

SPONSOR: Dan Spitale
Councilman at Large

ORDINANCE NO. 9467

20-09

AN ORDINANCE APPROPRIATING THE PROCEEDS OF THE CARES-ACT
AND DEALING WITH OTHER MATTERS PERTAINING TO THE EXPENDITURES
OF THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES-ACT)
PROGRAM

WHEREAS, the City of Hammond is the recipient of the Coronavirus Aid, Relief, and Economic Security Act (CARES-ACT) funds which need to be appropriated; and must have a public hearing, for which the Clerk of the Common Council is hereby directed to make arrangements.

AND NOW THEREFORE BE IT ORDAINED by the Common Council of the City of Hammond, Indiana as follows:

SECTION 1: That the proceeds from the Coronavirus Aid, Relief, and Economic Security Act (CARES-ACT) received by the City of Hammond through the Community Development Block Grant (CDBG) from the U.S. Department of Housing and Urban Development under an application filed as authorized by this Common Council are hereby appropriated and ordered set apart for the purposes herein specified on the attached Exhibit A, incorporated herein and made part hereof. The amounts set forth on Exhibit A are the maximum amounts of money authorized to be expended for the respective purposes listed thereon as accounts, such accounts being and are hereby constituting line items. No money and no combination of money from whatever sources, including but not limited to the CARES-ACT, local taxation, Federal grant monies state grant monies or otherwise, shall be expended for any purpose set out on Exhibit A in excess of any line item (account) category.

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PROGRAM

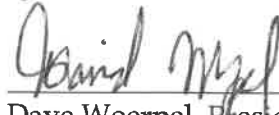
Furthermore, there is hereby authorized only those line items (accounts) as are set out on Exhibit A and no transfer of line item (account) amounts shall occur without the approval of the Common Council, nor, shall any amounts from one program or activity be used for another program or activity without the approval of the Common Council. Furthermore, no line item (account) established in contravention of this Ordinance shall be funded. The line item (account) known as Contingency may not be expended without approval of the Common Council.

SECTION 2: BE IT FURTHER ORDAINED that herein appropriation ordinance shall have full force and effect from and after, public hearing, passage and approval hereof by the Common Council, signing by the president thereof, and approval and signing by the Mayor and approval by the State Board of Tax Commissioners.

ORDINANCE NO. 9467

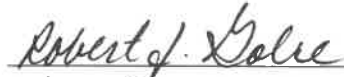
AN ORDINANCE APPROPRIATING THE PROCEEDS OF THE CARES-ACT
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PROGRAM

Adopted this 22nd day of June, 2020.



Dave Woerpel, President
Common Council

ATTEST:



Robert J. Golec, City Clerk.

PRESENTED BY ME, the undersigned City Clerk of the City of Hammond, to the
Mayor of said City for his approval on the 23rd day of June, 2020.



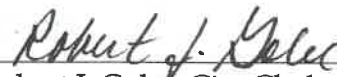
Robert J. Golec, City Clerk.

The foregoing Ordinance Number 9467 by consisting of three (3)
typewritten pages, including this page, Approved by the Mayor on this 24th
day of June, 2020.



Thomas M. McDermott, Jr. Mayor
City of Hammond, Indiana

PASSED by the Common Council on the 22nd day of June,
2020 and Approved by the Mayor on the 24th day of June, 2020.



Robert J. Golec, City Clerk

			Reason for Request	Amount Requested
	CDBG-CV Requests \$1,257,099 CARES- Act Grant			
1	Mental Health America/Parents as Teachers		Funds will be used to bridge short term, emergency financial needs for out at-risk program families (pregnant and parenting up to age 5) impacted by COVID-19 (job loss, health issues, diminished access to resources). Funds will be specifically allocated for utilities and rent/mortgage expenses only, with the goal of keeping families safely in their homes.	\$ 17,500.00
2	Hammond Economic Development		This program will help provide financial assistance to small, for-profit businesses in Hammond, Indiana directly affected by revenue loss due to the COVID-19 pandemic. These businesses serve low to moderate customers and employ low to moderate workers.	\$1,171,173.00
3	Franciscan Health Hammond		Franciscan Health Hammond and Franciscan Physicians Network (FH) are primary providers of COVID-19 consultation, testing, inpatient/outpatient treatment and remote monitoring for Hammond residents, including low-income patients of Catherine McAuley Clinic, those referred by other clinics and those at or Emergency Department. This includes construction of a Temporary Triage Unit at the hospital and of testing sites; personnel costs for nurse consultations, outpatient virtual and in-person visits and inpatient treatment; telehealth equipment; personal protective equipment for staff; and Charity Care write-offs for low income patients without adequate insurance for treatment. All Charity Care write-offs would be for those below HUD guidelines, and will be able to document; other services can be tied to Hammond addresses and numbers potentially provided by priority census tracts.	\$0.00
4	Hammond Legal Aid		Assistance for Hammond residents that have various legal questions regarding landlord tenant issues.	\$ 20,000.00

5	Hammond We Care from the Heart	Caring Hearts would continue to provide care management and in-home car services to Hammond low to moderate income senior and disabled residents who struggle daily with the difficult affects of aging. Staff will be provided with necessary and lifesaving supplies needed to continue to care for our seniors.	\$ 33,336.00
6	Meals on Wheels	MOWNWI supports the health and independence of Hammond residents by delivering a daily, hot, healthy meal. The program reduces health care costs, helps people avoid institutionalization, combats isolation, and ensures they can stay in their homes where they want to be. • Drivers generally work 2-3 hours a day, 5 days a week, at \$10 per hour, or approximately \$125 weekly per driver or \$500 monthly per driver for 6 to 10 weeks. • Two of the Drivers will be temporary positions to Hammond residents, and would be able to onboard them with training and background check within 1 business day of selection. Three of the Drivers are existing MOWNWI Hammond coordinator/drivers.	\$ 15,000.00
Total amount of request			\$1,257,099

