****

**Fort Worth/ Arlington/ Tarrant County Continuum of Care TX-601**

**FY2015 TDHCA Emergency Solutions Grants Program (ESG)**

**APPLICATION**

Application instructions can be found in the ESG Request for Proposals document, which is available on the internet: <http://www.ahomewithhope.org/funding-opportunities/>.

Table of Contents

[Cover Page and Checklist 2](#_Toc429671158)

[Texas 2015 ESG Application Title Page 4](#_Toc429671160)

[Program Overview 6](#_Toc429671161)

[Proposed Budget, Outcomes, and Match 7](#_Toc429671162)

[Attachment E: ESG Applicant Certifications 17](#_Toc429671163)

# **Cover Page and Checklist**

|  |  |
| --- | --- |
| Applicant Organization: |       |
| Point of Contact: |       |
| Telephone: | (     )       | Email: |       |

Please identify the person in your organization who will be available to answer questions about this application by telephone between 1:00pm – 5:00pm on Friday, Sep 25, 2015.

[ ]  Point of Contact (listed above) ***-or-*** [ ]  Alternate Contact:

|  |  |
| --- | --- |
| Point of Contact: |       |
| Telephone: | (     ) | Email: |       |

|  |  |  |
| --- | --- | --- |
|  |  | **Geographic Area (Check all that apply)** |
| **Activity** | **Budget Request** | Arlington/Mansfield | Fort Worth | ParkerCo | NETarrant | Mid-Cities |
| Street Outreach  | $     .00 |[ ] [ ] [ ] [ ] [ ]
| Shelter  | $     .00 |[ ] [ ] [ ] [ ] [ ]
| Homelessness Prevention  | $     .00 |[ ] [ ] [ ] [ ]  [ ]  |
| Rapid Re-housing  | $     .00 |[ ] [ ] [ ] [ ] [ ]
| HMIS | $     .00 |[ ] [ ] [ ] [ ]  [ ]  |
| Admin | $     .00 |[ ] [ ] [ ] [ ] [ ]
|  **Total** | $     .**00** |[ ] [ ] [ ] [ ]  [ ]  |

|  |  |
| --- | --- |
| IF additional funds are available, can your proposed program expand to achieve proportionately increased outcomes? (For example, if the proposal is to rapidly re-house 100 families with a total budget of $100,000, could the program house 150 families for $150,000?) **Yes or No** |       |
| If **yes**, what is the maximum grant amount for which your organization can achieve scaled outcomes and provide match? |       |
| IF funding is **not** available to cover the full amount of your request, can your proposed program contract to achieve proportionately decreased outcomes? (For example, if the proposal is to rapidly re-house 100 families with a total budget of $100,000, could the program rapidly re-house 80 families for $80,000?) **Yes or No** |       |
| If **yes**, what is the ***minimum*** grant amount for which your organization can achieve scaled outcomes and operate the program? |       |

Checklist(Submit one *paper* copy and *one PDF* of the following documents)

|  |  |  |
| --- | --- | --- |
| **Applicant** **Check** | **Application Contents** | **TCHC****Review** |
|[ ]  Cover Page and Checklist (App. Page 2) |  |
|[ ]  Texas 2015 ESG Application Title Page (App. Page 3) |  |
|[ ]  Collaborative Application Details (n/a for sole organization applicants) (App. Page 4) |  |
|[ ]  Program Overview (App. Page 5) |  |
|[ ]  Proposed Budget, Outcomes, and Match (App. Pages 6-15) |  |
|[ ]  Certifications and Signature (App. Pages 16-18) |  |
|[ ]  Narratives A, B, C, D, and E (RFP Page 5) |  |
|[ ]  Verification of Match Commitment  |  |
|[ ]  Most recent audit |  |
|[ ]  Copy of current operating year budget (agency wide or agency division) |  |
|[ ]  Documentation of non-profit status |  |

