



MISSISSIPPI HOME CORPORATION  
EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM

FY 2020 - 2021 ESG APPLICATION

APPLICATION CYCLE

Applications for the Emergency Solutions Grant (ESG) Program will be accepted during the application cycle stated below. Applications will only be accepted during the designated dates and time. There will not be any exceptions for late applications.

**FY 2020 Application Cycle**

**Application Submission Open Date:** Monday, April 27, 2020

**Application Submission Close Date:** Thursday, April 30, 2020 @ 4:00 pm

APPLICATION PACKAGE

The Application Package must consist of the hard copy application (with original signatures) and the required documents listed in the application. In addition, an electronic version of this Excel application must be submitted through email to faye.mccall@mshc.com and copy to erica.fell@mshc.com. All hard copy documents must be bound in a:

[Smead Pressboard Fastener Folder with SafeShield Fasteners, 3" Expansion, Legal Size](#)

All documents must be submitted in the order listed in the Table of Contents. The application folder must be clearly marked with the Applicant's name and application year. If more than one folder is used, all folders must be marked and include the Table of Contents. All applications must be typewritten and properly executed. Application forms from prior years may not be used. Failure to submit the Application Package properly may result in a deduction of points. Incomplete or late applications will not be considered for funding.

APPLICATION SUBMISSION

All Applicants must submit an original and one (1) copy of the application to MHC by the Cycle Close Date. All applications are considered final at the time they are received. Additional information cannot be submitted unless specifically requested by MHC.

Applications must be mailed or hand delivered to the following address:

MISSISSIPPI HOME CORPORATION

Attn: Faye McCall

735 Riverside Drive

Jackson, MS 39202

TECHNICAL ASSISTANCE

If you need assistance during the application cycle, please contact:

Faye McCall at (601) 718-4668 / faye.mccall@mshc.com or

Erica Fell at (601) 718-4681 / erica.fell@mshc.com

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## TABLE OF CONTENTS

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The following documents must be submitted with the application. All items indexed must be tabbed and numbered accordingly.

APPLICANT:

**I. General Information**

- ☐ 1. Cover Letter
- ☐ 2. Executed Application
- ☐ 3. Project Narrative (*see Project Narrative Guide for guidance*)
- ☐ 4. Site Control Documentation (for Shelters only)
- ☐ 5. Policy and Procedures Manual

**II. Organization Documents**

- ☐ 1. Articles of Incorporation
- ☐ 2. Bylaws and/or constitution
- ☐ 3. Certificate of Good Standing from Mississippi Secretary of State
- ☐ 4. IRS 501(c)(3) Status Letter
- ☐ 5. Organization Chart of Agency Board
- ☐ 6. List of Board Members (include name, city and state of residence, occupation, email address)
- ☐ 7. Letter from Board identifying homeless member
- ☐ 8. Key Staff Resumes

**III. Threshold Factors**

- ☐ 1. Current Financial Statements and IRS Form 990
- ☐ 2. Section 3 Summary Report Form HUD 60002
- ☐ 3. Board resolution demonstrating approval to apply for grant
- ☐ 4. Local Government Certification (*Attachment A*) /Support Letters
- ☐ 5. Match Funds Documentation

**IV. Scoring Factors Documentation**

- ☐ 1. Scoring Sheet (*Attachment B*)
- ☐ 2. Applicant Experience & Capacity Form (*Attachment C*)
- ☐ 3. Memorandum of Understanding for Services
- ☐ 4. CoC Letter
- ☐ 5. Past Performance Report

**V. Other Attachments (please describe)**

- ☐ 1. \_\_\_\_\_
- ☐ 2. \_\_\_\_\_
- ☐ 3. \_\_\_\_\_



MISSISSIPPI HOME CORPORATION

735 Riverside Drive | Jackson | MS | 39056

## EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM

### FY 2020 - 2021 ESG APPLICATION

#### I. APPLICANT INFORMATION

Select one.

