If applying for:

* Rapid Re-housing answer questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 38, 39, 40, 41, 42, 43, 44 and 45
* Targeted Prevention answer questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 23, 24, 25, 26, 27, 28, 38, 39, 40, 41, 42, 43, 44 and 45
* Emergency Shelter answer questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 29, 30, 31, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44 and 45
* Street Outreach answer questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 29, 30, 31, 32, 33, 38, 39, 40, 41, 42, 43, 44 and 45
* HMIS answer questions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 41, 44 and 45

**Section One: Project Application Summary**

|  |
| --- |
| **1. Applicant Information** |
| Applicant Organization Name:      | Counties Served by Applicant Organization:      |
| Street Address:      | Applicant Contact Person:      |
| City, State, Zip:      | Contact Person Title:       |
| Mailing Address:      | Contact Person E-mail:       |
| City, State, Zip:      | Contact Person Telephone:       |
| Telephone:      | Fax:      |
| Website:      | The applicant’s fiscal year is (mm/yy)       to       |
| Federal Tax ID:      | DUNS #:      |
| **2. Signatory Authority-who is authorized to sign contracts for your organization?** |
| Name:       | Title:      |
| Telephone:      | E-mail:      |
| **3. Contract Administrator-who is the point person for the contract?** |
| Name:  | Title:       |
| Telephone:      | E-mail:      |
| **4. If awarded funds, who do you want to receive emails?** |
| For contract issues? *If needed, add additional names and emails on a separate piece of paper, placed behind this one.* |
| Name(s):      | Email(s):      |
| For program implementation information? *If needed, add additional names and emails on a separate piece of paper, placed behind this one.* |
| Name(s):      | Email(s):      |

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| **5. Activity Information**  |
| **Type of Project (check all that apply) REFER TO CoC POLICIES:** | **Funds Requested** | **Estimated # of Households to be Served** |
| **Emergency Response Activities: Note: A maximum of 60% may be allocated for ER.** |  |  |
| [ ]  Street Outreach | $      |       |
| [ ]  Emergency Shelter | $      |       |
| [ ]  HMIS | $      |       |
| **Housing Stabilization Activities: Note: A minimum of 40% must be allocated for HS** |  |  |
| [ ]  Rapid Re-Housing | $      |       |
| [ ] Targeted Prevention | $      |       |
| [ ]  HMIS | $      |       |
| **Total** | $ |  |
| Counties served by this application:      |
| 5a. Did the applicant agency receive NC ESG funding during the 2015-2016 Program Year? [ ]  Yes [ ]  No  |
| 5b. If yes, as of October 1, 2016, what percentage of funds have been submitted for reimbursement to NC ESG Program? [ ]  80% - 100%[ ]  70% - 79%[ ]  51% - 69%[ ]  0 - 50% |
| **6. Please complete the following information about the Applicant Organization.** |
| 6a. Check which of the following apply: [ ]  Non-profit or [ ]  Local Government |
| 6b. If a nonprofit, how long has your organization had its 501(c) 3 status?[ ]  Does not have a 501(c)3 status[ ]  1-5 years[ ]  6-10 years [ ]  More than 10 years |
| 6c. Check the item that best describes your agency:[ ]  Homeless Services Provider[ ]  Community Action Agency[ ]  Division of Social Services[ ]  Housing Authority[ ]  City (division:       )[ ]  County (division:       )[ ]  United Way[ ]  Local Management Entity[ ]  Council of Government[ ]  Community Development Corporation[ ]  Veteran Services[ ]  Veteran Medical Center[ ]  Domestic Violence Agency [ ]  Other       |
| 6d. Is your organization licensed by the Dept. of Health and Human Services?[ ]  Yes [ ]  No  |
| 6e. If yes, is your organization’s goal to follow a "Housing First" approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible - and then providing voluntary supportive services as needed. [ ]  Yes [ ]  No  |
| **7. ESG funds require a 100% match (dollar for dollar). The match can be provided through in-kind services or cash. If your organization is using cash, the match must come from a non-ESG source and must be used for eligible ESG activities. Funds used for ESG match cannot be used as a match for other types of funds. Please indicate the source of your organization’s match below.**  |
| [ ]  Cash Source:      [ ]  In-kind services Source:      [ ]  Combination Source:      [ ]  Match to be provided by the regional committee, not the agency |
| **Note: Organizations can change source(s), if needed, at a later date.** |

**Section Two: Organizational Capacity**

|  |
| --- |
| **8a. Staffing** |
| **Overall Organization** | **ESG Program** |
| Total FTEs:       | Total FTEs:       |
| Number of Paid Staff:       | Number of Paid Staff:       |
| Number of volunteers filling a position that would otherwise be paid staff:       | Number of volunteers filling a position that would otherwise be paid staff:       |
|