CDBG-CV APPLICANT INFORMATION

Organization: Mental Health America of Northwest Indiana

Program Title: Helping Hand COVID-19 Response Program

Mailing Address: 5311 Hohman Avenue

Street Address (if different): Hammond, IN 46320

Contact Person: Andrea Sherwin

Contact Phone: (219) 937-7733 x105

Email: asherwin@mhanwi.org

FAX: (219) 937-7433

DUNS Number: 041538739

Requested CDBG Funding Amount: \$17,500

Project Description

Provide a description of the proposed activity

Funds will be used to bridge short term, emergency financial needs for our at-risk program families (pregnant and parenting up to age 5) impacted by COVID-19 (job loss, health issues, diminished access to resources). Funds will be specifically allocated for utilities and rent/mortgage expenses only, with the goal of keeping families safely in their homes. Eligibility will be based on immediate need. Fund distribution will be managed by our VP of Finance (in-kind) with checks mailed directly to the utilities company, landlord, or mortgage lender within 7-10 days from time of receipt of completed request form. Emergency situations would be processed sooner (i.e. immediate threat of eviction). The program will be managed by a trained Program & Family Support Specialist, with program oversight by our VP of Operations (in-kind).

Project Need

Outline the need for this activity. Summarize the issues being addressed within the community related to COVID-19. Outline the impact the activity will have on the residents of the community. (2-3 Paragraphs)

Over 90% of our families live at or just above poverty level. Due to COVID-19, many of our families are forced to choose "which bill can I pay this month?" now more than ever. This puts them in a dangerous pattern of financial/emotional distress, which can have a lasting impact on family functioning, maternal and child health, child safety, and overall mental health and well-being. This program offers a "Helping Hand" to families at risk for eviction or utility shutoff, allowing them to stay safely in their homes, where we work directly with them.* We will apply best practices achieved as a successful, one-time Hand Up grant recipient through LAUW in 2019. At that time, we were able to execute meaningful financial support to 22 families in crisis in just 22 days. Support was provided for rent assistance (57%), utility assistance (33%), and mortgage assistance (10%).

The total direct assistance amount requested of \$15,000 will serve at least 30 of our most at risk program families (\$500 cap per household). While this would support just 3.2% of our program families, any level of relief is critical. Our home visitors are in a unique position to quickly identify families being hit hardest financially by COVID-19 due to loss of work, health issues, and diminished access to resources. Assuming the average family size of 2.54 in the State of Indiana, with your help, we can make a difference for a minimum of 76 residents.

***COVID-19 Impact:** *At this time, we are delivering service virtually, using Zoom® software with the support of our national program partners. We will return to in-person visitation when it is safe to do so.*

ELIGIBLE ACTIVITY

- ☐ Convert a Public Building for the testing, diagnosis, or treatment of COVID-19
- ☐ Rehabilitate a Facility to Centralize Treatment of COVID-19
- ☐ Provide testing, diagnosis, or other services related to COVID-19
- ☐ Increase capacity of local health staff or services to respond to COVID-19
- ☐ Establish a delivery service to provide supplies to quarantined individuals or those medically vulnerable
- ☐ Provide grants to businesses to retain LMI jobs
- ☐ Provide loans to businesses to retain LMI jobs
- ☒ Other

National Objective (Select 1)

- ☐ LMI Area Benefit
- ☒ LMI Limited Clientele
- ☐ LMI Job Retention

Proposed Budget

PART A: Line Item Budget

LINE ITEM	CDBG-CV	OTHER	TOTAL
Salaries	\$1,300		\$1,300
Fringe Benefits	\$425		\$425
Professional Services			
Supplies & Equipment	\$325		\$325
Rent/Lease			
Utilities/Telephone	\$225		\$225
Mileage			
Other: Insurance			
Other: Direct Assistance: Rent/Mtg.	\$10,000		\$10,000
Other: Direct Assistance: Utilities	\$5,000		\$5,000
Other: Zoom Subscription (telehealth)	\$225 (one annual subscription)		\$225
Total	\$17,500		\$17,500

PART B: Other Funding Sources

Name of Funding Source	Secured? (Y/N)	Amount
1. In Kind Salary/Fringe (VP Operations & VP Finance)	Y	\$3,500
2.		
3.		
4.		
5.		
TOTAL:		\$3,500

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.

ASherwin

May 1, 2020

Signature of Authorized Official

Date

Andrea Sherwin

President & CEO

Typed Name of Authorized Official

Title

(219) 937-7733, x150

asherwin@mhanwi.org

Phone Number

Email

PRIVATE AGENCIES:

Lauren P. Trumbo

May 1, 2020

Signature of President of Board of Directors

Date

Lauren P. Trumbo

May 1, 2020

Typed Name of President of Board of Directors

Date

STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made or submitted in connection with this application once the deadline for applications has passed.
3. Understand 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 program(s)/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. With submission of this application, the organization agrees to abide by the Department of Planning & Development's 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 during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the Department of Planning & Development.
10. That, if the project/program 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.
11. Upon the project funding, 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 will 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/employee 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) years
17. A separate application must be submitted for each activity.



