

MEMORANDUM

TO: Interested Parties

FROM: Verna P. Best

DATE: December 14, 2009

RE: FY 2010-2011 Emergency Shelter Grants Program (ESGP) Funding

Our office is in the process of accepting Emergency Shelter Grants Program (ESGP) Pre-Applications for Funding for FY 2010-2011. If your agency would like to apply, please download the Pre-Application for Funding from the OEO website located at <http://www.ncdhhs.gov/oio/forms.htm>.

Once the FY 2010-2011 Pre-Application for Funding is downloaded, complete the application including the supporting documents and the FY 2010-2011 ESGP Pre-Application Checklist. The Pre-Application for Funding must be postmarked by Friday, January 29, 2010 and should be mailed to OEO. Applications postmarked after the submission deadline will be ineligible for funding.

Part A of the Pre-Application for Funding provides important information about the eligibility of applicant organizations, eligible and ineligible ESGP activities, and the types of homeless facilities which can be funded. **We urge you to read Part A very carefully as there have been revisions to the Pre-Application. Your organization must meet all eligibility criteria. To ensure that all questions are answered and documents are included with your Pre-Application, applicants must attach the FY 2010-2011 ESGP Pre-Application Checklist.** The submission of a completed Pre-Application for Funding to our office is not a guarantee that the applicant meets ESGP eligibility criteria or a promise that the applicant will receive funding for FY 2010-2011.

Applicants that meet eligibility requirements for FY 2010-2011 will receive written notification in March of 2010. If you have questions regarding the ESGP including the FY 2010-2011 Pre-Application for Funding, please contact Michael Leach, Homeless Programs Coordinator, at Michael.Leach@DHHS.NC.Gov or 919-715-5850.

In advance, thank you for your interest in the ESGP.

VB:ML

OFFICE OF ECONOMIC OPPORTUNITY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**NORTH CAROLINA STATE
EMERGENCY SHELTER GRANTS PROGRAM
FY 2010-2011
(July 1, 2010 – June 30, 2011)**

PRE-APPLICATION FOR FUNDING

**If mailed, completed pre-applications must be postmarked no
later than**

Friday, January 29, 2010

and mailed to:

**Office of Economic Opportunity
2013 Mail Service Center
Raleigh, North Carolina 27699-2013
ATTN: ESGP**

**If hand-delivered or sent overnight, completed pre-applications
must be received by OEO no later than
5:00 p.m. on Friday, January 29, 2010 at the following address:**

**Office of Economic Opportunity
NC Medical Society Building
222 North Person Street, Second Floor
Raleigh, North Carolina 27601
ATTN: ESGP**

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PART A: PROGRAM GUIDELINES

NORTH CAROLINA EMERGENCY SHELTER GRANTS PROGRAM

Introduction

This Pre-Application is used by the Office of Economic Opportunity (OEO), Department of Health and Human Services to determine the eligibility of applicant organizations and units of local government to apply for FY 2010 funding under the Emergency Shelter Grants Program (ESGP). The acceptance of a completed Pre-Application by OEO is not a guarantee that the applicant meets ESGP eligibility criteria or a promise that the applicant will receive FY 2010 ESGP funding. Applicants that meet eligibility requirements to apply for FY 2010 ESGP funding will receive an application package from OEO in March of 2010.

Please read the program description that follows carefully before completing the Pre-Application. The description contains information regarding the program's purpose, its target population, allowable activities under the program and the responsibilities of all entities that receive ESGP funding. Questions may be directed to:

Michael Leach, Homeless Programs Coordinator
Office of Economic Opportunity
2013 Mail Service Center
Raleigh, North Carolina 27699-2013
(919) 715-5850
(919) 715-6437 (FAX)
Michael.Leach@DHHS.NC.Gov

Program Authorization and Administration

The ESGP is authorized under subtitle B of Title IV of the Stewart B. McKinney Homeless Assistance Act (Public Law 100-77, approved July 22, 1987). The Catalog of Federal Domestic Assistance program number for the ESGP is CFDA No. 14.231.

The Secretary of the U.S. Department of Housing and Urban Development (HUD) makes grants to states and units of general local government for eligible program activities. The North Carolina State ESGP is administered by the Office of Economic Opportunity, NC Department of Health and Human Services.

Program Purpose

The North Carolina ESGP is designed to help improve the quality of existing emergency shelters for the homeless, to help meet the costs of operating emergency shelters and of providing certain essential social services to homeless individuals, so that these persons have access not only to safe and sanitary shelter, but also to the supportive services and other kinds of assistance they need to improve their situations. The program is also intended to restrict the increase of homelessness through the funding of preventive programs and activities. **The North Carolina State ESGP does not provide funding for agencies licensed by the Department of Health and Human Services Health and Services, Division of Health Service Regulations or for the renovation, major rehabilitation and/or conversion of buildings for use as emergency shelters for the homeless.**

Available Funding

At the time this Pre-Application was prepared, the U.S. Department of Housing and Urban Development had not announced ESGP funding totals by state. However, the State of North Carolina anticipates that it will receive in excess of \$ 2.5 million in FY 2010 ESGP funding. Five percent of the State's total ESGP allocation will be used for program administration as allowed by program regulations. The remaining funds will be distributed to eligible applicants for expenditure from July 1, 2010 through June 30, 2011. Individual grant amounts are determined by several factors including:

- a. The total number of *eligible* program applicants
- b. The total amount of ESGP funding allocated to the State
- c. The type of facility for which funding is requested, i.e., Night Only, 24-Hour, Day Only, Transitional, etc.
- d. In the case of Day Only homeless facilities, the average number of homeless persons provided shelter and essential services on a daily basis (APSD) during the last calendar year (January 1, 2009 – December 31, 2009).
- e. In the case of all homeless facilities other than Day Only facilities, the average daily occupancy (ADO) of the facility during the last calendar year (January 1, 2009 – December 31, 2009).