# Texas 2015 ESG Application Title Page

| **Contact Details** |
| --- |
| Legal Name of Applicant:(For collaborative Applications, list the lead agency here) |       |
| Mailing Address *(Include City & Zip Code)*: |       |
| County of Headquarters’ Office: |       |
| Agency Phone and Fax: |       |

| **Authorized Representative Information** |
| --- |
| Chief Executive - First, Middle and Last names: |       |
| Prefix: | [ ]  Mr. [ ]  Ms. |
| Title: |       |
| Email: |       |
| Phone number: |       |

| **Information of person to contact with ESG Application questions** |
| --- |
| First, Middle and Last names: |       |
| Prefix: | [ ]  Mr. [ ]  Ms. |
| Title: |       |
| Email: |       |
| Phone number: |       |

| **Application and Organization Details**  |
| --- |
| Type of organization: | [ ]  Nonprofit Organization 501(c)[ ]  Unit of General Purpose Local Government  |
| Data Universal Numbering System (DUNS): |       |
| Central Contractor Registration (CCR) CAGE Code: *NOTE: To draw funds, all Sub-recipients must be registered in the Central Contractor Registration (CCR). If you are not registered, go to* [*https://www.sam.gov/portal/public/SAM/*](https://www.sam.gov/portal/public/SAM/) *to renew, update or create a new registration.* |       |
| Check all the categories that apply to this agency: | [ ]  Faith-Based Organization [ ]  Domestic Violence provider[ ]  Emergency Shelter[ ]  Day Shelter |
| If funded, counties to be served by ESG funded project in the applicable CoC: |       |
| List the dates of your current Fiscal Year:(If collaborative, use the Lead’s Fiscal Year) |       (Mo/Yr) to       (Mo/Yr) |
| Which CoC(s) does the Applicant belong to? List name(s): |       |
| Do you currently use a Homeless Management Information System (HMIS) or comparable database?  | [ ]  Yes Name of Software:       [ ]  No  |
| Do you currently submit information through the HMIS Lead in your CoC? | [ ]  Yes [ ]  No |
| Is this is a collaborative Application?If **yes**, complete the next page for partner agencies. | [ ]  Yes [ ]  No  |

**Collaborative Application Details**

| **Legal Name of Partner Agency #1:** |  |
| --- | --- |
| Chief Executive - First, Middle and Last names: |       |
| Chief Executive Email: |       |
| Agency Mailing Address *(Include City & Zip Code)*: |       |
| Agency Phone and Fax: |       |
| ESG Contact Person - First, Middle and Last names: |       |
| Email and Phone number: |       |
| Check all the categories that apply to this agency: | [ ]  Emergency Shelter [ ]  Day Shelter [ ]  DV Provider |

| **Legal Name of Partner Agency #2:** |  |
| --- | --- |
| Chief Executive - First, Middle and Last names: |       |
| Chief Executive Email: |       |
| Agency Mailing Address *(Include City & Zip Code)*: |       |
| Agency Phone and Fax: |       |
| ESG Contact Person - First, Middle and Last names: |       |
| Email and Phone Number: |       |
| Check all the categories that apply to this agency: | [ ]  Emergency Shelter [ ]  Day Shelter [ ]  DV Provider |

| **Legal Name of Partner Agency #3:** |  |
| --- | --- |
| Chief Executive - First, Middle and Last names: |       |
| Chief Executive Email: |       |
| Agency Mailing Address *(Include City & Zip Code)*: |       |
| Agency Phone and Fax: |       |
| ESG Contact Person - First, Middle and Last names: |       |
| Email and Phone Number:  |       |
| Check all the categories that apply to this agency: | [ ]  Emergency Shelter [ ]  Day Shelter [ ]  DV Provider |

| **Legal Name of Partner Agency #4:** |  |
| --- | --- |
| Chief Executive - First, Middle and Last names: |       |
| Chief Executive Email: |       |
| Agency Mailing Address *(Include City & Zip Code)*: |       |
| Agency Phone and Fax: |       |
| ESG Contact Person - First, Middle and Last names: |       |
| Email and Phone Number: |       |
| Check all the categories that apply to this agency: | [ ]  Emergency Shelter [ ]  Day Shelter [ ]  DV Provider |

| **Legal Name of Partner Agency #5:** |  |
| --- | --- |
| Chief Executive - First, Middle and Last names: |       |
| Chief Executive Email: |       |
| Agency Mailing Address *(Include City & Zip Code)*: |       |
| Agency Phone and Fax: |       |
| ESG Contact Person - First, Middle and Last names: |       |
| Email and Phone Number: |       |
| Check all the categories that apply to this agency: | [ ]  Emergency Shelter [ ]  Day Shelter [ ]  DV Provider |

