



Emergency Solutions Grant application

If applying for:

- Rapid Re-housing answer questions 1-27, 44-51
- Targeted Prevention answer questions 1-22, 28-32, 44-51
- Street Outreach answer questions 1-16, 33-37, 44-51
- Emergency Shelter answer questions 1-16, 33-35, 38-43, 44-51
- HMIS answer questions 1-16, 44-51

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:	
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? <i>If needed, add additional names and emails on a separate piece of paper, placed behind this one.</i>	
Name(s):	Email(s):
For program implementation information? <i>If needed, add additional names and emails on a separate piece of paper, placed behind this one.</i>	
Name(s):	Email(s):

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.		
<input type="checkbox"/> Street Outreach	\$_____	
<input type="checkbox"/> Emergency Shelter	\$_____	
<input type="checkbox"/> HMIS	\$_____	
Housing Stabilization Activities: Note: A minimum of 40% must be allocated for HS		
<input type="checkbox"/> Rapid Re-Housing	\$_____	
<input type="checkbox"/> Targeted Prevention	\$_____	
<input type="checkbox"/> HMIS	\$_____	
Total	\$_____	

6. Please complete the following information about the Applicant Organization.

A. Check which of the following apply:
 Non-profit or Local Government

B. 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

C. 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
- Continuum of Care
- Other _____

D. Is your organization's goal to move people into housing directly from streets and shelters without preconditions of treatment acceptance or compliance.

Yes No

E. What is your organization's mission?

The applicant's fiscal year is (mm/dd/yy) _____ to _____

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 other (please specify)

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:			
8b. Program positions				
Position (simple job descriptions for the following positions are below)	Filled with Paid Staff	Filled with Volunteer Staff	Unfilled	Position Doesn't Exist
Executive Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intake Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Manager(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMIS/Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal Officer/Bookkeeper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter Director/Manager (shelters only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executive Director (nonprofits) or project manager (local governments): Staff responsible 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.
9a. What type of training is offered to your staff?
<input type="checkbox"/> Administration <input type="checkbox"/> Best practices <input type="checkbox"/> HMIS <input type="checkbox"/> Skill enhancement <input type="checkbox"/> Program development <input type="checkbox"/> Other
9b. On average, program/administrative staff participate in how many training opportunities per year?
<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+
9c. What trainings has your staff attended in the past year?
<input type="checkbox"/> SC ESG Webinars <input type="checkbox"/> Documenting Eligibility <input type="checkbox"/> Housing Inspections <input type="checkbox"/> Project Budget <input type="checkbox"/> Requisition Forms <input type="checkbox"/> Timesheets <input type="checkbox"/> Fair Housing Training <input type="checkbox"/> Other
10. Which of these program principles reflect your organization's practice? Check all that apply.
<input type="checkbox"/> The service provider is obligated to bring robust support services to the housing. These services are predicated on assertive engagement, not required <input type="checkbox"/> Program participant completes a housing stabilization plan or person-centered-plan prior to move in <input type="checkbox"/> Continued tenancy is not dependent on participation in services <input type="checkbox"/> There are units targeted to most disabled and vulnerable homeless members of the community <input type="checkbox"/> Embraces harm-reduction approach to addictions rather than mandating abstinence, yet supports resident commitments to recovery. <input type="checkbox"/> Residents must have leases and tenant protections under the law <input type="checkbox"/> Households must complete a service package or intervention before assistance with moving into housing <input type="checkbox"/> Other
11. Has your organization received any HUD findings, resolved or unresolved, within the past 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach the approved Corrective Action Plan
12. Has your organization returned any HUD funds in the past 5 years? If so, what type and how much?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.
13. Does your organization have any unresolved audit issues?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.

14. Has your organization ever declared bankruptcy?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the date of discharge?

Section Three: Outcomes

15. Are there other activities/outputs or outcomes your organization assists your area/region in achieving?
16. Does your region's plan specify your organization/program as playing a role in accomplishing this activity/output/outcome?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Section Four: Housing Stabilization (complete only if applying for Housing Stability funds (Rapid Re-housing and/or Targeted Prevention funds), see page 1)

17. Are there agreements/partnerships in your community to link clients with mainstream resources?			
Resource	Type of Agreement		
	Formal Written (attach)	Informal Written (attach)	Verbal
TANF			
Food Stamps			
Medicaid			
HOME			
CDBG			
Local Public Housing Authority			
Employment Security Commission/Workforce Development			
Veterans' Administration			
Other			
18. Will your organization be partnering with another organization(s) to provide any housing stabilization services?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of organization(s): _____ If yes, please check all below that apply and include all organizations on the Housing Stabilization Team chart below.			
Housing Relocation & Stabilization Services <input type="checkbox"/> Housing search & placement <input type="checkbox"/> Case management		Financial Assistance <input type="checkbox"/> Payment of up to 6 months of arrears (rental & utility)	

<input type="checkbox"/> Mediation <input type="checkbox"/> Legal services <input type="checkbox"/> Credit repair <input type="checkbox"/> Counseling <input type="checkbox"/> Information & referral <input type="checkbox"/> Monitoring and evaluation of progress	<input type="checkbox"/> Rental application fees <input type="checkbox"/> Security deposits (rental & utility) <input type="checkbox"/> Last month's rent <input type="checkbox"/> Moving expenses <input type="checkbox"/> Tenant-based rental assistance (TBRA)
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19a. What are barriers to clients obtaining housing in your service area (check all that apply)?

