

# CITY OF OMAHA EMERGENCY SOLUTIONS GRANT PROGRAM

2019

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## Application Completion Checklist

To ensure that your application is complete, please indicate with checkmarks that all listed items are included.

Submit **one original** and **one copy** of the **entire application and supporting documentation** by **4:00 p.m., Wednesday, March 20, 2019.**

Submit to:

Nicole Engels  
Omaha City Planning Department  
1819 Farnam Street  
Omaha, NE 68183-0110

- Completed application form (plus Contact Information Page)
- Articles of Incorporation
- Certification of 501(c) (3) status
- List of the Organization's Board of Directors
- Copy of the most recent independent certified financial audit

# Contact Information

Name of Organization/Agency:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director of Agency: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person for ESG Grant:

\_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

# FY 2019 ESG APPLICATION

INSTRUCTIONS: Be sure to answer all questions that apply to the program for which you are seeking funding. When a narrative is required, begin answering in the space provided and (if need be) continue on a separate page. Keep your narratives clear and concise.

## 1. Dollars Requested and Households Served

**Important:** Street Outreach and Emergency Shelter activities are considered “homeless assistance” activities. See section entitled Available Funding for Homeless Assistance Activities in instructions for this application. Shaded areas are unlikely to be funded.

### Street Outreach – dollars requested for each activity:

|       |                                                                      |
|-------|----------------------------------------------------------------------|
| _____ | 1) Engagement                                                        |
| _____ | 2) Case Management                                                   |
| _____ | 3) Emergency Health Services                                         |
| _____ | 4) Emergency Mental Health Services                                  |
| _____ | 5) Transportation                                                    |
| _____ | 6) Special Populations Services (domestic violence, youth, HIV/AIDS) |
| _____ | Total Amount Requested                                               |

For every activity for which you have requested funding, indicate below the approximate number of households to be served using both ESG funds and other funds you are bringing to that activity.

### Street Outreach – households served:

|       |                                                                      |
|-------|----------------------------------------------------------------------|
| _____ | 1) Engagement                                                        |
| _____ | 2) Case Management                                                   |
| _____ | 3) Emergency Health Services                                         |
| _____ | 4) Emergency Mental Health Services                                  |
| _____ | 5) Transportation                                                    |
| _____ | 6) Special Populations Services (domestic violence, youth, HIV/AIDS) |

**Emergency Shelter – dollars requested for each activity:**

|       |                                                                    |
|-------|--------------------------------------------------------------------|
| _____ | 1) Essential Services (total Essential Services dollars requested) |
| _____ | Case management                                                    |
| _____ | Child care (for children under 13; if disabled, under 18)          |
| _____ | Education services                                                 |
| _____ | Employment assistance and job training                             |
| _____ | Outpatient health service                                          |
| _____ | Legal services                                                     |
| _____ | Life skills training                                               |
| _____ | Mental health services                                             |
| _____ | Substance abuse treatment services                                 |
| _____ | Transportation                                                     |
| _____ | Special populations services (domestic violence, youth, HIV/AIDS)  |
| _____ | 2) Renovation                                                      |
| _____ | 3) Shelter Operations                                              |
| _____ | Total Amount Requested                                             |

For every “Essential Service” for which you have requested funding, indicate below the approximate number of households to be served using both ESG funds and other funds you are bringing to that activity. For “Shelter Operations” indicate 1) the number of households to whom you will provide shelter each night, and 2) the expenses you anticipate paying with operational funding (OPPD, MUD, etc.).

**Essential Services – households served:**

|       |                                                                   |
|-------|-------------------------------------------------------------------|
| _____ | Case management                                                   |
| _____ | Child care (for children under 13; if disabled, under 18)         |
| _____ | Education services                                                |
| _____ | Employment assistance and job training                            |
| _____ | Outpatient health service                                         |
| _____ | Legal services                                                    |
| _____ | Life skills training                                              |
| _____ | Mental health services                                            |
| _____ | Substance abuse treatment services                                |
| _____ | Transportation                                                    |
| _____ | Special populations services (domestic violence, youth, HIV/AIDS) |

**Nature of Renovation:**

|       |
|-------|
| _____ |
| _____ |

**Shelter Operations – households sheltered each night: \_\_\_\_\_**

**Shelter Operations (list expenses or standard bills to be paid with ESG dollars):**

|       |
|-------|
| _____ |
| _____ |
| _____ |

**Homelessness Prevention – dollars requested for each activity:**

           1) Housing relocation and stabilization services

Financial assistance costs for a) rental application fees, b) security deposits (equal to no more than two months rent), c) last month’s rent, d) utility deposits, e) utility payments (up to 24 months per service – gas, water, electric and sewage), f) moving costs (including temporary storage up to 3 months), g) services costs, i.e., housing search and placement, housing stability case management, h) mediation, i) legal services, j) credit repair.