# Program Overview

Provide a brief overview of the proposed ESG activities by completing the following table. While this question will not be scored, it will provide the Community Projects Review Committee and TDHCA insight into the overall program design. Limit the narrative to space available in the table.

| 1. **Overview of services to be provided**
 | 1. **Overview of populations/clients to be served**
 | 1. **Overview of outcomes to be achieved**
 | 1. **Overview of research-based practices to be implemented and partnerships to deliver services**
 |
| --- | --- | --- | --- |
|       |       |       |       |

# Proposed Budget, Outcomes, and Match

**General Instructions**

* For questions 1.1 – 1.8, develop a budget and the corresponding performance targets for the grant activities that will be conducted.
* Budgets must be based on the allowable ESG activities referenced in [24 CFR §576.101-109](https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule%26ConPlanConformingAmendments.pdf).
* Budgets must be properly categorized under each of the ESG program components - Street Outreach, Emergency Shelter, Homelessness Prevention, Rapid Re-Housing, HMIS and Administrative - as listed under [24 CFR §576.101-109](https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule%26ConPlanConformingAmendments.pdf).
* The activities listed in the budget must support the outcomes to be achieved within the contract time period.
	1. **Budget Overview**

Complete the table by:

* Checking in Column B, all the components applicable to your Application.
* Listing in Column C, the amount of ESG funds requested under each of the categories listed. To determine the activities that are included under each component, refer to the applicable citations listed under Column A.

If no funds are being requested for a given component, leave the checkbox blank in column B and write 0 in the column C.

|  |  |  |
| --- | --- | --- |
| 1. **ApplicableCitation**
 | 1. **Budget Categories**
 | 1. **Requested Budget Amount**
 |
| 24 CFR §576.101 | [ ]  Street Outreach(Maximum of 60% when combined with Emergency Shelter) |  $ 0 |
| 24 CFR §576.102 | [ ]  Emergency Shelter (Maximum of 60% when combined with Street Outreach) |   |
| 24 CFR §576.102(a)(1) | [ ]  Essential Services |  $ 0 |
| 24 CFR §576.102(a)(3) |   [ ]  Operations  |  $ 0 |
| 24 CFR §576.102(a)(2) |   [ ]  Renovation  |  $ 0 |
| 24 CFR §576.102(a)(2) |  [ ]  Major Rehab |  $ 0 |
| 24 CFR §576.102(a)(2) |   [ ]  Conversion |  $ 0 |
| 24 CFR §576.102(a)(4) | [ ]  URA Assistance |  $ 0 |
| 24 CFR §576.103 | [ ]  Homelessness Prevention |  |
| 24 CFR §576.105(a) |  [ ]  Housing Relocation and Stabilization Services-Financial | $ 0 |
| 24 CFR §576.105(b) |  [ ]  Housing Relocation and Stabilization Services-Services | $ 0 |
| 24 CFR §576.106(a-h) |   [ ]  Tenant-based rental assistance | $ 0 |
| 24 CFR §576.106(a-g,i) |  [ ]  Project-based rental assistance | $ 0 |
| 24 CFR §576.104 | [ ]  Rapid Re-Housing |   |
| 24 CFR §576.105(a) |   [ ]  Housing Relocation and Stabilization Services-Financial |  $ 0 |
| 24 CFR §576.105(b) |   [ ]  Housing Relocation and Stabilization Services-Services |  $ 0 |
| 24 CFR §576.106(a-h) |   [ ]  Tenant-based rental assistance |  $ 0 |
| 24 CFR §576.106(a-g,i) |   [ ]  Project-based rental assistance |  $ 0 |
| 24 CFR §576.107 | [ ]  Homeless Management Information System (HMIS) |  $ 0 |
| 24 CFR §576.108 | [ ]  Administrative Costs |  $ 0 |
|  | **Total 2015 ESG Funds Requested** |  $ 0 |

**Administration Expenditure Limit**

Applicants may budget up to 3.00% of their request in administrative expenses. Complete the table below to determine your expenditure rate for administrative expenses. The percentage in column C cannot be greater than 3.00%.