May 1, 2020

Signature of Authorized Official

Date

CDBG-CV APPLICANT INFORMATION

Organization: City of Hammond

Program Title: City of Hammond Small Business Resiliency Grant

Mailing Address: 5925 Calumet Avenue, Hammond IN 46320

Street Address (if different): _____

Contact Person: Anne Anderson, Director of Economic Development

Contact Phone: (219)853-6508 x-1

Email: andersona@gohammond.com

FAX (219)853-6334

DUNS Number: _____

Requested CDBG Funding Amount: 1.2 Million

Project Description

Provide a description of the proposed activity:

This program will help provide financial assistance to small, for-profit businesses in Hammond, Indiana directly affected by revenue loss due to the COVID-19 pandemic. These businesses serve low to moderate customers and employ low to moderate workers.

Project Need

Outline the need for this activity. Summarize the issues being addressed within the community related to COVID-19. Outline the impact the activity will have on the residents of the community. (2-3 Paragraphs)

Due to the Stay at Home order and Essential Workers Only regulations, many businesses in Hammond, Indiana have been working on a skeleton crew. This loss of employees, coupled with revenue loss due to decline in customers, has put a severe financial stress on the small businesses in Hammond.

This proposed Small Business Resiliency Grant will help those most in need in our business community, the small local business owners, to sustain their businesses through this difficult time. These funds will help retain their employee positions, keep paying their employees and help cover the day to day expenses.

The City of Hammond is hearing back from its small business community and they are in desperate need of cash flow, as most of them have seen a drastic decrease in revenue. These small businesses often operate on a tight budget and this pandemic has stressed their cash flow to the point of closures. This proposed grant will help them bridge the gap until they are back on their feet and able to employ their workers and pay their bills again.

ELIGIBLE ACTIVITY

- ☐ Convert a Public Building for the testing, diagnosis, or treatment of COVID-19
- ☐ Rehabilitate a Facility to Centralize Treatment of COVID-19
- ☐ Provide testing, diagnosis, or other services related to COVID-19
- ☐ Increase capacity of local health staff or services to respond to COVID-19
- ☐ Establish a delivery service to provide supplies to quarantined individuals or those medically vulnerable
- ☒ Provide grants to businesses to retain LMI jobs
- ☒ Provide loans to businesses to retain LMI jobs
- ☐ Other

National Objective (Select 1)

- ☒ LMI Area Benefit
- ☐ LMI Limited Clientele
- ☐ LMI Job Retention

Proposed Budget

PART A: Line Item Budget

LINE ITEM	CDBG-CV	OTHER	TOTAL
Salaries	\$50,000.00		
Fringe Benefits			
Professional Services	\$50,000.00		
Supplies & Equipment			
Rent/Lease			
Utilities/Telephone			
Mileage			
Other: Insurance			
Other – Business Assistance	\$1,000,000.00		
Other	\$100,000.00		
Total	\$1,200,000.00		

PART B: Other Funding Sources

Name of Funding Source	Secured? (Y/N)	Amount
1.		
2.		
3.		
4.		
5.		
TOTAL:		

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.

Anne T. Anderson

Signature of Authorized Official

May 1, 2020

Date

Anne T. Anderson

Typed Name of Authorized Official

Dir. of Economic Development

Title

219-853-6508 x-1

Phone Number

andersona@gohammond.com

Email

PRIVATE AGENCIES:

Signature of President of Board of Directors

Date

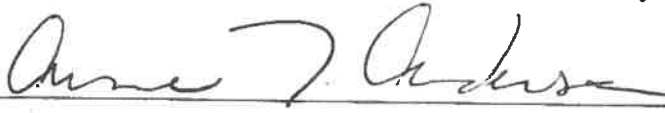
Typed Name of President of Board of Directors

Date

STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made or submitted in connection with this application once the deadline for applications has passed.
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4. That, if the program(s)/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. With 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 during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the Department of Planning & Development.
10. That, if the project/program 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.
11. Upon the project funding, the Department of Planning & Development will perform an environmental review prior to the obligation of funds.
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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/employee 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) years
17. A separate application must be submitted for each activity.


Signature of Authorized Official

May 1, 2020

Date

CDBG-CV APPLICANT INFORMATION

Organization: Friends of Hammond Legal Aid Clinic, Inc.

Program Title: Funding for Staff Attorney (Legal Counseling for Landlord/Tenant Cases)

Mailing Address: 1402 - 173rd Street Hammond Indiana 46324

Street Address (if different): _____

Contact Person: Kris Costa Sakelaris

Contact Phone: 219-853-6611

Email: ksakelaris@msn.com

FAX: 219-853-6313

DUNS Number: 01-415-3955

Requested CDBG Funding Amount: \$20,000.00

Project Description

Provide a description of the proposed activity

While we have not been open to the public during this period of COVID-19 shutdown we have been in the office and answering the phone calls. It appears that many residents have various legal questions regarding landlord tenant issues. While the courts are currently not hearing any eviction type cases and the sheriff is not executing any evictions this will all change once the shutdown is lifted. Many Hammond residents will need the assistance of a legal aid lawyer once the shutdown is lifted. The demand for our services is certain to increase over the next months.