           2) Short and medium term rental assistance

1) Short term rental assistance (up to three months), 2) medium-term rental assistance (not more than 24 months during any 3-year period), 3) payment of rental arrears up to 6 months, including late fees. Rent must be FMR or less and comply with rent reasonableness standards. Must have lease between owner and program participant. TBRA or PBRA are both possibilities, each with specific regulations. Minimum “Habitability Standards” must be met in all units.

NOTE: Participants must meet with case manager once a month during period of assistance.

           Total Amount Requested

For every activity for which you have requested funding, indicate below the approximate number of households to be served using both ESG funds and other funds you are bringing to that activity.

**Homelessness Prevention – households served:**

           1) Housing relocation and stabilization services

           2) Short and medium term rental assistance

**Rapid Re-Housing – dollars requested for each activity::**

\_\_\_\_\_ 1) Housing relocation and stabilization services

Financial assistance costs for a) rental application fees, b) security deposits (equal to no more than two months rent), c) last month's rent, d) utility deposits, e) utility payments (up to 24 months per service – gas, water, electric and sewage), f) moving costs (including temporary storage up to 3 months), g) services costs, i.e., housing search and placement, housing stability case management, h) mediation, i) legal services, j) credit repair.

\_\_\_\_\_ 2) Short and medium term rental assistance

1) Short term rental assistance (up to three months), 2) medium-term rental assistance (not more than 24 months during any 3-year period), 3) payment of rental arrears up to 6 months, including late fees. Rent must be FMR or less and comply with rent reasonableness standards. Must have lease between owner and program participant. TBRA or PBRA are both possibilities, each with specific regulations. Minimum "Habitability Standards" must be met in all units.

NOTE: Participants must meet with case manager once a month during period of assistance.

\_\_\_\_\_ Total Amount Requested

For every activity for which you have requested funding, indicate below the approximate number of households to be served using both ESG funds and other funds you are bringing to that activity.

**Rapid Re-Housing – households served:**

\_\_\_\_\_ 1) Housing relocation and stabilization services

\_\_\_\_\_ 2) Short and medium term rental assistance

**HMIS – dollars requested:**

**If not HMIS Lead Agency...**

- \_\_\_\_\_ 1) Purchasing or leasing hardware, software or licenses
- \_\_\_\_\_ 2) Purchasing or leasing equipment;
- \_\_\_\_\_ 3) Obtaining technical support;
- \_\_\_\_\_ 4) Leasing office space;
- \_\_\_\_\_ 5) Paying charges for utilities and high-speed data transmission;
- \_\_\_\_\_ 6) Paying salaries for operating HMIS; paying costs of staff to travel to and attend HUD-sponsored/approved HMIS training programs;
- \_\_\_\_\_ 7) Paying travel costs to conduct intake;
- \_\_\_\_\_ 8) Paying participation fees charged by HMIS Lead;
  
- \_\_\_\_\_ Total Amount Requested

**If HMIS Lead Agency...**

- \_\_\_\_\_ 1) Purchasing or leasing hardware, software or licenses
- \_\_\_\_\_ 2) Purchasing or leasing equipment;
- \_\_\_\_\_ 3) Obtaining technical support;
- \_\_\_\_\_ 4) Leasing office space;
- \_\_\_\_\_ 5) Paying charges for utilities and high-speed data transmission;
- \_\_\_\_\_ 6) Paying salaries for operating HMIS; paying costs of staff to travel to and attend HUD-sponsored/approved HMIS training programs;
- \_\_\_\_\_ 7) Paying travel costs to conduct intake;
- \_\_\_\_\_ 8) Hosting and maintaining HMIS software or data
- \_\_\_\_\_ 9) Backing up, recovering or repairing HMIS software or data
- \_\_\_\_\_ 10) Upgrading, customizing and enhancing HMIS
- \_\_\_\_\_ 11) Integrating and warehousing data
- \_\_\_\_\_ 12) Administrating system; reporting to providers, CoC and HUD
- \_\_\_\_\_ 13) Conducting training on using system;
  
- \_\_\_\_\_ Total Amount Requested

**If victim services provider...**

- \_\_\_\_\_ 1) Payment to establish/operate comparable database is eligible (total requested).

