

# EMERGENCY SHELTER GRANTS PROGRAM APPLICATION Federal Fiscal Year 2009

## **Complete Application to:**

**Request funding for addressing the emergency shelter and transitional housing and service needs of homeless individuals and families.**

**Request funding for Shelter Operation, Essential or Client Direct Services, and other approved activities.**

**Request funds for helping homeless people make the transition to permanent housing and independent living.**

**Request funds not to exceed \$50,000 total for a single service provider or group of service providers within a County or jurisdiction.**

**Note: If applying for a group of service providers please submit an individual application and budget for each with the total combined not to exceed \$50,000**

## **Eligible Applicants:**

**Local governments**

**Shelters or Service Providers through the local government  
(Emergency, Transitional, Domestic Violence)**

**Application Deadline: July 10, 2009 - 3:00 PM**

**MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
Division of Neighborhood Revitalization  
100 Community Place  
Crownsville, Maryland 21032-2023**

**Martin O'Malley  
Governor**

**Raymond A. Skinner  
Secretary**

**Anthony G. Brown  
Lt. Governor**

**Clarence Snuggs  
Deputy Secretary**

## **GENERAL INFORMATION**

### **General Description of Emergency Shelter Grants Program**

Emergency Shelter Grants (ESG), a program of the Department of Housing and Community Development (DHCD), is designed to provide services to shelters through local governments on behalf of persons who are homeless. Under the ESG Program, DHCD receives federal funding through the U. S. Department of Housing and Urban Development (HUD) to support homeless shelters and homeless services programs in 19 counties. Urban counties, including Anne Arundel, Baltimore, Montgomery and Prince George's, as well as Baltimore City, receive ESG funding directly from HUD and generally not through DHCD. Applications will be accepted from these jurisdictions; however, they will not score high as ESG funds have been awarded directly from HUD to these jurisdictions and applicants should have access to those.

The ESG program provides on a reimbursable basis, funds that can assist with the maintenance and operation of a shelter, essential services or direct client services to customers, limited staffing cost, other limited administrative costs and transition to permanent housing costs.

### **Eligible Activities**

(a) Eligible activities. ESG amounts may be used for one or more of the following activities relating to emergency shelter for the homeless:

1. Renovation, major rehabilitation, or conversion of buildings for use as emergency shelters for the homeless;
2. Provision of essential services to the homeless, subject to the limitations in paragraph (b) of this section;
3. Payment for shelter maintenance, operation, rent, repairs, security, fuel, equipment, insurance, utilities, food, and furnishings. Not more than 10 percent of the grant amount may be used for costs of staff;
4. Provision of support services and funds needed to help homeless individuals and families in shelters and transitional housing move to permanent housing.
5. Administrative costs, in accordance with 42 U.S.C. 11378.

(b) Limitations on provision of essential services.

1. Grant amounts provided by HUD to units of general local government, territories, or Indian tribes, and grant amounts provided by a State to State recipients, may be used to provide an essential service under paragraph (a)(2) of this section only if the service is a new service, or is a quantifiable increase in the level of a service above that which the unit of general local government (or, in the case of a nonprofit organization, the unit of general local government in which the proposed activities are to be located), territory, or Indian tribe, as applicable, provided with local funds during the 12 calendar months immediately before the grantee or State recipient received initial grant amounts.
2. Limits on the use of assistance for essential services established in 42 U.S.C. 11374(a) (2) are applicable even when the unit of local government, territory, or Indian tribe provides some or all of its grant funds to a nonprofit recipient. This limitation may be waived in accordance with 42 U.S.C. 11374.

## **Application Process**

### **How to Organize Your Application:**

Submit an **original and three (3) copies** of your application in three (3) ring notebooks. Submit an application cover form with each attachment. Answer all questions completely in the spaces provided. Use additional plain sheets, if necessary, but identify each continued response accordingly. If applicant proposes disbursing ESG funds to more than one service provider, complete this form for *each* nonprofit organization or government agency that will be expending ESG funds. An incomplete application may be rejected or applicant may be asked to submit additional information at the discretion of Neighborhood Revitalization ESG Program. Insert each response at the point in the form where the response is elicited. The checklist at the back of this application package will serve as your Table of Contents and is to be the first page in each of the three (3) notebooks. Contents of the notebooks should be tabbed and organized **using the checklist at the back of this document as a detailed guide**. In addition to the printed material, please include a diskette or CD of the application and attachments in Microsoft Word format and include any pictures in a JPEG format.

