



# CITY OF HAMMOND

## EMERGENCY SOLUTIONS GRANT (ESG) APPLICATION

### PROGRAM YEAR 2017

Thomas M. McDermott Jr., Mayor

Phil Taillon, Executive Director

Owana J. Miller, Community Development Director

**APPLICATION MUST BE RETURNED**

**NO LATER THAN, Friday, October 31, 2016**

*To*

DEPARTMENT OF PLANNING AND DEVELOPMENT

ATTN: Owana J. Miller, Community Development Director

5925 Calumet Ave, Suite #115

Hammond, IN 46324

(219) 853-6358 ext. #2



# ESG OVERVIEW

In the application details and explanations must be clearly expounded in a manner in which the proposed project/shelter will meet the Emergency Solutions Grant program's focus.

## **OBJECTIVE OF ESG:**

The objective of the Emergency Solutions Grant program is to increase the sustainability and quality of emergency shelters and transitional housing facilities for homeless individuals and families. To operate these facilities and provide essential social services, and to help prevent further homelessness.

There is a statutory requirement that ESG funds must benefit either homeless persons, or persons at imminent risk of becoming homeless in the case of homeless prevention activities. For purposes of ESG, the term "homeless" or "homeless individual or homeless person" includes:

- (1) An individual who lacks a fixed, regular, and adequate nighttime residence; and
- (2) An individual who has a primary nighttime residence that is:
  - A) Supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill, domestic violence).
  - B) An institution that provides a temporary residence for individuals intended to be institutionalized.
  - C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

## **ELIGIBLE USES OF ESG FUNDS:**

- (1) The renovation, major rehabilitation, sanitary exertion or conversion of buildings to be used as emergency shelters.
- (2) The provision of essential services, including services concerned with employment, health, drug abuse, and education and may include (but are not limited to): (a) assistance in obtaining permanent housing; (b) medical and psychological counseling and supervision; (c) employment counseling; (d) nutritional counseling; (e) substance abuse treatment and counseling; (f) assistance in obtaining other federal, state and local assistance; (g) other services such as child care, transportation, job placement and job training; and (h) staff salaries necessary to provide the above mentioned services.
- (3) Payment for shelter maintenance, operation, rent, repairs, security, fuel, equipment, insurance, utilities, food and furnishings.

(4) Efforts to prevent homelessness such as financial assistance to families who have received eviction notices or notices of termination of utility services if – (A) the inability of the family to make the required payments is due to a sudden reduction in income; (B) the assistance is necessary to avoid the eviction or termination of services; (C) there is a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and (D) the assistance will not supplant funding for preexisting homelessness prevention activities from other sources.

(5) Administrative costs (**limited to five percent of award**).

# 2017 Emergency Solutions Grant Application Information

**Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Shelter Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**DUNS #** \_\_\_\_\_

**Amount of ESG Funds Requested:** \_\_\_\_\_

**Describe the organization's mission:**

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**Purpose:**

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**Describe how ESG funds will be used:**

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# RESIDENTIAL INFORMATION (if applicable)

Indicate the number of beds/accommodations the facility provides by type of unit:

<b>Residence Type</b>	<b>Units</b>	<b>Beds Per Person</b>
Barracks		
Group/large house		
Apartment		
Single family detached house		
Single room occupancy		
Mobile home/trailer		
Hotel/motel		
Other (please list):		

**Describe who is eligible to receive residential services at the shelter:**

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**Estimate the number of UNDUPLICATED persons who would receive residential services in the funding year:**

**Explain how you arrived at this estimate:**

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# NON-RESIDENTIAL SERVICE INFORMATION

Will the organization offer nonresidential service (s)?      Yes \_\_\_\_\_      No \_\_\_\_\_

Indicate type of service(s) provided at the shelter:

✓	Service	✓	Service
	Emergency Shelter Facilities		Homeless prevention
	Transitional Housing		Vouchers for shelter
	Case Management		HIV/AIDS services
	Outreach		Alcohol/drug program
	Drop In Center		Employment services
	Soup kitchen/meal distribution		Child care
	Health care		Mental health