*Collaborative Applicants selected to receive funding may receive an additional bonus for administrative expenses, however, for the Application, applicants should only budget 3.00%.*

| **A****Amount of ESG funds requested for Administration:** | **B****Total amount of ESG funds requested:** | **C****A÷B = C (%)** |
| --- | --- | --- |
|       |       |       |

* 1. **Total Number of Persons to be Served**

Total unduplicated number of persons proposed to be served with 2015 TDHCA ESG funds:

Total number of homeless persons counted in the 2014 point-in-time count for your CoC: **2,425**

The total number of persons to be served must:

* Be realistic when compared to the number of homeless persons counted in the last point-in-time count for your corresponding CoC. For example, if the last point-in-time count for a given CoC counted 500 homeless persons, it would not make sense for an applicant to project to serve 2,000 persons when the main target population for the grant is the homeless population.
* Be less than or equal to the total unduplicated count of persons to be served in all of the ESG program components - Street Outreach, Emergency Shelter, Rapid Re-Housing and Homelessness Prevention. In other words, the total number of persons to be served must be less than or equal to the sum of all numbers listed under questions 1.3, 1.4, 1.5 and 1.6. Note that the total persons to be served is likely to be less (rather than equal) than the sum of all persons served in the different components, because some participants will likely receive services from multiple program components.

**Instructions for Questions 1.3 – 1.8**

**Detailed Budgets**

The detailed budgets in questions 1.3 – 1.8 must:

* Be completed according to the example provided in Appendix 2, with itemized line items, and expenses grouped together by partner in the case of Collaborative Applicants.
* Round all line item numbers to be whole numbers (no decimals).
* Include line items for funds to be used as match as shown on Appendix 2. Match is to be treated the same way as a budget line item except the applicant must write the word MATCH under the Line Item Totals column.

 **Proposed Outputs and Outcomes**

For Applicants that are selected for funding, the outputs and outcomes targets listed in the application will be incorporated into their contracts as performance measures. Proposed outputs and outcomes must:

* ***Be based on accurate and realistic projections***. If funded, the service provider will be expected to have a case file for every person served with back-up information for all outcomes and outputs achieved. For example, if an applicant projects to serve 300 clients, the service provider will be expected to have 300 separate case files, each one with the applicable eligibility information and supporting documentation for outputs and outcomes.

To set realistic and achievable outcomes, Applicants may consider program outcomes from previous years, expert input, mapping the steps for service delivery, and tying the outcomes to the activities to be conducted and the funds being requested.

* ***Include persons to be served with ESG AND ESG Match funds***. Include activities, outputs and outcomes associated with both ESG and ESG match funds as shown in Appendix 2 of the RFP. Collaborative Applicants should include the total persons to be served and outcomes to be achieved for the partnership as a whole. If a projected outcome cannot be linked to an activity that will result in such outcome, no points will be awarded for the proposed outputs/outcome.
* ***Follow the definitions in Appendix 1 of the RFP***. Follow the definitions for the terms temporary/transitional housing destinations, permanent housing destinations, sources of earned income, and sources of non-cash benefits listed in Appendix 1.
* ***Include all members of the household, except when projecting the number of persons with increased income***. When projecting the number of persons to be served for each activity and the number of persons to achieve a given outcome, count all members of the household, except when counting the number of persons with increased incomes, where only the person receiving the income would be counted. Household members are defined as persons that are living together. For clients that are escaping domestic violence, a household includes all members of the household who are fleeing together.
	1. **Street Outreach (SO)**

Indicate the services your organization proposes to provide by checking all the boxes that apply:

[ ]  Engagement [ ]  Case Management [ ]  Emergency Health Services [ ]  Emergency Mental Health Services [ ]  Transportation

