

**STATE OF SOUTH DAKOTA  
EMERGENCY SOLUTIONS GRANTS (ESG) PROGRAM  
APPLICATION**

**GENERAL INFORMATION**

**A.** Name of Applicant \_\_\_\_\_

Nonprofit Organization                       Unit of Local Government

P.O. Box \_\_\_\_\_

Street Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_

County \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

E-mail Address \_\_\_\_\_

DUNS #: \_\_\_\_\_

TOTAL AMOUNT OF ESG FUNDS \_\_\_\_\_

REQUESTED: **(must equal amount on page 12)**

**ELIGIBILITY  
(Circle one)**

**A.** 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.

**YES (attach document)                      NO**

**B.** Applicant has a written policy to ensure that activities conducted under ESG conform to the nondiscrimination and equal opportunity requirements contained in 24 CFR Part 576.407(a).

**YES (attach document)                      NO**

**C.** 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).

**YES    NO**

**D.** Applicant has a policy outlining the confidentiality of victims of domestic violence and the location of shelters for such persons.

**YES (attach document)                      NO**

- E. If Applicant is a primarily religious organization, Applicant agrees 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.  
**YES** **NO** **N/A**
- F. If Applicant is a nonprofit organization, Applicant has approval of the proposed project from the unit of general local government?  
**YES** **NO** **N/A**
- G. 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?  
**YES** **NO** **N/A**
- H. If the proposed application 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 for at least the period during which ESG funds are provided.  
**YES** **NO** **N/A**
- I. 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.  
**YES** **NO**
- J. Applicant agrees that all individuals and families, eligible for ESG, will be given assistance to obtain permanent 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.  
**YES (attach proposed admin plan)** **NO**
- K. Applicant currently has outstanding audit findings, IRS findings, SDHDA monitoring findings or other compliance issues?  
**YES (Stop here and do not submit an application)** **NO**
- L. To the greatest extent possible, Applicant agrees to incorporate participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policy-making entity of the recipient, to the extent the entity considers and makes policies and decisions regarding any facilities, services, or other assistance that receive funding under ESG, as outlined per CFR 576.405.  
**YES** **NO**
- Current ESG applicants only:** If yes, what have you done in 2020 to work towards achieving this objective?

**M.** Applicant will involve the employment of homeless individuals to the maximum extent practicable.

**YES**

**NO**

**Current ESG applicants only:** If yes, what have you done in 2020 to work towards achieving this objective?

**N.** Is your agency a member of either the local or state (Homeless Consortium)?

**YES**

**NO**

(How many local meetings did you attend in 2019? \_\_\_\_\_)

(How many SD Housing for the Homeless Consortium meetings did you attend in 2019? \_\_\_\_\_)

**O.** Does your agency have the capacity and the available cash flow to effectively administer this program based on the reimbursement requirements?

**YES**

**NO**

**NOTE:** If **NO** is the response to any of the above questions, stop here and do not submit an application.



**SITE CONTROL - *Shelters Only***

Indicate below the status of the shelter and attach documentation of site control (lease agreement, purchase option or property deed, if not already submitted).

- \_\_\_\_\_ Applicant own property: Date acquired: \_\_\_\_\_
- \_\_\_\_\_ Lease. Expiration date: \_\_\_\_\_
- \_\_\_\_\_ Option to Purchase: Expiration date: \_\_\_\_\_
- \_\_\_\_\_ Other: Describe: \_\_\_\_\_

**ACCESSIBILITY FOR PERSONS WITH DISABILITIES**

Federal regulations require that all agencies assisted with ESG funds must not exclude or deny benefits or assistance to people with disabilities. Emergency shelters and service agencies should therefore seek to ensure that their shelter and/or agency are physically accessible to people with disabilities. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

**PROJECT DESCRIPTION**

The goal of the ESG program is to assist homeless individuals and families and those at risk of homelessness with assistance needed to achieve permanent sustainable housing. Below is a list of eligible components available for funding.

**Emergency Shelter Component**

Renovation

- Eligible costs include labor, materials, tools and other costs for renovation (including major rehabilitation of an emergency shelter or conversion of a building into an emergency shelter). The emergency shelter must be owned by a government entity or private nonprofit organization.

