North Carolina Emergency Solutions Grants Program

**FY 2021-2022 Project Application**

Funding for the 2022 Program Year (January 1, 2022 – December 31, 2022)
For submission information, refer to the NC ESG Application Instructions.

# **Section 1: Organization Information**

## Applicant Organization Information

|  |
| --- |
| Legal Name of Organization (as it appears on your Organization’s tax return):      |
| Physical Address Street, City, State and Zip:      | Mailing Address (if different from physical address) Street, City, State and Zip:      |
| Telephone:      | Website:      |
| Federal Tax ID Number:      | DUNS #:      |
| Select Organization Type: | Date of Incorporation:mm/dd/yyyy |
| Name of Contact Person for Organization:      | Title of Contact Person:       |
| Phone Number of Contact Person:      | Which CoC/LPA is your organization in? |
| Email Address for the Contact Person:      |
| What counties does your organization currently serve?(include all, even if in a different CoC/LPA)      |

## Organization Mission

Describe the organization’s mission and how homeless programs fit within that mission.

|  |
| --- |
| Enter Response Here- Maximum 1500 Characters  |

## Signatory Authority

 Provide the information for the person authorized to sign contracts for the organization.

|  |  |
| --- | --- |
| Name:       | Title:      |
| Telephone:      | E-mail:      |
| Mailing Address, including City, State and Zip Code:       |

Provide the information for the person(s) authorized to sign requisitions (if different from above) for the organization.

|  |  |
| --- | --- |
| Name:       | Title:      |
| Telephone:      | E-mail:      |
| Mailing Address, including City, State and Zip Code:       |

Second authorized requisition signatory (if applicable)

|  |  |
| --- | --- |
| Name:       | Title:      |
| Telephone:      | E-mail:      |
| Mailing Address, including City, State and Zip Code:       |

## Application Certification

**To the best of my knowledge and belief, all information in this application is true and correct.**

|  |
| --- |
| Name of Applicant Organization:      |
| Name of Authorized Official:      |
| Title:      | Date:      |
| Signature |

# **Section 2: Organizational Capacity & Stability**

## Financial Capacity

|  |
| --- |
|  |
| **5.1** Explain how your organization monitors program activities they are operating according to HUD guidelines and how your organization ensures that NC ESG dollars arespent in a timely manner.Enter Response Here- Maximum 2000 CharactersThe NC ESG Office may request additional financial documentation after application review.Organization Capacity |
| * 1. Has the organization received any HUD or ESG (County, City, or State) findings, resolved or unresolved, within the past 5 years?
 |
| * 1. Has the organization had any ESG contract (County, City or State) terminated?
	2. If yes, what steps has the organization taken to ensure the deficiencies identified to warrant contract termination, have not and will not be repeated?

Enter Response Here- Maximum 2000 Characters |

## Board Information

|  |
| --- |
| * 1. Does the current board include a person with lived experience of homelessness?
	2. If no, when does the organization anticipate adding a person with lived experience to the

board?Enter Response Here- Maximum 1000 Characters |
|  |
|  |
|  |
|  |

**Section 3: Staff Capacity**

## Organizational Staff Information

* 1. Describe any organizational, programmatic, or staffing changes you have had in the past year.
	2. Describe which NC ESG activities are performed by volunteers and what the activity

entails.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**Section 4: Connection to Community**

## CoC/LPA Participation

* 1. Explain how the organization coordinates with other organizations to provide non

duplication of services **AND** access to mainstream resources such as TANF, Food Stamps, Housing Assistance, etc.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Coordinated Entry

Subrecipients are required to participate in the local coordinated assessment process as designed by your Continuum of Care/LPA and only take referrals from the coordinated assessment system.

* 1. Does the organization as a whole, regardless of funding source, fully participate in the

coordinated entry process in the CoC/LPA?

* 1. Does the organization, as a whole, regardless of funding source, ever take referrals

from sources outside of the coordinated entry system?