## **DEADLINE FOR SUBMISSION**

**All applications must be received no later than 3:00 PM on July 10, 2009.**

**No late applications will be accepted.**

### **Where to Send Your Application:**

#### **Mail application to:**

**Emergency Shelter Grants Program  
Division of Neighborhood Revitalization  
Department of Housing and Community Development  
100 Community Place  
Crownsville, MD 21032-2023**

#### **Or hand deliver to:**

**DHCD Facilities and Fleet Management Services  
Basement Level – Rear of Building**

**Division of Neighborhood Revitalization  
Department of Housing and Community Development  
100 Community Place  
Crownsville, MD 21032-2023  
Attention: Emergency Shelter Grants Program**

## **Review of Applications**

During the application review process, the review teams will read and score all applications and hold a joint meeting to discuss, rate and rank all of the applications and make recommendations for funding.

Significant consideration will be given to the extent of homelessness in the areas served by the applicant(s) based on data provided by the U.S. Department of Housing and Urban Development.

## **Approval**

Final approval of applications will be made by the Secretary of the Department of Housing and Community Development and Division of Neighborhood Revitalization leadership based on recommendation submitted by the ESG Review panel. This panel is chaired by the ESG Team Directors, members from the Community Development Administration and Neighborhood Revitalization Division within DHCD, and members from the Department of Human Resources.

## **Reporting**

**Applicants that receive funding will be required to report their progress twice throughout the grant period. The first being 180 days after the funds have been obligated to the subgrantee and the second is the annual report when the program is completed for that fiscal year. DHCD will summarize these reports on behalf of the Program for the U.S. Department of Housing and Urban Development. In addition, and as part of the State's *Managing for Results* initiative, DHCD will collect data for the program and compare trends in these shelters as it relates to the community trends in nearby communities as well as statewide trends.**

## **Assistance with the Emergency Shelter Grants Application**

Questions regarding the ESG application process should be addressed to Dan Acker, Program Officer. He can be reached at 410-514-7254, 1-800-756-0119 extension 7233 or via email at [acker@mdhousing.org](mailto:acker@mdhousing.org).

Useful website links:

Maryland Department of Housing & Community Development: [www.mdhousing.org](http://www.mdhousing.org)

North American Industry Classification System

[NAICS Association Search - www.nacis.com/search.htm](http://www.nacis.com/search.htm) (NAICS Code required on Project Impact Data Sheet)

## EMERGENCY SHELTER GRANTS PROGRAM APPLICATION COVER SHEET

### LOCAL GOVERNMENT APPLICANT INFORMATION

1. Applicant: \_\_\_\_\_ Federal Identification Number of Applicant: \_\_\_\_\_
2. Applicant's Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Web Address: \_\_\_\_\_
4. Local Government Contact Person-Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Note: If this application contemplates that grant funds will be utilized by the agency listed above, check here \_\_\_\_\_ and skip to Number 9 below. **If not proceed with number 6 below.**

**Name of Governmental or Nonprofit Service Provider:** \_\_\_\_\_

6. Federal Identification Number of Service Provider if not an agency of the applicant: \_\_\_\_\_

7. ESG Service Provider Contact Person-Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

8. Name of Project Site(if different from Applicant): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

9. Legislative District of the Project Site: \_\_\_\_\_

10. ESG Non-Profit Service Provider: Faith-Based \_\_\_\_\_ Public \_\_\_\_\_ Other Non-Profit \_\_\_\_\_

11. Check all that apply to this application:

- \_\_\_ Request funding for Maintenance & Operation of a shelter
- \_\_\_ Request funding for essential services/client services activities
- \_\_\_ Request funding to help homeless persons make the transition to permanent housing and independent living
- \_\_\_ Request funding for limited staffing costs
- \_\_\_ Request funding for limited administrative costs

12. This is application number \_\_\_\_\_ of \_\_\_\_\_ Federal Fiscal Year 2009 ESG application(s) submitted by the applicant.

**Funding Request**

13. Amount requested by this application for this Service Provider: \$ \_\_\_\_\_

**Total funds requested by the local government for all FFY 09 applications: \$ \_\_\_\_\_**

**CHART OF PRIOR EMERGENCY SHELTER GRANTS AWARDED**

10. Please list all funds previously awarded by ESG FOR THIS APPLICANT. Insert additional lines if needed.

<u>Project Name</u>	<u>Fiscal Year</u>	<u>Funds Awarded</u>	<u>Funds Expended</u>	<u>Balance</u>

**STATUS OF PREVIOUSLY FUNDED EMERGENCY SHELTER GRANTS**

11. Since you have previously received ESG grant funds, discuss, in detail, the progress, the percentage of ESG funds expended and benchmarks met. Also discuss any factors that may have hindered progress of implementing your plan of action.