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| --- |
| **8b. Program** P**ositions** |
| **Position (sample job descriptions for the following positions are below)** | **Filled with Paid Staff** | **Filled with Volunteer Staff** | **Unfilled** | **Position Doesn’t Exist** |
| Executive Director | [ ]  | [ ]  | [ ]  | [ ]  |
| Intake Worker | [ ]  | [ ]  | [ ]  | [ ]  |
| Case Manager(s) | [ ]  | [ ]  | [ ]  | [ ]  |
| HMIS/Data Entry | [ ]  | [ ]  | [ ]  | [ ]  |
| Fiscal Officer/Bookkeeper  | [ ]  | [ ]  | [ ]  | [ ]  |
| Shelter Director/Manager (shelters only) | [ ]  | [ ]  | [ ]  | [ ]  |
| Executive Director (nonprofits) or project manager (local governments): Staff responsibility for the organization. Position reports to the Board of Directors (non-profits) or department/division supervisor (local governments). |
| **Intake Worker:** Staff responsible for meeting with households that are applying for ESG eligible services, completing eligibility documentation |
| **Case Manager(s):** Staff responsible for connecting households to services needed, working with ESG eligible households to create and implement housing plans |
| **HMIS/Data Entry:** Staff responsible for entering data into NC HMIS or if a DV shelter, a comparable data system |
| **Fiscal Officer/Bookkeeper:** Staff responsible for financial transactions and recordkeeping for ESG eligible activities |
| **Shelter Director/Manager (shelters only):** Staff responsible for operating and managing a homeless shelter serving ESG household and implementing ESG eligible activities. |

 |
| **9. What type of training is offered to your staff?** |
| [ ]  Administration[ ]  Best practices [ ]  HMIS [ ]  Fair Housing Training[ ]  Skill enhancement[ ]  Program development[ ]  Other |
| **10. Has your organization received any HUD findings, resolved or unresolved, within the past 5 years?**  |
| [ ] Yes[ ] NoIf yes, please attach the approved Corrective Action Plan **(Include under** **TAB Q)**      |
| **11. Has your organization returned any HUD funds, including NC ESG funds, in the past 2 years? If so, what type and how much?** |
| [ ] Yes[ ] NoIf yes, please describe.      |
| **12. Does your organization have any unresolved audit issues?** |
| [ ] Yes[ ] NoIf yes, please describe.      |
| **13. Has your organization ever declared bankruptcy?** |
| [ ] Yes[ ] NoIf yes, what is the date of discharge?      |

**Section Three: ESG Eligible Activities**

**A. Housing Stabilization (complete if applying for Housing Stability funds** - **Rapid Re-housing and/or Targeted Prevention funds, see page 3, Question 5)**

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| **14. Which of these program principles reflect your organization’s Housing Stabilization practices? Check all that apply.** |
| [ ]  The service provider is obligated to bring robust support services to the housing. These services are predicated on assertive engagement, not required [ ]  Program participant completes a housing stabilization plan or person-centered-plan prior to move in[ ]  Continued tenancy is not dependent on participation in services[ ]  There are units targeted to most disabled and vulnerable homeless members of the community[ ]  The service provider priority is to serve homeless clients that have the greatest need [ ]  Embraces harm-reduction approach to addictions rather than mandating abstinence, yet supports resident commitments to recovery. [ ]  Residents must have leases and tenant protections under the law[ ]  Households must complete a service package or intervention before assistance with moving into housing[ ]  Other        |

|  |
| --- |
| **15. Are there agreements/partnerships in your community to link clients with mainstream resources?** |
|

|  |  |
| --- | --- |
| **Resource** | **Type of Agreement** |
| **Formal Written (attach under Tab H)** | **Informal Written (attach under Tab H)** | **Verbal** |
| TANF |       |       |       |
| Food Stamps |       |       |       |
| Medicaid |       |       |       |
| HOME |       |       |       |
| CDBG |       |       |       |
| Local Public Housing Authority |       |       |       |
| Employment Security Commission/Workforce Development |       |       |       |
| Veterans’ Administration |       |       |       |
| Other |       |       |       |

 |
| **16. Will your organization be partnering with another organization(s) to provide any housing stabilization services?** |
| [ ]  Yes [ ]  NoIf yes, name of organization(s):      If yes, please check all below that apply and include all organizations on the Housing Stabilization Team chart below. |
| **17. What population(s) is/are being targeted for housing stabilization activities?** |
| [ ]  Specific Geographic area (streets, neighborhood, block group)[ ]  Employees laid off by specific employer[ ]  Families[ ]  Chronically homeless[ ]  Youth[ ]  Veterans[ ]  Substance abusers[ ]  Mentally ill[ ]  Developmentally disabled [ ]  TANF eligible families[ ]  Survivors of domestic violence  |

