

CITY OF SAVANNAH
Human Services Department
EMERGENCY SOLUTIONS GRANT (ESG-CV) PROGRAM
GUIDELINES AND APPLICATION

The City of Savannah received a supplemental allocation of Emergency Solutions Grants (ESG) funds as authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES) Act, Public Law 116-136.

These special ESG-CV funds can be used to prevent, prepare for, and respond to the coronavirus pandemic (COVID-19) among individuals and families who are homeless or receiving homeless assistance; and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts of COVID-19. Funding that targets the homeless community may be allocated to build and operate emergency shelters, issue hotel and motel vouchers, provide essential services, and prevent individuals from becoming homeless.

ELIGIBLE ACTIVITIES

The City of Savannah is seeking to fund programs and services in the following categories to eligible agencies:

- A. Homelessness Prevention:** Housing relocation and stabilization services and short- and/or medium-term rental and utility 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 §576.2.

Assistance may 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 §576.2 and have an annual income not higher than HUD’s Very Low Income Limit (below **50%** of median family income or \$36,000 for a family size of four), as authorized by the CARES Act. 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.

Eligible Activities Include: Per ESG guidelines, contracts will be awarded to successful applicants with the capacity to deliver a bundle of “homelessness prevention” services to program participants to include:

- **Participant Eligibility Certification/Recertification:** Identify, evaluate and re-certify the ongoing eligibility of program participants as persons who are at risk of becoming homeless;
- **Financial Assistance:** Providing a maximum of three (3) months assistance in the form of short term rental and utility assistance, security deposits, utility deposits/payments, moving cost assistance, hotel/motel vouchers;

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- Housing Relocation and Stabilization: Case management, outreach, housing search/placement, non-mortgage related legal services, mediation, and credit repair.
- Case Management: Administer a strong case management component throughout the three (3) month period of program eligibility to include conducting monthly meetings with participants and developing a plan to assist participants in retaining housing after ESG-CV assistance ends; and

B. Emergency Shelter: Essential services to homeless families and individuals in emergency shelters, renovating buildings to be used as emergency shelter for homeless families and individuals, and operating emergency shelters.

The term Emergency Shelter is defined as any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of the homeless – 24 CFR 91.5; Subpart A General.

Whenever ESG funds are used under the Emergency Shelter component for renovation or shelter operations, the building must meet the minimum standards for safety, sanitation, and privacy provided in §576.403(b). These standards include:

- Structure and materials. The shelter building must be structurally sound to protect residents from the elements and not pose any threat to health and safety of the residents. Any renovation (including major rehabilitation and conversion) carried out with ESG assistance must use Energy Star and WaterSense products and appliances.
- Access. The shelter must be accessible in accordance with Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8; the Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35; where applicable.
- Space and security. Except where the shelter is intended for day use only, the shelter must provide each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.
- Interior air quality. Each room or space within the shelter must have a natural or mechanical means of ventilation. The interior air must be free of pollutants.
- Water supply. The shelter's water supply must be free of contamination.
- Sanitary facilities. Each program participant in the shelter must have access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
- Thermal environment. The shelter must have any necessary heating/cooling facilities in proper operating condition.
- Illumination and electricity. The shelter must have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There must be sufficient electrical sources to permit the safe use of electrical appliances in the shelter.

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- Food preparation. Food preparation areas, if any, must contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
- Sanitary conditions. The shelter must be maintained in a sanitary condition.
- Fire safety. There must be at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors must be located near sleeping areas. The fire alarm system must be designed for hearing-impaired residents. All public areas of the shelter must have at least one working smoke detector. There must also be a second means of exiting the building in the event of fire or other emergency.