Project Need

Outline the need for this activity. Summarize the issues being addressed within the community related to COVID-19. Outline the impact the activity will have on the residents of the community. (2-3 Paragraphs)

Many Hammond residents have lost their jobs altogether, or have been laid off temporarily due to the COVID-19 situation. This loss of income has caused many residents to find themselves unable to pay their rent on time, or sometimes not at all. The prospect of going to court for an eviction case without a lawyer is daunting in normal times, but even more daunting in this uncharted COVID-19 environment. In normal times when one does not pay rent the eviction is mostly a slam dunk for the landlords. It is our hope that our lawyers will be able to work with these landlords to either give the tenants more time to catch up on their payments or to postpone the eviction until the tenant can make other arrangements for housing. A legal aid lawyer could be the difference between someone staying in their apartment versus living out of their car.

ELIGIBLE ACTIVITY

- ☐ Convert a Public Building for the testing, diagnosis, or treatment of COVID-19
- ☐ Rehabilitate a Facility to Centralize Treatment of COVID-19
- ☐ Provide testing, diagnosis, or other services related to COVID-19
- ☐ Increase capacity of local health staff or services to respond to COVID-19
- ☐ Establish a delivery service to provide supplies to quarantined individuals or those medically vulnerable
- ☐ Provide grants to businesses to retain LMI jobs
- ☐ Provide loans to businesses to retain LMI jobs
- ☒ Other Provide legal counsel and representation for landlord/tenant matters

National Objective (Select 1)

- ☐ LMI Area Benefit
- ☒ LMI Limited Clientele
- ☐ LMI Job Retention

Proposed Budget

PART A: Line Item Budget

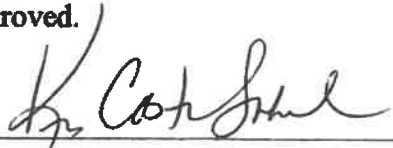
LINE ITEM	CDBG-CV		OTHER	TOTAL
Salaries	\$20,000.00			\$20,000.00
Fringe Benefits				
Professional Services				
Supplies & Equipment				
Rent/Lease				
Utilities/Telephone				
Mileage				
Other: Insurance				
Other				
Other				
Total	\$20,000.00			\$20,000.00

PART B: Other Funding Sources

Name of Funding Source	Secured? (Y/N)	Amount
1. Mayor's Discretionary Gaming Funds	Yes	\$300,000.00
2.		
3.		
4.		
5.		
TOTAL:		\$300,000.00

CERTIFICATION

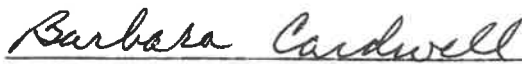
Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true and that applicant will comply with all requirements if funding is approved.

 5/1/2020
Signature of Authorized Official Date

Kris Costa Sakelaris Executive Director
Typed Name of Authorized Official Title

219-853-6611 ksakelaris@msn.com
Phone Number Email

PRIVATE AGENCIES:

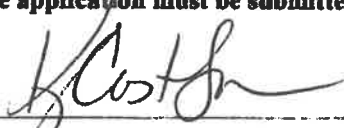
 5/1/2020
Signature of President of Board of Directors Date

Barbara Cardwell 5/1/2020
Typed Name of President of Board of Directors Date

STATEMENT OF APPLICANT

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14. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
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16. Note that each program/project has the potential to receive funding for a period not to exceed (3) years
17. A separate application must be submitted for each activity.



Signature of Authorized Official

5/1/2020

Date

CDBG-CV APPLICANT INFORMATION

Organization: We Care From The Heart Social Services

Program Title: Caring Hearts Covid-19 Response Program

Mailing Address: 200 Russell Street, 8th Floor, Hammond, IN 46320

Street Address (if different): _____

Contact Person: Kim Hunt

Contact Phone: 219-933-7111

Email: hammondwecarefromtheheart@yahoo.com

FAX: 219-933-6657

DUNS Number: 170002427

Requested CDBG Funding Amount: \$33,336.00

Project Description

Provide a description of the proposed activity:

Our Caring Hearts Covid-19 Response program proposes to help our agency to continue to provide case management and in-home care services to our Hammond low to moderate income senior and disabled residents who struggle daily with the difficult effects of aging. Many of our seniors suffer with moderate to advanced memory loss, Dementia and debilitating disabilities, as well as the effects associated with losing their independence. Our targeted Hammond residents live alone and have little to no family support. As a result, they sink into isolation which can make them feel angry and depressed and once in isolation, they do not allow anyone to regularly check on them to ensure that they are safe and healthy. Our program will provide our staff with the necessary and lifesaving supplies needed to continue to care for our Hammond seniors by keeping our staff safe and keeping our seniors safe and healthy. Our project also proposes to provide a janitor to sanitize our office space, three times per week, thereby keeping our office staff's working environment safe and healthy keeping them from becoming ill and preventing the spread of any viruses associated with this pandemic. Our program will set aside a dedicated staff who will call each of our senior clients on a weekly basis to make sure that they are doing ok, to notify their doctors on their behalf to advise of any health changes that we notice and, in the event, they are hospitalized, we will keep up with any documentation received so that we can monitor their progress. This will provide our seniors with someone who can help them navigate through this terrible pandemic and to address any needs that they may have.

Project Need

Outline the need for this activity. Summarize the issues being addressed within the community related to COVID-19. Outline the impact the activity will have on the residents of the community. (2-3 Paragraphs)

Many of our seniors have been targeted in the high-risk health category for the Coronavirus as many of them have underlying health conditions that could negatively affect their ability to fight off this deadly virus. Our weekly home visits and case management assistance will prove to be a source of monitoring for the participant allowing for careful observation of the senior's physical, mental and living conditions. Providing our staff with needed gloves, masks and sanitizing products, which are difficult to come by will allow us to continue to provide our Hammond seniors non-medical practical care and companionship while helping them to remain alert mentally and to remain physically compliant with everyday needs.