A range of individual grant amounts for the FY 2010 ESGP cannot be given until the factors listed above are reviewed. However, ESGP grants for the FY 2009 (July 1, 2009 – June 30, 2010) ranged from \$6,736 to \$37,051 per contract. NOTE: The maximum ESGP funding which will be awarded to an applicant organization in FY 2010 is \$75,000.

Average Daily Occupancy (ADO)

ADO for emergency shelters, domestic violence shelters and transitional facilities is determined by adding the number of homeless persons **sheltered each night** during the calendar year and dividing the total by 365 days. A person would be counted each night he/she is sheltered i.e., if they are sheltered a total of 10 nights they are counted 10 times. Thus, if a total of 3,689 homeless persons (duplicated count) were sheltered in the facility during the calendar year, the facility's ADO would be 10 (3,689 persons divided by 365 days = 10.1, rounded to 10). **Only persons who meet the HUD definition of "homeless" may be counted in the calculation of the facility's ADO.** (See "Program Target Population" below for the definition of "homeless" used by the ESGP.

Average Persons Served Daily (APSD)

APSD for day shelters is determined by adding the number of homeless persons receiving shelter during day hours only and/or one or more essential services each day during the calendar year and dividing the total by 365 days. A person would be counted each day he/she is sheltered and/or receives one or more essential services. Thus, if a total of 11,000 homeless persons (duplicated count) were provided an essential service and/or sheltered during day hours only during the calendar year, the facility's APSD would be 30 (11,000 divided by 365 days = 30.1, rounded to 30). Only day shelters having an APSD of at least 30 homeless persons per day are eligible for ESGP funding. **Only persons who meet the HUD definition of "homeless" may be counted in the calculation of the facility's APSD.** (See "Program Target Population" below for the definition of "homeless" used by the ESGP)

Program Target Population

Federal program regulations require that ESGP funding is used to serve "homeless" individuals and families. According to ESGP regulations "homeless" means:

- (a) an individual or family which lacks a fixed, regular and adequate nighttime residence; or
- (b) an individual or family which has a primary nighttime residence that is:
 - (1) a supervised publicly or privately operated shelter designed to provide temporary

- living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness); or
- (2) an institution that provides a temporary residence for individuals intended to be institutionalized; or
- (3) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.
- (4) The term does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

Youth who are considered wards of the State (i.e., the legal responsibility of a state agency, such as a Division of Social Services) are not eligible to receive assistance under the McKinney-Vento Act homeless assistance programs and may not be counted as homeless for purposes of the ESGP.

All applicants receiving FY 2010 ESGP funds must certify that they understand ESGP funds may be used only for those clients meeting the above definition of "homeless" and that they will make every reasonable attempt to assure that all clients served meet this definition. **FY 2010 grantees will be required to maintain written documentation of each client's homeless status upon their entry into the facility or upon the client's receipt of ESGP funds.** This documentation must be in a format approved by the Office of Economic Opportunity.

Eligible Applicants

Eligible applicants for ESGP funding include a private nonprofit organization as described in section 501(c) (3) of the Internal Revenue Code of 1988 **OR** a unit of local government which:

1. Has operated the emergency and/or transitional shelter for the homeless for which funding is requested for at least one year prior to the date of the pre-application;
2. Operates the emergency and/or transitional shelter for the homeless for which funding is requested for a minimum of six full months out of the year;
3. Operates a safe and sanitary facility which has an average daily occupancy rate of at least six (6) homeless persons per night and provides one or more essential services, as defined by HUD, if overnight accommodations are provided; **OR**, provides shelter and/or one or more essential services as defined by HUD to an average of 30 homeless persons per day, if operated during day hours only;
4. Requires that a client be, first and primarily, homeless in order to be admitted to the facility for which ESGP funding is sought;
5. Does not charge individual clients or client families more than 30% of the household's income for housing and/or no more than 40% of the household's income for housing and services;
6. Does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the Federal, State, or local level;
7. Has an established accounting system that provides for maintenance of ESGP funds in accordance with OMB Circulars A-110 and A-122;
8. Has a voluntary board consisting of a minimum of five members including **one homeless or formerly homeless person that is an active member of the board**;
9. Has the ability to expend ESGP funds budgeted for Operations and/or Essential Services within 365 days and ESGP funds budgeted for Homeless Prevention within 180 days;
10. Has eligible resources to match the ESGP funding allocated to them;
11. Involves, to the maximum extent practicable, homeless persons in maintaining and operating facilities assisted under the ESGP and in providing services for occupants for these facilities;
12. Provides for the participation of at least one homeless or formerly homeless individual on its board of directors or equivalent policy-making entity to the extent that such entity considers and makes policies

and decisions regarding the facility or services provided by such facility for which ESGP funding is requested;

13. In the case of a private, nonprofit organization, has the written endorsement for the operation of its homeless facility of an authorized official (mayor, county/city manager, officer of the county board of commissioners) of the unit of local government in the community in which the facility for which funding is requested (See Appendix B for sample of acceptable Endorsement of Local Government Form) ;and
14. **Is not a licensed agency by the Department of Health and Human Services Department of Health and Human Services, Division of Health Service Regulations.**

Facilities funded by the North Carolina ESGP must be permanent structures providing safe, decent shelter for humans and must be owned or properly leased by the applicant organization.