<input type="checkbox"/> Criminal backgrounds <input type="checkbox"/> Poor credit <input type="checkbox"/> Poor rental history <input type="checkbox"/> Area landlords aren't interested in working with organization <input type="checkbox"/> Area rents are too high <input type="checkbox"/> Available units aren't the right size	<input type="checkbox"/> Area rents are greater than HUD FMR <input type="checkbox"/> Not enough existing rental housing in area <input type="checkbox"/> Lack of transportation between units and services/jobs/amenities <input type="checkbox"/> Income <input type="checkbox"/> Available units don't pass inspection <input type="checkbox"/> Client unwillingness to follow rules/lease <input type="checkbox"/> Other: _____
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19b. If one or two are most extreme, please list them below. (Limit 2)

1.
2.

20. If your organization has implemented any strategies towards reducing these barriers, check all that apply.

<input type="checkbox"/> Master lease <input type="checkbox"/> Co-lease <input type="checkbox"/> Payment of rental or utility arrears <input type="checkbox"/> Requests for reasonable accommodation <input type="checkbox"/> Staff training on how to make a request for a reasonable accommodation <input type="checkbox"/> Building relationships with area landlords <input type="checkbox"/> Assertively assist clients to engage in credit repair <input type="checkbox"/> SOAR worker on staff <input type="checkbox"/> Link clients to SOAR worker	<input type="checkbox"/> Payment of deposits or last month's rent <input type="checkbox"/> Provides transportation or bus tokens <input type="checkbox"/> Encourage landlords to list properties on SC Housing Search <input type="checkbox"/> Engage legal services (legal aid or volunteer attorneys) to assist with criminal records <input type="checkbox"/> MOA with DSS to help clients link with benefits <input type="checkbox"/> Support or coordinate local fair housing training for property managers <input type="checkbox"/> Other: _____
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21. What are barriers to clients maintaining housing? Check all that apply.

<input type="checkbox"/> Clients' incomes are too low <input type="checkbox"/> Lack of employment opportunities <input type="checkbox"/> Lack of mental health services <input type="checkbox"/> Lack of tenancy supports <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Unhealthy social network <input type="checkbox"/> Lack of knowledge of tenant/landlord rights & responsibilities <input type="checkbox"/> Other: _____
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22. If your organization implemented any strategies towards reducing these barriers, check all that apply.

<input type="checkbox"/> Employment/job training program <input type="checkbox"/> Arrangement with TANF to pay 3 months rent for TANF eligible families <input type="checkbox"/> Partnership with Vocational Rehabilitation <input type="checkbox"/> Provide transportation or bus tickets <input type="checkbox"/> Provide tenant/landlord rights & responsibilities and fair housing training <input type="checkbox"/> Offer tenant-based rental assistance <input type="checkbox"/> Peer support programs <input type="checkbox"/> Provision of services If checked, what type? _____ <input type="checkbox"/> Provision of tenancy support services
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Other: _____

A. Rapid Re-Housing (complete only if applying for Rapid Re-housing funds, see page 1)

23a. Has your organization received rapid re-housing funds?

- Yes
- No

24b. Do you have experience running a rapid re-housing program?

- Yes
- No

If yes, with what funding? _____

25. What services will be available to Rapid Re-housing clients?

Housing Relocation & Stabilization Services	Financial Assistance
<input type="checkbox"/> Housing search & placement	<input type="checkbox"/> Payment of up to 6 months of arrears (rental & utility)
<input type="checkbox"/> Case management	<input type="checkbox"/> Rental application fees
<input type="checkbox"/> Mediation	<input type="checkbox"/> Security deposits (rental & utility)
<input type="checkbox"/> Legal services	<input type="checkbox"/> Last month's rent
<input type="checkbox"/> Credit repair	<input type="checkbox"/> Moving expenses
<input type="checkbox"/> Counseling	<input type="checkbox"/> Tenant-based rental assistance (TBRA)
<input type="checkbox"/> Information & referral	
<input type="checkbox"/> Monitoring and evaluation of progress	

26. Do you have existing, working relationships with landlords in your community?

- Yes Have there been changes in the past year?
- 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 Housing Search agency
- Other: _____

27. 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)

B. Targeted Prevention (complete if applying for Targeted Prevention funds, see page 1)

28. What population(s) is/are being targeted as most likely to become homeless?

- 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
- Persons receiving another specific service (ex. Section 8 recipients)
- Persons with HIV/AIDS
- Other: _____

Have targeted populations changed since last year? Yes No
If yes, how and why?