In addition to the above habitability standards, §576.403(a) *Lead-based paint remediation and disclosure.* The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R **apply to all shelters assisted under ESG program and all housing occupied by program participants.**

Whenever ESG funds are used under the Homelessness Prevention component, all habitability standards including lead-based paint remediation and disclosure, noted above, apply with the exception of “Access.” See §576.403(c) *Minimum Standards for permanent housing.*

Eligible Activities Include: The costs of maintenance, rent, security, fuel, equipment, insurance, utilities, food, furnishings, supplies necessary for the operation of the emergency shelter, and, when no appropriate emergency shelter is available, for hotel or motel vouchers for homeless families or individuals.

- C. Street Outreach:** Outreach, engagement, and provision of essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

Eligible Activities Include: Engagement activities to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs. These activities consist of making an initial assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; and actively connecting and providing information and referrals to programs targeted to homeless people and mainstream social services and housing programs, including emergency shelter, transitional housing, community-based services, permanent supportive housing, and rapid re-housing programs.

- D.** A Homeless Management Information System (HMIS) is the system **designated** by the Continuum of Care to comply with HUD's data collection, management, and reporting

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standards and used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at-risk of homelessness. **Note: Use of the Client Track HMIS is required.**

Eligible Activities Include: HMIS may be used to pay costs for upgrading or enhancing an agency's HMIS to incorporate data on ESG program participants and ESG activities related to COVID-19.

AWARD AMOUNTS

A total of \$2,796,877 is available for eligible programs in two categories:

Homeless Prevention: One or more grants up to a total of \$2,000,000

Emergency Shelter/Street Outreach/HMIS: One or more grants up to \$796,877

ELIGIBLE APPLICANTS

This Request for Proposals is limited to Savannah-Chatham County Homeless Continuum of Care agencies and/or partner agencies. Agencies applying for Homeless Prevention funds must have successfully administered a City of Savannah ESG-assisted Homeless Prevention Program. Selected agencies are required to provide shelter, street outreach and homeless prevention services to individuals and families in the city limits of Savannah, Georgia.

SUBMISSION OF PROPOSAL AND DEADLINE

Proposal must be submitted to the City of Savannah, Human Services Department, at grants@savannahga.gov, no later than 5:00 p.m. on August 21, 2020. Late proposals will not be accepted. The Request for Proposals are available on-line at www.savannahga.gov/Human-Services.

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SCORING CRITERIA

Responses to each question and the supporting documentation provided will be evaluated and scored. Those applications scoring highest will be recommended for funding **based on the availability of funding and the programs ability to prevent, prepare for, and respond to the coronavirus pandemic (COVID-19)**. Agencies are advised that successful applications may not be recommended for funding at the full amount requested.

Addressing Community Need	20 Points
Program Description	20 Points
Performance Measures	25 Points
Program Administration	25 Points
Agency Management	10 Points
<hr/>	
Total	100 Points

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APPLICATION FOR 2020 ESG-CV FUNDING

Agencies with an approved 2020 ESG application on file with the City of Savannah for the same program type need only complete the following: **Section 1**(General Information); **Parts B – E and G.**

Section 1: General Information:

PROGRAM NAME:			
Date Submitted:		Total ESG-CV Funds Requested:	
Type of Program	<input type="radio"/> Emergency Shelter <input type="radio"/> Homeless Prevention	<input type="radio"/> Street Outreach <input type="radio"/> Homeless Management Information System	
LEAD AGENCY CONTACT INFORMATION			
Official Agency Name: <i>As stated on Articles of Incorporation:</i>			
Agency DUNs Number:		Agency SAM Expiration Date:	
Contact Person:		Telephone #:	
Mailing Address:		Email Address:	
Street Address: <i>(if different)</i>			
PARTNER AGENCY #1			
Official Agency Name: <i>As stated on Articles of Incorporation:</i>			
Agency DUNs Number:		Agency SAM Expiration Date:	
Contact Person:		Telephone #:	
Street Address:		Email Address:	
PARTNER AGENCY #2			
Official Agency Name: <i>As stated on Articles of Incorporation:</i>			
Agency DUNs Number:		Agency SAM Expiration Date:	
Contact Person:		Telephone #:	
Street Address:		Email Address:	

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PART A: BASIC INFORMATION

A.1. All agencies submitting an application must be IRS designated 501(c)(3) non-profit organizations with official By-Laws and Articles of Incorporation. In the table below, list the names of each agency submitting an application and the status of each agency in meeting these requirements.