 **Detailed Budget and Outcomes for Street Outreach Activities**

| **Budget Line Item and Method of Calculation** | **LineItem Total** | **ESG and ESG MatchOutputs and Outcome Measures** | **Proposed 2015 ESG Targets** |
| --- | --- | --- | --- |
|       |  | * 1. **Street Outreach Clients:** Unduplicated number of persons to be served with *ESG* or *ESG Match* Street Outreach (SO) funds
 |       |
| * 1. **Case Management:** Unduplicated number of SO clients to receive case management
 |       |
| * 1. **Housing Destination:**Unduplicated number of SO clients who will be placed in temporary or transitional housing destinations or permanent housing destinations
 |       |
| **TOTAL STREET OUTREACH FUNDS REQUESTED:** |  | * 1. **Documentation of Priority Status:** Unduplicated number of persons to receive a new or updated Priority Status through the TX-601 Coordinated Assessment System
 |       |

*Note*: The outputs or outcomes listed in questions 1.3.1 – 1.3.3 must be less than or equal to the output in question 1.3.

* 1. **Emergency Shelter (ES)**

Indicate the services your organization proposes to provide by checking all the boxes that apply:

**Essential Services**

[ ]  Case Management [ ]  Child Care [ ]  Education Services [ ]  Employment Assistance & Job Training [ ]  Outpatient Health Services
[ ]  Legal Services [ ]  Life Skills Training [ ]  Mental Health Services [ ]  Substance Abuse Treatment Services [ ]  Transportation

[ ]  **Renovation** [ ]  **Shelter Operations**

**Detailed Budget and Outcomes for Emergency Shelter Activities**

| **Budget Line Item and Method of Calculation** | **LineItem Total** | **ESG and ESG MatchOutputs and Outcome Measures** | **Proposed 2015 ESG Targets** |
| --- | --- | --- | --- |
|       |       | **1.4 Emergency Shelter Clients**: Unduplicated number of persons to be served with *ESG* or *ESG Match* Emergency Shelter (ES) funds |       |
| * 1. **Housed or Served in Shelters:** Unduplicated total number of ES clients to be housed in your emergency shelters or to be served in your day shelters
 |  |
| * 1. **Essential Services:** Unduplicated number of ES clients to be served with essential services
 |       |
| * 1. **Case Management**: Unduplicated number of ES clients who will receive case management
 |       |
| * 1. **Permanent Housing Destination:** Unduplicated number of ES clients who will exit to Permanent Housing Destinations
 |       |
| * 1. **Non-Cash Benefits:** Unduplicated number of ES clients who will have more non-cash benefits at program exit than at program entry
 |       |
| **TOTAL EMERGENCY SHELTER FUNDS REQUESTED:** |  | * 1. **Documentation of Priority Status:** Unduplicated number of persons to receive a new or updated Priority Status through the TX-601 Coordinated Assessment System
 |       |

*Note*: The outputs or outcomes listed in questions 1.4.1 – 1.4.6 must be less than or equal to the output in question 1.4.

* 1. **Homelessness Prevention (HP)**

Indicate the services your organization proposes to provide by checking the boxes that apply:

|  |
| --- |
| **Rental Assistance** [ ]  Short-term (up to 3 months of rent) [ ]  Medium-term (up to 12 months) [ ]  Payment of up to 6 months of rental arrears |

 **Housing Relocation and Stabilization Services (HRSS)**

|  |  |
| --- | --- |
|  Financial Assistance Costs: | [ ]  Rental Application fees [ ]  Security deposits [ ]  Last month’s rent [ ]  Utility deposits [ ]  Utility payments [ ]  Moving Costs  |
|  Housing Services Costs: | [ ]  Housing Search and Placement [ ]  Housing Stability Case Management [ ]  Mediation [ ]  Legal Service [ ]  Credit Repair |