* 1. If yes, provide the other sources outside of the coordinated entry system, where the

organization accepts referrals. Note whether or not this exception is included in the approved coordinated entry plan for the CoC/LPA.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Written Standards

|  |  |
| --- | --- |
| Subrecipients are required to adhere to written standards of the CoC/LPA. * 1. Does the organization operate programs according to all of the CoC’s/LPA’s written

standards? * 1. If no, which written standards does the organization decline to adhere?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Describe any improvements you have made in adhering to your CoC’s Written Standards over the past year.

Enter Response Here- Maximum 2000 Characters |

# **Section 5 Data:**

## Data Collection

* 1. What is the name of the software the organization uses to comply with the data

collection and reporting requirements?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Is the software capable of producing a CAPER by January 1, 2022?
	2. Does the organization deny services if clients refuse to provide any of the HUD required data elements?
	3. If yes, which data elements? Enter Response Here- Maximum 2000 Characters
	4. HUD is committed to ensuring Racial Equity among program operations and services. Describe how your organization commits to operating and providing services in a racially equitable manner and providing racial equity data upon request?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

# **Section 6 Activities:**

**Complete only the activity section(s) for which the organization is seeking NC ESG funding.**

* Street Outreach
* Emergency Shelter
* Rapid Rehousing
* Homelessness Prevention
* HMIS/Comparable Database

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# **Street Outreach**

## Street Outreach Project Description

* 1. Population to be served:
	 [ ]  single men [ ]  single women [ ]  households with children
	 [ ]  youth 18-24 [ ]  unaccompanied youth 17 years old and under

 [ ]  Other (specify):

* 1. Does this program exclusively serve victims of domestic violence (DV)?
	2. Fill out the following chart.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outreach Activity** | **Provided with NC ESG funds** | **Provided with other funds** | **Referral (Or does not provide this service)** | **Years of experience providing service** *(if none mark n/a)* |
| **Contact Activities**(formerly Engagement) must be provided with NC ESG funds. | [x]  | - | - |       |
| **Engagement Service –** Case Management | [ ]  | [ ]  | [ ]  |       |
| **Engagement Service –**Emergency Health Services | [ ]  | [ ]  | [ ]  |       |
| **Engagement Service –** Emergency Mental Health Services | [ ]  | [ ]  | [ ]  |       |
| **Engagement Service –** Transportation | [ ]  | [ ]  | [ ]  |       |
| **Engagement Service –** Services for special populations | [ ]  | [ ]  | [ ]  |       |

* 1. If the organization does not provide an outreach activity listed above, with NC ESG

funds or other funds, explain how referrals are made.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. How has your service delivery for Street Outreach changed or improved over the past year? Include any changes made to your Street Outreach Operations Manual/Policies and Procedures. Please include any changes made due to COVID that you intend to continue.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Street Outreach Program Design and Philosophy

* 1. Describe how outreach is conducted, how participants are contacted and engaged, and how often outreach is done.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

|  |
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|  |

* 1. Does the program screen out participants based on any of the following:

[ ]  Having too little or no income

[ ]  Active or history of substance abuse (alcohol and/or drugs)

[ ]  Having a criminal record (with exceptions for state mandated restrictions)

[ ]  History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement

* 1. If any box above is checked, explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Does the program terminate participants based on the following:

[ ]  Failure to participate in support services

[ ]  Failure to make progress on a service plan

[ ]  Loss of income or failure to improve income

[ ]  Domestic violence

[ ]  Any other activity not covered in a lease agreement typically found in the program’s geographic area

* 1. If any box above is checked, explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Describe how the program is housing focused.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. How does the program partner with shelters in the CoC/LPA?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. How does the program partner with Rapid Rehousing and Permanent Supportive