\_\_\_\_\_

**PART 1: EXECUTIVE SUMMARY:**

**(TAB 1)**

In 50 words or less, summarize the proposed use or uses of the ESG funds contemplated by this application, the site or sites involved and number of potential beneficiaries:

---

**Part II: APPLICANT ELIGIBILITY**

**(TAB 2)**

A. Check the appropriate box (es) below:

- 1.  Applicant (local government) will utilize ESG funds itself.
- 2.  Applicant will disburse ESG funds to nonprofit organization(s).
- 3.  Applicant (local government) will undertake a combination of #1 & #2.B. If this application contemplates that ESG funds will be utilized by a service provider that is a nonprofit organization, attach copies of the following documents:

- 1. Articles of incorporation.
  - a. Articles of incorporation dated are attached as **TAB 4 – ATTACHMENT NO. \_\_\_\_\_**
  - b. These articles currently are in effect and have not been amended. Yes  No
  - c. \_\_\_\_\_ articles of amendment dated \_\_\_\_\_ (respectively) are included in the attachment with the articles of incorporation.
- 2. By-laws  
A current set of by-laws adopted and last revised \_\_\_\_\_ is attached as **TAB 4 - ATTACHMENT NO. \_\_\_\_\_**
- 3. Charitable organization designation.  
The letter from the Internal Revenue Service recognizing the organization as exempt from income taxation under Sec. 501(c)(3) of the IRS Code is attached as **TAB 4 - ATTACHMENT NO. \_\_\_\_\_**
- 4. The most recent fiscal year of the organization concluded \_\_\_\_\_.
  - a. \_\_\_\_\_ The organization’s IRS Form 990 for that year is attached as **TAB 4 - ATTACHMENT NO. \_\_\_\_\_**
  - b. \_\_\_\_\_ The organization’s IRS Form 990 for that year has not been filed because \_\_\_\_\_ and instead the form for the prior year is attached as **TAB 4 -ATTACHMENT NO. \_\_\_\_\_**
- 5. Financial and accounting manual.  
The organization’s current financial and accounting manual adopted or most recently revised \_\_\_\_\_ is attached as **TAB 4 - ATTACHMENT NO. \_\_\_\_\_**
- 6. Governing board.  
A list of the name and title of each officer and director of the organization's governing board is attached as **TAB 4 - ATTACHMENT NO. \_\_\_\_\_**
- 7. Other documents.  
Other documents that describe the creation, history, operation, achievements, or other relevant factors surrounding the organization are attached as follows:
  - a. Most recent Audit **TAB 4 - ATTACHMENT NO. \_\_\_\_\_**
  - b. Letters of commitment for matching funds **TAB 4 - ATTACHMENT NO. \_\_\_\_\_**
  - c. \_\_\_\_\_ **TAB 4 - ATTACHMENT NO. \_\_\_\_\_**
  - d. \_\_\_\_\_ **TAB 4 - ATTACHMENT NO. \_\_\_\_\_**
  - e. \_\_\_\_\_ **TAB 4 - ATTACHMENT NO. \_\_\_\_\_**
  - f. \_\_\_\_\_ **TAB 4 - ATTACHMENT NO. \_\_\_\_\_**
  - g. \_\_\_\_\_ **TAB 4 - ATTACHMENT NO. \_\_\_\_\_**

**PART III. STATEMENT OF HOMELESS PROBLEM THIS PROJECT ADDRESSES**

**(20) Points (TAB 3)**

**A. Population to be Served and Need**

1. Describe the need for, or the problem necessitating the services that the funding contemplated by this application will provide. Note local factors and trends, such as economic factors, the cost of available housing and level of homelessness in the service area. Emphasize any trends over the past year in the numbers or types of homeless and near homeless persons served. Document these factors and trends by citing statistics and indicate the source for the statistics. (Examples of documentation might include the average number of persons turned away from area shelters in a specified period, local unemployment rate, length of Section 8 waiting list, rental eviction rate in the jurisdiction, number of non-residential veterans service facilities in the area, rate of domestic violence incidences, etc.) For statistical documentation, see ATTACHMENT NO. \_\_\_\_\_

Please discuss any obstacles you are having gaining access to other ESG funding in your jurisdiction. Explain why you are pursuing funds from the State of Maryland ESG .