Homeless Management Information System (HMIS) is a computer system network which collects data regarding homeless persons served by an organization and/or organizations within a Continuum of Care. ESGP grantees in Continuum of Care (CoC) areas **must** participate in an HMIS system developed within the Continuum of Care itself or in a statewide system such as the Carolina Homeless Information System (CHIN). ESGP grantees in non-CoC areas are not required to participate in HMIS currently, but may be required to do so in the future. See Appendix B for a list of all CoCs in the state. Then call your area's CoC contact person and ask if your CoC has an HMIS system. If your area is not in a CoC, call Hunter Thompson at 919-827-4500 or email him at hthompson@nchomeless.org to learn more about CHIN, the statewide HMIS. **NOTE:** FY 2010 ESGP grantees may spend up to \$1,000 under Operations (Contractual) for HMIS subscriber fees during the program year. ESGP funds may not be used for HMIS planning or development costs. If a grantee chooses to use funds in this manner a properly executed contract between the grantee and the HMIS provider must be submitted along with the ESGP application.

Eligible Activities

Operation costs are defined as costs associated with the overall operation and general maintenance of the homeless facility including (but not limited to):

- a. Administrative Staff Costs – Salaries and fringe benefits costs for administrative staff are limited to 10% of the total ESGP funding awarded. Administrative staff are those who are directly involved in the actual management of the homeless facility for which funding is sought.
- b. Communications – telephone, postage, printing
- c. Equipment – Equipment/furnishings with a unit value of \$500 or more
- d. Space Cost – Rent, utilities, routine maintenance; minor building repairs; property insurance
- e. Travel – Vehicle insurance, gas, and maintenance of vehicle owned by the applicant organization and used by staff to conduct business for the applicant organization (i.e., pick-up supplies and equipment or attend meetings related to the homeless facility operation)
- f. Supplies and Materials - Food costs (*for facility residents*); paper products; office supplies; equipment or furnishings with unit value of less than \$500
- g. Contractual – Facility laundry services, facility cleaning services, pest control, security monitoring, Homeless Management Information Systems (HMIS) subscription fees not exceeding \$1,000 per grant period, office equipment rental/maintenance.

A FY 2010 ESGP grantee may choose to use its entire ESGP allocation for eligible Operation costs.

Ineligible Operation costs include:

- Recruitment or on-going staff training
- Depreciation
- Staff training, entertainment, conferences or retreats
- Public relations or fund raising
- Bad debts
- Late fees or penalties
- Mortgage payments

- Costs associated with the organization rather than the homeless facility funded (advertisements, pamphlets about the organization, survey, etc.)

Essential Services include direct client services in areas such as employment, health, drug and alcohol abuse, and education and may include (but are not limited to):

- (a) Assistance in obtaining permanent housing
- (b) Medical and psychological counseling and supervision
- (c) Employment counseling
- (d) Nutritional counseling
- (e) Substance abuse treatment and counseling
- (f) Assistance in obtaining other federal, state, and local assistance including mental health benefits, employment counseling, medical assistance, Veteran's benefits, and income support assistance including food stamps
- (g) Other services for the client including childcare, transportation, job placement, and job training
- (h) Client Transportation – Bus tickets/tokens/passes for clients; cost of insurance, gas and maintenance of applicant-owned vehicle used to transport clients to medical appointments, job interviews, social service agencies, legal proceedings, etc. and/or reimbursement for the transport of clients by staff in their privately-owned vehicles to such destinations
- (i) Food costs incurred in the provision of meals and/or food to homeless persons not sheltered in the funded facility (food pantries or soup kitchens)
- (j) Staff salaries necessary to provide the above services
- (k) Contractual costs necessary to provide the above services

Funding for essential services is available only if the service for which funding is requested will be a new service offered by the applicant organization or if the funding will allow the applicant organization to assist an increased number of clients with a previously offered service. This increase must be quantifiable and documented by the applicant organization.

NOTE: All FY 2010 ESGP grantees will be required to maintain appropriate written documentation of the services they provide each client and the services they secure for the client from other service agencies or organizations. This documentation must include the type of service provided, the duration of the service, date(s) service was provided and the staff and/or entity providing the service.

Limitation on Amount of Funding for Essential Services: Funding for Essential Services is limited to 30% of the total ESGP funding awarded.

Ineligible Essential Services costs include:

- Salary of case management supervisor when not working directly on participant issues
- Advocacy, planning and organizational capacity building
- Staff recruitment and/or training
- Transportation costs not directly associated with service delivery

Homeless Prevention means activities or programs designed to prevent the incidence of homelessness including:

- Short-term subsidies to defray rent and utility arrearages for individuals or families that have received eviction and/or utility termination notices;
- Security deposits of first month's rent to permit a homeless individual or family to move into an apartment or house;
- Legal service programs for the representation of indigent tenants in eviction proceedings; and
- Payments to prevent the incidence of homelessness.