**Detailed Budget and Outcomes for Homelessness Prevention Activities**

| **Budget Line Item and Method of Calculation** | **LineItem Total** | **ESG and ESG MatchOutputs and Outcome Measures** | **Proposed 2015 ESG Targets** |
| --- | --- | --- | --- |
|       |       | **1.5 Homeless Prevention Clients:** Unduplicated persons to be served with *ESG* or *ESG Match* Homelessness Prevention (HP) funds |       |
| * 1. **Rental Assistance:** Unduplicated HP clients to receive rental assistance
 |  |
| * 1. **HRSS - Financial Assistance:** Unduplicated HP clients to receive financial assistance
 |       |
| * 1. **HRSS - Housing Search and Placement:** Unduplicated HP clients to receive housing search and placement services
 |       |
| * 1. **HRSS - Housing Stability Case Management:** Unduplicated HP clients to receive housing stability case management
 |       |
| * 1. **Maintaining Permanent Housing:** Unduplicated number of HP clients who at program exit will have maintained their Permanent Housing Destination
 |       |
| * 1. **Maintaining Housing after Three Months:** Unduplicated number of HP clients who after program exit will have maintained their housing for 3 months or more
 |       |
| * 1. **Higher Income:** Unduplicated number of HP clients who will have higher income at program exit than at program entry
 |       |
| * 1. **Non-Cash Benefit:** Unduplicated number of HP clients who will have more non-cash benefits at program exit than at program entry
 |       |
| **TOTAL HP FUNDS REQUESTED:** |       |  |  |

*Notes*: - The outputs or outcomes listed in questions 1.5.1 – 1.5.8 must be less than or equal to the output in question 1.5.

*Generally, the number in 1.5.4 must equal that on 1.5 to meet the requirements on 24 CFR §576.401(e), except in cases where VAWA of FVPS prohibits the Sub-recipient from making shelter or housing conditional upon the receipt of services.*

* 1. **Rapid Re-Housing (RRH)**

Indicate the services your organization proposes to provide by checking the boxes that apply:

|  |
| --- |
| **Rental Assistance** [ ]  Short-term (up to 3 months of rent) [ ]  Medium-term (up to 12 months) [ ]  Payment of up to 6 months of rental arrears |

 **Housing Relocation and Stabilization Services (HRSS)**

|  |  |
| --- | --- |
|  Financial Assistance Costs: | [ ]  Rental Application fees [ ]  Security deposits [ ]  Last month’s rent [ ]  Utility deposits [ ]  Utility payments [ ]  Moving Costs  |
|  Housing Services Costs: | [ ]  Housing Search and Placement [ ]  Housing Stability Case Management [ ]  Mediation [ ]  Legal Service [ ]  Credit Repair |

**Detailed Budget and Outcomes for Rapid Re-Housing Activities**

| **Budget Line Item and Method of Calculation** | **LineItem Total** | **ESG and ESG MatchOutputs and Outcome Measures** | **Proposed 2015 ESG Targets** |
| --- | --- | --- | --- |
|       |       | * 1. **Rapid Re-housing Clients:**Unduplicated persons to be served with *ESG* or *ESG Match* Rapid Re-Housing (RRH) funds
 |       |
| * 1. **Rental Assistance:** Unduplicated RRH clients to receive rental assistance
 |  |
| * 1. **HRSS - Financial Assistance:**Unduplicated RRH clients to receive financial assistance
 |       |
| * 1. **HRSS - Housing Search & Placement Services:** Unduplicated RRH clients to receive housing search and placement services
 |       |
| * 1. **HRSS - Housing Stability Case Management:** Unduplicated RRH clients to receive housing stability case management
 |       |
| * 1. **Permanent Housing Destination:** Unduplicated RRH clients who at program exit will have a Permanent Housing Destination
 |       |
| * 1. **Maintaining Housing:** Unduplicated RRH clients who after program exit will have maintained their housing for 3 months or more
 |       |
| * 1. **Higher Income:** Unduplicated RRH clients who will have higher income at program exit than at program entry
 |       |
| * 1. **Non-Cash Benefits:** Unduplicated RRH clients who will have more non-cash benefits at program exit than at program entry
 |       |
| **TOTAL RAPID RE-HOUSING FUNDS REQUESTED:** |       | * 1. **Documentation of Priority Status:** Unduplicated number of persons to receive a new or updated Priority Status through the TX-601 Coordinated Assessment System
 |       |

*Notes*: - *The outputs or outcomes listed in questions 1.6.1 – 1.6.9 must be less than or equal to the output in question 1.6. Generally, the number in 1.6.4 must equal that on 1.6 to meet the requirements on 24 CFR §576.401(e), except in cases where VAWA of FVPS prohibits the Sub-recipient from making shelter or housing conditional upon the receipt of services.*

* 1. **HMIS**

Indicate if your organization plans to use ESG funds to pay the **$700.00** annual program fee. (This is the only allowed HMIS expense for the TX-601 competition.)