This is a very uncertain and terrifying time we are living in. Friends, neighbors and family members are being negatively affected by this virus on a daily basis. The media outlets daily and throughout each day, continue to publicize the negative and deadly effects that this virus is spreading. This can be a very fearful and confusing time for our seniors, especially those who live alone with little to no family support. Our program will allow us to continue to provide ongoing care for these senior and disabled persons thereby helping them to maintain a suitable living environment and helping them to maintain a quality level of independence at home while enhancing their quality of life.

This program will also serve to help us to be able to provide needed supplies for our seniors such as gloves, face masks, sanitizing/cleaning supplies and toiletries such as toilet paper, paper towels and soap. Many of these items are not only difficult to come by, but they have now become too expensive for our seniors to afford, due to price gouging. We now have a functioning minivan and this will assist us to load up care packages for our seniors and deliver them to their homes, keeping them safe and healthy. Last, but not least, this program will provide a janitor, 3 days per week, to continue to clean and sanitize our office space, thereby keeping our office staff safe and healthy, preventing us from having to shut down our operations.

ELIGIBLE ACTIVITY

- ☐ Convert a Public Building for the testing, diagnosis, or treatment of COVID-19
- ☐ Rehabilitate a Facility to Centralize Treatment of COVID-19
- ☐ Provide testing, diagnosis, or other services related to COVID-19
- ☒ Increase capacity of local health staff or services to respond to COVID-19
- ☒ Establish a delivery service to provide supplies to quarantined individuals or those medically vulnerable
- ☐ Provide grants to businesses to retain LMI jobs
- ☐ Provide loans to businesses to retain LMI jobs
- ☐ Other

National Objective (Select 1)

- ☐ LMI Area Benefit
- ☒ LMI Limited Clientele
- ☐ LMI Job Retention

Proposed Budget

PART A: Line Item Budget

LINE ITEM	CDBG-CV		OTHER	TOTAL
Salaries - Janitor	\$10,368.00			\$10,368.00
Fringe Benefits				
Professional Services				
Supplies & Equipment (Gloves, Masks, Cleaning, Toiletries)	\$15,792.00			\$15,792.00
Rent/Lease				
Utilities/Telephone	\$ 3,096.00			\$ 3,096.00
Mileage	\$4,080.00			\$ 4,080.00
Other: Insurance				
Other				
Other				
Total	\$33,336.00		0	\$33,336.00

PART B: Other Funding Sources

Name of Funding Source	Secured? (YIN)	Amount
1.		
2.		
3.		
4.		
5.		
TOTAL:	N/A	

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

4/29/2020

Date

Kim R. Hunt

Typed Name of Authorized Official

CEO

Title

219-933-7111

Phone Number

hammondwecarefromtheheart@yahoo.com

Email

PRIVATE AGENCIES:



Signature of President of Board of Directors

04/29/2020

Date

Kim R. Hunt

Typed Name of President of Board of Directors

04/29/2020

Date

STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made or submitted in connection with this application once the deadline for applications has passed.
3. Understand 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 program(s)/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. With 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 during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the Department of Planning & Development.
10. That, if the project/program 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.
11. Upon the project funding, 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 will 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/employee 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) years
17. A separate application must be submitted for each activity.



Signature of Authorized Official

04/29/2020

Date



March 19, 2020

Owana J. Miller, Community Development Director
City of Hammond
5925 Calumet Ave, Suite #115
Hammond, IN 46324

Dear Ms. Miller and the City of Hammond:

During the COVID-19 pandemic, Meals on Wheels is a lifeline for our neighbors.

Older people and those with severe or chronic medical conditions – exactly the population MOWNWI primarily serves - are much more likely to have serious COVID-19 illness.

Shopping for or preparing healthy food was already a challenge for clients that rely on MOWNWI. Now that they're being advised to shelter in place due to their higher risk, it's become even more challenging to get healthy food.

Meals on Wheels of Northwest Indiana provides nutrition critical to support health.

Urgent support is needed to empower MOWNWI to adapt rapidly to the crisis and provide critical nutrition throughout the community:

- MOW is ordering frozen meals at a cost of \$22,678 to serve homebound clients for two weeks, should the crisis escalate. These frozen meals would enhance or substitute for our current hot meal delivery program should our service counties be ordered to shelter in place.
 - The Hammond portion of this cost is \$2,678.
- If the crisis escalates, MOWNWI urgently requires an updated phone system at a cost of \$7,076 to give us the capacity to evolve how we respond to and serve clients. Should travel be restricted, shelter in place be ordered, or staff be exposed to COVID-19 and/or become ill, the new phone system will still allow us to take care of our clients through forwarding of calls to multiple off-site lines, ability to update the outgoing message with the most updated information, ability to remotely check messages, and reliably communicate with clients and their family members, volunteers, staff, and the larger community.
 - The Hammond portion of this cost is \$707.
- We continue our normal delivery of an average of 1,100 meals daily, at a cost of \$41,800 weekly.



Extraordinary commitment from our Region's foundations, businesses, and individual supporters is needed at this time.

With your help, Meals on Wheels of Northwest Indiana will be equipped to meet the urgent and growing need for nourishing meals that help people stay safe and healthy.

Those who need assistance with meals can contact 219-756-3663.

