as the only funding source[ ]  With ESG as a primary funding source[ ]  With ESG as a secondary funding source |
| Why is ESG funding needed? | [ ]  To close funding gap[ ]  To free up an existing source[ ]  To expand client base[ ]  To match another funding source[ ]  As a contingency[ ]  As a reimbursement for funds already expended[ ]  Other:        |
| If expected, are other funding sources secured? | [ ]  Yes [ ]  No |

|  |
| --- |
| Scope of Services: What types of **activities** will be conducted within your proposed program for CDBG funding? Please provide a comprehensive list of **all** activities to be carried out or services to be provided with the funds requested. |
|       |
| Are there any overlapping services provided by other agencies in the area? | [ ]  Yes [ ]  No |
| If yes, please describe what makes the proposed program unique.      |
| HMIS Information | [ ]  Organization currently participates in an existing HMIS[ ]  Organization does not participate in an existing HMIS[ ]  Organization utilizes a comparable database (Victim Services Providers only). | HMIS Lead Agency Name |       |
| Lead Agency Address: |            |
| [ ]  HMIS System is fully compliant with HUD Data & Technical Standards [ ]  HMIS System is not fully compliant with the HUD Data & Technical Standards\* |
| If your organization does not participate in an existing HMIS and/or the HMIS is not fully compliant with HUD Data & Technical Standards, provide an explanation of how your organization plans to address this issue to become compliant with ESG requirements.      |
| [ ]  Organization is associated with the San Bernardino County Continuum of Care[ ]  Organization is not yet associated with the San Bernardino County Continuum of Care | [ ]  Organization uses a centralized or coordinated system to initially assess the eligibility and needs of each individual or family who seeks assistance under ESG.[ ]  Organization does not use a centralized or coordinated system to initially assess the eligibility and needs of each individual or family who seeks assistance under ESG. |
| How will outcomes be measured? (describe the systems and/or methods that have been/will be used) |
|       |
| What is the service area of the project? (Please be as specific as possible. If project is restricted to certain census tracts, please list the census tracts. If project will be available on a citywide basis, please state citywide). |
|       |

**SECTION II – Project Budget**

The City’s CDBG funds are extremely limited as compared to needs and should always be considered as a secondary resource to help fill a program/project’s budgetary gap. Applicants must demonstrate that all efforts have been made to leverage other resources for the project before CDBG funding is considered.

Please use the following table to provide itemized listing of known and expected costs and their associated funding sources. Please round all amounts to the nearest dollar. All costs and budgeted amounts must be based on no more than 12-month needs. You may attach additional sheets as needed.

**FY 2017-18 PROJECT BUDGET**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost Type** | **Agency Priority**(1 = highest) | **Total Project Budget**(Must equal sum of A to F) | **Agency’s Own Funds****(A)** | **Known Monetary and In-Kind Donations****(B)** | **Desired ESG Amount****(C)** | **Other Federal Funds** | **State & Local Grants\*** | **All Other Funds****(F)** |
|  |  |  |  |  |  | **Amount****(D)** | **Name of Source of Funds** | **Amount****(E)** | **Name of Source of Funds** |  |
| STREET OUTREACH |
| Salaries |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Fringe Benefits |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Equipment |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Cell phones |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Medical Services |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Mental Health Services |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Transportation |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| EMERGENCY SHELTER |
| Salaries |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Fringe Benefits |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Program Services |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Construction Costs |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Shelter Operations |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Other:       |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| **Total** |  | **$** | **$** | **$** | **$** | **$** |  | **$** |  | **$** |
| HOMELESSNESS PREVENTION |
| Salaries |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Fringe Benefits |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Direct Financial Assistance |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Other:       |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| **Total** |  | **$** | **$** | **$** | **$** | **$** |  | **$** |  | **$** |
| RAPID RE-HOUSING |
| Salaries |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Fringe Benefits |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Direct Financial Assistance |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Other:       |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| **Total** |  | **$** | **$** | **$** | **$** | **$** |  | **$** |  | **$** |

|  |
| --- |
| HMIS (DATA COLLECTION) |
| Equipment |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Software |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Licenses |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Other:       |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| **Total** |  | **$** | **$** | **$** | **$** | **$** |  | **$** |  | **$** |
| ADMINISTRATION |
| Salaries |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Fringe Benefits |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| Other:       |    | $      | $      | $      | $      | $      |       | $      |       | $      |
| **Total** |  | **$** | **$** | **$** | **$** | **$** |  | **$** |  | **$** |
| *Notes:*      |