☐ First-time ESG Applicant

☐ Returning ESG Applicant

##### Agency

Applicant Name:  Tax ID No.:

Mailing Address:

Physical Address:

Website URL:

Contact Person:  Contact Email:

Business Phone:  DUNS Number:

Business Fax:  Fiscal Year End:

Business Email:

Enter the total number of years the agency has been in operation:

Enter the total number of part-time staff employed by the agency:

Enter the total number of full-time staff employed by the agency:

Briefly describe the agency's mission:

##### Board President (BP)

BP Name:

Address:

Phone:

Business Fax:

Business Email:

##### Executive Director (ED)

ED Name:

Address:

Phone:

Business Fax:

Business Email:

## I. APPLICANT INFORMATION

### Service Area

List the Service Area that the Agency covers:

Population of Service Area (2010 Census):

### Agency's Key Personnel

Please list staff or proposed staff, whose job function plays a key role in the operation of the program. Indicate if the staff member is a part- or full-time employee, and the number of years the staff person has been in the position. Attach a resume for each key staff member.

Name	Title	Phone	# of Yrs in this position	Employment

### Partnerships

Provide a list of organizations that the agency collaborates with to provide comprehensive services. Attach a copy of the Memorandum of Understanding (MOU) for each partnership listed.

Organization	Location	Services Provided

## II. ELIGIBILITY

FY 2020 - 2021 ESG APPLICATION

Answer the following questions:

1. Applicant has a written policy designed to ensure that their facility is free from illegal use, possession, or distribution of drugs or alcohol by its beneficiaries and employees. Attach documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Applicant has a written policy to ensure that activities conducted under ESG conforms to the nondiscrimination and equal opportunity requirements contained in 24 CFR Part 576.407(a). Attach documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Applicant will make known that use of the facilities, assistance and services are available to all individuals on a nondiscriminatory basis per 24 CFR Part 576.407(b).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Applicant has policy outlining the confidentiality of victims of domestic violence and the location of shelters for such persons. Attach documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. If Applicant is a primarily religious organization, do you agree to provide all eligible activities under this program in a manner that is free from religious influences in accordance with 24 CFR Part 576.406.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. If the Applicant is a nonprofit organization, do you have approval of the proposed project from the unit of general local government? Attach documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Is the amount of match, consisting of funds, value of service, value of building, or value of materials to be provided, equal to or greater than the ESG funds requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. If the proposed grant is for street outreach, emergency shelter operations, homeless prevention, rapid re-housing, housing relocation or short to medium-term rental assistance, the Applicant agrees to provide services or shelter to homeless individuals and families at least for the period during which ESG funds are provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Applicant agrees that all housing, whether the homeless shelter or the rental housing units assisted with ESG, will meet the shelter and housing standards outlined under 24 CFR Part 576.403.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Applicant agrees that all individuals and families, eligible for ESG will be given assistance to obtain housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living; including assistance in obtaining other federal, state, local and private assistance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Applicant involves homeless or formerly homeless individuals in policy-making or decisions regarding its facilities, services, or other ESG funded activities. Attach documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Is your agency an active member of a Continuum of Care? (Aligning goals with CoC priorities, participating in coordinated entry, HMIS or comparable database, PIT, and CoC committee work.) Attach documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Does your agency have the capacity and the available cash flow to effectively administer this grant based on the reimbursement requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Does your service locale have adequate housing stock available to meet the needs of providing habitable housing in the community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

### III. PROJECT INFORMATION

The Project Information section as well as the Project Narrative must accurately describe the proposed project and how the requested ESG funds will be used. Applicants must provide clear and concise answers to all questions.

FY 2020 - 2021 ESG APPLICATION

Project Name:

**Type of services to be provided?** *(Check all that apply.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Services for At-risk Children/Youth/Victim of Human Trafficking | <input type="checkbox"/> Adult Education  |
| <input type="checkbox"/> Service for Persons with Serious Mental Illness                 | <input type="checkbox"/> Utility Assistance                                     |
| <input type="checkbox"/> Homeless Services   | <input type="checkbox"/> Financial Literacy                                     |
| <input type="checkbox"/> Services for Victims of Domestic Violence                       | <input type="checkbox"/> Services for Persons Recently Incarcerate or on Parole |
| <input type="checkbox"/> Emergency Food Assistance                                       | <input type="checkbox"/> Service for Persons with Substance Abuse Problems      |
|  | <input type="checkbox"/> Other General Low/Moderate Income Services             |

**Project Type**

A. Emergency Shelter / Street Outreach

1. Site Control *(Shelter only)*

- |  |  |
|--|--|
| <input type="checkbox"/> Applicant owns property.<br>Date acquired: <input type="text"/> | <input type="checkbox"/> Applicant has a lease on the property.<br>Expiration date: <input type="text"/> |
|--|--|

2. What is the average number of clients served annually?

3. How do you keep client files confidential? Do you have a system or proecedures in place?

4. What are your eligibility requirements to access your emergency shelter and what are the reasons someone may be turned away or asked to leave your shelter?