**(15) Points**

2. **Performance Measurement system:** estimate the number of individuals and families to be provided shelter, homeless support services and assistance in moving to permanent housing during the period **October 1, 2009 – September 30, 2011**. Using the selected objective and selected outcomes indicated in the chart below, tell us the population expected to be primarily served, e.g. families facing eviction, single homeless men, abused women and their children, single parent households, etc. For further guidance, please use the 2008 ESG Manual (“Performance Measurement”) section. **(4 points)**

OBJECTIVE – Suitable Living Environment OUTCOME – Availability/Accessibility	Individuals proposed to be served	Families proposed to be served
<ul style="list-style-type: none"> <li>• <b>Suitable Living Environment</b> – Emergency Shelters, Transitional Housing Programs, Street outreach and essential services)</li> </ul>		

OBJECTIVE – Decent Housing OUTCOME – Affordability	Individuals proposed to be served	Families proposed to be served
<ul style="list-style-type: none"> <li>• <b>Decent Housing (Transition to permanent housing and independent living)</b></li> </ul>		

3. Attach a map of the service area and indicate the site of the homeless services project or shelter. *[Domestic violence shelters need not be indicated on the map of the service area.]*  
ATTACHMENT NO. \_\_\_\_\_ **(1) Point**

**Part IV: PROPOSED PROJECT DESIGN (20)****(TAB 3)****A. Project Description and Budget (10)**

Describe the homeless activities/projects for which funds are being sought. Provide details on all phases of the activity/project. Provide the appropriate information requested on the Project Budget sheets. At a *minimum* the budget and this narrative description of the activity/project should address the following points:

1. Discuss the type and usage of shelter maintenance and operating expenses being requested.
2. Discuss the type of case management and other direct client services to be funded by the grant and how they will be administered. **(Under the essential services category, a local government may disburse no more than 30% of its total ESG funds.)**
3. Discuss the type of **transition to permanent housing services to be provided and how they will be administered.**
4. Discuss the type and usage of shelter staffing costs being requested. (Do not include case managers or service providers covered under essential services. This category is limited to no more than **10% of each sub-recipient service provider's grant amount.**)
5. Discuss the type and usage of administrative funds being requested. (*Note: Only a minimal amount is available.*)
6. Describe any proposed building renovation, rehabilitation, and conversion activities. (*This category may be included only with documentation that funds are not available from other sources.*)

**B. Project Financing (10) points**

1. Describe financing, including detailed information on matching funds, *especially the sources and amounts*. Provide documentation that these funds will be available during the grant term. Provide the information requested on the **MATCHING FUNDS CHART**. This narrative must be coordinated with the information displayed on the chart.

**PART V: PAST EXPERIENCE/ORGANIZATIONAL CAPACITY (20)****(TAB 3)**

**A.** Describe the provider's capacity to undertake and implement the proposed project or program. The discussion should include, but not be limited to, items such as staffing, organizational structure, coordination with other services, recent recognition or awards, and experience with non-ESG homeless programs and projects. **Please describe also the current client tracking system(s).**

**(A: 20)** \_\_\_\_\_

**B.1.** If the provider has administered an ESG-funded shelter previously, discuss the results of these efforts. For shelter providers, the discussion should include data such as the bed nights provided and the average length of stay as well as how many of those who were sheltered moved to transitional shelters, how many got jobs, how many, if any, became self-sufficient, and other outcome information. **Please describe also the current client tracking system(s).**

**(B1: 10 points )** \_\_\_\_\_

**B 2 For Providers of Transition to Permanent Housing Assistance, complete the following itemization for the most recent year of service:**

**a. Amount of ESG funds used for Transition to Permanent Housing**

**b. Amount of other funds used for Transition to Permanent Housing**

**c. Number of households assisted with ESG funds for:**

\_\_\_\_\_ **Security deposit/first month's rent assistance**

\_\_\_\_\_ **Utility assistance( including heating oil or other non-metered heat sources**

\_\_\_\_\_ **Other (if applicable, describe use of ESG funds)**

\_\_\_\_\_ **Number of households assisted with other (non-ESG) transition to permanent housing funds**

In addition to the above summary of the provider's ESG activity, describe the overall capacity and expertise of the organization. Discuss items such as staffing, organizational structure, coordination with other services, and recent special recognition or awards. **(B2: 10 points)** \_\_\_\_\_