For more information, contact Director of Development Rachel Hurst at 219-756-3663w, 2770-869-5613c, or rachel@mownwi.org.

Thank you for your consideration,

A handwritten signature in cursive script that reads 'Sandra L. Noe'.

Sandra L. Noe
Executive Director

A handwritten signature in cursive script that reads 'Rachel Hurst'.

Rachel Hurst
Director of Development

ESG APPLICANT INFORMATION

Organization: CONTINUUM OF CARE NETWORK OF NWI

Program Title: HOME AGAIN

Mailing Address: 839 MASSACHUSETTS, SUITE B, GARY, IN 46402

Street Address (if different): _____

Contact Person: DR. SHARRON E LIGGINS

Contact Phone: 219.886.9966

Email: SLIGGINS@COCOFNWI.ORG

FAX: 219.224.3895

DUNS Number: 171507770

Requested ESG Funding Amount: \$60,000

RESIDENTIAL INFORMATION (if applicable)

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

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

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

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

Explain how you arrived at this estimate:

NON-RESIDENTIAL SERVICE INFORMATION

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

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

✓	Service	✓	Service
	Emergency Shelter Facilities	X	Homeless prevention
	Transitional Housing		Vouchers for shelter
X	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):

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

ESG funds will be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the “homeless” definition in 24 CFR 576.2.

This assistance, referred to as homelessness prevention, will be provided to individuals and families who meet the criteria under the “at risk of homelessness” definition, or who meet the criteria in paragraph (2), (3), or (4) of the “homeless” definition in 24 CFR 576.2 and have an annual income below 30 percent of median family income for the area, as determined by HUD.

At Risk of Homelessness Definition:

- a) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
- b) Is living in the home of another because of economic hardship; OR
- c) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR

- d) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
- e) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
- f) Is exiting a publicly funded institution or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility or correction program or institution); OR
- g) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Consolidated Plan

Paragraph 2: Individual or family, who will imminently lose their primary nighttime residence, provided that:

- 1) Residence will be lost within 14 days of the date of application for homeless assistance;
- 2) No subsequent residence has been identified; AND
- 3) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

Paragraph 3: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- (i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 1404e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)) or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a)
- (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- (iii) Have experienced persistent inability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
- (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment;

Paragraph 4: Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing.

Estimate the number of UNDUPLICATED persons who receive non-residential services in the funding year: 45

Explain how you arrived at this estimate:

Financial assistance will be limited to \$1000.00 per household for at total of 45 households assisted.

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?

Qualifying under Paragraph 2 definition:

At least one of the following stating that the household must leave current residence within 14 days: A court order resulting from an eviction notice or equivalent notice, or a formal eviction notice; For individuals in hotels or motels that they are paying for, evidence that the individual or family lacks the necessary financial resources to stay for more than 14 days; or An oral statement by the individual or head of household stating that the owner or renter of the residence will not allow them to stay for more than 14 days.

The intake worker must verify the statement either through contact with the owner or renter, or documentation of due diligence in attempting to obtain such a statement. Certification by the individual or head of household that no subsequent residence has been identified. Self-certification or other written documentation that the individual or head of household lacks the financial resources and support networks to obtain other housing.

Qualifying under Paragraph 3 definition:

A nonprofit, state, or local government entity that administers the listed federal statute must certify that the household qualifies as homeless under that statute's definition.

To document that the individual has not had a lease, occupancy agreement, or ownership interest in housing in the last 60 days, certification by the individual or head of household, written observation by an outreach worker, or referral by a provider.

To document that the individual or family has moved two times in the past 60 days, a certification from the individual and supporting documentation, including records or statements from each owner or renter of housing, shelter or housing provider, or social worker, case worker, or appropriate official of an institution where the individual or family resided. Where these statements are unobtainable, the intake worker should include a written record of his or her due diligence in attempting to obtain them.

Evidence of barriers includes: Written diagnosis from a licensed professional, employment records, department of corrections records, literacy, and English proficiency tests. For disability, any of the above,

written verification from the Social Security Administration (or a disability check receipt), or observation of the intake worker of disability, which must be confirmed within 45 days by an appropriate professional.

Qualifying under Paragraph 4 definition:

Acceptable Evidence for Individuals Fleeing Domestic Violence:

Oral statement by the individual or head of household seeking assistance, that is certified by the individual or head of household; and where the safety of the household is not in jeopardy:

Written observation by intake worker; **or** written referral by a housing or service provider, social worker, or other organization from whom the household has sought assistance for domestic violence. If the individual or family is being admitted to a domestic violence shelter or is receiving services from a victim service provider, the oral statement need only be documented by a certification of the individual or head of household, or by the intake worker.

It can be more challenging to identify persons who are housed but who have a very high risk of becoming homeless. There are many people who are housed and have great need but would not become homeless if they did not receive assistance. Sub-recipients are encouraged to target prevention assistance to those individuals and families at the greatest risk of becoming homeless.

The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing and achieve stability in that housing. Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in 24 CFR 576.105, the short-term and medium-term rental assistance requirements in 24 CFR 576.106, and the written standards and procedures established under 24 CFR 576.400.

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:

Continuum of Care Network of NWI currently has membership off two formerly homeless individuals participating at the border level. Marjorie Newman and Brian Cody were chronically homeless and have

been board members since 2013. Their involvement includes program design, client relations and board oversight/governance.

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

If yes, please describe:

Continuum of Care Network of NWI currently has membership off two formerly homeless individuals participating at the board level. Marjorie Newman and Brian Cody were chronically homeless and have been board members since 2013. Their involvement includes program design, client relations and board oversight/governance.