**FY 2017-18 SOURCES OF FUNDS**

Please provide information about each of the Other Federal Funds and State and Local Grant Funds listed in the FY 2017-18 Budget above. You may attach additional sheets as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Funding Awarded** | **Funding Applied For** | **Funding Application Planned** |
| **Date** | **Amount** | **Date Applied** | **Anticipated Award Date** | **Amount Applied For** | **Anticipated Application Date** | **Anticipated Award Date** | **Amount Planned** |
|  |  | **$** |  |  | **$** |  |  | **$** |
|  |  | **$** |  |  | **$** |  |  | **$** |
|  |  | **$** |  |  | **$** |  |  | **$** |
|  |  | **$** |  |  | **$** |  |  | **$** |
|  |  | **$** |  |  | **$** |  |  | **$** |
|  |  | **$** |  |  | **$** |  |  | **$** |
|  |  | **$** |  |  | **$** |  |  | **$** |
|  |  | **$** |  |  | **$** |  |  | **$** |
|  |  | **$** |  |  | **$** |  |  | **$** |
|  |  | **$** |  |  | **$** |  |  | **$** |
| *Notes:*      |

If this program is a continuing program from prior year(s), please complete the following tables.

**FY 2016-17 Actual Expenses to date by Funding Source**

**Expenses through**:

|  |  |  |
| --- | --- | --- |
| **Program Budget** | **Program Expenses**(Actual to date) | **Expenses by Funding Type** |
| **Agency Funds****(A)** | **Donations & In-Kind****(B)** | **CDBG Grant****(C)** | **Other Federal Funds****(D)** | **State & Local Grants****(E)** | **Other Funds****(F)** |
| STREET OUTREACH |
| $      | $      | $      | $      | $      | $      | $      | $      |
| EMERGENCY SHELTER |
| $      | $      | $      | $      | $      | $      | $      | $      |
| HOMELESSNESS PREVENTION |
| $      | $      | $      | $      | $      | $      | $      | $      |
| RAPID RE-HOUSING |
| $      | $      | $      | $      | $      | $      | $      | $      |
| HMIS (DATA COLLECTION) |
| $      | $      | $      | $      | $      | $      | $      | $      |
| ADMINISTRATION |
| $      | $      | $      | $      | $      | $      | $      | $      |
| TOTAL |
| $      | $      | $      | $      | $      | $      | $      | $      |
| *Notes:*      |

**FY 2016-17 Projected Expenses through June 30, 2017 by Funding Source**

|  |  |  |
| --- | --- | --- |
| **Program Budget** | **Program Expenses**(Projected through June 30, 2014) | **Expenses by Funding Type** |
| **Agency Funds****(A)** | **Donations & In-Kind****(B)** | **CDBG Grant****(C)** | **Other Federal Funds****(D)** | **State & Local Grants****(E)** | **Other Funds****(F)** |
| STREET OUTREACH |
| $      | $      | $      | $      | $      | $      | $      | $      |
| EMERGENCY SHELTER |
| $      | $      | $      | $      | $      | $      | $      | $      |
| HOMELESSNESS PREVENTION |
| $      | $      | $      | $      | $      | $      | $      | $      |
| RAPID RE-HOUSING |
| $      | $      | $      | $      | $      | $      | $      | $      |
| HMIS (DATA COLLECTION) |
| $      | $      | $      | $      | $      | $      | $      | $      |
| ADMINISTRATION |
| $      | $      | $      | $      | $      | $      | $      | $      |
| TOTAL |
| $      | $      | $      | $      | $      | $      | $      | $      |
| *Notes:*      |

**Matching Funds**

Pursuant to HUD regulations, all recipients of ESG funding are required to match the grant amount. In the table below, please list match amount and source of funding. **Note:** matching funds for ESG grants may not come from other federal funding source (i.e., CDBG).

|  |  |
| --- | --- |
| **FUNDING SOURCe** | **AMOUNT** |
|       | $      |
|       | $      |
|       | $      |
|       | $      |
|       | $      |
|       | $      |
| **TOTAL** | $      |

**SECTION III – Agency Capacity and Program Management System**

Appropriate level of capacity of an agency is key to the success of carrying out a program funded with Federal grants. This includes the agency’s management structure, administrative system and establishment, financial resources, financial and accounting systems and prior experience with as well as performance in running Federal grant programs. Applicants should familiarize themselves with the requirements of the ESG program and other federal regulations. Information is available on HUD’s Homeless Resource Exchange at <http://www.hudhre.info/esg/index.cfm>. **The City reserves the option to conduct its own assessment of your agency’s capacity before making a recommendation for funding.**