**PART VI. SUPPORTIVE SERVICES (TAB 3)**  
**(20 points)**

- A. Discuss in detail the need for and the provider's ability to obtain or provide relevant supportive services to assist with this project or activity and to improve clients' self-sufficiency. Provide data from statistical sources, i.e. U.S. Census Bureau, American Community Survey (ACS), Current Population Survey (CPS), Maryland Department of Planning, and Maryland Department of Labor, Licensing and Regulation (DLLR). List the support services and identify how these services will assist with the proposed activity or project. Examples of services to be addressed are: job search and job training, substance abuse treatment, medical and health care services, daycare, life skills training, housing and transportation.  
**(15 points)**
- 

- B. Discuss how the program or activity you are proposing will facilitate provision of services under a community-wide continuum of care. Are there gaps in the local array of available services? If so what needs are not adequately addressed, or in what areas could coordination of services be improved?  
**(5 points)**
-

**Part VII. ADDITIONAL INFORMATION (TAB 3)**  
**(20 points)**

As noted in the Program Manual, up to **20 points** may be awarded for projects meeting the following DHCD match stipulations:

- At least 20 percent of the match (**10 percent of total project cost**) shall be in cash from the private sector or from a local government, and **not** from State or federal resources  
Total Project Cost: \$ \_\_\_\_\_ Total Match: \$ \_\_\_\_\_ Cash Match: \$ \_\_\_\_\_

(Please provide specific documentation that will support the matching amounts shown above and on the Matching Funds Chart page 12). These can be letters of support or any document that shows the amount of match. Place these documents under TAB 4 and label them "Matching Funds Support Documents). **(10 points)**

- A cash contribution by the local government is strongly encouraged and can be counted as part of the federally required 50/50 match. Points are assigned based primarily on level of support. No cash support to the nonprofit service provider organization, compared to the previous year, might merit no points.  
**(10 points)**

**Part VIII. PROGRAM REQUIREMENTS AND CERTIFICATIONS**

The form of this application conforms to the provisions of DHCD's FY 2009 ESG Program Manual. The Manual describes the federal and state requirements governing the use of the grant funds. An applicant cannot receive its funds under an ESG award unless it has executed an agreement with DHCD certifying its willingness to comply with the requirements described in the Manual and other requirements as may be imposed by the federal government. By submitting this application the applicant acknowledges that it will execute this agreement and submit it to DHCD in a timely manner.

---

The undersigned hereby certifies that the submission of this application for Emergency Shelter Grant funds is authorized under local law and that the applicant, a unit of local government, possesses the requisite authority to administer the Emergency Shelter Grant activities contemplated by the application in accordance with applicable law and regulations of the U.S. Department of Housing and Urban Development and of the State of Maryland.

The undersigned further certifies that the information set forth in this application and in the attachments in support of the application is true, correct and complete to the best of the undersigned's knowledge and belief.

In witness whereof, the applicant has caused this document to be duly executed in its name on this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
*(Name of applicant, a unit of local government)*

By: \_\_\_\_\_  
*(Signature of chief elected official)*

Name Type: \_\_\_\_\_

Title: \_\_\_\_\_



**CHECKLIST & TABLE OF CONTENTS**

**APPLICANT:** \_\_\_\_\_

**NAME OF PROPOSED ESG SERVICE PROVIDER:** \_\_\_\_\_

**Please review the checklist of attachments and furnish all of the attachments that are applicable. Please note that you submitted last year many of the documents listed below. You should resubmit any document that has been changed or updated. Contents of the THREE (3) notebooks should be tabbed and organized as follows:**

- TAB #1 – Executive Summary** - Attach a brief summary of the application, no more than two pages. This is **required** for all applications as identified by Part I of the application.
- TAB #2 –Emergency Shelter Grants Program application Eligibility** – Part II of the core application.
- TAB #3 – Individual Project Descriptions, Budgets, Project Impact Data Sheets and Related Documents** - Part III, Part IV, Part V, Part VI and Part VII of the core application. Please make sure that the application, project(s) budget(s), Project Impact Data Sheet(s), for each service provider is shown under this TAB. Please separate each part under this TAB
- TAB #4 – Organizational Documents for Shelter Organizations**
  - Articles of Incorporation** (if not previously submitted).
  - By-Laws** (if not previously submitted).
  - IRS Tax Exempt Determination Letter** (if not previously submitted).
    - 501(c) (3).determination letter
    - Form 990 filed with the IRS for employee wages.
  - Financial Accounting Manual**
  - List of Organization’s Board of Directors or Governing Board**
  - Most Recent Independent Financial Audit of the Organization**
- TAB 5 - Photographs** - Include photographs of the project(s) (interior and exterior) or if the project(s) is a study, please provide photographs of the site area.