	Other (please list):   
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**Describe who is eligible to receive non-residential services at the shelter:**

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**Estimate the number of UNDUPLICATED persons who receive non-residential services in the funding year:** \_\_\_\_\_

**Explain how you arrived at this estimate:**

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# **ADMINISTRATIVE REQUIREMENTS**

## **DOCUMENTATION COLLECTION:**

Emergency Shelter Grant recipients are required to maintain adequate documentation of homelessness status to determine the eligibility of persons served by HUD's homeless assistance programs. The documentation is typically obtained from the participant or a third party at the time of referral, entry, intake or orientation to the ESG-funded project.

**How will the shelter document the homelessness situation of persons receiving services?**

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## **HOMELESS PERSON INVOLVEMENT:**

All recipients are required to involve participants in the operation of the ESG-funded program. Explain how the organization will involve homeless participants in the operation of the shelter:

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**Does the organization provide for the participation or consultation of homeless or formerly homeless individuals in policy-making functions (feedback)?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please describe:**

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## **CONTINUUM OF CARE PARTICIPATION:**

Describe how the organization participates in the local Continuum of Care:

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## PROPOSED BUDGET

<b>Eligible ESG Use</b>	<b>Amount Requested</b>
Operations	
Essential Services	
Homeless Prevention	
Renovation, Rehabilitation, or Conversion of buildings	
Administration	
Utilities	
TOTAL	

## BUDGET TIMELINE

25% of the funds will be expended by:  
50% of the funds will be expended by:  
100% of the funds will be expended by:

## MATCHING FUNDS

<b>Source of Match</b>	<b>Amount of Match</b>
1.	
2.	
3.	
4.	
5.	
TOTAL	



# STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
3. That the City of Hammond Department of Planning & Development may request or require changes in the information submitted, and may substitute its own figures, which it deems reasonable for any or all figures provided. That the applicant will participate in required interview for project assessment and cooperatively assist in the review process.
4. That, if the project(s) is recommended and approved by the selection committee, the Department of Planning & Development reserves the right to reduce and/or cancel the allocation if federal entitlements are canceled, reduced, or rescinded.
5. The Department of Planning & Development reserves the right not to fund any submittals received.
6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
7. By submission of this application, the organization agrees to abide by the Department of Planning & Developments' locally established policies and guidelines.
8. That past program and financial performance will be considered in reviewing this application.
9. That services are to be provided at no cost to citizens/participates during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the Department of Planning & Development.
10. If the project is funded, the Department of Planning & Development, or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures, known as a monitoring. .
11. The Department of Planning & Development will perform an environmental review prior to the obligation of funds.
12. That, if a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the Department of Planning & Development.

13. That a project's funding does not guarantee its continuation in subsequent action plans.
14. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
15. Disclosure by attached memo of matters that may give the appearance of a conflict of interest. (i.e., Department of Planning & Development, or City of Hammond staff members/employees on the Board of Directors, staff members' families serving on the Board of Directors).
16. Note that each program/project has the potential to receive funding for a period not to exceed (3) three years.

### **PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

# EMERGENCY SHELTER GRANT PROGRAM

## 2017 FISCAL YEAR AGENCY CERTIFICATION

Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true and that applicant will comply with all requirements if funding is approved.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Official

\_\_\_\_\_  
Title

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

PRIVATE AGENCIES:

\_\_\_\_\_  
Signature of President of Board of Directors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of President of Board of Directors

\_\_\_\_\_  
Date

NOTE:

The application you submit must have **ORIGINAL** signatures.

# REQUIRED ATTACHMENTS

1. Provide organizations' financial statement of income and expenses, audit report, balance sheet or any other information clarifying organizations' expenses and income; and financial status not older than 2 years.
2. Current list of Board of Directors and the organizational chart.
3. List of employees with titles and role(s).
4. IRS ruling providing tax-exempt new only status under section 501(c)(3) of the IRS Code of 1986, as amended.
5. Insurance documentation
6. Program literature (brochures, marketing materials, etc.)
7. Current client In-Take Form