City of MURFREESBORO TENNESSEE	CITY OF MURFREESBORO COMMUNITY DEVELOPMENT DEPARTMENT EMERGENCY SOLUTIONS GRANT

APPLICATION – 2017-18 PROGRAM YEAR

Organization Name	Click here to enter text.				
Address 1	Click here to enter text.				
Address 2	Click here to enter text.				
City	Click here to enter text.	State		Zip	

Telephone	Click here to enter text.	Fax	

EIN(XX-XXXXXXX)	Click here to enter text.	DUNS #		SAMS Cage Code	

CEO/Executive Director	Click here to enter text.		
Title	Click here to enter text.	Email	Click here to enter text.

Provide contact information for the person responsible for submitting reimbursement requests and reports If someone other than the CEO/Executive Director

Program Contact	Click here to enter text.		
Phone	Click here to enter text.	Email	Click here to enter text.

Does your organization have 501(c)(3) tax exempt status?	Yes	☐	No	☐
Has your organization been reviewed by GivingMatters.com?	Yes	☐	No	☐
Is your organization a current recipient of ESG funds from the City or THDA?	Yes	☐	No	☐
If your organization is not a current recipient, has it ever received ESG funding?	Yes	☐	No	☐
Is your organization submitting an application to THDA for a direct ESG grant?	Yes	☐	No	☐
ESG subrecipients must submit required reports to THDA electronically. Is your agency able to comply with this requirement?	Yes	☐	No	☐

Total Amount Requested	$

For which eligible ESG uses is agency applying? (Check all that apply- See also pp. 8-10)

Emergency Shelter ☐	Street Outreach ☐	Rapid Re-Housing ☐	Homeless Prevention ☐

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Does your agency have written standards to provide guidance for evaluating individual's or families' eligibility for assistance?	Yes	☐	No	☐

All agencies receiving Emergency Solutions Grant funding are required to enter client data HMIS unless a waiver is requested and approved by the City of Murfreesboro.	
☐	**This agency requests a waiver from HMIS participation. Briefly explain your request in the space provided below** *(i.e. Domestic violence shelter –exempt.)*
Click here to enter text.	

Does your agency have a written policy for ensuring adequate privacy protection for all participant information entered in HMIS?	Yes	☐	No	☐
Does your agency obtain consent from participants in writing to share information in the HMIS system?	Yes	☐	No	☐

Does your agency have a formal process for a client to file a grievance?	Yes	☐	No	☐
Does your agency have a formal process for the termination of assistance to a client including a process that recognizes the rights of the individuals affected to a hearing?	Yes	☐	No	☐
Does your agency provide a terminated client the reason in writing?	Yes	☐	No	☐

Briefly explain in the space provided below how your agency fulfills the "Affirmative Outreach" requirement (§576,407(b)) to make known that use of its facilities, assistance, and services are available to all, including those with disabilities, on a non-discriminatory basis?
Click here to enter text.

Does your agency have policies and procedures in place to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons?	Yes	☐	No	☐
Does your agency have policies and procedures in place to ensure that no otherwise qualified person shall, solely by reason of their disability, be excluded from participation or be denied benefits offered by your program?	Yes	☐	No	☐

In the space provided below, briefly describe how your agency promotes input on policy and participation from the homeless or formerly homeless?
Click here to enter text.

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What is the target group for the services your agency proposes to offer? **(Check all that apply)**	☐	Adults – Unaccompanied men only
	☐	Adults – Unaccompanied women only
	☐	Adults – Unaccompanied women and men
	☐	Children (Age 17 and younger)
	☐	Families with children
	☐	Victims of domestic violence
	☐	Persons with disabilities
	☐	Other

In the space provided below, describe current programs and services, including shelter or housing, which are offered to homeless or at-risk of homeless clients by your agency. Include length of time programs have been offered and number of people served annually.
Click here to enter text.

In the space provided below, briefly describe how your agency screens for client eligibility.
Click here to enter text.

In the space provided below, briefly describe how your agency uses volunteers in the program.
Click here to enter text.

In the space provided below, briefly describe how your agency collaborates with community resources, including participation in the Coordinated Entry process as established by HARC.
Click here to enter text.

Is your organization faith-based?	Yes ☐ No ☐

If you checked "Yes", briefly explain in the space provided below how your agency will demonstrate its compliance with the faith-based requirements under 24 CFR 576.406(b)

> 24 CFR 576.406(b) – Organizations that are directly funded under the ESG program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization as part of the programs or services funded under ESG. If an organization conducts these activities, the activities must be offered separately, in time or location, from the programs or services funded under ESG, and participation must be voluntary for program participants.

Click here to enter text.

Use the forms on pages 5-7 to enter your budget for the project(s) for which your agency is applying. All project sponsors are expected to provide at a minimum a dollar-for-dollar match. *Total Operating Budget – ESG* on p. 6 must equal *Total Amount Requested* entered on p. 1.

ESG APPLICATION – 2017-18 PROGRAM YEAR

PROGRAM OPERATING BUDGET

JULY 1, 2016 – JUNE 30, 2017

Organization Name	Click here to enter text.