**B. Rapid Re-Housing (complete if applying for Rapid Re-housing funds, see page 3, Question 5)**

|  |
| --- |
| **18. Has your organization received rapid re-housing funds?**  |
| **[ ]** Yes[ ]  No |
| **19. Do you have experience running a rapid re-housing program?**  |
| **[ ]** Yes[ ]  No If yes, with what funding?       |
| **20. What services will be available to Rapid Re-housing clients?** |
| **Housing Relocation & Stabilization Services****[ ]** Housing search & placement[ ]  Case management[ ]  Mediation[ ]  Legal services[ ]  Credit repair[ ]  Counseling[ ]  Information & referral[ ]  Monitoring and evaluation of progress | **Financial Assistance****[ ]** Payment of up to 6 months of arrears (rental & utility)[ ]  Rental application fees**[ ]** Security deposits (rental & utility)[ ]  Last month’s rent[ ]  Moving expenses[ ]  Tenant-based rental assistance (TBRA) |
| **21. Do you have existing, working relationships with landlords in your community?** |
| **[ ]** Yes [ ]  No |
| **If yes, have there been changes in the past year?** |
| [ ]  We have relationships with more landlords  |
| [ ]  We have relationships with fewer landlords  |
| **If yes, please indicate below.** |
| [ ]  Organization has paid rent on behalf of clients[ ]  Landlords: [ ]  reduced rent for your clients [ ]  waived deposit or last month’s rent [ ]  serve clients through a rent subsidy program (ex. Shelter Plus Care, Section 8) [ ]  agree to be part of a local housing resource list for clients [ ]  have a second chance policy for clients with criminal history or poor credit or criminal history [ ]  consider reasonable accommodation requests [ ]  list available units with NC Housing Search [ ]  Other:       |
|  |
| **22. If you have been implementing a RRH program in the past year, what changes/improvements might you make to it in the upcoming year? (1500 word limit)** |
|  |

**C. Targeted Prevention (complete if applying for Targeted Prevention funds, see page 3, Question 5)**

|  |  |  |
| --- | --- | --- |
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| **23. Do you have experience running a Targeted Prevention program?**  |
| [ ]  Yes[ ]  No If yes, with what funding?       |

 |
| **24. What population(s) is/are being targeted as most likely to become homeless?**  |
| **[ ]** SpecificGeographic area (streets, neighborhood, block group)[ ]  Employees laid off by 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:       |
| Have targeted populations changed since last year? [ ]  Yes [ ]  NoIf yes, how and why?       |
| **25. How was this decision made?** |
| **[ ]** Organizational mission[ ]  CoC/Regions priorities[ ]  HMIS data[ ]  Consolidated Plan/Action Plan data[ ]  Ten Year Plan[ ]  Other:       |
| **26. How will you target households who are the most likely to become homeless? What risk factors will you use? (e.g. shelter population demographics, specific geographic location)** **(1500 word limit)** |
|       |
| **27. What services will be available to Targeted Prevention clients?** |
| **Housing Relocation & Stabilization Services** | **Financial Assistance** |
| **[ ]** Housing search & placement[ ]  Case management[ ]  Mediation[ ]  Legal services | [ ]  Credit repair[ ]  Counseling[ ]  Information & referral[ ]  Monitoring and evaluation of progress | **[ ]** Payment of up to 6 months of arrears (rental & utility)[ ]  Rental application fees**[ ]** Security deposits (rental & utility) | [ ]  Last month’s rent[ ]  Moving expenses[ ]  Tenant-based rental assistance (TBRA) |
| **28. If you implemented a Targeted Prevention program in the past year, what changes/improvements will you make in the 1**6-17P**rogram Year? (1500 word limit)** |
|  |

**D. Emergency Response (complete if applying for Emergency Response funds, see page 3, Question 5)**

|  |
| --- |
| **29. Will your organization be partnering with another organization(s) to provide any services?** |
| [ ]  Yes [ ]  NoIf yes, name of organization(s):      If yes, please check all below that apply and include all organizations in the Emergency Response Team chart below.**[ ]** Engagement[ ]  Case management[ ]  Emergency health services[ ]  Emergency mental health services[ ]  Transportation[ ]  Services for special populations[ ]  Other:       |
| **30. Emergency Response Team** |
| **[ ]  Street Outreach [ ]  Emergency Shelter [ ]  Both** |
| **31. In the chart below, please describe your emergency response team.** |
| **Emergency Response Function** | **Staff Position(s) Responsible/Agency** |
| **Street Outreach:**1. Outreach
2. Case management
3. Services

**Emergency Shelter**1. Intake/eligibility
2. Case management
3. Services
4. Shelter operations
 |      /          /          /          /          /          /          /      |