NOTE: If funds requested for homeless prevention are to be used to assist families that have received eviction notices or notices of termination of utility services, the following conditions **must** be met:

- The inability of the family to make the required payments must be the result of a sudden reduction in income;
- The assistance must be necessary to avoid eviction of the family or termination of services to the family;
- There must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and
- The assistance must not supplant funding for preexisting homeless prevention activities from any other sources.

The applicant organization **must** provide acceptable case management which is geared toward eliminating the client's continued dependence on emergency assistance funds. Evidence of such case management must be maintained in writing in individual client files by the organization receiving ESGP funds and should include the names of other agencies and/or organizations to which the client was referred if any, the name of the case worker, and the specific services operated by the applicant organization which the client received.

Limitation on Funding for Homeless Prevention: Funding for Homeless Prevention activities is limited to 30% of the total ESGP funding awarded.

Ineligible Homeless Prevention costs include:

- Housing/services to homeless persons
- Direct payments to individuals
- Long-term assistance beyond several months
- Application for federal funds or unprogrammed funds

Matching Requirements

Each grantee must match all ESGP funds received dollar for dollar within the period of the grant. Eligible matching funds are those received by the grantee organization from other sources such as local and/or state government, foundations, church donations, and/or individual donations. The value of time donated by volunteers (valued at \$5.00/hour) may also be used to meet this requirement as long as such time is documented and maintained appropriately by the grantee. Work time required of clients by the applicant organization in return for shelter and/or services may not be counted as volunteer time. The value of any donated material or building, or of any lease, using a method reasonably calculated to establish a fair market value may also be used as a source of match for ESGP funding as long as appropriate documentation is submitted and accepted by the Office of Economic Opportunity. Funds used to match ESGP funds may not be used to match other funding received by the grantee during the grant period. **All FY 2010 grantees will be required to submit documentation of matching funds at the end of the fiscal year.**

Limitations on the Use of ESGP Funding

Program funding may be provided to a primarily religious organization that meets the eligibility criteria noted under the previous section **and** which also agrees to provide all eligible activities in a manner that is free from religious influences and in accordance with the following principles.

- It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference in employment to persons on the basis of religion.
- It will not discriminate against any person applying for shelter or any of the eligible program activities on the basis of religion and will not limit such housing or other eligible program activities or give preference to persons on the basis of religion.
- It will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of shelter and other eligible program activities.

Organizations receiving ESGP funds may conduct religious services and/or instructional sessions in their facilities, but may not **require** clients to attend such services or sessions as a condition of the client receiving shelter or services paid for, in whole or in part, with ESGP funds awarded to the organization. Client attendance at religious services or sessions must be strictly voluntary. **Clients must be informed in writing that their attendance at religious services or sessions is not required to receive shelter and/or services from the organization.**

Reporting Requirements

All FY 2010 ESGP grantees are required to submit **mid-year and end-of-year performance reports using the electronic reporting system**. These reports must detail the total number and characteristics (age, gender, veteran status, marital status, race, etc.) of homeless individuals and members of homeless families served during the reporting period. Grantees must also provide information on the causes of homelessness reported by clients and expenditures by activity type during the reporting period. If a grantee fails to submit any required electronic report by the submission deadline, ESGP funding may be withheld until such time the report(s) are submitted and approved. **Grantees that fail to submit reports despite written warnings will be determined ineligible for future ESGP funding.**

Submission Requirements

ONE completed **typed** copy of the pre-application for FY 2010 ESGP funding along with all required supporting documentation must be postmarked no later than Friday, January 29, 2010 and mailed to the address below. Please do not send additional copies of your completed pre-application. All submitted applications must be securely fastened with a binder clip or large paper clip. **PLEASE** do not staple any portion of your pre-application or supporting documentation.

Office of Economic Opportunity
2013 Mail Service Center
Raleigh, North Carolina 27699-2013
ATTN: ESGP

If sent overnight or delivered by hand, the pre-application must be received by our office no later than 5:00 p.m. on Friday, January 29, 2010 at the following address:

Office of Economic Opportunity
222 N. Person Street
Raleigh, North Carolina 27601
ATTN: ESGP

Pre-applications postmarked or received after Friday, January 29, 2010 will be returned without review and the applicant will be determined ineligible to apply for FY 2010 ESGP funding. **Faxed or emailed pre-applications will not be accepted under any circumstances.** Pre-applications that do not contain all requested supporting documentation or are otherwise incomplete will be returned and the applicant will be determined ineligible to apply for FY 2010 ESGP funding.

Applicants should make a copy of their completed pre-application for their files and for reference if contacted by the Office of Economic Opportunity.

Pre-application forms may be downloaded from the Office of Economic Opportunity website located at <http://www.dhhs.state.nc.us/oeo/forms.htm>. Please type your information using the on-line form. After typing the information, print the form, and obtain the appropriate signatures.

Applicants that meet eligibility requirements to apply for FY 2010 ESGP funding will receive notification from the OEO in March of 2010.

Applicants that have questions regarding the completion of this pre-application form may contact Michael Leach, Homeless Programs Coordinator, at 919-715-5850 or Michael.Leach@DHHS.NC.Gov.

PART B: PRE-APPLICATION FORM

Office of Economic Opportunity
Department of Health and Human Services
EMERGENCY SHELTER GRANTS PROGRAM (ESGP)
FY 2010-2011 PRE-APPLICATION

A separate pre-application must be submitted for each facility/program for which ESGP funding is requested.