Operations

- Eligible costs include maintenance/repair, rent, security, fuel, equipment, insurance (shelter only), utilities, food, furnishings and supplies necessary for the operation of the emergency shelter. Also hotel/motel vouchers when no appropriate emergency shelter is available.

Essential Services (For use with shelter residents only)

- Eligible costs include case management, child care, education, employment, life skills services, legal services, mental health, substance abuse services, transportation and services for special populations.

### **Street Outreach Component**

- Eligible costs include, engagement, case management, emergency health and mental health services, transportation, and services for special populations.

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

#### Housing Relocation and Stabilization Services

- Eligible costs include: Housing search and placement, case management, mediation and legal services, credit repair/budgeting/money management.

#### Financial Assistance

- Eligible costs include: Rental application fees, security deposits, last month rent, utility deposits, utility payments (including up to six months of arrearages), and moving cost assistance.

#### Rental Assistance

- Eligible costs include: Short term and medium term rental assistance (up to 24 months) including up to 6 months arrearages.

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

#### Housing Relocation and Stabilization Services

- Eligible costs include: Housing search and placement, case management, mediation and legal services, credit repair/budgeting/money management.

#### Financial Assistance

- Eligible costs include: Rental application fees, security deposits, last month rent, utility deposits, utility payments (including up to six months of arrearages), and moving cost assistance.

#### Rental Assistance

- Eligible costs include: Short term and medium term rental assistance (up to 24 months) including up to 6 months of rental arrearages.

### **HMIS Component**

- Eligible costs include: Computer hardware/software/software licenses, office space/utilities/equipment, obtaining technical support, salaries for HMIS operations, staff travel for HUD approved HMIS training and participant intakes, and participation fees charged by the HMIS Lead

### **Administration Component**

- Up to 2.5% of the ESG budget.
- Eligible costs include: Administrative costs related to planning and execution of the ESG activities. This does not include staff and overhead costs directly related to carrying out street outreach, emergency shelter, homelessness prevention, and rapid re-housing activities, as those costs are eligible as part of those activities.

### **What type of Clientele will you be serving? (Check all that apply)**

- Homeless individuals and/or households (DV and Non-DV)
- At Risk of homelessness individuals and/or households (DV and Non-DV)
- Domestic Violence Victims Only

**PERFORMANCE OUTCOME MEASUREMENTS – Renewing Applicants Only**

Performance measurement is a tool to capture information about program performance to determine how programs and activities are meeting established needs and goals. Applicants can provide printed reports from the HMIS or DV database system for the following questions.

**1. People Served – Previous Calendar Year**

**Annual Number** (not percentages): Please indicate the number of people served (including children) from 1/1/2019 to 12/31/2019 (individuals and families need to be counted in each program they participated in during the calendar year.

	Homeless Prevention	Rapid Re-Housing	Shelter Activities	Total Persons
Adults	_____	_____	_____	_____
Children	_____	_____	_____	_____
Don't Know	_____	_____	_____	_____
Missing Information	_____	_____	_____	_____
<b>TOTAL:</b>	_____	_____	_____	_____

**2. Gender and Age– Previous Calendar Year**

Please indicate the gender and age of people served (including children)

<u><b>GENDER</b></u>	<b>TOTAL</b>	<u><b>AGE</b></u>	<b>TOTAL</b>
Male	_____	Under 18	_____
Female	_____	18-24	_____
Transgendered	_____	25 and over	_____
Other	_____	Don't Know/Refused	_____
Don't Know/Refused	_____	Missing Information	_____
Missing Information	_____		

**3. Race – Previous Calendar Year**

Please indicate the race of people served (including children)

	<b>TOTAL</b>
White	_____
American Indian/Alaskan Native	_____
Asian	_____
Black/African American	_____
Native Hawaiian/Other Pacific Islander	_____
Don't Know/Refused	_____
Missing Information	_____

### 3. Special Population – Previous Calendar Year

Please indicate the special populations of people served (Adults Only). May have multiple responses.