|  |  |  |  |
| --- | --- | --- | --- |
| List all members of your current Board of Directors: | Name | Occupation | Years on Board |
|       |       |     |
|       |       |     |
|       |       |     |
|       |       |     |
|       |       |     |
|       |       |     |
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|       |       |     |
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|       |       |     |
|       |       |     |
|       |       |     |
| Does your agency have:(check all that apply) | [ ]  Non-home based office space[ ]  24-hour designated business phone line or answering service[ ]  Full-time program manager/administrator[ ]  Full-time secretarial/clerical person[ ]  Certified financial/accounting person on staff[ ]  Certified procurement/purchasing person[ ]  Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)[ ]  Secured client records filing system (for client confidentiality)[ ]  Designated independent financial audit service[ ]  Annual financial audit or financial reporting[ ]  Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.[ ]  Longer than two (2) years experience in recent years carrying out a similar program within this agency funded with Federal grant |
| To the best of your knowledge, select the statement that best describes your current systems and your plans to address compliance issues:(check one) | [ ]  Meet HUD’s requirements[ ]  Not sure and would need City’s assessment to make that determination[ ]  Do not meet HUD’s requirements now, but will make all necessary changes or add capacity for compliance[ ]  Do not and will not be able to meet HUD’s requirements[ ]  Have reviewed HUD’s requirements, but do not understand them and need further explanation. |
| Should ESG funds granted be less than requested, choose one as your preference: | [ ]  Withdraw application for funding this year[ ]  Scale down the program resulting in less clients served[ ]  Make changes to the program without reducing the number of clients served[ ]  Make up the differences with other funds available to my agency[ ]  Not sure |
| If your program is not awarded any ESG funds, what would happen to your program: | [ ]  Scale down the program resulting in less clients served       Estimated reduction in clients served[ ]  Make changes to the program without reducing the number of clients served[ ]  Make up the differences with other funds available to my agency[ ]  Not sure |
| **Insurance Requirements**The City of Ontario requires general liability insurance, automobile liability insurance (if any vehicles are operated for any organizational purpose that the City has funded), and worker’s compensation and employer’s liability insurance (if any individuals are employed by your organization). **NOTE** – if you funding request is approved, the City will require that new insurance certificates and endorsements be issued pursuant to City requirements. The City of Ontario requires minimum limits of liability insurance to be not less than $1,000,000 per occurrence. For a more detailed description of the City insurance requirements, please refer to the sample ESG contract. |
| Name of Insurance Company | Effective Dates of Policy | Limits of Liability | Deductibles per Occurrence |
| **General Liability Insurance** |
|       |       | $      | $      |
| **Automobile Liability** |
|       |       | $      | $      |
| **Worker’s Compensation** |
|       |       | $      | $      |
| Please attach copies of the Certificates of Liability Insurance for the above-mentioned insurance policies of this application. ***NOTE*** *– no allocation of funds will be awarded without the submission of required Certificates of Liability Insurance.* |

**SECTION IV – Certification**

The undersigned certifies that:

 (a) The information contained in this document is complete and accurate;

 (b) The applicant shall comply with all federal and City policies and requirements affecting the ESG program;

 (d) If the project is a facility, the sponsor shall maintain and operate the facility for its approved use throughout its economic life;

 (e) Sufficient funds are available from non-ESG sources to complete the project, as described, if ESG funds are allocated to the applicant; and

 (f) The applicant has reviewed the Subrecipient Contract and is able to comply with the Contract if funds are awarded, including the insurance requirements.

*Signature of Authorized Applicant Representative Date*

*Print Name and Title of Authorized Applicant Representative*

**Submit three complete sets (one original and two copies) of the completed application and all documents listed in the attached checklist to the following address:**

City of Ontario

Housing and Municipal Services Agency

208 West Emporia Street

Ontario, CA 91762

Attn: Katryna Gonzalez, Senior Project Manager

You will be contacted in writing regarding the receipt and status of your grant application. If you have any questions regarding your grant application or the ESG program in general, please contact Katryna Gonzalez, Senior Project Manager, at (909) 395-2322 or kgonzalez@ontarioca.gov.

**APPLICATION DUE DATE: FEBRUARY 17, 2017, 5:00 P.M.**

**NO LATE OR FAXED APPLICATIONS WILL BE ACCEPTED**

**SECTION V – Application Checklist**

Project Title:

To be considered for funding, all applications **must** be completed in its entirety with the following documents attached at the time of submission.

|  |  |
| --- | --- |
| [ ]  | Completed application form |
| [ ]  | IRS Tax Exempt Determination Letter |
|  | *If not applicable, please explain:* |
| [ ]  | Recent Tax Submission (i.e., IRA Form 990) |
|  | *If not applicable, please explain:* |
| [ ]  | Most Recent Audit |
|  | *If not applicable, please explain:* |
| [ ]  | Certificates of Liability Insurance (i.e., General Liability, Automobile Liability, and Worker’s Compensation and Employer’s Liability Insurance) |
|  | *If not applicable, please explain:* |
| [ ]  | Conditional Use Permit (if applicable) |
|  | *If not applicable, please explain:* |

Please submit three complete sets (one original and two copies) of the completed application and all required documents to the following address no later than **February 17, 2017 at 5:00 PM**.

**City of Ontario**

**Housing and Municipal Services Agency**

**208 West Emporia Street**

**Ontario, CA 91762**

**Attn: Katryna Gonzalez, Senior Project Manager**

If you have any questions regarding the required documents to be submitted or need assistance with this application, please contact Katryna Gonzalez, Senior Project Manager, at (909) 395-2322 or kgonzalez@ontarioca.gov.