



State of California

Emergency Solutions Grant Program

Application • 2018 Grant Year

1. Applicant Information

Organization Name: _____

Is the organization a 501(c)? Yes No

Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Organization Contact:

Name: _____

Title: _____

Work Phone: (_____) _____ - _____ Ext. _____

Fax: (_____) _____ - _____

E-mail Address: _____

Fiscal Agent:

Contact Name: _____

Organization Name: _____

Work Phone: (_____) _____ - _____ Ext. _____

Fax: (_____) _____ - _____

E-mail Address: _____

Federal Identification Number (Tax ID): _____

DUNS Number: _____

Years in Operation: _____

2. Applicant Capacity and Financial Information

Date Most Recent Form 990 Filed: _____

Does your organization have any outstanding financial audit findings which remain unresolved, outstanding litigation, or other legal issues? Yes No

If yes, explain.

Does the requirement of 2 CFR 200.501 to submit a fiscal year "Federal Single Audit" apply to your organization specifically in the last fiscal year? Yes No

Does your organization comply with 2 CFR Part 2400 Uniform Administrative Requirements? Yes No

How many members serve on your organization's Board of Directors? _____

How often does your organization's Board of Directors meet? _____

Describe the financial expertise of members currently serving on your organization's Board of Directors.

Has your organization previously received State ESG funds? Yes No

If yes, complete the table below for the most recent 5 years.

Operating Year	Grant Number	Activity/ies	Grant Amount

3. Project Information

Project Title: _____ Request: \$ _____

Project Location (leave blank if victim services provider):

Street: _____

City: _____ State: _____ Zip Code: _____

Project Service Area(s):

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Buellton | <input type="checkbox"/> Santa Barbara |
| <input type="checkbox"/> Carpinteria | <input type="checkbox"/> Santa Maria |
| <input type="checkbox"/> Goleta | <input type="checkbox"/> Solvang |
| <input type="checkbox"/> Guadalupe | <input type="checkbox"/> County-wide |
| <input type="checkbox"/> Lompoc | <input type="checkbox"/> Other _____ |

Which activity/ies best describe/s the project?

Street Outreach*

- Essential Services

Rapid Re-housing

- Rental Assistance
 Housing Relocation and Stabilization Services (incl. Financial Assistance)

Emergency Shelter

- Essential Services
 Shelter Operations

**Street Outreach can only be selected in combination with Emergency Shelter or Rapid Re-housing activities and can only comprise 10% of requested funds.*

Identify the population(s) that the project will serve:

- | | |
|--|---|
| <input type="checkbox"/> Single Males | <input type="checkbox"/> Households with Children |
| <input type="checkbox"/> Single Females | <input type="checkbox"/> Unaccompanied Males under 18 Years Old |
| <input type="checkbox"/> Couples Only, No Children | <input type="checkbox"/> Unaccompanied Females under 18 Years Old |

Is this project primarily a domestic violence or victims services project?

- Yes
 No

4. Project Narrative

Please answer the following questions in a separate Project Narrative attached to this Application. Please be concise and answer all components of the question. Please review and address all aspects of the Application Scoring Criteria outlined in the NOFA (Exhibit B) The Project Narrative should not exceed 8 pages.

1. Summarize the project. Include a description of how the project will benefit the target population(s) and identify any best practices that will be utilized. Confirm the project’s participation in CES. If you are applying for multiple activities, e.g., emergency shelter and rapid rehousing, please provide a brief, but specific, summary for each activity.
2. Describe your agency’s experience in providing the type and scope of activities to the target population(s) for which funding is requested in this application.
3. Describe the unmet community need the project proposes to meet and describe the data sources, methodology and resources used to identify this unmet need.
4. Describe how the project will support ESG Objectives and County of Santa Barbara Consolidated Plan priorities.

5. Describe how participants will be referred to the project and strategies the project will use to reach those most in need. This includes a description of how each activity within the project will participate in the HUD-mandated Coordinated Entry System.
6. Describe how project staff will (1) determine the eligibility of project participants for ESG-funded assistance; (2) ensure the provision of ESG-eligible services in accordance with Core Practices; and (3) achieve and document program performance and outcomes, including participation in HMIS or comparable database.
7. Describe how the project will collaborate with other organizations and programs, including those participating in CES, to address the needs of target population(s) and coordinate service delivery and referrals.
8. Describe the intended use of and need for grant funds.* Please be specific on how State ESG funds will be spent.
9. Identify existing or planned staff positions (paid and unpaid, regardless of funding source) that will be dedicated in whole or in part to the project. Please indicate the FTEs dedicated to the project for each position.*
10. Describe how resources will be leveraged to address the needs of the target population(s).

*Responses to Questions 8 & 9 should be consistent with the project budget.

5. Projected Accomplishments

Provide projected accomplishments for a one-year period (2018-2019) by activity as applicable.

Street Outreach

- _____ Average number of persons to be served daily
- _____ Total unduplicated number of persons to be served
- _____ Total unduplicated number of households to be served
- _____ % of participants moving into emergency shelter at project exit
- _____ % of participants moving into transitional housing at project exit
- _____ % of participants moving into rapid rehousing at project exit
- _____ % of participants moving into permanent housing (other than RRH) at project exit
- _____ % of adult participants gaining new or increasing existing earned income at project exit
- _____ % of adult participants obtaining non-cash benefits at project exit

Emergency Shelter

- _____ Number of year-round beds
- _____ Number of overflow beds
- _____ Number of seasonal beds
- _____ Total number of bed-nights to be made available
- _____ Total unduplicated number of persons to be served
- _____ Total unduplicated number of households to be served
- _____ % of participants moving into transitional housing at project exit
- _____ % of participants moving into rapid rehousing at project exit
- _____ % of participants moving into permanent housing (other than RRH) at project exit
- _____ % of adult participants gaining new or increasing existing earned income at project exit
- _____ % of adult participants obtaining non-cash benefits at project exit
- _____ % of participants who move into transitional housing or permanent housing (including RRH) remaining housed for 3 months

Rapid Re-housing

- _____ Total unduplicated number of persons to be served
- _____ Total unduplicated number of households to be served
- _____ % of participants moving into permanent housing at project exit
- _____ % of adult participants gaining new or increasing existing earned income at project exit
- _____ % of adult participants obtaining non-cash benefits at project exit
- _____ % of participants who move into permanent housing remaining housed for 6 months

4. Required Attachments

- Budget Workbook*
- Board of Directors Roster*
- Application Certification*
- Organization Chart
- Non-profit determination letters from the Internal Revenue Service and the California Franchise Tax Board
- Most recent Form 990 filed
- Evidence of non-suspension/debarment for all parties
- Evidence of Insurance
 - Copy of current insurance coverage (General Liability, Automobile, Worker’s Compensation, etc.)
 - Note if funded, an updated insurance policy will be required with the funding jurisdiction listed as “additionally insured”
- Most recent financial audit
- Personnel and other policies and procedures manuals
- Blank client intake form, with documentation of eligibility status – including third-part and self-certifications, as applicable - and signature block of intake staff/supervisor
- Annual Performance Report for the project generated from the Santa Barbara County HMIS for the period beginning July 1, 2017 and ending June 30, 2018

For applicants not participating in the Santa Barbara County HMIS (e.g., victim services providers), provide a similar report from a comparable database.
- Copy of single audit, if applicable