A. APPLICANT ORGANIZATION INFORMATION
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Print or Type

1. Please provide the following information.

Name of Applicant Organization: _____

Street Address or P.O. Box: _____

County: _____ City: _____ Zip Code: _____

Telephone: _____ FAX: _____

Email: _____

Organization Executive Director: _____

E-Mail Address of Executive Director: _____

Organization Board Chairperson: _____

E-Mail Address of Board Chairperson: _____

2. Please check the appropriate description of the applicant organization.

_____ A private nonprofit organization described in section 501(c) of the Internal Revenue Code that is exempt from taxation under subtitle A of the Code.

_____ Unit of Local Government

3. Is the applicant agency licensed by the Department of Health and Human Services Division of Health Service Regulation? _____ Yes _____ No.

If yes, please provide the applicant licensure number. _____

4. The applicant organization's fiscal year is: _____ to _____
(Month/Day/Year) (Month/Day/Year)

5. All clients served with ESGP funds must be "homeless" according to the definition used by the U.S. Department of Housing and Urban Development. (See pages 5 - 6, "Target Population" for this definition)

Is homelessness the primary condition for the admission of a client into the homeless facility operated by the applicant organization? _____ Yes _____ No

If No, what condition(s) must be met for a client to be admitted to the facility?

6. In accordance with 42 U.S.C. 11375 (d), "Participation of homeless individuals," a recipient of Emergency Shelter Grants Program funding that is not a state **must** provide for the participation of at least one homeless or formerly homeless individual on its board of directors or other equivalent policy making entity to the extent that such entity considers and makes policies and decisions regarding any facility, services or other assistance funded, in whole or part, with ESGP funds.

Does the current board membership of the applicant organization include a homeless or formerly homeless representative? _____ Yes _____ No

If Yes, indicate the number of homeless/formerly persons on the organization's board _____ and list the name(s) of the board member representing this category.

Applicants who are unable to meet the requirement under the preceding section may be granted a waiver if the applicant provides a satisfactory written description of its process to assure the involvement of homeless or formerly homeless individuals (such as current or former facility residents) on a regular basis in considering and making policies regarding the facility, services or other assistance funded, in whole or in part, with Emergency Shelter Grants Program funding.

Do you wish to request this type of waiver? _____ Yes _____ No

If Yes, please describe the process used by your organization to assure the involvement of homeless or formerly homeless individuals on a separate page and attach behind this page of the pre-application. If this involvement is secured through the involvement of homeless or formerly homeless individuals on an authorized committee or advisory group of the applicant organization, identify: 1) the specific committee or advisory group, 2) its purpose and responsibilities, 3) its membership (including the number of homeless/formerly homeless individuals serving) and 4) the frequency of its meetings throughout the year. If more space is needed, attach additional sheets behind this page.

B. HOMELESS FACILITY INFORMATION

1. If the name and address of the homeless facility operated by the applicant organization is different from the name of the applicant organization, please provide the following information and then proceed to Question # 2. If the name and address of the homeless facility is not different from the name of the applicant organization, proceed immediately to Question # 2. If there is more than one facility within an organization's homeless program i.e., more than one facility used by an applicant organization to provide transitional housing, list all locations with addresses and each location's maximum capacity on a separate sheet and attach the sheet **behind** this page. **A separate pre-application must be completed for each emergency shelter, day shelter, domestic violence center, transitional program and/or safe haven operated by an applicant organization.**

Name of Facility: _____

Street Address: _____

City _____ Zip Code: _____

Mailing Address: _____

City: _____ Zip Code: _____ County: _____

Is the physical address confidential? _____ Yes _____ No

Telephone Number: _____ FAX: _____

Facility Manager (if different from applicant organization executive director):

Name: _____ Title: _____

2. On what date did the facility open its doors for operation? _____

3. Indicate the **ONE** category which best describes the facility for which funding is sought.

_____ **24-Hour Emergency Shelter** – A facility which provides temporary shelter and services for homeless persons in general or for specific subpopulations of the homeless 24 hours per day.

_____ **Night Only Emergency Shelter** – A facility which provides temporary shelter and services for homeless persons in general or for specific subpopulations of the homeless for evening hours only.

_____ **Day Only Emergency Shelter** – A facility which provides temporary shelter and essential services for homeless persons in general or for specific subpopulations of the homeless only during day hours.

_____ **Transitional Living Facility** - A facility that provides shelter and services for homeless individuals and families for six months to two years in a secure and supportive environment designed to help residents achieve self-sufficiency.

_____ **Domestic Violence Center** – A facility that provides temporary shelter and services to homeless victims of domestic violence and/or sexual assault.

_____ **Safe Haven** – A facility that provides shelter and services to hard-to-reach homeless persons with severe mental illness who are on the streets and have been unable or unwilling to participate in supportive services.

4. Indicate the category of homeless persons served by your facility.
(Check all that apply):
- | | |
|--|---|
| <input type="checkbox"/> Single Adult Males | <input type="checkbox"/> Single Parents with Children |
| <input type="checkbox"/> Single Adult Females | <input type="checkbox"/> Youth (Runaway/Homeless) |
| <input type="checkbox"/> Two-parent Families with Children | |
5. Is the facility open year round? Yes No
If no, indicate the months of the year the facility is open: _____
6. How many individual stationary beds does the facility have? _____
Does the facility use cots/mats in addition to stationary beds? Yes No
If Yes, under what circumstances? _____
7. Program Fees:
Housing and utility fees charged to clients must not exceed 30% of the client's household income. Any combination of housing costs and program service fees cannot exceed more than 40% of household income. **Funding applicants whose client fees exceed these limits will not be eligible for FY 2010 ESGP funding.**

Are clients charged a fee to receive shelter in the facility? Yes No

If NO, please go to Questions 8 -10 or Questions 11-13 as applicable.

