



Fulton County Department of Community Development

Homeless Division

Emergency Solutions Grant 19 Application

Release Date: September 11, 2020

Due Date: 11:59 p.m., September 27, 2020

I. OVERVIEW & ELIGIBILITY

1. Funding allocations will be made to qualifying nonprofit agencies providing eligible services in Fulton County, outside of the city of Atlanta. *Please note that grant funds are reimbursable; your agency must have the capacity and cash flow to incur eligible costs.* The County encourages collaborative submissions which define a strategic approach to addressing critical needs in our community.
2. The primary objective of the ESG Program is to assist people in quickly regaining stability in permanent housing after experiencing a housing crisis and/or homelessness, through the following services:
 - Street Outreach/Emergency Shelter
 - Homelessness Prevention
 - Rapid Re-Housing
3. This program is funded and regulated at the federal level by the U.S. Department of Housing and Urban Development (HUD) and administered locally by the Fulton County Department of Community Development. It is authorized under Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act).
4. This funding application is for the period beginning September 1, 2020.
5. A Selection Committee will review all applications for compliance with requirements and make funding recommendations to the Fulton County Board of Commissioners (BOC).
6. Client Income Limits
 - For **Rapid Re-Housing**, an income assessment is not required at initial evaluation. However, at annual re-evaluation, income must be LESS THAN OR EQUAL TO 30% AMI.
 - For **Homelessness Prevention** assistance, households must have an income BELOW 30% AMI at initial evaluation, and have no other housing options, financial resources, or support networks. At re-evaluation - not less than once every three months - the participant must have an annual income LESS THAN OR EQUAL TO 30% AMI.
 - The 30% AMI limit does **not** apply to program participants who are being served under the Emergency Shelter or Street Outreach components.

FY 2020 ESG Extremely Low Income Limits (30% AMI)

Area	1-person	2-person	3-person	4-person	5-person	6-person	7-person	8-person
Atlanta-Sandy Springs-Roswell, GA HUD Metro FMR Area	\$17,400	\$19,850	\$22,350	\$24,800	\$26,800	\$28,800	\$30,800	\$32,750
<u>Click Here for an Explanation</u>								

7. All ESG funded agencies are required to participate in the Homeless Management Information System (HMIS) ClientTrack.
8. **Funding Cycle:** This application is for the ESG 19 federal allocation.
 - **ESG 19:** Grant agreement will be from September 1, 2020 through July 31, 2021.
 - **Estimated Funds Available: \$300,803.00**
 - **Grant Allocation: \$50,000, minimum and \$100,000 maximum.**

II. IMPLEMENTATION TIMELINE

1. Phase One

- Application public release, on September 11, 2020.
- Application is due by 11:59 p.m., on September 27, 2020.
 - Submit questions and applications to: HomelessInfo@fultoncountyga.gov
 - Technical Assistance Zoom call: 2 to 3:30 p.m., on September 17, 2020.
 - Meeting ID: <https://zoom.us/j/96262640130?pwd=UW5zRTJ4NkpEQUJ1UUZtL2xrREdkZz09>
 - Meeting ID: 962 6264 0130
 - Passcode: 241011
- Selected Agency/Municipality and program summary will be submitted to the Fulton County Board of Commissioners for a final approval.

2. Phase Two

- Applicant notifications will be released per the approval of the Fulton County Board of Commissioners.
- Selected Agency's MOU execution process will commence per the approval of the Fulton County Board of Commissioners.

III. APPLICATION CHECKLIST

Submission Requirements	Documentation	Check if Enclosed
1. The applicant must <ul style="list-style-type: none"> a. have nonprofit status for at least one (1) full year, or b. have two (2) full years of operating experience under another nonprofit entity, or c. be a local governmental entity or agency (governmental agencies can skip to line 5) 	ATTACHMENT 1: Provide a copy of a 501© (3) designation letter from the Internal Revenue Service if a non-profit applicant	<input type="checkbox"/>
2. The applicant must be registered to conduct business in the State of Georgia at the time of application. (Not applicable to governmental agencies)	ATTACHMENT 2: Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: www.sos.ga.gov	<input type="checkbox"/>
3. The applicant must have an audit or audited financial statements (if budget is less than \$25,000 annually) prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Copies of each audited financial statement must be submitted with the application. Reviews and Compilations will not be accepted. Audit findings will make the applicant ineligible to receive assistance. (Not applicable to governmental agencies)	ATTACHMENT 3: Provide one copy each of the last two most recent audited financial statements that meet the criteria described. Include management letters if applicable.	<input type="checkbox"/>