Agency Names	Agency By-Laws (Yes/No)	Non-Profit Articles of Incorporation (Yes/No)	Tax-Exempt 501(c)(3) (Yes/No)	Copies Attached? (Yes/No)

NOTE: Copies of the above documents must be submitted for each agency listed above.

A.2. Is the applicant or any partner agency submitting this application a church or church-sponsored organization that intends to carry out any religious activities as part of the proposed program?

_____ Yes _____ No If yes, please explain:

A.3. Section 504 and ADA Compliance: All agencies submitting an application must complete a **documented** review of its premises, its employment policies, and its programs to ensure that it is fully in compliance with the terms of both Section 504 of the Rehabilitation Act (29 U.S.C 794) and the Americans with Disabilities Act, as amended. In the table below, enter the names of each agency submitting an application and the status of each agency in meeting this requirement.

Agency Names	Section 504 Review (Yes/No)	ADA Compliance Review (Yes/No)	Copies of Reviews attached (Yes/No)

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A.4. Are there any remaining barriers to accessibility for clients or employees in the above agencies?

_____ Yes _____ No If yes, attach a description of the barrier(s) and the plan for removing them.

A.5. Safety, Sanitation and Privacy Standards: Describe the state or local safety, sanitation and privacy standards your program follows. The program must also be accessible in accordance with Section 504 of the Rehabilitation Act (29 U.S.C 794) and the Americans with Disabilities Act, as amended. *Attach a copy of your programs 504 and ADA Compliance Review Forms. Programs with multiple sites must complete a survey for each site.*

A.6. Shelter and Housing Standards (for Housing/Sheltering Programs): Describe proposed program's process for ensuring the minimum habitability standards for permanent housing or emergency shelters. *ESG cannot be used to help a program participant remain or move into housing that does not meet the minimum habitability standards.*

A.7. Fair Housing and Equal Opportunity

Describe the proposed program's efforts to comply with the United States Department of Housing and Urban Development's (HUD) Fair Housing and Equal Opportunity requirements. *The Department of Community Planning and Development, under regulations from the U.S. Department of HUD, requires each applicant for federal funds to affirm that neither the applicant nor its partners/contractors for which these funds are being requested have any pending fair housing or civil rights legal proceedings against them for fair housing or equal opportunity violations in community planning and development programs and/or services.*

PART B. ADDRESSING COMMUNITY NEEDS

B.1. Describe in detail the needs that your program will address to prevent, prepare for, and respond to the coronavirus pandemic (COVID-19) among individuals and families who are homeless or receiving homeless assistance; and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts of COVID-19.

B.2. List 1 to 3 specific Goals in the current City's 2018-2022 Housing and Community Development Plan which the proposed program will address. Provide a brief description of how your program meets each objective and strategy cited. **Important:** *These objectives should also be reflected in your proposed performance measurement outcome targets.*