**2. Indicate your sources of match:**

You have a slightly greater than a 1 to 1 match requirement (see Instructions). However, for the purposes of this application, list below the amount that will allow you to meet a 1 to 1 requirement, e.g., if you are requesting \$10,000, then detail the sources [and dollar amount/value from those sources] that will allow you to match that \$10,000).

| Amount |                                                                                                                                                     |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| _____  | 1) Agency Cash                                                                                                                                      |
| _____  | 2) The value or fair rental value of any donated material or building                                                                               |
| _____  | 3) The value of any lease on a building used in program                                                                                             |
| _____  | 4) Salary (not included in award) paid to staff to carry out the program                                                                            |
| _____  | 5) Value of the time and services contributed by volunteers to carry out the program<br>(valued at the reasonable/customary rate in the community.) |
| _____  | Total Match                                                                                                                                         |

Provide additional detail on your source of match. Where will it come from/how will you secure it?



### 3. Continuum of Care Certifications

This is to certify that, if funded, our agency agrees to the following:

1. We agree to take responsibility for the accuracy of program information contained in MACCH Directories (i.e., to evaluate any current listings and provide any needed updates or corrections, this includes website or internet listings, as well).
2. We agree to participate in the MACCH Client Feedback Process (i.e., Consumer Advisory Task Forces).
3. We agree to send a key program representative (named below) to monthly MACCH meetings. (Note: regular attendance equals 10 to 12 meetings a year.)

Name of representative: \_\_\_\_\_

Position: \_\_\_\_\_

4. We agree to participate regularly on at least one MACCH task force related to our program's mission (task forces focus on the coordination/advance of at least one area of CoC service).

Name of Task Force: \_\_\_\_\_

Person participating: \_\_\_\_\_

5. We agree to participate in the development of MACCH's strategy to reduce and end homelessness (for clarification on what this strategy must contain, see Instructions document).
6. We agree to participate in MACCH's Listserve, i.e., to make sure that all relevant program and administrative staff are listed on and are receiving Listserve messages.
7. We agree to participate in MACCH's HMIS. (For implementation steps as well as technical and system questions, contact Brandy Yant, System Administrator, 712-256-8663, [brandy.yant@IowaInstitute.ne](mailto:brandy.yant@IowaInstitute.ne)).
8. We agree to the timely payment of MACCH's annual membership dues.

Signed by Agency Director: \_\_\_\_\_

Date: \_\_\_\_\_

### Metro Area Continuum of Care Certification of Participation

*This is to certify that this agency is currently a participating member of MACCH, currently meeting the requirements of the items listed above.*

\_\_\_\_\_  
MACCH: Officer Signature (signed by Randy McCoy or Lisa Vukov)

NOTE: You may be applying for a new program and that program may not as yet be involved with MACCH. However, your agency should be involved (overall or through other programs) and this certification is critical to your eligibility as an applicant. If you are a new agency not yet involved with MACCH, then indicate your commitment to being involved by completing the Continuum of Care Certification section above.

## 4. Performance Indicators Certification

As an applicant for ESG funds, this is to certify that our agency agrees to the following:

We agree to allow the City access to HMIS performance data when assessing our application for ESG funds. Typically, this will include (as applicable to Emergency Shelters, Rapid Re-Housing, and other funded programs): “nights of shelter”, “number of unique individuals/households served”, “mean nights of shelter”, “number moved to TH”, “number moved to PSH”, “number moved to PH”, and “of those moved to TH, PSH, PH, the number and percent that returned to the shelter system”. Access to PIT data is also required. (See Instructions document.)

If funded, this is to certify that our agency agrees to the following:

- 1) We agree to complete and submit on a timely basis the monthly ESG CAPER Subrecipient Report (the HMIS is capable of generating this report – see Instructions).

Signed by Agency Director: \_\_\_\_\_

Date: \_\_\_\_\_

## 5. Make your case:

Here you are asked to make your case—in no more than two pages—for why your agency should be funded in accord with your requests. There are two things to take into consideration.

First, if applicable, what is your program’s past year’s performance in the program areas for which you are requesting funding (provide HMIS data from 7/1/17 through 6/30/18 that supports your case, if available); i.e., number housed, number moved to transitional housing and/or permanent or permanent supportive housing; length of stay; units of supportive service; prevention data, etc.).

Second, indicate how what you are proposing aligns with a four part-strategy for reducing and ending homelessness, i.e., how what you are proposing “fits in” and/or contributes to such a strategy (the four parts are outlined in the Continuum of Care section of the instructions accompanying this application; this strategy is required by the HEARTH Act).

Please Note: if your program is funded, you will be expected to submit timely pay requests and monthly performances reports (see ESG Instructions for the HUD monthly report).

Remember, you have two pages to make your case. Use not less than 11 pt, Times New Roman, one inch margins top, bottom, left and right. Focus on being clear and concise.