Housing programs in the CoC/LPA to provide permanent housing?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Provide the number of persons served during your 2020-2021 ESG program year and the number projected to be served over the coming program year.
	*Please provide as accurate an estimate as possible taking into consideration staffing, agency capacity, CoC written standards processes, coordinated entry requirements, and any other agency or community considerations that impact service.*

|  |  |  |
| --- | --- | --- |
| **Category** | **Number Served** | **Program Estimate** |
| Total Persons Served |       |       |
| Percentage of Persons Exiting to Positive Housing Destinations |       |       |
| Cost Per Household |       |       |

* 1. Optional: In the space below, provide any additional information that would be helpful for the NC ESG Review Committee to know regarding this program. **This must be a narrative, not a reference to attached additional documentation.**

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

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# **Emergency Shelter**

## Emergency Shelter Program Description

* 1. Population to be served:

[ ]  single men [ ]  single women [ ]  households with children

[ ]  youth 18-24 [ ] unaccompanied youth 17 years old and under

[ ]  Other (specify):

* 1. Does this program exclusively serve victims of domestic violence (DV)?
	2. Indicate which services will be provided by the organization and which will be provided

by another through referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency Shelter** | **Provided with NC ESG funds** | **Provided with other funds** | **Referral** **(Or does not provide this service)** | **Years of experience providing service** *(if none mark n/a)* |
| Case Management  | [ ]  | [ ]  | [ ]  |       |
| Childcare | [ ]  | [ ]  | [ ]  |       |
| Education services | [ ]  | [ ]  | [ ]  |       |
| Employment assistance & job training | [ ]  | [ ]  | [ ]  |       |
| Life skills training | [ ]  | [ ]  | [ ]  |       |
| Legal services | [ ]  | [ ]  | [ ]  |       |
| Mental health services | [ ]  | [ ]  | [ ]  |       |
| Substance abuse services | [ ]  | [ ]  | [ ]  |       |
| Transportation | [ ]  | [ ]  | [ ]  |       |
| Services for special populations | [ ]  | [ ]  | [ ]  |       |
| Shelter Operations | [ ]  | [ ]  | [ ]  |       |

* 1. If the organization does not provide an emergency shelter activity, listed above, with

NC ESG funds or other funds explain how referrals are made.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. If the shelter does not operate 24 hours a day for 7 days a week (including holidays),

describe how households access emergency services when the shelter is closed:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Experience

* 1. How has your service delivery for Emergency Shelter changed or improved over the past year? Include any changes made to your Emergency Shelter Operations Manual/Policies and Procedures. Please include any changes made due to COVID that you intend to continue.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Emergency Shelter Program Design and Philosophy

* 1. What are the eligibility requirements to access emergency shelter and/or services?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. What are the reasons that someone may be turned away or asked to leave the shelter?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Does the program screen out participants based on the following:

[ ]  Having too little or no income

[ ]  Active or history of substance abuse (alcohol and/or drugs)

[ ]  Having a criminal record (with exceptions for state mandated restrictions)

[ ]  History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement

* 1. If any box above is checked, explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Does the program terminate participants based on the following:

[ ]  Failure to participate in support services

[ ]  Failure to make progress on a service plan

[ ]  Loss of income or failure to improve income

[ ]  Domestic violence

* 1. If any box above is checked, explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Describe how the program is, or moving towards, a low-barrier and housing first model:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. How does the organization utilize Rapid Rehousing and Permanent Supportive Housing

programs within the CoC/LPA.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. What has been accomplished to improve the organization’s exits to a positive destination?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Provide the number of persons served during your 2020-2021 ESG program year and the number projected to be served over the coming program year.

