

SUMMARY OF FUNDS REQUESTED

Please complete as accurately and completely as possible. Failure to do so may result in a reduction or denial of funding. Request only those funds expected to be expended over an 18-month period. **Round to the nearest \$1.00.** Applicants should refer to 24 CFR, Part 576 and SDHDA’s ESG Administrative Plan for further clarification of how and when these services can be provided.

Activity Type	Requested Amount
SHELTER ACTIVITIES	\$
Renovation	\$
Operations (total of all subcategories below)	\$
▪ Maintenance	\$
▪ Insurance	\$
▪ Utilities	\$
▪ Furnishing/Appliances	\$
▪ Food	\$
▪ Rent	\$
▪ Security	\$
▪ Supplies	\$
▪ Equipment	\$
▪ Hotel/Motel Vouchers	\$
Essential Services (Shelter Residents Only)	\$
STREET OUTREACH	\$
RAPID RE-HOUSING ACTIVITIES	\$
Housing Relocation and Stabilization Services	\$
Financial Assistance	\$
Tenant-Based Rental Assistance	\$
Project-Based Rental Assistance	\$
HOMELESS PREVENTION ACTIVITIES	\$
Housing Relocation and Stabilization Services	\$
Financial Assistance	\$
Tenant-Based Rental Assistance	\$
Project-Based Rental Assistance	\$
HMIS	\$
Administrative Activities	\$
Total FY 2019 Request	\$

2019 ALLOCATION MATCHING FUNDS

Source of Match	Amount of Match
1. Volunteer hours (\$5 per hour)	\$ _____
2. Private donations	\$ _____
3. City government contribution	\$ _____
4. County government contribution	\$ _____
5. In-Kind (donations)	\$ _____
6. Housing Opportunity Funds (HOF)	\$ _____
7. Donated value/use of a building	\$ _____
8. Other _____	\$ _____
9. Other _____	\$ _____
10. Other _____	\$ _____
Total Match	\$ _____

If funds from the city, county, state agency, or a private source are to be used to meet the match requirement, please attach a letter of commitment or award.

TOTAL BUDGET FOR OPERATIONS AND SERVICES

The Emergency Solutions Grants Program funding must be used in coordination with other funding sources and programs to ensure a continuum of services. This budget will provide information on your organization's activities, resources, and expenditures currently for 2019 and projected for 2019. Please complete as accurately and completely as possible. Failure to do so may result in a reduction or denial of funding. Resources: Project the amounts to be received for 2019
Expenses: Project the amounts to be expended for 2019

TOTAL <u>PROJECTED</u> BUDGET FOR OPERATIONS AND SERVICES FOR 2019 ALLOCATION	
Anticipated Resources	Amount Projected 2019
1. United Way	
2. VOCA (Victims of Crime Assistance)	
3. DASA (Domestic and Sexual Abuse Grant)	
4. ESG (Emergency Solutions Grants) This must equal your total request	
5. Marriage License Fees	
6. City/County Government Contribution	
7. FEMA (Emergency Food and Shelter Program)	
8. Documented Cash Contributions	
9. FVPS (Family Violence and Prevention)	
10. STOP Violence Against Women Grants	
11. Other Resources (specify)_____	
12. Other Resources (specify)_____	
Projected Expenses	
1. Renovation	
2. Shelter Operations	
3. Shelter Essential Services	
4. Street Outreach	
5. Homeless Prevention Activities	
6. Rapid Re-Housing Activities	
7. HMIS Activities	
9. Staff Salaries	
12. Administration	
13. Other Supportive Services(specify)_____	
14. Other Expenses (specify)_____	
14. Other Expenses (specify)_____	

ATTACHMENTS

Please attach the following items:

1. Bylaws and/or constitution Attached
2. Articles of Incorporation Attached
 We are a public agency
3. Documentation of 501(c)(3) status from the U.S. Internal Revenue Service Attached
 We are a public agency
4. Local Government Certification Attached
5. Organizational chart of the Agency Board and Staff Attached
6. Certification of Consistency with local Consolidated Plan (Rapid City & Sioux Falls applicants only) Attached
7. Bids - at least 2 competitive bids for renovation/rehabilitation activities Attached
 Not Requested
8. Copy of the purchase or lease agreement(s) for the building(s) currently used as a shelter and/or office space Attached
9. Shelter pictures of any renovation activities (inside and/or outside) Attached
10. Provide evidence of financial accountability such as a recent audit Or annual accounting with balance sheets Attached
11. Policies and narratives as necessary to complete the application Questions #5-#14 Attached
12. Proposed ESG Admin Plan Attached
13. Copy of past three board meeting minutes Attached
14. Confidentiality Policy Attached
15. Discharge Policy Attached
16. Drug-Free Workplace Policy Attached
17. Executed Partnership Agreement Attached
18. Scoring sheet – Exhibit A – completed (self-scoring) Attached

CERTIFICATION

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 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.

I certify that I am authorized to execute this application on behalf of the Applicant.

Signature

Date

**EMERGENCY SOLUTIONS GRANTS PROGRAM
LOCAL GOVERNMENT CERTIFICATION
BY THE CHIEF EXECUTIVE OFFICER**

I, _____ (Name and Title) duly authorized
to act on behalf of the _____ (Name of Jurisdiction)
hereby approve the following projects(s) proposed by _____
_____ (Name of Nonprofit)

which is (are) to be located in:

By: _____ (Date)

(Print Name and Title)

(Signature)

**CERTIFICATION OF CONSISTENCY WITH THE CONSOLIDATED PLAN
(Applications from Sioux Falls and Rapid City Only)**

I, _____, (name and title) authorized to act on behalf of _____(City) certify that the activities proposed by _____ (name of applicant or recipient) are consistent with the Consolidated Plan submitted by _____ (City) on _____ (date), to the Department of Housing and Urban Development.

(Print Name)

(Print Title)

(Signature)

(Date)

Exhibit A

2018-2019 ESG Scoring Matrix

1 - Utilization of 2017 ESG funds - up to 25 points	Points	Score
Utilize all ESG funds within the term of the grant agreement	10	
Submitted quarterly draws	10	
Awarded and utilized recaptured funds	5	
Recaptured less than 10% from previous grant	5	
2 - Participation in CoC (Calendar year 2018) - Up to 15 Points		
100% attendance at SDHHC Quarterly Meetings	15	Percent
75% attendance at SDHHC Quarterly Meetings	10	Score
50% attendance at SDHHC Quarterly Meetings	5	
Less than 50% attendance at SDHHC Quarterly Meetings	0	
3 - Proposed Application - Up to 15 Points		
Requested at least 40% RRH/HP funds in application	15	Percent
Requested less than 40% RRH/HP funds in application	5	Score
Shelter Operations Only with signed partnership agreement for Direct Services	5	
Requested Shelter Operations only	0	
4 - Participation in 2018 ESG Trainings - up to 15 points		
100% attendance at ESG trainings	15	Percent
75% attendance at ESG trainings	10	Score
50% attendance at ESG trainings	5	
Less than 50% attendance at ESG trainings	0	
5 - HMIS Data Quality - 2017 Grant - up to 25 points		
Actively using HMIS as evidenced at time of draw request	15	Percent
5% or less null/missing data	10	Score
6-10% null/missing data	5	
Timely submission of comparable database	15	
6 - Agency Performance - 2017 Grant - up to 35 points		
All required documentation submitted at time of draw request	10	Score
Agency serves all populations	10	
Agency evidences how they ensure connection with educational services while in shelter	5	
Agency evidences % of those served found housing vs. went back into homelessness upon exit	5	
No audit Findings	5	
Total Score:		