 Hardware, equipment or software costs

 Training and overhead costs

 Staffing, paying for salaries for operating HMIS

[ ]  HMIS participation fees

**Detailed Budget for HMIS Activities (See *Appendix 2* for table example)**

| **Budget Line Item and Method of Calculation** | **LineItem Total** |
| --- | --- |
|       |       |
| **TOTAL HMIS FUNDS REQUESTED:** |       |

* 1. **Administrative**

Indicate which services your organization proposes to provide by checking the boxes below. Check all that apply:

[ ]  A portion of salaries of administrative staff overseeing the provision of services

[ ]  Travel costs incurred for monitoring of sub-grantors

[ ]  Administrative services performed under third party contracts

[ ]  Costs of goods and services required for the administration of the grant

[ ]  Costs of attending 2015 TDHCA ESG contract implementation workshop

**Detailed Budget for Administrative Activities**

| **Budget Line Item and Method of Calculation** | **LineItem Total** |
| --- | --- |
|       |       |
| **TOTAL ADMINISTRATIVE FUNDS REQUESTED:**  |       |

**Verification of Match Commitment**

Complete the following match table for each match source proposed. Include with the dollar value of the match, the type of funding source, the source of match funds (including name of grant/grantor and a brief description) and the method of calculation. Please refer to *Appendix 3* for a sample Match table.

Match figures should be based on eligible match sources as indicated in 24 CFR §576.201, and should, at a minimum, equal the total Budget amount. Please refer to *Appendix 3* for Match Guidance

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Match Type** | **Dollar Value** |  |  | **Funding Source Type** | **Source of Match and Brief Description** | **Method of Calculation** |
|  |  |  |  |  |  |  |
| **Donated Supplies** (clothing, furniture, equipment, etc.) |  |  |  | □Other Non-ESG HUD□Federal □State□Local □Private □Others |  |  |
|  |  |  |  |  |  |  |
| **Cash, Cash Donations Or Grants** |  |  |  | □Other Non-ESG HUD□Federal □State□Local □Private □Others |  |  |
|  |  |  |  |  |  |  |
| **Value of Donated Building** |  |  |  | □Other Non-ESG HUD□Federal □State□Local □Private □Others |  | **Application must use documentation referenced in Appendix 3** |
|  |  |  |  |  |  |  |
| **Fair Rental or Lease Value** |  |  |  | □Other Non-ESG HUD□Federal □State□Local □Private □Others |  | **Application must include documentation of amount paid to rent/lease space currently used to provide ESG-eligible services and the source of****funds used to pay rent/lease.** |
|  |  |  |  |  |  |  |
| **Salaries** |  |  |  | □Other Non-ESG HUD□Federal □State□Local □Private □Others |  |  |
|  |  |  |  |  |  |  |
| **Volunteers** |  |  |  | □Other Non-ESG HUD□Federal □State□Local □Private □Others |  |  |
|  |  |  |  |  |  |  |
| **Program Income** |  |  |  | □Other Non-ESG HUD□Federal □State□Local □Private □Others |  |  |
|  |  |  |  |  |  |  |
| **Other** (such as fundraisers) |  |  |  | □Other Non-ESG HUD□Federal □State□Local □Private □Others |  |  |
| **MATCH TOTAL** |  |  |  |  |  |  |

**Texas 2015 ESG Application**

### Attachment E: ESG Applicant Certifications

**Who should complete this attachment?**

[x] Single Applicants (including local governments)
[x]  ONLY the Lead Agency in the Collaborative Application (including local governments**)**

I, (Name)      , (title)      , am authorized to act on behalf of       (eligible entity applying for ESG funds), to certify that:

**Legal Authority -** The Applicant organization possesses legal authority to apply for and receive funds and carryout activities authorized by the Emergency Solutions Grants Program;

**Matching Funds -** The Applicant organization will provide the matching funds required by 24 CFR §576.20, including a description of the sources and amounts of such supplemental funds. Sub-recipient will request reimbursement for only those funds which have a corresponding, documented 1:1 match.