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PART C. PROGRAM DESCRIPTION

- C.1. PROGRAM PURPOSE:** In **2-4 sentences**, please provide a short, concise statement that explains the purpose of the program.
- C.2. PROGRAM SERVICES:** Please provide the following information to describe program services.
- a. List and describe in detail** each of the specific program services that will be provided to clients.
- b.** Identify who will be carrying out each of the specific program services listed, notating which services will be provided **directly by the lead agency** and which will be provided by other agencies. *Important: Do not submit a long narrative. Address each service to be provided in an itemized list.*
- C.3. PROGRAM BENEFITS TO CLIENTS:** How **specifically** will the services described above benefit and assist persons who are homeless or prevent persons at risk from becoming homeless? *Important: Your explanation should show a clear and understandable link between the “services” you will provide and the “benefits/outcomes” that will be achieved.*
- C.4. HOURS OF SERVICE:** How often will your services be provided? Include hours of operation and number of days per week for each site? *For example: “Four (4) hours per day, from 10 a.m. to 2 p.m., on three (3) days per week, Monday-Wednesday-Friday”*
- C.5. PROGRAM LOCATIONS:** COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Where will your program or services be physically located and available to clients? *If services will be available at multiple sites, please identify each site and which services each will have available.* Additionally, how will your agency comply with the Center for Disease Control’s social distancing guidelines to include maintaining a distance of 6 feet from other people?
- C.6. CLIENT RECRUITMENT:** How will clients be recruited into the program?
- C.7. CLIENT ELIGIBILITY VERIFICATION:** What procedures will be utilized **by the lead and/or partner agencies** to collect, verify and substantiate the eligibility of all clients who receive services?
- a.** Describe the types of documents that each agency will collect to verify client eligibility.

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- b. Name the agency and describe the standard that will be used to determine client eligibility, the process that will be used to verify client eligibility, and the specific staff position(s) that will perform these duties.
- c. If more than one site will be engaged in client eligibility, please describe each sites role.

C.8. PARTNER AGENCY COORDINATION: If more than one agency is submitting this application jointly, how will the lead agency and partner agencies ensure a high level of coordination is maintained throughout the program year?

- a. All funded agencies will be required to hold regular partner coordination meetings to foster ongoing communication between sites and ensure the program runs smoothly. Please describe your proposed plan for ensuring these meetings occur and the frequency with which partners will meet.
- b. Describe the program reports and other documentation that each agency will be responsible for collecting and the procedures and frequency for submitting this information to the lead agency.

IMPORTANT NOTICE

SIGNED Letters of Memorandum, Letters of Understanding, or Letters of Agreement between the Lead Agency and partner agencies submitting a joint application WILL BE REQUIRED PRIOR TO CONTRACT SIGNING.

PART D. PERFORMANCE MEASURES

D.1. Measuring Program Outcomes and Effectiveness: Complete the following table explaining the specific performance outcomes to be accomplished by clients at each site, as a result of participating in the program. *IMPORTANT: Do NOT list the services you will provide (# of GED classes taught, # of meals prepared, # of beds provided). List the outcome clients will achieve (# clients obtaining GED, # clients receiving hot lunch or overnight shelter). **All programs eligible under ESG-CV must prevent, prepare for, and respond to the coronavirus pandemic (COVID-19).***

EXAMPLE <i>Proposed Performance Measures</i>	<i>Unduplicated Number of Clients to reach this outcome (at each site)</i>			
	<i>Lead Agency</i>	<i>Partner Site #1</i>	<i>Partner Site #2</i>	<i>Total All Sites</i>
Total Unduplicated Number of Clients Served	40	100	35	175
<i>List client outcomes to be achieved & the number of clients to achieve these outcomes at each site, if applicable.</i>				
# Meals for homeless persons	20	15	30	65
# Bed nights for homeless adults	40	100	35	175
# Homeless persons transitioned to permanent housing	22	-	12	34

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Please enter the proposed performance outcomes for the lead agency and each site below. After the figures have been entered for each site, add each row's figures and enter the total for all sites in the last column. *If an outcome measure does not relate to one of the sites listed, simply enter "0" or "n/a" in the agency's corresponding box. Finally, applicants are strongly advised to ensure the outcomes listed directly contribute to achievement of the community objectives and strategies identified in B.1 and B.2.*

<i>Proposed Performance Measures</i>	<i>Unduplicated Number of Clients to reach this outcome (at each site)</i>			
	<i>Lead Agency</i>	<i>Partner Site #1</i>	<i>Partner Site #2</i>	<i>Total All Sites</i>
Enter the total unduplicated number of clients to be served at each site				
<i>List client outcomes to be achieved & the number of clients to achieve these outcomes at each site, if applicable.</i>				