CONTINUUM OF CARE PARTICIPATION:

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

Continuum of Care Network of NWI is the local planning body that coordinates housing and services funding for homeless families and individuals in Northwest Indiana. We assist with the establishment and execution of community plans to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness. We currently provide four necessary parts of a continuum:

1. Outreach, intake, and assessment in order to identify service and housing needs and provide a link to the appropriate level of both;
2. Emergency shelter to provide an immediate and safe alternative to sleeping on the streets, especially for homeless families with children;
3. Transitional housing with supportive services to allow for the development of skills that will be needed once permanently housed; and
4. Permanent and permanent supportive housing to provide individuals and families with an affordable place to live with services if needed.

PROPOSED BUDGET

Eligible ESG Use	Amount Requested
Operations	\$12,000
Essential Services	
Homeless Prevention	\$45,000
Renovation, Rehabilitation, or Conversion of buildings	
Administration	\$3000
Utilities	
TOTAL	\$60,000

BUDGET TIMELINE

25% of the funds will be expended by: 06/30/2020

50% of the funds will be expended by: 08/01/2020

100% of the funds will be expended by: 09/01/2020

MATCHING FUNDS

Source of Match	Amount of Match
1.	
2.	
3.	
4.	
5.	
TOTAL	

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.

Dr. Sharron E Liggins

Signature of Authorized Official

05/01/2020

Date

Dr. Sharron E Liggins

Typed Name of Authorized Official

Executive Director

Title

219.886.9966

Phone Number

sliggins@cocofnwi.org

Email

PRIVATE AGENCIES:

Signature of President of Board of Directors

Date

Typed Name of President of Board of Directors

Date

STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made or submitted in connection with this application once the deadline for applications has passed.
3. Understand 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 program(s)/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. With 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 during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the Department of Planning & Development.
10. That, if the project/program 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.
11. Upon the project funding, 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 will 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/employee 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) years
17. **A separate application must be submitted for each activity.**

Dr. Sharron E Liggins

Signature of Authorized Official

05/01/2020

Date

ESG APPLICANT INFORMATION

Organization: First Baptist Church of Hammond, Indiana, Inc.

Program Title: Hammond Rescue Mission

Mailing Address: 507 State Street

Street Address (if different): _____

Contact Person: Rick Sparks

Contact Phone: 219-805-9192

Email: rick.sparks@fbchammond.com

FAX: 219-228-2968

DUNS Number: _____

Requested ESG Funding Amount: 7,180.00

RESIDENTIAL INFORMATION (if applicable)

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

Residence Type	Units	Beds Per Person
Barracks	55	1
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:

Homeless males 18 years old and older.

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

Explain how you arrived at this estimate:

Counting Intake Forms

NON-RESIDENTIAL SERVICE INFORMATION

Will the organization offer nonresidential service (s)? Yes _____ No X _____

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):
--	--

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

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

Explain how you arrived at this estimate:

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?

The only men receiving benefit of the mission live in the mission due to their homelessness. An intake form is completed by the men upon their entry into the program.

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:

The men are assigned jobs in cooking and cleaning of the mission itself and other church buildings.

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

If yes, please describe:

CONTINUUM OF CARE PARTICIPATION:

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

N/A

PROPOSED BUDGET

Eligible ESG Use	Amount Requested
Operations	
Essential Services	2,380.00
Homeless Prevention	
Renovation, Rehabilitation, or Conversion of buildings	1,200.00
Administration	
Utilities	3,600.00
TOTAL	7,180.00

BUDGET TIMELINE

25% of the funds will be expended by: May 31, 2020

50% of the funds will be expended by: June 30, 2020

100% of the funds will be expended by: July 31, 2020

MATCHING FUNDS - N/A

Source of Match	Amount of Match
1.	
2.	
3.	
4.	
5.	
TOTAL	

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

<u>Richard Sparks</u>	<u>Assistant Pastor</u>
Typed Name of Authorized Official	Title

<u>219-805-9192</u>	<u>rick.sparks@fbchammond.com</u>
Phone Number	Email

PRIVATE AGENCIES:

_____ Signature of President of Board of Directors	_____ Date
---	---------------

<u>John Wilkerson</u>	<u>4/30/20</u>
Typed Name of President of Board of Directors	Date

STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made or submitted in connection with this application once the deadline for applications has passed.
3. Understand 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.
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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.
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16. Note that each program/project has the potential to receive funding for a period not to exceed (3) years
17. **A separate application must be submitted for each activity.**

Signature of Authorized Official

Date

2020 Emergency Solutions Grant Application Information

Organization: InnerMission Inc

Mailing Address: P.O. Box 706

Contact Person: Scott Wells

Phone: 219-712-5736

Email: swells@thegateonline.net

Shelter Name: Claude Street Shelter

Physical Address: 5515 Claude Ave

Telephone: 219-933-7013

DUNS # 966622701

Amount of ESG Funds Requested: \$1,000.00

Describe the organization's mission:

Innermission Inc. has been in existence for the past 21 years as a non-profit organization. The programs in the InnerMission network will provide needed support for the residents of Hammond. Our goal is to re-direct the downward spiral of the families of this area and bring back a pride to the central and surrounding regions of Hammond. Our experience shows that when the families foundational structure is strengthened then the foundation of the city will be stronger.

Purpose:

Our mission is to take a person from Surviving to Thriving!

