North Carolina Emergency Solutions Grants-CV

**Housing Stability**

**ESG-CV Project Application**
For submission information, refer to the NC ESG Application Instructions.

**This form should be uploaded to the**

**Smartsheet Application form** [here](https://app.smartsheet.com/b/form/a859238c9c174a0abeab33f847d097cf)**.**

**Organization Name:** Enter Response Here- Maximum 2000 Characters

# **Section 1: Community Need and Proposed Project**

## Organizational/Community Need

|  |
| --- |
|  |
| **1.1 Statement of Need** – Describe the community need that this proposal will be solving. How has this need increased or exacerbated by COVID-19? How was this need identified? How will be these needs be addressed with ESG-CV funding?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

 |

|  |
| --- |
|   |
| Proposed Housing Stability Project(s)

|  |
| --- |
|  |
| **1.2 Proposed Project** – Describe the Housing Stability project your agency is proposing to meet the identified need.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

 |

 |
|

|  |  |
| --- | --- |
| **1.3 Counties** – What counties do you plan to serve (including across CoCs, if applicable)?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

 |

 |
| **1.4 Project Timeline—** Can your agency start this project immediately? What is your organizations ramp up plan and timeline?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**1.5 Project Outcomes—** How many people/households will this project help? How will success be determined?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

 |
| **Section 2: Capacity** |

## Financial Capacity

|  |
| --- |
|  |
| **2.1** Explain your agency’s financial control system and procedures. Include an explanation of how your agency will monitor its activities to ensure that ESG-CV Housing Stability funds are spent in a timely manner and how funds will be applied and tracked against specific activities.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

 |
| **2.2** List the staff members, titles, and their duties designated to complete agency reimbursements, statements of revenue and expenses, and manage budgets.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

 |
| **2.3** Does your agency currently receive HUD funding?  **2.4** Has your organization received any HUD findings, resolved or unresolved, within the past 3 years?  **2.4.1** If yes, please describe the findings and **attach** the approved Corrective Action Plan.  |
| Enter Response Here- Maximum 2000 Characters |

**2.5** Does your agency have any existing contract(s) with a North Carolina state agency?

**2.5.1** If yes, please describe the existing contracts.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

## Organizational Capacity

**2.7** **Staff Capacity**

Enter the # of PT staff: Enter Response Here- Maximum 2000 Characters

Enter the # of FT staff: Enter Response Here- Maximum 2000 Characters

Describe any services being provided by volunteers.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**2.8** What counties does your agency current serve (including in other CoCs, if applicable)?

Enter Response Here- Maximum 2000 Characters

# **Section 3: Experience and Activities**

**3.1** Are you currently operating a diversion, prevention or rapid re-housing program?

**3.1.1** If yes, please describe program. If not, please explain experience with programs related to permanent housing and/or rental assistance.

|  |
| --- |
| Enter Response Here- Maximum 5000 Characters |

## Landlord Engagement

**3.2** Does the program have dedicated staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program?

**3.2.1** If no, please describe how landlord recruitment and negotiation are handled and list the staff positions responsible.

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

**3.3** Are staff trained on landlord recruitment?

**3.3.1** If yes, please describe

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

**3.4** Does your program offer a standard, basic level of support to all landlords?

**3.4.1** If yes, please describe the level of support your agency provides to landlords:

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

## Housing Support Services

**3.5** How do you assess the services needed to stabilize a participant in housing?

|  |
| --- |
| Enter Response Here-- Maximum 2500 characters |

**3.6** What services does your agency offer?

|  |
| --- |
| Enter Response Here-- Maximum 2500 characters |

**3.7** Does your agency utilize tools (e.g., 90 day stability tool) to set goals and actions with participants?

**3.7.1** If yes, please describe your approach.

Enter Response Here-- Maximum 2500 characters

**3.8** Are program participants involved in creating a mutually agreed-upon time, place, and frequency of meetings with the case manager?

**3.9** Is participation in services voluntary?

**3.10** Do you have a relationship with employment and income programs to which to refer participants?

**3.10.1** If yes, please describe

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

## Financial Assistance

**3.11** Does the program use a progressive approach, where financial assistance is not a standard “package” and is flexible enough to adjust to households’ unique needs and resources, for determining the duration and amount of rental assistance provided?

**3.11.1** If yes, please describe

|  |
| --- |
| Enter Response Here-- Maximum 2500 characters |

**3.12** How do you determine a level of financial assistance provided for each participant?

|  |
| --- |
| Enter Response Here-- Maximum 2000 characters |

# **Section 4: Connection to Community**

## CoC/LPA Participation

4.1 **Coordination of Services** – Please explain how your agency will coordinate with local and state partners (e.g., local health department, DSS, LME-MCOs, hospitals, FQHCs, Community Action Agencies, etc.) to coordinate services for the individuals you serve.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

4.2 Partnerships – Please describe any partnerships or collaborations with other agencies on this project, if applicable.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

4.3 **Leveraging Additional Funding** – Please explain if your agency plans to leverage additional federal, state or other funding (e.g., CDBG, FEMA, etc.). Describe how you will prevent duplication of benefits.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

# **Section 5: Policies**

Subrecipients are required to adhere to written standards of the CoC/LPA.

5.1 Does the organization operate programs according to all CoC/LPA written7

standards?

5.2 If no, which written standards does the organization decline to adhere?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

5.3 Does the organization participate in the coordinated entry process in the CoC/LPA?

**5.4** Are you currently an active member in the local Continuums of Care in your coverage area?

**5.4.1** If yes, please provide an overview of your participation including coordination of referrals, governance boards, HMIS/comparable database participation, and other activities. If no, please describe how you will outreach and partner with local CoC to coordinate housing services.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

5.5 Does your organization adhere to federal Violence Against Women Act (VAWA) requirements?

5.6 ESG-CV requires that organizations follow a low barrier, housing first model. Does your organization commit to operating and providing services under a low barrier, housing first model?

5.7 HUD is committed to ensuring Racial Equity among program operations and services. Does your organization commit to operating and providing services in a racially equitable manner and providing racial equity data upon request?

5.8 Does the organization have current Program Policies and Procedures for all ESG funded activities?

5.9 If no, does the organization commit to having these policies and procedures in place by July 1, 2020?

5.10 Has the organization update emergency policies and procedures to reflect any changes due to COVID-19?

# **Section 6. Budget**

How many people/households are you expecting to serve with this project?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

What is the average direct financial assistance you anticipate? How did you come to this number?

*For example: FMR is $700. I anticipate that the average household will receive 6 months of rental assistance, plus security deposit. Average direct assistance: $4900.*

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

How much ESG-CV funding is your agency requesting to support your project(s)?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

What specifically will the funding be used for? How were costs arrived at for this proposal?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

# **Application Required Documents**

|  |  |  |  |
| --- | --- | --- | --- |
| **TAB** | **Document** | **Nonprofit Applicant** | **Unit of Local Govt Applicant** |
| **A** | Completed Application  | **** | **** |
| **B** | Project budget worksheet  | **** | **** |
| **C** | NC DHHS Required Contract Certification Forms & Documents in the order below |
|  | 1. No Overdue Taxes Certification Form  | **** | - |
|  | 2. Annual IRS Tax Exemption Verification Form  | **** | - |
|  | 3. Annual Conflict of Interest Verification  | **** | - |
|  | 4. Conflict of Interest Policy | **** | - |
|  | 5. Current Certificate of Insurance | **** | - |
|  | 6. IRS Tax exemptions Letter | **** | - |
|  | 7. Substitute W-9 | **** | **** |