North Carolina Emergency Solutions Grants-CV

**HMIS Only**

**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/a70501840ecf425ab78fb79c28c57de7)**.**

**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 Crisis Support Project(s)

|  |
| --- |
|  |
| **1.2 Proposed Project** – Describe the project(s) your agency is proposing to meet the identified need. How was this approach selected? How will your agency ensure that this project serves communities disproportionately affected or at risk from COVID-19? How will this project operate and account for public health guidance from NCDHHS and other public health agencies?

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

 |

 |
|  |
| **1.3 Project Timeline—**Is the project ready to start immediately? What is the project timeline (in months)? What is the duration of the project plan?

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

**1.4 Project Outcomes—** Estimate how many people/households will this project serve? How will success be determined?

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

 |
| **Section 2: Capacity** |

## Staff Capacity

**2.1** Complete the charts below.

|  |  |
| --- | --- |
| **Entire Organization** | **NC ESG Program** |
| Total FTEs:      | Number of FTEs paid with NC ESG-CV funding      |
| Total PTEs:      | Number PTEs Paid with NC ESG-CV funding:       |
| Number of Volunteers:      |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Filled with Paid Staff** | **Paid by ESG** | **Proposed to add with ESG-CV funds** |
| Executive Director | [ ]  | [ ]  | [ ]  |
| Intake Worker | [ ]  | [ ]  | [ ]  |
| Case Manager(s) | [ ]  | [ ]  | [ ]  |
| HMIS Organization Administrator | [ ]  | [ ]  | [ ]  |
| Fiscal Officer/Bookkeeper | [ ]  | [ ]  | [ ]  |
| Shelter Director/Manager | [ ]  | [ ]  | [ ]  |
| Housing Specialist/LandlordEngagement | [ ]  | [ ]  | [ ]  |

**2.2** Please identify any additional ESG-CV Funded positions not listed on chart.

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

## Financial Capacity

|  |
| --- |
|  |
| **2.3** 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 funds are spent in a timely manner and how funds will be applied and tracked against specific activities.

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

 |
| **2.4** 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 |

 |

|  |
| --- |
| **2.5** Does your agency currently receive HUD funding?  **2.6** Has your organization received any HUD findings, resolved or unresolved, within the past 3 years?  **2.6.1** If yes, please describe the findings and **attach** the approved Corrective Action Plan.  |
| Enter Response Here- Maximum 2000 Characters |

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

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

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

# **Section 3: Connection to Community**

**3.1** **Coordination of Services** – Please explain how your agency will coordinate with local and state partners (e.g., local health department, LME-MCOs, hospitals, FQHCs, Community Action Agencies, etc.) to coordinate services for the individuals you serve. COVID-19 response efforts to include federal, state and local partners in addition to leveraging available funding to prevent duplication of benefits. (i.e. CDBG, FEMA, EOC, Community Action Agencies)?

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

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

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

**3.3 Leveraging Additional Funding** – Please explain how your agency will 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 4: Policies**

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

**4.1** Does the organization operate programs according to all CoC written

standards?

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

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

# **Section 5. Budget**

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 |

Do you anticipate needing additional ESG-CV funds when the second allocation is available?

If yes, please estimate the amount needed and describe how the funds would be used?

Enter Response Here- Maximum 2000 Characters

# **HMIS/DV Comparable Database**

While Victim Service Providers cannot participate in HMIS, these agencies can apply for HMIS funds to be used on the costs associated with the required comparable database.

## Database Project Description

**7.1** Which type of database does the organization currently use?

**7.2** Does the organization applying for database project dollars, exclusively serve victims of domestic violence (DV)?

**7.3** If the organization uses a DV comparable database, which database do you use?

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

**7.4** Is the organization requesting financial assistance or operations funding only?

If yes, choose which expenses in column 1 below, will be covered by NC ESG funds.

If no, choose which expenses in column 2 below, will be covered by NC ESG funds.

|  |  |  |
| --- | --- | --- |
| **HMIS/DV Comparable**  | **Column 1** | **Column 2** |
| Supplies, Hardware, and Software | [ ]  | [ ]  |
| Salary and/or Fringe Benefits | [ ]  | N/A |
| Database Licenses and Fees | [ ]  | [ ]  |

**7.5** Describe how these funds will contribute to your ability to collect, analyze, and report

data.

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

**7.6 Regional Applicants only:** Only CoC Collaborative Applicants, as defined in the application instructions, are able to apply for NC ESG funds to cover the following eligible HMIS costs.

|  |  |
| --- | --- |
| **HMIS/Data** | **Requesting NC ESG HMIS funds** |
| Continuum of Care Staff Cost | [ ]  |
| HMIS Lead Organization Costs | [ ]  |
| HMIS Local System Administrator Costs | [ ]  |

**7.7** Describe how these funds will contribute to your ability to collect, analyze, and report

data.

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

## 8. Experience

* 1. Explain below any experience the organization has in implementing HMIS activities that

you have proposed in this application. *Specifically, include the years of experience of staff that will be administering the NC ESG-CV funds.*

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

* 1. Optional: In the space below, provide any additional information that would be helpful for the NC ESG Review Committee to know regarding this program. **This must be a narrative, not a reference to attached additional documentation.**

|  |
| --- |
| Enter Response Here- Maximum 2500 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 | **** | **** |