	Homeless Prevention	Rapid Re-Housing	Shelter Activities	Total Persons
Veterans	_____	_____	_____	_____
DV Victims	_____	_____	_____	_____
Elderly	_____	_____	_____	_____
HIV/AIDS	_____	_____	_____	_____
Chronic Homeless	_____	_____	_____	_____
Severely Mentally Ill	_____	_____	_____	_____
Chronic Substance Abuse	_____	_____	_____	_____
Other Disability	_____	_____	_____	_____

### 4. Income Levels – Previous Calendar Year

Please indicate the Income levels of persons or households served during the time period of 1/1/2019 to 12/31/2019:

- a. # or % extremely low income \_\_\_\_\_
- b. # or % low income \_\_\_\_\_
- c. # or % moderate income \_\_\_\_\_

### 5. Destination Residence – Previous Calendar Year

**Annual Number** (not percentages): From 1/1/2019 to 12/31/2019, answer according to the type of residence the client is in at time of program exit.

- \_\_\_ Deceased
- \_\_\_ Emergency Shelter (including hotel/motel paid for with emergency shelter voucher)
- \_\_\_ Foster Care Home or Foster Care Group Home
- \_\_\_ Hospital or other residential non-psychiatric medical facility
- \_\_\_ Hotel or Motel paid for without Emergency Shelter Voucher
- \_\_\_ Jail, Prison, Juvenile Detention Facility
- \_\_\_ Long-term care facility or nursing home
- \_\_\_ Moved from one HOPWA funded project to HOPWA PH
- \_\_\_ Moved from one HOPWA funded project to HOPWA TH
- \_\_\_ Owned by client, no housing subsidy
- \_\_\_ Owned by client, with ongoing housing subsidy
- \_\_\_ Permanent Housing for homeless person (such as CoC project; HUD legacy programs; HOPWA PH)
- \_\_\_ Place not meant for habitation (a vehicle, abandoned building, bus/train/anywhere outside)
- \_\_\_ Psychiatric Hospital or Other Psychiatric Facility
- \_\_\_ Rental by Client, no housing subsidy
- \_\_\_ Rental by client, VASH Subsidy

- Rental by client, other (non-VASH) ongoing housing subsidy
- Rental by client, with GPD TIP housing subsidy
- Safe Haven
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Staying or living with family, temporary tenure (e.g., room, apartment or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment, house)
- Substance Abuse Treatment or Detox Center
- Transitional Housing for homeless persons (including homeless youth)
- Other: \_\_\_\_\_
- Client doesn't know
- Client refused to provide

**6. Reason for Leaving – Previous Calendar Year**

**Annual Number** (not percentages): From 1/1/2019 to 12/31/2019, how many clients left the program for the following reasons.

- \_\_\_\_\_ Left for housing before completing program
- \_\_\_\_\_ Completed Program
- \_\_\_\_\_ Non-payment of rent/occupancy change
- \_\_\_\_\_ Non-compliance with program
- \_\_\_\_\_ Criminal action/property destruction
- \_\_\_\_\_ Reached maximum time allowed
- \_\_\_\_\_ Needs could not be met
- \_\_\_\_\_ Disagreement with rules/persons
- \_\_\_\_\_ Death
- \_\_\_\_\_ Unknown/Disappeared
- \_\_\_\_\_ Other: \_\_\_\_\_

**PERFORMANCE OUTCOME MEASUREMENTS – for all applicants**

As appropriate, please provide the **proposed outcomes** of your project. Please note this information will be used to determine funding amounts for your agency.