Submission Requirements	Documentation	Check if Enclosed
4. Non-profit organizations must have an active Board of Directors within the last 12 months. (Not applicable to governmental agencies)	ATTACHMENT 4: Provide list of board members and s authorization for the submittal of this application. Please also include a copy of Conflict of Interest Statement from the Board of Directors.	<input type="checkbox"/>
5. The applicant must have at least twelve (12) months experience directly related to the proposed project or program.	ATTACHMENT 5: Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant’s previous related program activities.	<input type="checkbox"/>
6. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.	ATTACHMENT 6: Provide a copy of the agency’s written financial management procedures, and a current organization chart.	<input type="checkbox"/>
7. Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker’s Compensation	ATTACHMENT 7: Provide a copy of Certificate of Insurance.	<input type="checkbox"/>
8. Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit www.sam.gov	ATTACHMENT 8: Provide proof of registration with the U.S. System for Award Management.	<input type="checkbox"/>
9. The contract period for the project, if approved, will begin: ESG 19: September 1, 2020 through May 31, 2021.	ATTACHMENT 9: Provide a projected timeline of proposed activities for each funding year.	<input type="checkbox"/>
10. Resolution that authorizes the submission of the application.	ATTACHMENT 10: Signed resolution.	<input type="checkbox"/>

All submitted materials will be used in determining the organization’s eligibility for funding.

IV. AGENCY INFORMATION			
Agency Name:			
Mailing Address:			
Telephone Number:		Email:	
Contact Person:		Title:	
DUNS Number:		Tax ID #:	
PROGRAM INFORMATION			
Program Title:			
Program Location:			

If prior years funding is available, would you want to be considered for these funds? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please let us know how soon after signing an agreement could your project start? <input type="checkbox"/> Immediately (within first 30 days) <input type="checkbox"/> 2-4 months <input type="checkbox"/> 5-7 months Anticipated completion date: _____
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V. PROGRAM COST AND REQUESED FUNDING	
Category	Request
Street Outreach/Shelter	
Homelessness Prevention/Rapid Rehousing	
Total ESG Request	
Total Program Cost	

VI. DISTRICT SERVICE AREA					
Service Area	1	2	3	5	6
Street Outreach					
Emergency Shelter					
Homelessness Prevention/Rapid Re-Housing					

VII. EVALUATION CRITERIA

- Applications are evaluated using the following criteria
 - Organization Capacity (40 points); Budget (20 points); Financial Capacity (20 points); Target Population (10 points) and Sustainability (10 points)

VIII. TARGET POPULATION

- Briefly describe the target population/category of persons to be served in Fulton County (i.e. seniors 62+, homeless, abused children or women, or persons with disabilities). (300 words maximum)

All clients served must certify as Homeless per 24 CFR 576.2. Please select the following hyperlink for more information: [24 CFR 576.2. \(300 Words Maximum\)](#)

IX. PERFORMANCE OBJECTIVES & OUTCOMES	
Select two objectives that best describes your project	
<input type="checkbox"/>	Provide affordable housing to people experiencing or most at risk of homelessness.
<input type="checkbox"/>	Upgrade Housing Condition.
<input type="checkbox"/>	Provide permanent supportive housing to end chronic homelessness.
<input type="checkbox"/>	Advance housing stability for vulnerable populations, including youth aging out of the foster care and juvenile justice systems, Veterans, and persons who are being discharged from hospitals and criminal justice institution.
<input type="checkbox"/>	Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.

<input type="checkbox"/>	Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.
<input type="checkbox"/>	Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.

X. PROPOSED SERVICES

Please list the proposed number of persons to be served in each applicable service activity.

Service Description	Number of Persons Served
Street Outreach	
Emergency Shelter	
Homeless Prevention/Rapid Re-Housing	
Homeless Management Information Systems	
Total Persons to be Served	

XI. ORGANIZATIONAL CAPACITY

- Briefly describe the program/project accomplishments by outlining the objectives and outcomes of the previous two (2) years. (300 words maximum). _____
- Provide a description of the proposed project for funding. Include supporting data used to identify the need(s) for the proposed program (i.e. community input, surveys, and input from other agencies) in your response. (300 words maximum). _____
- Describe and discuss your organization's experience with utilizing an HMIS database or other comparable reporting system. (100 words maximum). _____
- What is your organization's current intake and recordkeeping process... include measures taken to ensure the protection of sensitive client information. (300 words maximum) _____
- What percentage of the Organization's budget is grant funded? (N/A for municipalities) _____
- How many program staff persons are dedicated to this project? _____
(i.e., Case Managers, Intake Coordinators)?

XII. BUDGET

Street Outreach			
Line Items	ESG Funds	Other Funds	Total Funds
1. Engagement	\$	\$	
2. Case Management	\$	\$	
3. Emergency Health Services	\$	\$	
4. Emergency Mental Health Services	\$	\$	
5. Transportation	\$	\$	
6. Services for Special Populations	\$	\$	
Total Street Outreach	\$	\$	