ACTIVITY	ESG	MATCHING FUNDS	CONTRACT TOTAL
Street Outreach			
Salaries			
Travel			
Emergency Services			
Client transportation			
Other:_____			
Shelter – Essential Services/Operations			
Salaries			
Travel / Transportation			
Utilities			
Phone/Communications			
Rent			
Equipment			
Furniture			
Food			
Program Supplies			
Insurance			

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ACTIVITY	ESG	MATCHING FUNDS	CONTRACT TOTAL
Maintenance/Security Staff			
Client Legal Services / Costs			
Childcare			
Emergency Medical			
Counseling			
Job/Educational Training			
Other: _____			
Other: _____			
HOMELESSNESS PREVENTION			
Financial Assistance			
Salaries			
Other: _____			
Other: _____			
RAPID RE-HOUSING			
Financial Assistance			
Salaries			
Other: _____			
OTHER	**ESG**	**MATCHING FUNDS**	**CONTRACT TOTAL**
Indirect Costs*			
	ESG	**MATCHING FUNDS**	**CONTRACT TOTAL**
TOTAL OPERATING BUDGET			

***If you are budgeting for indirect costs, you MUST submit a current approved cost allocation plan.**

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MATCHED FUNDS

TYPE	DOLLAR VALUE	SOURCE OF MATCH	METHOD OF CALCULATION
Donated Supplies (clothing, furniture, equipment, etc.)	**$**	Click here to enter text.	Click here to enter text.
Cash Donations Or Grants	**$**	Click here to enter text.	Click here to enter text.
Value of Donated Building **(Attach documentation)**	**$**	Click here to enter text.	Click here to enter text.
Fair Rental or Lease Value **(Attach documentation)**	**$**	Click here to enter text.	Click here to enter text.
Salaries	**$**	Click here to enter text.	Click here to enter text.
Volunteers (unskilled @ minimum wage) **Attach a volunteer job description or list of duties related to ESG activities and a sample time sheet or log to document the volunteer hours.**	**$**	Click here to enter text.	Click here to enter text.
Other (Specify)	**$**	Click here to enter text.	Click here to enter text.
MATCH TOTAL	**$**		

For pages 8-10, complete and submit only those pages applicable to the boxes checked on p. 1.

ESG APPLICATION – 2017-18 PROGRAM YEAR

PROPOSED ESG ACTIVITIES

Organization Name	Click here to enter text.

Shelter – Essential Services

1. Describe activities proposed for Essential Services:
   Click here to enter text.

2. List all position titles, percentage of time and salaries of personnel that will be billed under Essential Services:
   Click here to enter text.

Shelter – Operations

1. Describe activities proposed for Essential Services:
   Click here to enter text.

2. List all position titles, percentage of time and salaries of personnel that will be billed under Operations:
   Click here to enter text.

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PROPOSED ESG ACTIVITIES

Organization Name	Click here to enter text.

Street Outreach

1. Describe activities proposed for Street Outreach:

   Click here to enter text.

2. List all position titles, percentage of time and salaries of personnel that will be billed under Street Outreach:
   Click here to enter text.

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PROPOSED ESG ACTIVITIES

Organization Name	Click here to enter text.

Prevention and Rapid Re-Housing

1. How will you ensure that minimum habitability standards are met when rental assistance funds are used to place a homeless household into housing, or move a household to different housing? Who will conduct necessary inspections?
   Click here to enter text.

2. How will you ensure that housing occupied by families with children under the age of six comply with requirements of the Lead Based Paint Poisoning Prevention Act in accordance with 24 CFR parts 35.115(a) and 35.115.125 ? How will the applicant assure that Lead Based Paint inspections are conducted properly?
   Click here to enter text.

3. How will you assure that rent reasonableness tests are conducted for each unit rented?
   Click here to enter text.

4. Explain the assessment process for determining the duration of financial assistance to be provided. If applicable, how will you document that program participants receiving medium-term rent assistance (3 to 6 months of assistance) be certified for eligibility at least once every 3 months?
   Click here to enter text.

5. List all position titles and salaries of personnel that will be billed under Housing Relocation and Stabilization Services (Prevention and/or Rapid Re-Housing):
   Click here to enter text.

6. Does your agency have written standards to provide guidance for determining and prioritizing which individuals and families will:

   Receive prevention assistance? Yes ☐ No ☐ N/A ☐

   Receive Rapid Re-Housing assistance? Yes ☐ No ☐ N/A ☐

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To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware providing false information on this application can subject the individual signing such application to criminal sanction up to and including a Class B felony.

I also certify that the matching supplemental funds or in-kind contribution required by the Emergency Solutions Grant Program will be provided and a description of the proposed sources and amounts is included in the program narrative.

Executive Director or Board Chairman:

Signature

_____

Printed Name Click here to enter text.

Title Click here to enter text.

Date Click here to enter text.

If this application is submitted electronically, a signed hard copy of this page only must also be submitted to the Community Development Department.