*Please provide as accurate an estimate as possible taking into consideration staffing, agency capacity, CoC written standards processes, coordinated entry requirements, and any other agency or community considerations that impact service.*

|  |  |  |
| --- | --- | --- |
| **Category** | **Number Served** | **Program Estimate** |
| Total Number of Persons served |       |       |
| Total Number of Persons Enrolled (entered into HMIS/DV Comparable) |       |       |
| Percentage of Persons Exiting to Positive Housing Destinations |       |       |
| Cost Per Household |       |       |

* 1. Optional: In the space below, provide any additional information that would be helpful for the NC ESG Review Committee to know regarding this program. **This must be a narrative, not a reference to attached additional documentation.**

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

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# **Rapid Rehousing**

## Rapid Rehousing Program Description

* 1. Population to be served:

[ ]  single men [ ]  single women [ ]  households with children

[ ]  youth 18-24 [ ]  Other (specify):

* 1. Does this program exclusively serve victims of domestic violence (DV)?

* 1. Indicate which services will be provided by the organization and which will be provided

through referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rapid Rehousing** | **Provided with NC ESG funds** | **Provided with other funds** | **Referral****(Or does not provide this service)** | **Years of experience providing service** *(if none mark n/a)* |
| Rental Application Fees | [ ]  | [ ]  | [ ]  |       |
| Security Deposits | [ ]  | [ ]  | [ ]  |       |
| Last month’s rent  | [ ]  | [ ]  | [ ]  |       |
| Utility deposits | [ ]  | [ ]  | [ ]  |       |
| Utility payments | [ ]  | [ ]  | [ ]  |       |
| Moving costs | [ ]  | [ ]  | [ ]  |       |
| Housing search and placement | [ ]  | [ ]  | [ ]  |       |
| Housing stability and case management | [ ]  | [ ]  | [ ]  |       |
| Mediation  | [ ]  | [ ]  | [ ]  |       |
| Legal services  | [ ]  | [ ]  | [ ]  |       |
| Credit repair | [ ]  | [ ]  | [ ]  |       |
| Short term rental assistance (up to 3 months) | [ ]  | [ ]  | [ ]  |       |
| Medium term rental assistance (up to 24 months) | [ ]  | [ ]  | [ ]  |       |
| Payment of arrears | [ ]  | [ ]  | [ ]  |       |

* 1. If the organization does not provide a rapid rehousing activity, listed above, with NC ESG or other funds, explain how referrals are made.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. If participant and/or landlord have an issue outside of operating hours, how are these

issues addressed:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Experience

* 1. How has your service delivery for Rapid Rehousing changed or improved over the past year? Include any changes made to your Emergency Shelter Operations Manual/Policies and Procedures. Please include any changes made due to COVID that you intend to continue.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Rapid Rehousing Program Design and Philosophy

* 1. How does the organization partner with emergency shelters?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. What are the eligibility requirements to be accepted into the Rapid Rehousing program?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Does the program screen out participants based on the following:

[ ]  Having too little or no income

[ ]  Active or history of substance abuse (alcohol and/or drugs)

[ ]  Having a criminal record (with exceptions for state mandated restrictions)

[ ]  History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement)

* 1. If any box above is checked, explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Does the program terminate participants based on the following:

[ ]  Failure to participate in support services

[ ]  Failure to make progress on a service plan

[ ]  Loss of income or failure to improve income

[ ]  Domestic violence

[ ]  Any other activity not covered in a lease agreement typically found in the program’s geographic area

* 1. If any box above is checked, explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Describe how the program is, or moving towards, a housing first model:

Enter Response Here- Maximum 2000 Characters

* 1. Does the program offer a standard, basic level of support to all landlords? Who conducts landlord recruitment and negotiation? Enter Response Here- Maximum 2000 Characters
	2. Does the program use a progressive approach, where financial assistance is not

standard “package” and is flexible enough to adjust to households’ unique needs and resources, for determining the duration and amount of rental assistance provided?

Explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Are program participants involved in creating a mutually agreed-upon time, place, and

frequency of meetings with the case manager? Do meetings occur in the participants home when possible?
Enter Response Here- Maximum 2000 Characters

* 1. Is participation in services voluntary?
	2. Provide the number of persons served during your 2020-2021 ESG program year and estimates of who will be served by this funding request.