29. How was this decision made?

- Organizational mission
- CoC/Regional Committee priorities
- HPRP data
- HMIS data
- Consolidated Plan/Action Plan data
- Ten Year Plan
- Other: _____

30. 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)

31. What services will be available to Targeted Prevention 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)

32. If you implemented a Targeted Prevention program in the past year, what changes/improvements will you make in the 15-16 program year? (1500 word limit)

Section Five: Emergency Response (complete only if applying for Emergency Response funds, see page 1)

33. Will your organization be partnering with another organization(s) to provide any services?

Yes No

If 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: _____

34. Emergency Response Team

Street Outreach Emergency Shelter Both

35. 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	____/____

A. Street Outreach (complete if appropriate, see page 1)

36. 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: _____

37. Will your organization be partnering with another organization to provide any services?

Yes No

If 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: _____

B. Emergency Shelter (complete only if requesting Emergency funds)

38. What services will be available to Emergency Shelter clients?	Year Round Service?
<input type="checkbox"/> Case management <input type="checkbox"/> Child care <input type="checkbox"/> Education services <input type="checkbox"/> Employment assistance/job training <input type="checkbox"/> Outpatient health services <input type="checkbox"/> Legal services <input type="checkbox"/> Life skills training <input type="checkbox"/> Mental health services <input type="checkbox"/> Substance abuse treatment services <input type="checkbox"/> Transportation <input type="checkbox"/> Services for special populations <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your organization have restrictions about who it will serve based on age and/or gender?	
<input type="checkbox"/> 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. <input type="checkbox"/> No If yes, what are the restrictions?	
40. Do you have a relationship with a Rapid Re-Housing program?	
<input type="checkbox"/> Yes, with: _____. Please complete list below and provide documentation that shows the relationship. <input type="checkbox"/> No If yes, check all that apply <input type="checkbox"/> Share staff <input type="checkbox"/> Written MOU <input type="checkbox"/> Informal <input type="checkbox"/> Outlined in Consolidated Plan, CoC documents, 10-Year Plan <input type="checkbox"/> Other: _____	
41. What are barriers to clients obtaining permanent housing (check all that apply)?	
<input type="checkbox"/> Criminal backgrounds <input type="checkbox"/> Poor credit <input type="checkbox"/> Poor rental history <input type="checkbox"/> Area landlords aren't interested in working with organization <input type="checkbox"/> Area rents are too high <input type="checkbox"/> Available units aren't the right size	<input type="checkbox"/> Area rents are greater than HUD FMR <input type="checkbox"/> Not enough existing rental housing in area <input type="checkbox"/> Lack of transportation between units and services/jobs/amenities <input type="checkbox"/> Income <input type="checkbox"/> Available units don't pass inspection <input type="checkbox"/> Other: _____
42. 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

condition	
10. The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
11. There are sufficient electrical sources to permit safe use of electrical appliances in the shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
13. The shelter is maintained in a sanitary condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
14. There is at least one working smoke detector in each occupied unit of the shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
15. Where possible, smoke detectors are located near sleeping areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
16. There is a fire alarm system	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
17. The fire alarm system is designed for hearing impaired persons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
18. All public areas of the shelter have at least one smoke detector	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
19. There is a second means of exiting the building in the event of a fire or other emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
20. Are fire drills conducted quarterly in shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Section Six: Resource Targeting

Optional response

43. Optional: What additional information not covered elsewhere in this application should we know about your organization or your shelter? (150 word limit)

Section Seven: Project Policies and Procedures

44. Non-Discrimination:

What is the policy to ensure non-discrimination? **Attach policy at the end of the Project Application identified as "Attachment AA."**

45. 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 or 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."**

46. Fair Housing:

What is the policy to ensure the promotion of fair housing laws (the policy should include where client can file complaint and address limited English proficiency -- LEP.)? **Attach policy at the end of the Project Application identified as "Attachment CC."**

47. HMIS Participation Agreement:

Attach executed Data Use Agreement/Administrative QSOBAA identified as "Attachment DD."

48. Are results of the linkages to mainstream resources being monitored in HMIS?

- Yes
- No

If yes, how?

49. 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 day to day decision made by agency: _____

Section Eight: Budget and Distribution of Funds

50. Please attach an Excel spreadsheet "ESG Project Budget" & should be completed and included in the application. In addition, please list your past performance in an ESG grant or any other grants allocated to you by Horry County Government.

Section Nine: Authorized Signature

51. 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