5. Average number of days that clients stay in shelter:

6. Percentage of clients that exited to permanent housing?

7. What is the number of unsheltered homeless persons engaged annually?

8. What is the average number of unsheltered persons engaged and connected to emergency shelter, housing, or critical services?

### III. PROJECT INFORMATION

The Project Information section as well as the Project Narrative must accurately describe the proposed project and how the requested ESG funds will be used. Applicants must provide clear and concise answers to all questions..

FY 2020 - 2021 ESG APPLICATION

#### B. Rapid Re-Housing / Homeless Prevention

1. What is the average number of persons the program serves annually?
2. What is the average amount of assistance provided to a Rapid Re-Housing household?
3. What is the average household AMI the program serves?
4. Describe how housing is located or landlords are identified. What are the type of programs and services currently offered? Describe how you use resources within the community to lower barriers to service and proceed with rapidly re-housing clients into permanent housing?

*DRAFT*

5. What types of methods do you use to develop a housing and services plan for each client? Describe how direct-client assistance is determined, including its frequency. Describe how you determine when and how an exit plan is developed.

*DRAFT*

6. Describe how the proposed program in this application will increase exits to permanent housing? Describe your agency's housing stabilization practices and what case management services you offer to assist client(s) in maintaining permanent housing? What procedure does the proposed program have in place to prevent future evictions?

*DRAFT*

#### C. HMIS

1. Describe how these funds will contribute to your ability to collect, analyze, and report data.

*DRAFT*

#### IV. PROPOSED PERFORMANCE OUTCOME MEASUREMENTS

Proposed Performance Outcome Measurement should reflect the needs and goals expected to be met during the activity period. (Enter "N/A" for indicators that do not apply to your project).

FY 2020 - 2021 ESG APPLICATION

##### Persons/Households to be Served

Enter the expected outcome for the number of persons and/or households (HH) to be served within the grant period for each quarter.

	Q1		Q2		Q3		Q4		TOTAL	
	Persons	HH	Persons	HH	Persons	HH	Persons	HH	Persons	HH
Proposed number of person(s) or households to be served?									0	0
Proposed number of homeless individuals and/or households that will be served by Rapid-Re-housing?									0	0
Number of individuals and/or households that will be served by Homeless Prevention funding?									0	0
Number of individuals and or households that will be sheltered?									0	0
Total Individuals/Households to be served:	0	0	0	0	0	0	0	0	0	0

##### Income Level of Persons/Households to be Served

Enter the expected number or percentage of persons for each income level to be served within the grant period for each quarter.

	Q1		Q2		Q3		Q4		TOTAL	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Extremely Low Income (ELI)									0	0%
Low Income (LI)									0	0%
Moderate Income (MI)									0	0%
Total to be served:	0	0%	0	0%	0	0%	0	0%	0	0%



## V. ACTIVITIES

Activities funded under this section must comply with HUD's standards on participation, data collection, and reporting under a local HMIS. Applicants should review 24 CFR, Part 576 and MHC's ESG Program Description for clarification and details on services.

FY 2020 - 2021 ESG APPLICATION

1. What counties does the Agency propose to serve with this funding?

2. Population to be served: *(Select all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Elderly   | <input type="checkbox"/> Domestic Violence Victims                                 |
| <input type="checkbox"/> Homeless individuals and/or households                | <input type="checkbox"/> Individuals and/or households with serious mental illness |
| <input type="checkbox"/> At-risk of homelessness individuals and/or households | <input type="checkbox"/> Individuals and/or households with substance abuse issues |
| <input type="checkbox"/> Low Income individuals and/or households              | <input type="checkbox"/> Victims of human trafficking                              |
| <input type="checkbox"/> Homeless Youth  | <input type="checkbox"/> Other (please explain in the Project Narrative)           |
| <input type="checkbox"/> Chronic Homeless individuals and/or households        |  |

3. Select the services that will be provided with the ESG funds. *(Select all that apply)*

☐ **Street Outreach**

- |  |  |
|--|--|
| <input type="checkbox"/> Engagement                | <input type="checkbox"/> Emergency mental health services                |
| <input type="checkbox"/> Case Management           | <input type="checkbox"/> Transportation (includes public transportation) |
| <input type="checkbox"/> Emergency health services |  |