If YES, please provide the following information on a separate piece of paper and attach it **behind this page** of the pre-application.

- Describe the process used by your organization to determine the charges assessed of individual shelter or facility residents. Include a copy of the form used to determine fees to be charged individual residents. Include an explanation of fee ranges if applicable.
- Differentiate between fees charged by your organization for housing and fees charged by your organization for services. Identify the specific services covered by services fees.
- Describe the payment process used by your organization. Identify acceptable methods of payment that can be used by clients (check, money order, cash, etc.). How often are clients charged fees? (monthly, weekly, daily, etc.) Identify staff members who are responsible for collecting and recording payments from clients. **NOTE:** ESGP grantees are required to provide written receipts to each client at the time of payment.
- If applicable, provide the percentage of fees charged that is placed in a client escrow or savings account?
- For what purposes are client fees used by your organization?
- What was the total amount of client housing and/or program fees collected by your organization in calendar year 2009?

(Questions 8 - 10 are for Night Only and 24-Hour Emergency Shelters, Domestic Violence Centers, Transitional Facilities, Interfaith Hospitality Networks and Safe Haven Programs ONLY)

8. What is the maximum number of homeless people that can be sheltered by the facility on any particular night? _____
9. What was the total unduplicated number of homeless persons provided overnight shelter in the facility during the period of January 1, 2009 through December 31, 2009? _____

10. What was the facility's average daily occupancy (ADO) during the period of January 1, 2009 to December 31, 2009? _____

NOTE: This figure cannot be estimated. It must be based on actual written attendance records maintained by the facility for the period requested. See page 3 of this pre-application for the definition of average daily occupancy (ADO).

Questions 11 - 13 are for Day Only Emergency Shelters ONLY

11. What is the maximum number of homeless persons that can be sheltered and/or served by the facility on any particular day? _____

12. What was the total unduplicated number of homeless persons either sheltered during the day only or provided one or more essential services during the period of January 1, 2009 through December 31, 2009? _____ See pages 6 - 7 of this pre-application for a definition of "essential services."

13. What was the average number of persons served daily (APSD) at the facility on any given day during the period of January 1, 2009 through December 31, 2009? _____

NOTE: This number cannot be estimated. It must be based on actual service records maintained by the facility for the period requested. See page 3 of this pre-application for a definition of APSD.

All applicants must answer questions 14, 15, 16, 17 and either 18 or 19 as applicable.

14. Please describe below 1) all essential services offered by the facility, 2) the hours these services can be accessed and 3) who (staff, volunteers, health professionals, etc.) provide the services. Include in your description the number of persons who received each service listed during the period of January 1, 2009 through December 31, 2009. If more space is needed, please attach additional sheets **behind this page**. See pages 6 – 7 of this pre-application for a definition of "essential services." **Please do not attach service or program manuals.** **NOTE: All FY 2010 ESGP grantees will be required to document the provision of services to each individual client. This documentation must include the type(s) of service provided, duration of service, date service was received and provide the name of who provided the service if other than applicant organization.**

15. Did the facility for which funding is requested receive Emergency Shelter Grants funds for FY 2009 (July 1, 2009 – June 30, 2010)? _____ Yes _____ No
If Yes, what was the total amount of funding received? _____

16. Is this facility owned by the applicant organization? _____ Yes _____ No
If No, is this facility leased by the applicant organization? _____ Yes _____ No
If the facility is leased, attach a copy of the most current lease agreement to this pre-application.

17. Is your organization located within an existing Continuum of Care area (See Appendix B)?
Yes _____ No _____
If **YES**, which one? _____
(All FY 2010 ESGP grantees, except domestic violence shelters, must have a contract with an HMIS provider approved by the Continuum of Care)
If **NO**, are you currently subscribing to the Carolina Homeless Information Network (CHIN)?
Yes _____ No _____

C. Supporting Documentation

18. All organizations requesting ESGP funding for FY 2010 (July 1, 2010 – June 30, 2011) must submit one copy of each of the documents listed below. Eligibility for FY 2010 ESGP funding can be adversely affected by the failure of the applicant organization to return all of these documents with a completed pre-application form by the deadline date of January 29, 2010.
- a. The Applicant Organization's Articles of Incorporation, Bylaws and any applicable amendments; and,
 - b. The Applicant Organization's notice of tax exempt status under Subtitle A of the Internal Revenue Code; and,
 - c. List of names, addresses and terms of office of current members of the applicant organization's voluntary board of directors with officers identified including the name and contact of the Board Member that is a homeless or formerly homeless person; and,
 - d. Audit report OR sworn accounting of receipts and expenditures for applicant's previous fiscal year OR written certification by a certified public accountant that the applicant's accounting system is adequate and sufficient to manage state and/or federal funds.
 - e. If a nonprofit organization, an original, completed "Certification of Local Government Approval for Non-Profit Organizations" form (enclosed in this pre-application as Appendix A) dated **after** December 31, 2009. The homeless facility for which the applicant organization is requesting funding must be listed on this form. An authorized official of the unit of local government in which the applicant is located must sign and date this form. An authorized official of a unit of local government is defined as a mayor, city/county manager, or officer of the board of county commissioners.
 - f. A copy of the applicant organization's rules and regulations and/or client handbook detailing such rules and regulations provided to clients and posted for client information in the facility for which funding is sought.
 - g. A copy of the HMIS contract between the applicant organization and the HMIS provider if applicable.