**Discharge Policy -** The Applicant organization will participate in the development and implementation, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions and systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. I further understand that State and local governments are primarily responsible for the care of these individuals and that ESG funds are not to be used to assist such persons in place of State and local resources.

**Confidentiality –** If this Application is funded, the sub-recipient will develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project, except with the written authorization of the person responsible for the operation of that shelter.

**Affirmatively Furthering Fair Housing -** The Applicant organization will ensure that it and in the case of a collaborative application all partner entities will use these funds is a manner that follows the State of Texas’ Analysis of Impediments and will maintain records in this regard.

**Anti-displacement and Relocation Plan -** The Applicant organization will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR 24.

**Section 3 -** The Applicant organization will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135 except that homeless individuals have priority over other Section 3 residents in accordance with 24 CFR § 576.405(c).

**Certification Regarding Lobbying**

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the State, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the State shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The State shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose according to the Government-wide Guidance for New Restrictions on Lobbying (Fed. Reg. December 20, 1989; 52306).

**Major rehabilitation/conversion –** If an emergency shelter’s rehabilitation costs exceed 75 percent of the value of the building before rehabilitation, the building will be maintained as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed rehabilitation. If the cost to convert a building into an emergency shelter exceeds 75 percent of the value of the building after conversion, the building will be maintained as a shelter for individuals experiencing homelessness and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed conversion. In all other cases where ESG funds are used for renovation, the building will be maintained as a shelter for homeless individuals and families for a minimum of 3 years after the date the building is first occupied by an individual experiencing homelessness or family after the completed renovation.

**Essential Services and Operating Costs –** If ESG funds are used for shelter operations or essential services related to street outreach or emergency shelter, the sub-recipient will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure, so long the Applicant serves the same type of persons (e.g., families with children, unaccompanied youth, veterans, disabled individuals, or victims of domestic violence) or persons in the same geographic area.

**Renovation –** Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

**Supportive Services –** The Sub-recipient will assist individuals experiencing homelessness in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living), and other Federal State, local, and private assistance available for such individuals.

**Homeless Persons Involvement -** If this Application is funded, homeless individuals and families should be involved, to the maximum extent practicable, through employment, volunteer services, or otherwise, in constructing, renovating, maintaining, and operating facilities assisted under ESG, in providing services assisted under ESG, and in providing services for occupants of facilities assisted under ESG.

**No Violation of Federal Law -** The Applicant certifies that this Application does not include proposed financial participation bya person who, during the five-year period preceding the date of the Application, has been convicted of violating a federal law or assessed a penalty in a federal civil or administrative enforcement action in connection with a contract awarded by the federal government as a result of Hurricane Rita, Hurricane Katrina, or any other disaster occurring after September 24, 2005. Applicant acknowledges that any award by the Texas Department of Housing and Community Affairs pursuant to this Application may be terminated and payment withheld if this certification is inaccurate.

**Obligation Period –** Units of general purpose local government that are selected for funding must obligate ESG funds within 120 days from the date they receive an award letter from the Texas Department of Housing and Community Affairs.

**Drug-Free Workplace:** If this Application is funded, each project receiving ESG funding will administer, in good faith, a policy designed to ensure that the homeless facility is free from the illegal use, possession, or distribution of drugs or alcohol by its beneficiaries. The Applicant organization will ensure compliance with the Drug-Free Workplace Act of 1988.

**HMIS Participation**

The Applicant organization will meet HUD’s standards for participation in a local Homeless Management Information System (HMIS) or comparable database (for Victim Services Providers and Legal Services Providers) and the collection and reporting of client-level information.

**Compliance with All Applicable Laws**

All ESG-funded activities will be carried out in accordance with all applicable laws and regulations of the U.S. Department of Housing and Urban Development and the Texas Department of Housing and Community Affairs.

Name of ESG Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_\_\_\_\_\_\_

 Authorized Signature Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than 100,000 for each such failure.