Describe how ESG funds will be used:

buy PPE for volunteers for our soup kitchen and food pantry that serve needy and homeless people

RESIDENTIAL INFORMATION (if applicable)

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

Residence Type	Units	Beds Per Person
Barracks		
Group/large house		
Apartment	3	1
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:

Homeless families and sometimes individuals and others in need

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

30-35

Explain how you arrived at this estimate:

2018/2019 stats from ESG billing.

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:

Same population as the residential services and others in need

Estimate the number of **UNDUPLICATED** persons who receive non-residential services in the funding year: 30-35

Explain how you arrived at this estimate:

2018/2019 stats from ESG billing.

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?

. HMIS / Client track .
.
.
.
.

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:

. Cleaning and maintenance of the apartments .
.
.
.
.

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:

. We take into account the needs of the clients and try to better our program by thier .
experience .
.

CONTINUUM OF CARE PARTICIPATION:

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

. Attend the COC meetings .
.
.

PROPOSED BUDGET

Eligible ESG Use	Amount Requested
Operations	\$1000
Essential Services	
Homeless Prevention	
Renovation, Rehabilitation, or Conversion of buildings	
Administration	
Utilities	
TOTAL	\$1000

BUDGET TIMELINE

25% of the funds will be expended by: *MAY 31ST*
 50% of the funds will be expended by: *JUNE 30TH*
 100% of the funds will be expended by: *JULY 31ST*

MATCHING FUNDS

Source of Match	Amount of Match
1.	
2.	
3.	
4.	
5.	
TOTAL	

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

5-6-20

Date

Scott Weiss

Typed Name of Authorized Official

Executive Director

Title

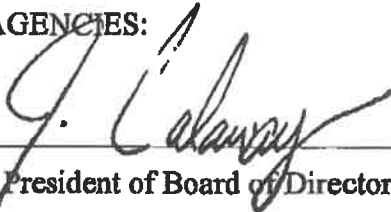
219-712-5736

Phone Number

SWISS@THEGATEONLINE.NET

Email

PRIVATE AGENCIES:



Signature of President of Board of Directors

5-6-20

Date

J. Calaway

Typed Name of President of Board of Directors

5-6-20

Date

STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made or submitted in connection with this application once the deadline for applications has passed.
3. Understand 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 program(s)/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. With 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 during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the Department of Planning & Development.
10. That, if the project/program 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.
11. Upon the project funding, 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 will 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/employee 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) years
17. A separate application must be submitted for each activity.



Signature of Authorized Official

5-6-20

Date

ESG APPLICANT INFORMATION

Organization: Greater Hammond Community Services, Inc.

Program Title: Homeless Prevention/Rapid Re-Housing

Mailing Address: 824 Hoffman St, Hammond IN 46327

Street Address (if different): _____

Contact Person: Lisa Christian

Contact Phone: (219) 932-4800 x 102

Email: Lscenter2@yahoo.com

FAX: (219) 933-3452

DUNS Number: 968477708

Requested ESG Funding Amount: \$15,000

N/A

RESIDENTIAL INFORMATION (if applicable)

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

Residence Type	Units	Beds Per Person
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:

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

Explain how you arrived at this estimate:

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):

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

Hammond residents in danger of losing their housing due to Covid-19.

Estimate the number of UNDUPLICATED persons who receive non-residential services in the funding year: 15-20 families

Explain how you arrived at this estimate:

Based on current requests for assistance.

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?

Greater Hammond will take referrals from the area shelters and Greater Hammond will use eviction documentation for those seeking Homeless Prevention assistance. Greater Hammond will utilize the HMIS system to record and report program participation data along with client file notes.

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:

Greater Hammond will have periodical meetings with the participants and shelter providers to seek input and to help guide the client with their individual goal plan.

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

If yes, please describe:

By having former Homeless Program participant involved involved in Department of Planning with ESG providers.

CONTINUUM OF CARE PARTICIPATION:

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

Greater Hammond participates in the Continuum of Care by attending meetings.

PROPOSED BUDGET

Eligible ESG Use	Amount Requested
Operations	2,000
Essential Services	6,000
Homeless Prevention	7,000
Renovation, Rehabilitation, or Conversion of buildings	
Administration	
Utilities	
TOTAL	15,000

BUDGET TIMELINE

25% of the funds will be expended by: 6/30/20
50% of the funds will be expended by: 7/30/20
100% of the funds will be expended by: 8/31/20

MATCHING FUNDS

Source of Match	Amount of Match
1. Lake Area United Way (LAUW)	25,000
2.	
3.	
4.	
5.	
TOTAL	25,000

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.

<u></u>	<u>4/30/20</u>
Signature of Authorized Official	Date
<u>Lisa Christian</u>	<u>Director</u>
Typed Name of Authorized Official	Title
<u>(219) 932-4800 x 102</u>	<u>Lscenter2@yahoo.com</u>
Phone Number	Email

PRIVATE AGENCIES:

<u></u>	<u>4/30/20</u>
Signature of President of Board of Directors	Date
<u>Don Wiltfong</u>	<u>4/30/20</u>
Typed Name of President of Board of Directors	Date

STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made or submitted in connection with this application once the deadline for applications has passed.
3. Understand 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 program(s)/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. With submission of this application, the organization agrees to abide by the Department of Planning & Developments' locally established policies and guidelines.
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10. That, if the project/program 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.
11. Upon the project funding, 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 will 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/employee 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) years
17. A separate application must be submitted for each activity.



Signature of Authorized Official

4/30/20
Date