Emergency Shelter			
Essential Services			
Line Items	ESG Funds	Other Funds	Total Funds
1. Case Management	\$	\$	
2. Childcare	\$	\$	
3. Education Services	\$	\$	
4. Employment Assistance	\$	\$	
5. Outpatient Health Services	\$	\$	
6. Legal Services	\$	\$	
7. Life Skills Training	\$	\$	
8. Mental Health Services	\$	\$	
9. Substance Abuse Treatment Services	\$	\$	
10. Transportation	\$	\$	
Shelter Operations			
1. Minor or Routine Repairs	\$	\$	
2. Rent/Lease Payments	\$	\$	
3. Security	\$	\$	
4. Fuel	\$	\$	
5. Equipment	\$	\$	
6. Insurance	\$	\$	
7. Utilities	\$	\$	
8. Food	\$	\$	
9. Furnishings/Bedding	\$	\$	
10. Custodial Supplies	\$	\$	
11. Office Supplies and Printing	\$	\$	
Renovations			
1. Labor	\$	\$	
2. Materials/Tools	\$	\$	
3. Major Rehabilitation	\$	\$	
4. Conversion	\$	\$	
5. Total	\$	\$	
Total Emergency Shelter	\$	\$	

Homelessness Prevention & Rapid Re-Housing

Financial Assistance			
Line Items	ESG Funds	Other Funds	Total Funds
1. Rental Application Fees	\$	\$	
2. Security Deposit	\$	\$	
3. Last Month's Rent	\$	\$	
4. Utility Deposit / Payments	\$	\$	
5. Moving Costs	\$	\$	
Service Costs			
1. Housing Search/ Placement	\$	\$	
2. Housing Stability Case Management	\$	\$	
3. Mediation and legal service	\$	\$	
4. Credit Repair/Budgeting	\$	\$	
Rental Assistance			
1. Short Term Rental Assistance (up to 3)	\$	\$	
2. Medium Term Rental Assistance (4-24)	\$	\$	
Total Homelessness Prevention & Rapid Re-housing Component	\$	\$	

XIII. BUDGET NARRATIVE

1. Provide a budget narrative for each line item that is listed in your budget, provide a detailed description of how ESG funds will be used to support your program. (300 words maximum) _____

XIV. SUSTAINABILITY

1. What is your organization's mission statement? (100 words maximum) If your organization is a government entity, enter N/A. _____
2. How long has the Organization existed in its current form? _____
3. How long has the Organization had its 501 (c) (3) status? If your organization is a government entity, enter N/A. _____
4. How many years has the Organization conducted the project/program for which it is requesting funding? _____

5. Provide the source and amount of funding commitments, as well as, additional funding awarded in the past three years for this project. _____
Attach additional page(s) documents, if needed.

XVI. APPLICATION EVALUATION

- Upon receiving each application, the Homeless Division will verify that the application is complete, including required attachments. Incomplete proposals will be considered non-responsive and will be issued a declination notice.
- Complete proposals will be evaluated and scored by the Homeless Division.

XVII. EXPECTATIONS

1. Agency/Municipality will engage in direct or modified, per local COVID-19 standards, client contact to conduct client/household assessment.
2. Agency/Municipality will engage in client contact, per local COVID-19 standards, (in person or via telephone) and provide appropriate supportive services to clients
3. The agency/municipality will engage in direct client contact, per local COVID-19 standards, to identify household's needs and appropriate interventions.
4. Agency/Municipality will utilize HMIS.
5. Agency/Municipality must be accessible to households experiencing homelessness, including the offering of flexible hours (evenings/weekends) and methods, e.g. phone screening.
6. Agency /Municipality will make client records and HMIS data available for system performance and monitoring purposes by Fulton County.
7. Agency/Municipality should ensure services provided are accessible to clients i.e. via phone or in person.
8. Agency/Municipality will provide service delivery and appointment times that meet the needs of clients including early mornings, evenings, and weekends.
9. Agency/Municipality will provide case plans, as appropriate, that identify objectives and delineation of responsibilities.

XVIII. OPERATIONAL SPECIFICATIONS

The awardee will be required to submit a current Certificate of Declaration of Insurance, with Fulton County Government added as an **"Additional Insured"**. Language reflecting "Fulton County Government as an "Additional Insured" must be stated on the certificate.

All applicants are required to submit **FORM F: Georgia Security and Immigration Contractor Affidavit and Agreement** and as applicable **FORM G: Georgia Security and Immigration Subcontractor Affidavit**.

XIX. SIGNATURE PAGE

Letter from an Authorized Certifying Official is attached with the following resolution that authorizes the submission of the application.

Name of Applicant: _____

Be it resolved that the Board of Directors or Council of the above-referenced Applicant resolved at its meeting date referenced below, to authorize the Applicant to submit an application to the Fulton County Department of Community

Development, Homeless Division office for grant funding. The individual referenced below is authorized to execute any documents necessary for application submission and funding.

Meeting Date: _____

Amount Requested: _____

Executor: _____

I hereby certify that the foregoing resolution was approved by our Board of Directors of Council.

Certifying Official (Signature, Name & Title) _____
Date

I certify that I have completed the application for Fulton County ESG-19 funding. All information contained in this submission has been completed as thoroughly and as accurately as possible, and a governing body resolution or letter from an authorized certifying official approving the submission has been attached. Through this submission, I have defined other funding sources received confirming that if selected for funding, these funds will not supplant or duplicate current sources.

Prepared by (Signature & Date): _____

Prepared by (Printed Name & Title): _____

Approved by (Signature & Date): _____

Approved by (Printed Name & Date): _____