☐ **Emergency Shelter**

- |  |   |
|--|---|
| <input type="checkbox"/> Shelter Operations/Maintenance Activities     | <input type="checkbox"/> Essential Services |
| <input type="checkbox"/> Food, furnishings and supplies                | <input type="checkbox"/> Case Management*   |
| <input type="checkbox"/> Minor or routine repairs                      | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> Rent, security, fuel, utilities and equipment |   |
| <input type="checkbox"/> Ins and Professional Services (Accounting)    |   |

☐ **Homeless Prevention Component (At Risk of Homelessness Individuals and/or Households)**

- |  |  |
|--|--|
| <input type="checkbox"/> Housing Relocation and Stabilization Services | <input type="checkbox"/> Services Cost                         |
| <input type="checkbox"/> Financial Assistance Cost                     | <input type="checkbox"/> Housing search and placement          |
| <input type="checkbox"/> Rental Application Fees                       | <input type="checkbox"/> Housing stability case management*    |
| <input type="checkbox"/> Security Deposits                             | <input type="checkbox"/> Max amounts and periods of assistance |
| <input type="checkbox"/> Last Month's Rent                             | <input type="checkbox"/> Use with other subsidies              |
| <input type="checkbox"/> Utility Deposits                              |  |
| <input type="checkbox"/> Utility Payments                              |  |
| <input type="checkbox"/> Moving Costs                                  |  |
| <input type="checkbox"/> Short/Medium-Term Rental Assistance           |  |

☐ **Rapid Re-Housing Component (Homeless Individuals and/or Households)**

HUD PRIORITY

- |  |  |
|--|--|
| <input type="checkbox"/> Housing Relocation and Stabilization Services | <input type="checkbox"/> Services Cost                             |
| <input type="checkbox"/> Financial Assistance Costs                    | <input type="checkbox"/> Housing search and placement              |
| <input type="checkbox"/> Rental Application Fees                       | <input type="checkbox"/> Housing stability case management*        |
| <input type="checkbox"/> Security Deposits                             | <input type="checkbox"/> Maximum amounts and periods of assistance |
| <input type="checkbox"/> Last Month's Rent                             | <input type="checkbox"/> Use with other subsidies                  |
| <input type="checkbox"/> Utility Deposits                              |  |
| <input type="checkbox"/> Utility Payments                              |  |
| <input type="checkbox"/> Moving Costs                                  |  |
| <input type="checkbox"/> Short/Medium-Term Rental Assistance           |  |

☐ **HMIS (Homeless Management Information System)**

- |   |  |
|---|--|
| <input type="checkbox"/> Eligible Costs (ESG funds may be used to pay the costs of contributing data to the HMIS designated by the CoC) | <input type="checkbox"/> Charges for utilities to operate or contribute data to the HMIS |
| <input type="checkbox"/> Purchasing/leasing computer hardware   | <input type="checkbox"/> Salaries for operating HMIS                                     |
| <input type="checkbox"/> Purchasing software or software licenses   | <input type="checkbox"/> Staff travel/attend HUD-sponsored/approved HMIS training        |
| <input type="checkbox"/> Purchasing or leasing equipment  | <input type="checkbox"/> Staff travel cost to conduct intake                             |
| <input type="checkbox"/> Obtaining technical support  | <input type="checkbox"/> Participation fees charged by the HMIS Lead                     |
| <input type="checkbox"/> Leasing office space   |  |
| <input type="checkbox"/> General Restrictions   |  |

## VI. MATCH FUNDS

ESG funds require a 100% dollar for dollar match. Matching funds must equal or exceed the total ESG funding request. In addition, at least 25% of the Total Funds Request must be matched with liquid assets.

FY 2020 - 2021 ESG APPLICATION

### Funding Request

Below is the list of eligible activities selected in the Activities section of the application. Enter the amount of funds being requested for each activity. Request only those funds expected to be expended over the twelve (12) month contract period. Round to the nearest dollar (\$1.00).

	Amount Requested
Street Outreach	\$ -
Emergency Shelter	\$ -
Rapid Re-housing	\$ -
Homelessness Prevention	\$ -
HMIS	\$ -
<b>TOTAL ESG FUNDS REQUEST:</b>	<b>\$ -</b>

### Matching Funds

Matching contributions may be obtained from any source, including any Federal source other than the ESG program, as well as state, local, and private sources. Matching funds/services must be spent on /used for ESG-eligible activities and must benefit the ESG program participants. Points will be given based on the clarity of proposed match. Match (in-kind or cash) must be explained as to how its use relates to the activities allowed under the McKinney Homeless Assistance Act, as amended. Match must be verified to include resolutions and letters detailing sources of funds. If match comes from the city or the county, then the source of funds (general fund) must be identified. Letters from banks, organizations, or donors specifying donated items will be needed. Volunteer hours and fundraising efforts will need to be discussed in enough detail for each volunteer to establish validity. The service area or activities for which volunteer hours are used must be clearly indicated.