D.2. Tracking client benefits and achievement of desired outcomes: To verify that clients have benefited from the program and achieved the desired outcomes, you will need to collect and maintain this data. Please describe the data that will be collected and how and when the lead agency and partner agencies will collect, update, and maintain this information? **Note: Use of the Client Track Homeless Management Information System (HMIS) is required.**

D.3. Client Follow-up Requirement for HOMELESS PREVENTION PROGRAMS: Under the Emergency Solutions Grant, clients receiving homeless prevention services must be initially evaluated to ensure persons meet the definition of "at-risk of becoming homeless". **Pursuant to HUD Waiver dated March 31, Agencies must conduct the required re-evaluations not less than once every 6 months. Please describe the procedures that will be utilized to meet this requirement.**

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PART E. PROGRAM ADMINISTRATION (Current 2020 ESG Applications on file for the same program type need not update PART E.1)

E.1. Program Staffing. Complete the schedule for the positions and salaries of the staff that will work in the program at each site and **attach an organizational chart.** *The total salary figure should be consistent with the program budget given later.*

Employee Name & Position Title	New/ Existing	Filled/ Vacant	Site Location	Full/Part Time	ESG-CV supported? (Yes/No)	SALARY
TOTAL PROPOSED SALARIES						

*Attach a job description and current resume for each person named. **For unfilled positions, attach a draft job announcement describing the responsibilities and the qualifications needed.** Please ensure position titles listed in E.1, the job descriptions, and draft job announcements are consistently named and reflect what is on the organization chart submitted with this application.*

E.2. PROGRAM BUDGET

Enter all “Program Revenue” and complete only the section under “Program Expenditures” that applies to the type program you are proposing. Determine total revenue and expenditures for each column, enter the excess/shortfall projected, and enter the program costs per client. *(Total program cost divided by the number of clients to be served.)*

PROGRAM REVENUE	2020 Proposed (including ESG-CV)	Total 2020 ESG-CV Request
City of Savannah		
Other Grants/Funding		
Program Fees		
Donations from the Public		
TOTAL REVENUE		

PROGRAM EXPENDITURES	2020 Proposed	Total 2020 ESG-CV Request
EMERGENCY SHELTER PROGRAMS		
<ul style="list-style-type: none"> Essential Services: Costs of basic education, childcare, job training, employment assistance, transportation, legal services associated with obtaining/retaining housing, shelter operations. 		
<ul style="list-style-type: none"> Case Management: Cost of case manager (salary only) performing client assessment, monitoring, arranging services, follow-up, etc. 		

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HOMELESS PREVENTION PROGRAMS		
<ul style="list-style-type: none"> Housing Relocation and Stabilization to prevent homelessness: Rental application fees, security deposits, last month's rent, utility payments, moving costs, legal services to obtain/retain housing. 		
<ul style="list-style-type: none"> Tenant-Based Rental Assistance: Short/medium term rent assistance, payment of arrears and late fees up to 6 months. 		
<ul style="list-style-type: none"> Case Management: Cost of case manager (salary only) performing assessment, counseling, arranging services, client monitoring, housing search and placement, and client recertification. 		
STREET OUTREACH PROGRAMS		
<ul style="list-style-type: none"> Engagement Services: Connecting with and assisting unsheltered homeless with needs, i.e. meals, blankets, clothes and toiletries. 		
<ul style="list-style-type: none"> Case Management: Cost of case manager (salary only) performing client assessment, monitoring, arranging services, follow-up, etc. 		
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)		
<ul style="list-style-type: none"> collect client-level data 		
<ul style="list-style-type: none"> collect data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness 		
TOTAL EXPENDITURES		
EXCESS (SHORTFALL) OF REVENUE OVER EXPENDITURES		
COST PER CLIENT		
(Total expenditures/Total unduplicated client count = total cost per client)		
Total unduplicated clients served (from section D.1)		
Total expenditures		
Total cost per client		

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E.3. PROPOSED DISTRIBUTION OF FUNDS AMONG PARTNER AGENCIES

- a. **FROM THE PREVIOUS PAGE (E.2 PROGRAM BUDGET)**, re-enter the “TOTAL 2020 ESG-CV REQUEST” figures as reflected in the “Program Expenditures” section of the Program Budget. These figures should be entered below in the “Total 2020 ESG-CV Request FROM PREVIOUS PAGE” column, in the section that reflects the type of program you are proposing to offer: *Emergency Shelter, Homeless Prevention, Street Outreach, or Homeless Management Information System (HMIS)*.
- a. Explain how these funds will be distributed for any agencies seeking reimbursement through this grant.