1. Proposed number of person(s) or households to be served within the next 18 months?  
Persons: \_\_\_\_\_  
Households: \_\_\_\_\_
2. Proposed # of homeless individuals and/or households that will be served by Rapid Re-Housing within the next 18 months?
  - a. Individuals \_\_\_\_\_
  - b. Households \_\_\_\_\_
3. Number of individuals and/or households that will be served by Homeless Prevention funding within the next 18 months?
  - a. Individuals \_\_\_\_\_
  - b. Households \_\_\_\_\_
4. Number of individuals and/or households that will be sheltered within the next 18 months?
  - a. Individuals \_\_\_\_\_
  - b. Households \_\_\_\_\_
5. Attach a narrative describing how the proposed program will promote self-sufficiency, help clients gain access to benefits and/or improve their financial stability.
6. Attach a narrative describing the procedure that will be used to follow-up with clients who were served and then exited the program.
7. Attach a narrative describing your case management procedures, including frequency of appointments, goal planning, transitioning into and maintaining permanent housing and how you will evaluate the client's needs and progress.
8. Attach a narrative describing the needs within your community and/or service area, how the need was determined, listing of other agencies providing services, how the need will be filled and how performance will be measured.
9. If your agency is only applying for funding for a specific population, attach a narrative describing how you have partnered with other agencies in your community to help homeless individuals that you DO NOT serve to ensure they receive the needed services.
10. If you are currently an Emergency Shelter and you do NOT plan to apply for Essential Services funding, please explain why.
11. Attach a narrative describing how your agency ensures that homeless participants (adults and children) are informed of their eligibility for and receive access to education services? In addition, include how your agency works with educational partners in your community to identify participants who may be eligible for ESG programs?

12. Attach a narrative describing any limitations your agency may have within this program regarding the services, length of time or amount of assistance clients may receive.
13. Attach a narrative explaining the intake process utilized within your ESG program and any diversion methods utilized. Include any additional eligibility requirements and justification of added restrictions on program entry.
14. Attach a narrative explaining how your agency addresses recidivism, specifically describing the methods your agency utilized to identify participants who have returned to homelessness and the services to those participants.

**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.

<b>Activity Type</b>	<b>Requested Amount</b>
<b>SHELTER ACTIVITIES</b>	\$
<b>Renovation</b>	\$
<b>Operations</b> (total of all subcategories below)	\$
▪ Maintenance	\$
▪ Insurance	\$
▪ Utilities	\$
▪ Furnishing/Appliances	\$
▪ Food	\$
▪ Rent	\$
▪ Security	\$
▪ Supplies	\$
▪ Equipment	\$
▪ Hotel/Motel Vouchers	\$
<b>Essential Services</b> (Shelter Residents Only)	\$
<b>STREET OUTREACH</b>	\$
<b>RAPID RE-HOUSING ACTIVITIES</b>	\$
Housing Relocation and Stabilization Services	\$
Financial Assistance	\$
Tenant-Based Rental Assistance	\$
Project-Based Rental Assistance	\$
<b>HOMELESS PREVENTION ACTIVITIES</b>	\$
Housing Relocation and Stabilization Services	\$
Financial Assistance	\$
Tenant-Based Rental Assistance	\$
Project-Based Rental Assistance	\$
<b>HMIS</b>	\$
<b>Administrative Activities</b>	\$
<b>Total 2020 Funding Request</b>	<b>\$</b>

<b>2020 ALLOCATION MATCHING FUNDS</b>
---------------------------------------

<b>Source of Match</b>	<b>Amount of Match</b>
1. Volunteer hours (\$10 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 _____	\$ _____
<b>Total Match</b>	\$ _____

***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 2020 and projected for remaining 2020.

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 2020

Expenses: Project the amounts to be expended for 2020

<b>TOTAL PROJECTED BUDGET FOR OPERATIONS AND SERVICES FOR 2020 ALLOCATION</b>	
<b>Anticipated Resources</b>	<b>Amount Projected 2020</b>
1. United Way	
2. VOCA (Victims of Crime Assistance)	
3. DASA (Domestic and Sexual Abuse Grant)	
4. ESG (Emergency Solutions Grant) <b>This must equal your total request</b>	
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)	
<b>Projected Expenses</b>	
1. Renovation	
2. Shelter Operations	
3. Shelter Essential Services	
4. Street Outreach	
5. Homeless Prevention Activities	
6. Rapid Re-Housing Activities	
7. HMIS Activities	
8. Staff Salaries	
9. Administration	
10. Other Supportive Services (specify)	
11. Other Expenses (specify)	
12. 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 (If applicable)  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: \_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(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)