List all funding sources committed to the proposed project.

	Amount	Supporting Documentation
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
<b>Total Match:</b>	<b>\$ -</b>	
<b>Gap:</b>	<b>\$ -</b>	
Does Applicant meet the 100% dollar for dollar match requirement?	Yes	

*The Emergency Solutions Grant funding must be used in coordination with other funding sources and programs to ensure continuum of services. The Proposed Budget must provide information on the organization's activities, resources, and expenditures projected for 2020-2021. Complete as accurately and completely as possible. Failure to do so may result in a reduction or denial of funding.*

### Anticipated Resources

2020 Emergency Solutions Grant (ESG) Request:

### ESG Matching Funds:

List the funding source for all ESG matching funds.

**TOTAL ESG MATCHING FUNDS:**

Project Non-Matching Funds:

List the funding source for all non-matching funds.

**TOTAL PROJECT NON-MATCHING FUNDS**

Other Sources of Funds (non-ESG Project)

List the funding source for all other sources not related to the ESG Project.

**TOTAL OTHER SOURCES OF FUNDS**

## Amount Projected

First Quarter	Second Quarter	Third Quarter	Fourth Quarter
\$ -	\$ -	\$ -	\$ -

[illegible][illegible][illegible]

## VII. PROJECT BUDGET

The Emergency Solutions Grant funding must be used in coordination with other funding sources and programs to ensure continuum of services. The Proposed Budget must provide information on the organization's activities, resources, and expenditures projected for 2020-2021. Complete as accurately and completely as possible. Failure to do so may result in a reduction or denial of funding.

FY 2020 - 2021 ESG APPLICATION

### Anticipated Expenses

### Amount Projected Per Quarter

#### Projected Project Expenses

Shelter Operations

Shelter Essential Services

Street Outreach Activities

Homelessness Prevention Activities

Rapid Re-Housing Activities

Staff Salaries

Other (Specify:)

Total Expenses by Quarter:

**TOTAL EXPENSES:**

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -

\$ -

## VIII. EXPENSE DETAILS

Expense details breaks down all the expenses listed on the Project Budget worksheet by categories: Salary and Wages, Fringe Benefits, Transportation, Equipment, Operating Expenses, Consultant/Contractual Costs, and Other Expenses. The total of all expenses listed on this worksheet should coincide with the Project Budget worksheet.

FY 2020 ESG APPLICATION

### I. Salary and Wages

Position / Title	Name	Annual Salary	% of time on ESG	Amount
				-
				-
				-
				-
				-
				-
				-
				-
				-

Total Salary and Wages:

### II. Fringe Benefits

Fringe Benefits Description	Rate (as a percent of Salary)	% of time on ESG	Annual Salary	Amount
				-
				-
				-
				-
				-
				-
				-
				-
				-

Total Fringe Benefits:

Total Salary and Wages and Fringe Benefits:

### III. Transportation Costs

Purpose of Travel	Location	Miles Traveled	Rate	Amount
				-
				-
				-
				-
				-
				-
				-
				-

Total Transportation:

### IV. Equipment Costs

Equipment	Description / Time / Rate	Amount

Total Equipment:

## VIII. EXPENSE DETAILS

Expense details breaks down all the expenses listed on the Project Budget worksheet by categories: Salary and Wages, Fringe Benefits, Transportation, Equipment, Operating Expenses, Consultant/Contractual Costs, and Other Expenses. The total of all expenses listed on this worksheet should coincide with the Project Budget worksheet.

FY 2020 ESG APPLICATION

#### V. Operating Expenses

[illegible]

Total Operating Expenses:	-
---------------------------	---

## VI. Consultant / Contractual Cost

[illegible]

Total Consultant / Contractual Cost:	-
--------------------------------------	---

## VII. Other Expenses

[illegible]

Total Other Expenses:	-
-----------------------	---

TOTAL PROJECT EXPENSES:		-
-------------------------	--	---

## IX. BUDGET SUMMARY

The Emergency Solutions Grant funding must be used in coordination with other funding sources and programs to ensure continuum of services. The Proposed Budget must provide information on the organization's activities, resources, and expenditures projected for 2020-2021. Complete as accurately and completely as possible. Failure to do so may result in a reduction or denial of funding.