PROGRAM EXPENDITURES	Total 2020 ESG-CV Request FROM PREVIOUS PAGE	Proposed Distribution of ESG-CV Funds		
		Lead Agency	Partner Agency #1	Partner Agency #2
EMERGENCY SHELTER PROGRAMS				
<ul style="list-style-type: none"> Essential Services: Costs of basic education, childcare, job training, employment assistance, transportation, legal services associated with obtaining/retaining housing, shelter operations. 				
<ul style="list-style-type: none"> Case Management: Cost of case manager (salary only) performing client assessment, monitoring, arranging services, follow-up, etc. 				
HOMELESS PREVENTION PROGRAMS				
<ul style="list-style-type: none"> Housing Relocation and Stabilization to prevent homelessness: Rental application fees, security deposits, last month’s rent, utility payments, moving costs, legal services to obtain/retain housing. 				
<ul style="list-style-type: none"> Tenant-Based Rental Assistance: Short and/or medium-term rent payment assistance, payment of arrears and late fees up to 6 months. 				
<ul style="list-style-type: none"> Case Management: Cost of case manager (salary only) performing client assessment, counseling, arranging services, monitoring, housing search and placement, and client recertification. 				
STREET OUTREACH PROGRAMS				
<ul style="list-style-type: none"> Engagement Services: Connecting with and assisting unsheltered homeless with needs, such as meals, blankets, clothes and toiletries. 				
<ul style="list-style-type: none"> Case Management: Cost of case manager (salary only) performing client assessment, monitoring, arranging services, follow-up, etc. 				
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)				
<ul style="list-style-type: none"> Collect client-level data Collect data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness 				
TOTAL AMOUNT TO AGENCIES				

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PART F. AGENCY MANAGEMENT

If your agency is submitting more than one application, this section should be the same in all the applications.

F.1. Describe the lead and partner agencies’ experience operating federally funded programs, including those funded through Federal grant programs.

F.2. Describe the lead and partner agencies’ experience operating the type of program for which you are requesting funding.

F.3. Is the lead agency or any partner agency, or any of its programs, accredited or certified by a State, Federal, or other agency?

Yes _____ No

If yes, please list the name of the agency or agencies and the type of certification or accreditation held and attach the most recent report or certification.

F.4. Audits and Financial Statements by Independent Third-Parties: All agencies anticipating reimbursements through the proposed program **must submit** completed audits or Financial Statements prepared by independent auditors or CPAs for each agency’s last fiscal year.

Lead and Partner Agency Names	Fiscal Year End (FYE)	Audit/Financial Statement Completed? (Yes/No)	If “No” projected date of completion?	If “Yes” is copy attached?

Attach copies of the most recent audit, **including all subsidiary reports and management letters from the auditor.** If the most recent audit is not for the most recently completed fiscal year, you should also attach un-audited financial statements by an independent CPA for the most recent year. **NOTE: All audits or financial statements for the applicable year must be provided to the City of Savannah prior to contract signing.**

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F.5. Attach resumes for your Executive Director and Financial Controller (or the person who does your financial bookkeeping) for all agencies seeking reimbursement through this grant

F.6. Attach a list of the current Board Members names and addresses for the Lead Agency.

F.7. Disclosure of potential conflicts of interest: Are any Board Members or employees or members of their immediate families involved in the program for which funds are requested?