CERTIFICATION

I certify to the best of my knowledge and belief that the information in this application is true and correct. I understand and agree that the Office of Economic Opportunity reserves the right to conduct an on-site visit to any facility for the homeless operated by our organization and for which ESGP funding is requested in order to determine our organization's eligibility for funding. I understand that such a visit would occur prior to our organization receiving FY 2009-2010 funding approval and agree that during any on-site visit to our facility all records pertaining to facility administration, daily occupancy and client services will be made available to OEO staff for review. I further agree that OEO staff will have access to all areas of any facility for which funding is sought during any on-site visit conducted.

Typed Name and Title of the Authorized Official of the Applicant Organization

(Signature)*

Date

*If signed by anyone other than board chairperson or executive director, please attach a resolution of the applicant organization's board authorizing the signatory.

Submission of Completed Pre-applications

Completed pre-applications with all required supporting documentation must be **postmarked** no later than 5:00 p.m. on Friday, January 29, 2010 and sent to the Office of Economic Opportunity, 2013 Mail Service Center, Raleigh, North Carolina 27699-2013. **Faxed and/or emailed applications will not be accepted.** Hand-delivered pre-applications must be delivered by 5:00 p.m. on Friday, January 29, 2010 to the physical location of the Office of Economic Opportunity at 222 North Person Street, Raleigh, North Carolina 27601.

Pre-applications that are handwritten, postmarked, or received by the Office of Economic Opportunity after 5:00 p.m. on Friday, January 29, 2010 and incomplete pre-applications will be returned to the applicant without review and the applicant organization shall be determined ineligible to apply for FY 2010-2011 ESGP funding. Due to the high demand for ESGP funds, no deadline extensions can be given by OEO staff for any reason.

Pre-application forms may be downloaded from the Office of Economic Opportunity website located at <http://www.dhhs.state.nc.us/oeo/forms.htm>.

Name of Person Who Prepared Pre-Application

Date

Telephone: _____

APPENDIX A

SAMPLE

CERTIFICATION OF LOCAL GOVERNMENT

(This form should be printed on official stationery of the certifying unit of local government)

CERTIFICATION OF LOCAL GOVERNMENT APPROVAL FOR NON-PROFIT ORGANIZATIONS

I, _____
(enter name and title)

duly authorized to act on behalf of the _____
(enter name of jurisdiction)

hereby approve the project(s) listed below proposed by _____
(enter name of nonprofit organization)

which is located in _____
(enter name of jurisdiction)

By: _____
Signature and Date

Typed Name of Signatory Local Official

APPENDIX B
NORTH CAROLINA CONTINUUMS OF CARE
(AS OF 2/14/08)

<p>Chowan, Clay, Columbus, Craven, Currituck, Dare, Davidson, Davie, Duplin, Edgecombe, Franklin, Gates, Graham, Granville, Greene, Halifax, Harnett, Haywood, Henderson, Hertford, Hoke, Hyde, Iredell, Jackson, Johnston, Jones, Lee, Lenoir, Macon, Madison, Martin, McDowell, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Polk, Randolph, Robeson, Rockingham, Rowan, Rutherford, Sampson, Scotland, Stanly, Stokes, Surry, Swain, Transylvania, Tyrell, Union, Vance, Warren, Washington, Wayne, Wilson and Yadkin Co.'s</p> <p style="text-align: center;">NC-503</p>	
<p><u>COC NAME:</u> GREENSBORO/HIGH POINT COC</p> <p>Greensboro, High Point and Guilford Co.</p> <p style="text-align: center;">NC-504</p>	<p>Karen Bridges (336) 841-6083/fax 841-6330 Director of High Point Services Youth Focus, Inc. 1124 E. Lexington Ave. High Point, NC 27262 kbridges@youthfocus.org</p>
<p><u>COC NAME:</u> CHARLOTTE/MECKLENBURG CO. COC</p> <p style="text-align: center;">NC-505</p>	<p>Roxianna Johnson (704) 432-0075/(704)336-6547 Mecklenburg Co. AMH, DD, SAS 429 Billingsley Road Charlotte, NC 28211 Roxianna.Johnson@mecklenburgcountync.gov</p>