 **E. Street Outreach (complete if applying for Street Outreach funds, see page 3, Question 5)**

|  |
| --- |
| **32. What services will be available to Street Outreach clients?** |
| **[ ]** Engagement[ ]  Case management[ ]  Emergency health services[ ]  Emergency mental health services[ ]  Transportation[ ]  Services for special populations[ ]  Other:       |
| **33. Will your organization be partnering with another organization to provide any services?** |
| [ ]  Yes [ ]  NoIf yes, name of organization:      If yes, please check all below that apply.**[ ]** Engagement[ ]  Case management[ ]  Emergency health services[ ]  Emergency mental health services[ ]  Transportation[ ]  Services for special populations[ ]  Other:       |

**F. Emergency Shelter (complete if applying for Emergency Shelter funds see page 3, Question 5)**

|  |  |
| --- | --- |
| **34. What services will be available to Emergency Shelter clients?**  | **Year Round Service?** |
| [ ]  Case management [ ]  Child care[ ]  Education services[ ]  Employment assistance/job training[ ]  Outpatient health services[ ]  Legal services [ ]  Life skills training[ ]  Mental health services[ ]  Substance abuse treatment services[ ]  Transportation[ ]  Services for special populations[ ]  Other:       | [ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| **35. Does your organization have restrictions about who it will serve based on age and/or gender?** |
| [ ]  Yes, if your organization operates a family shelter, please be aware that new regulations for ESG do not allow restricting services based on age or gender. [ ]  NoIf yes, what are the restrictions?  |
| **36. Do you have a relationship with a Rapid Re-Housing program?** |
| **[ ]  Yes, with:****. Please complete list below and provide documentation that shows the relationship.****[ ]  No****If yes, check all that apply**[ ]  Share staff[ ]  Written MOU[ ]  Informal[ ]  Outlined in Consolidated Plan, CoC documents, 10-Year Plan[ ]  Other:       |
| **37. Physical Structure-do the following describe your shelter?** |
| 1. Has lead-based paint
2. The building is structurally sound
3. The building is handicap accessible
4. There is 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. The air is free of pollutants
7. The water supply free of contamination
8. Each resident has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste
9. Any necessary heating/cooling facilities are in proper working condition
10. The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety
11. There are sufficient electrical sources to permit safe use of electrical appliances in the shelter
12. If there are food preparation areas, they contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner
13. The shelter is maintained in a sanitary condition
14. There is at least one working smoke detector in each occupied unit of the shelter
15. Where possible, smoke detectors are located near sleeping areas
16. There is a fire alarm system
17. The fire alarm system is designed for hearing impaired persons
18. All public areas of the shelter have at least one smoke detector
19. There is a second means of exiting the building in the event of a fire or other emergency
20. Are fire drills conducted quarterly in shelter
 | [ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know[ ]  Yes [ ]  No [ ]  Don’t know |

**Section Four: Project Policies and Procedures – TAB R**

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| **38. Non-Discrimination:** What is the policy to ensure non-discrimination of clients? **Attach policy at the end of the Project Application identified as “Attachment AA.”**  |
| **39. Termination of Assistance and Appeals:** What is the policy to allow clients to request an appeal due to termination of assistance (policy should include time frame to request appeal verbally and in writing, to whom the appeal should be submitted and length of time to schedule a hearing)? **Attach policy at the end of the Project Application identified as “Attachment BB.”**  |
| **40. Fair Housing:** What is the policy to ensure the promotion of fair housing laws? a. Policy should include where client can file a complaint b. How does the agency serve persons with limited English proficiency -- LEP c. How does the agency inform clients that interpretation/documents can be requested in languages other than English**Attach policy at the end of the Project Application identified as “Attachment CC.”**  |
| **41. HMIS Participation** or Comparable System **Agreement:** **Attach executed Data Use Agreement/Administrative QSOBAA identified as “Attachment DD.”**  |
| **42. Are results of the linkages to mainstream resources being monitored in HMIS or a comparable system?** |
| **[ ]** Yes[ ]  NoIf yes, how?       |
| **43. Does your agency have a homeless or formerly homeless person as a member of the Board of Directors?**[ ]  Yes [ ]  No |
| If no, describe how homeless or formerly homeless person are involved in the policy decisions made by the agency:       |

**Section Five: Budget and Distribution of Funds**

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| **44. The Excel spreadsheet “ESG Project Budget” should be completed and included in the application binder under Tab J.**  |

**Section Six: Authorized Signature**

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| **45.** **To the best of my knowledge and belief, all information in this application is true and correct. If the Applicant is a non-profit organization, the governing board of the Applicant Organization has authorized the request for funding.**  |
| Name of Applicant Organization      |
| Name of Authorized Official      |
| Title      | Date      |
| Signature |