_____ YES _____ NO If yes, are they:

- (a) _____ Employees of or closely related to employees of the City’s Community Services Service Center
- (b) _____ Members of or closely related to members of City Council;
- (c) _____ Beneficiaries of the program for which funds are requested, either as clients or as contractors paid for services other than under a contract of employment.

For any “Yes” answers above, **attach** a full explanation. A potential conflict of interest does not necessarily make the agency ineligible for funding, but an **undisclosed** conflict may result in the grant termination.

F.8. Homeless Management Information System Requirement

If your agency provides housing and/or services for homeless persons and your application is funded, you will be required by the City of Savannah to use Client Track Homeless Management Information System (HMIS) database.

Please indicate below the lead and partner agency’s access and ability to use the Client Track HMIS database.

Lead and Partner Agency Names	Has access and uses Client Track HMIS Software (Yes/No)	If “No” projected date of implementation?

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F.9. Centralized or Coordinated Assessment System: The U.S. Department of Housing and Urban Development requires each Continuum of Care to develop and implement a centralized or coordinated assessment system in its geographic area. Please describe the proposed program’s plan for collecting and maintaining data evidencing the use of a centralized or coordinated assessment system developed by the Continuum of Care.

F.10. LEAD AGENCY BUDGET: Please complete the following budget for the entire agency.
 Agency fiscal year ends on the last day of _____ (month) each year.

	2019 ACTUAL	2020 PROJECTED
REVENUE (List all actual, projected and proposed revenue in the appropriate columns)		
United Way		
City of Savannah (CDBG, ESG, General Fund or Other)		
Chatham County		
State & Federal Grants		
Private Grants		
Support from the Public		
Program Fees		
Other (Specify)		
TOTAL REVENUE		
EXPENDITURES (List all budget line items in THE AGENCY’S budget and enter the dollar figures in the corresponding columns)		
TOTAL EXPENDITURES		
EXCESS (SHORTFALL) OF REVENUE OVER EXPENDITURES		

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PART G: REQUIRED DOCUMENTS:

- Flow Chart of Services illustrating roles and relationships among partnering agencies**
***Required for agencies without an approved 2020 ESG application on file**
- Formal Agency Self-Evaluation (if applicable)**
- Explanation of conflicts of interest (if applicable)**
- Authorized Signatures confirming commitment of all agencies submitting this joint proposal**
***Required**
- Completed Section 504 and ADA Compliance Review Forms** ***Required**
- Organization Chart for program reflecting positions and relationship among partnering agencies** ***Required**
- Agency Audits or Financial Statements for the last fiscal year ended for all agencies seeking reimbursement through this grant** ***Required**
- Resumes for Executive Director and Financial Controller for all partner agencies receiving reimbursements through this grant** ***Required**
- Resumes and job announcements for all positions performing any function(s) related to the implementation of the proposed program** ***Required**
- List of Board Members (names and addresses) for lead agency** ***Required**
- By-Laws and Articles of Incorporation for all agencies submitting this joint proposal** ***Required**
- IRS 501(c)3 Determination Letter for all agencies submitting this joint proposal** ***Required**
- Accreditation Report/Certification (if applicable)**
- MOA or MOU outlining joint applicant's roles and commitments (if applicable)**

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PART H: CERTIFICATION (ALL APPLICANTS)

I certify that the applicant meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with these conditions. I also certify that the organization is a certified IRS 501(c)(3) non-profit organization.

Lead Agency Name & Address:			
I certify that I have been authorized by the applicant's governing body to submit this application and that the information contained herein is true and correct to the best of my knowledge.			
Authorized Name & Title	Telephone	Signature	Date
Partner Agency #1 Name & Address:			
I certify that I have been authorized by the applicant's governing body to submit this application and that the information contained herein is true and correct to the best of my knowledge.			
Authorized Name & Title	Telephone	Signature	Date
Partner Agency #2 Name & Address:			
I certify that I have been authorized by the applicant's governing body to submit this application and that the information contained herein is true and correct to the best of my knowledge.			
Authorized Name & Title	Telephone	Signature	Date