FY 2020 - 2021 ESG APPLICATION

### Anticipated Resources

### Amount Projected

2020 Emergency Solutions Grant (ESG) Request

\$ -

Cash on Hand - Project Budget Deficit

\$ -

Total Matching Funds

\$ -

Total Non-Matching Funds

\$ -

**TOTAL PROJECT RESOURCES:**

**\$ -**

Total Other Sources of Funds (Non-ESG Project)

\$ -

Cash on Hand - Non-Project Deficit

\$ -

**TOTAL RESOURCES:**

**\$ -**

### Expenses

### Amount Projected

**TOTAL PROJECT EXPENSES:** (from Project Budget)

**\$ -**

Non-Project Related Expenses

\$ -

**TOTAL EXPENSES:**

**\$ -**

**PROJECT GAP:**

**\$ -**

**TOTAL BUDGET GAP:**

**\$ -**

## X. PAST PERFORMANCE MEASUREMENTS

Past Performance Measurement is a tool to capture information about program performance to determine how programs and activities are meeting established needs and goals. (Enter "N/A" for indicators that do not apply to your project).

FY 2020 - 2021 ESG APPLICATION

Enter data for the reporting period listed below. Provide a report from HMIS (or comparable system) to support the data.

Reporting Period: from 06/01/19 to 05/31/20

### 2019 ESG Funding

Enter the amount of ESG funds awarded during the period listed above:

\$ -

Enter the amount of ESG funds awarded during the period listed above that has not been expended:

\$ -

Percentage of previous award not expended:

0%

### Racial/Ethnic Characteristics

Indicate the annual number of clients served for the reporting period listed above. Include Residential and Non-Residential Services.

	Annual Number
Caucasian	
Black / African American	
Hispanic	
Asian	
American Indian / Alaskan Native	
Native Hawaiian / Other Pacific Islander	
Asian & White	
Black / African American & Caucasian	
Black / African American & American Indian / Alaskan Native	
Other Multi-Racial	
<b>TOTAL:</b>	<b>0</b>

### ESG Beneficiaries

#### Individuals/Households Served

Define the clients served based on the annual number (not percentages) served for the reporting period listed above. Do not include duplicate persons.

Annual number of Individuals	Annual Number		
	Male	Female	Total
Unaccompanied 18 and over			0
Unaccompanied under 18			0
			<b>0</b>

Annual number of Households headed by:	Male	Female	Total
Single 18 and over			0
Single under 18			0
Two Parents - 18 and over			
Two Parents - under 18			
Households with no children			
			<b>0</b>



## X. PAST PERFORMANCE MEASUREMENTS

Past Performance Measurement is a tool to capture information about program performance to determine how programs and activities are meeting established needs and goals. (Enter "N/A" for indicators that do not apply to your project).

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### Special Needs

List the number of clients for each subpopulation you served. If you served subpopulations that fit more than one category, you may place overlapping numbers (duplicate persons) on the appropriate lines.

Special Needs Clients	Number
Chronically Homeless (Emergency Shelter only)	
Severely Mentally Ill	
Chronic Substance Abuse	
Other Disability	
Veterans	
Persons with HIV/AIDS	
Victims of Domestic Violence	
Elderly	

0

List the number of persons (not percentages) served in Emergency or Transitional Shelters for the reporting period listed above. Enter "N/A" if not applicable.

Shelter Type	Number of Persons Housed
Barracks	
Group/Large House	
Scattered Site Apartments	
Single Family Detached House	
Single Room Occupancy	
Mobile Home / Trailer	
Hotel/Motel	
Other	

**TOTAL:**

0

### **Residential (Emergency or Transitional Shelters)**

Number of Adults served annually	
Number of Children served annually	

**TOTAL:**

0

### **Non-Residential**

Number of Adults served annually	
Number of Children served annually	

**TOTAL:**

0

## XI. CERTIFICATION

FY 2020 - 2021 ESG APPLICATION

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining funds under the Emergency Solutions Grant (ESG) Program and is true and complete to the best of the Applicant's knowledge and belief. The Applicant shall not, in the provisions of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status or handicap. Verification of any of the information contained in this application may be obtained from any source named herein.

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_