

FY2016

**STATE OF ALABAMA
EMERGENCY SOLUTIONS
GRANTS PROGRAM
APPLICATION**

**PLEASE SUBMIT ONE (1) ORIGINAL AND TWO (2) COPIES TO THE
ADDRESS BELOW BY NOON ON JUNE 28, 2016.**

Alabama Department of Economic and Community Affairs
Attn: CED Programs/Community Services
401 Adams Avenue, Suite 524
Montgomery, Alabama 36104

or

Alabama Department of Economic and Community Affairs
Attn: CED Programs/Community Services
Post Office Box 5690
Montgomery, Alabama 36103-5690

Telephone: (334)353-3151

www.adeca.alabama.gov

A.1. Applicant Information

Full Legal Organization Name

Street Address

City

State

Zip Code

Mayor/ Chair/ President/
Director

Title

Phone Number

E-Mail Address

Contact Person

Title

Street Address

City

State

Zip Code

Phone Number

E-Mail Address

A. 2. Declaration of Debt

Does the applicant owe any money to the state or federal governments?

Yes
No

Have any disallowed costs resulted from an ADECA audit of the applicant?

Yes
No

If the answer to the above questions is yes, is a repayment arrangement in place?

Yes
No

If the answer to the above question is yes, has a resolution been finalized?

Yes
No

A.3. 2010 Population of Service Area:

Population of Service Area:

A.4. House, Senate, and Congressional Districts

House District:

Senate District:

Congressional:

A.5. Problem Area Addressed

Street Outreach	Yes	Emergency Shelter	Yes
	No		No
Homelessness Prevention	Yes	Rapid Re-housing	Yes
	No		No

A.6. Proposal Request

Total ESG Funds Requested

Administration	HMIS
Emergency Shelter	Street Outreach
Homelessness Prevention	Rapid Re-housing

A.7. Documentation Checklist

Is verification of tax exempt status attached?	Yes No	Provide the IRS Determination Letter and tax-exempt number for each nonprofit agency (acting as the applicant or second-tier subrecipient).
Is verification of registration in the System for Award Management attached?	Yes No	Provide documentation of the applicant's registration at www.sam.gov .
Is IRS Form 147C attached?	Yes No N/A	If the applicant is a nonprofit agency, please provide a copy of IRS Form 147C. To request a copy, call 1-800-829-4933.

A.8. Local Funds Previously Committed

If the applicant is a local unit of government, were funds provided to the second-tier subrecipient(s) from the general fund during the immediately preceding twelve-month period?	Yes No N/A	If the answer is "yes," please attach a detailed explanation of the amount(s) provided and how it was used by each applicable second-tier subrecipient.
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A.9. Brief Description of the Project

For each governmental entity or nonprofit agency that will provide direct services, provide the following information: DUNS number; the amount requested for each activity; the problem area(s) addressed; location and description of project; estimated number of persons to be served; number of persons served during the last calendar year; and the amount and source of matching funds.

**A.9. Please limit response to
the space provided.**

A.9. Continued

A.9. Continued

A.9. Continued

B.1. Identification of Homeless Assistance Needs

20 Points

Define and describe the service area. Identify the homeless assistance needs in the service area including the needs of other eligible clientele such as victims of domestic violence. Specifically address the needs of the unsheltered homeless persons in the service area. Use quantifiable data, specific to the service area, to the maximum extent possible. Data should include the number of individuals and families actually served during the last calendar year.

B.1. Please limit response to the space provided.

B.1. Continued

B.1. Continued

B.1. Continued

B.1. Continued

B.2. Applicant's Strategy to Address Homelessness 25 Points

Describe the reasons for addressing specific homeless problems. Describe the strategy for addressing homeless problems. Include specific data quantifying the types of assistance or services provided to homeless individuals and families or those persons at risk of homelessness during the last calendar year. **Estimate the number of persons to be assisted in relation to the types of assistance to be provided.** Explain the strategy for targeting funds to the neediest persons, or to the geographic or functional areas where funds may have the greatest impact. Submit samples of intake forms for each agency that will provide services.

Only submit intake forms that capture information relative to eligibility for ESG assistance.

B.2. Please limit answers to the space provided.

B.2. Continued

B.2. Continued

B.2. Continued

B.2. Continued

B.3. Capacity and Coordination

20 Points

Applicants will describe their management capacity, especially that of all second-tier subrecipients, if any. Provide specific details relating to direct or related experience with service provision to homeless individuals and families or those at-risk of homelessness. Applicants will provide their plan to coordinate and integrate ESG-funded activities with other programs targeted to serving homeless persons and with mainstream resources for which program participants may be eligible.

**B.3. Please limit Response to
the space provided.**

B.3. Continued

B.3. Continued

B.3. Continued

B.3. Continued

B.4. Participation in a Continuum of Care

15 Points

The applicant will demonstrate a thorough understanding of the “continuum of care” concept and explain how the services provided by it or its second-tier subrecipients are in line with this concept. This will include information concerning membership in an existing Continuum of Care Homeless Coalition. The applicant will explain the levels of participation of the applicant and the second-tier subrecipients in the continuum and detail the strategies of their particular continuum for serving the homeless. Provide information to show how services provided by the applicant and/or second-tier subrecipients address the strategies of the local continuum.

B.4. Please limit response to the space provided.

B.4 Continued

B.4. Continued

B.4. Continued

B.4. Continued

B.5. Match

10 Points

Points will be given based on the clarity of proposed match. Match (in-kind or cash) must be explained as to how its use relates to the activities allowed under the McKinney Homeless Assistance Act, as amended. Match must be verified to include resolutions and letters detailing sources of funds. If match comes from the city or the county, then the source of funds (general fund) must be identified. Letters from banks, organizations, or donors specifying donated items will be needed. Volunteer hours and fundraising efforts will need to be discussed in enough detail to establish validity. The service area or activities for which volunteer hours are used must be clearly indicated.

Matching funds/services must be spent on/used for ESG-eligible activities and must benefit the ESG program participants.

If the application is selected for funding, matching funds/services must be applied in proportion to the amount of ESG funds expended.

B.5. Please limit response to the space provided. Graphs and charts may be attached separately and do not count toward space limitation.

B.5. Continued

B.5. Continued

B.5. Continued

B.5. Continued

B.6. Budget

10 Points

The budget narrative must consist of a thorough explanation of activities involved with the request. Each budget category (Administration, Street Outreach, Emergency Shelter, Homelessness Prevention, Rapid Re-Housing, and HMIS) must give a detailed description of costs. The applicant's budget must be the aggregate of all second-tier subrecipient budgets.

Submit a budget form for the applicant and each second-tier subrecipient, if applicable.

NOTE: The budgets submitted with the applications do not require signatures or dates.

Each agency for which funds are requested should submit its annual budget that shows the source and amount of other funds received.

B.6. Please limit response to the space provided. Graphs and charts may be attached separately and do not count toward space limitation

B,6, Continued

B.6. Continued

B.6. Continued

B.6. Continued

B.7. Schedule

Provide a flow chart or timeline showing the schedule of necessary project elements with starting and ending dates for each. Activities applied for must be completed and closed out within eighteen (18) to twenty-two (22) months. **However, if the applicant wishes to apply for FY2018 ESG funds, all activities must be completed and closed out by March 31, 2018.**

B.7. Please limit response to the space provided.

B.7. Continued

B.7. Continued