<p><u>COC NAME</u> WILMINGTON/BRUNSWICK, NEW HANOVER, PENDER CO. COC</p> <p style="text-align: center;">NC-506</p>	<p>Anita Oldham (910)313-6043/fax (910) 313-6022 Southeastern Center for MH/DD/SAS P O Box 4147 Wilmington, NC 28406 Oldham@secmh.org</p>
<p><u>COC NAME:</u> RALEIGH/WAKE CO. COC</p> <p>Raleigh, Cary and Wake Co.</p> <p style="text-align: center;">NC-507</p>	<p>Philip Smith (919) 469-4029/(919) 388-1115 Town of Cary 316 N. Academy St. Cary, NC 27512 Philip.smith@townofcary.org</p>
<p><u>COC NAME:</u> Anson/Moore, Montgomery, Richmond Co.'s COC</p> <p style="text-align: center;">NC-508</p>	<p>Nezzie M. Smith (910) 947-5675/(910) 947-5514 Sandhills Community Action Program, Inc. 103 Saunders St. Carthage, NC 28327-0937 nezziesmith@nc.rr.com</p>
<p><u>COC NAME:</u> Gastonia/Cleveland, Gaston and Lincoln Co.'s COC</p> <p style="text-align: center;">NC-509</p>	<p>Mary McCreight (704) 866-6766/fax(704)836-0010 Reinvestment in Communities 156 S. South St., Suite 201 Gastonia, NC 28052 marym@cityofgastonia.com</p>
<p><u>COC NAME:</u> FAYETTEVILLE/CUMBERLAND CO. COC</p> <p style="text-align: center;">NC-511</p>	<p>Thanena Wilson - (910) 323-6112/(910) 323-6114 Cumberland County 245 Person Street Fayetteville, NC 28302 tswilson@co.cumberland.nc.us</p>

<p><u>COC NAME:</u> CHAPEL HILL/ORANGE CO. COC</p> <p style="text-align: center;">NC-513</p>	<p>Vanessa Neustrom (919) 913-4139/(919) 913-4001 OPC Area Authority OPC Community Planner 100 Europa Dr., Suite 490 Chapel Hill, NC 27517 vneustrom@opc-mhc.org</p>
<p><u>COC NAME</u> NORTHWEST NC COC</p> <p style="text-align: center;">NC-516</p>	<p>Lynne Mason (828) 264-1237/(828) 265-2541 Hospitality House of Boone 302 W. King St. Boone, NC 28607 masonlo@aol.com</p>

FY 2010-2011 ESGP PRE-APPLICATION CHECKLIST

This form must be completed by the Pre-Application preparer and returned with the applicant organization's completed FY 2009 ESGP Pre-Application.

Section A – Applicant Organization Information

- ___ Name, address, telephone number, fax number, and email addresses for applicant organization are listed (Question 1, page 14).
- ___ Applicant's fiscal year is included (Question 4, page 14)
- ___ Is homelessness the primary condition for the admission of a client into the homeless facility operated by the applicant? (Question 5, page 15) YES ___ NO ___
If NO, what is the primary condition stated?
- ___ Evidence of the participation of homeless/formerly homeless individuals on the applicant organization's board of directors or other equivalent policy making entity OR description of the process used by the applicant organization to assure the involvement of homeless/formerly homeless individuals in considering and making policies regarding the facility, services or other assistance to be funded in whole or part with ESGP funds is included (Question 6, page 15).

Section B – Homeless Facility Information

- ___ Name of facility is included along with its complete mailing and physical address, telephone and fax numbers, email address and name of shelter manager. (Question 1, page 16).
- ___ Date that facility opened its door for operation has been included. (Question 2, page 16).
- ___ Type of facility for which funding is requested is indicated. (Question 3, page 16).
- ___ Category (ies) of homeless persons served by facility is indicated. (Question 4, page 17).
- ___ If facility is not operated year round, months facility is operated are indicated. (Question 5, page 17)
- ___ Number of stationary beds in the facility is included (Question 6, page 17).
- ___ Client fees (if any) are indicated and information requested (Items a – f, Question 7, page 17) is given.

IF FACILITY IS NIGHT ONLY, 24 HOUR, EMERGENCY, DOMESTIC VIOLENCE, TRANSITIONAL, INTERFAITH HOSPITALITY NETWORK OR SAFE HAVEN

- ___ Questions 8 - 10 are answered completely (Page 17 - 18)

IF FACILITY IS DAY ONLY

- ___ Questions 11 - 13 are answered completely (Page 18).

- ___ Complete description of all essential services offered to clients by facility is included (Question 14, page 18).
- ___ If received, the amount of FY 2009 (July 1, 2009 – June 30, 2010) funding is indicated (Question 15, page 18).
- ___ Is the facility owned ___ or leased ___ by the applicant organization? (Question 16, page 18) If leased, is a current lease agreement attached? YES ___ NO ___
- ___ Is the applicant organization located within an existing Continuum of Care area? (Question 17, page 18) YES ___ NO ___
If YES, which one? _____
If NO, is the applicant currently participating in the Carolina Homeless Information Network (CHIN)? _____

Section C – Supporting Documentation

- _____ Applicant organization's articles of incorporation, bylaws and applicable amendments are included.
- _____ Notice of tax exempt status OR copy of applicant's Form 990 for most recent tax year is included.
- _____ Names, addresses and telephone numbers of all members of applicant organization's board of directors are included.
- _____ Audit report, sworn accounting of receipts and expenditures for organization's previous fiscal year OR a certification of the applicant organization's accounting procedures by a CERTIFIED PUBLIC ACCOUNTANT is included.
- _____ Certification of endorsement (dated after 12/31/2008) on official letterhead from the mayor, city/county manager or officer of the board of county commissioners of the unit of local government in which facility is located is included.
- _____ Certification of endorsement specifically names applicant organization and its facility for which funding is sought.
- _____ Copy of the facility's program rules and regulations for clients and/or client handbook listing such rules and regulations is included.
- _____ Copy of contract between the applicant organization and the HMIS provider if applicable.

_____ Date _____
Signature of Preparer of Pre-Application

_____ Telephone _____
Title

EMAIL _____