*Please provide as accurate an estimate as possible taking into consideration staffing, agency capacity, CoC written standards processes, coordinated entry requirements, and any other agency or community considerations that impact service.*

|  |  |  |
| --- | --- | --- |
| **Category** | **Number Served** | **Program Estimate** |
| Total Persons Served (new plus returning) |       |       |
| Total New Persons Served?(entered after January 1, 2021) |       |       (estimate number to enter after January 1, 2022) |
| Total Returning Persons Served?(entered before January 1, 2021) |       |       (estimate number to be served who entered before January 1, 2022) |
| Percentage of Persons Exiting to Positive Housing Destinations |       |       |
| Cost Per Household |       |       |

* 1. Optional: In the space below, provide any additional information that would be helpful for the NC ESG Review Committee to know regarding this program. **This must be a narrative, not a reference to attached additional documentation.**

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

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# **Homelessness Prevention**

## Homeless Prevention Program Description

* 1. Population to be served:

[ ]  single men [ ]  single women [ ]  households with children
[ ]  youth 18-24 [ ]  Other (specify):

* 1. Does this program exclusively serve victims of domestic violence (DV)?
	2. Indicate which services will be provided by the organization and which will be provided

by another through referral.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Homeless Prevention** | **Provided with NC ESG funds** | **Provided with other funds** | **Referral****(Or does not provide this service)** | **Years of experience providing service** *(if none mark n/a)* |
| Rental Application Fees | [ ]  | [ ]  | [ ]  |       |
| Security Deposits | [ ]  | [ ]  | [ ]  |       |
| Last month’s rent  | [ ]  | [ ]  | [ ]  |       |
| Utility deposits | [ ]  | [ ]  | [ ]  |       |
| Utility payments | [ ]  | [ ]  | [ ]  |       |
| Moving costs | [ ]  | [ ]  | [ ]  |       |
| Housing search and placement | [ ]  | [ ]  | [ ]  |       |
| Housing stability and case management | [ ]  | [ ]  | [ ]  |       |
| Mediation  | [ ]  | [ ]  | [ ]  |       |
| Legal services  | [ ]  | [ ]  | [ ]  |       |
| Credit repair | [ ]  | [ ]  | [ ]  |       |
| Short term rental assistance (up to 3 months) | [ ]  | [ ]  | [ ]  |       |
| Medium term rental assistance (up to 24 months) | [ ]  | [ ]  | [ ]  |       |
| Payment of arrears | [ ]  | [ ]  | [ ]  |       |

* 1. If the organization does not provide a prevention activity, listed above, with NC ESG or

other funds, explain how referrals are made.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. If participant and/or landlord have an issue outside of operating hours, how are these

issues addressed:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Experience

* 1. How has your service delivery for Homelessness Prevention changed or improved over the past year? Include any changes made to your Homelessness Prevention Operations Manual/Policies and Procedures. Please include any changes made due to COVID that you intend to continue.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Homeless Prevention Program Design and Philosophy

* 1. Does your organization have prior experience with providing rapid rehousing with NC ESG,

SSVF or other funding?

* 1. If yes, describe:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. How are you targeting this assistance to those most likely to become homeless or return

to homelessness?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Does the program screen out participants based on the following:

[ ]  Having too little or no income

[ ]  Active or history of substance abuse (alcohol and/or drugs)

[ ]  Having a criminal record (with exceptions for state mandated restrictions)

[ ]  History of domestic violence (e.g. lack of protective order, of separation from abuse, or law enforcement involvement

* 1. If any box above is checked, explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Does the program terminate participants based on the following:

[ ]  Failure to participate in support services

[ ]  Failure to make progress on a service plan

[ ] Loss of income or failure to improve income

[ ] Domestic violence

[ ] Any other activity not covered in a lease agreement typically found in the program’s geographic area

* 1. If any box above is checked, explain:

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters      |

* 1. Does the program offer a standard, basic level of support to all landlords? Who conducts landlord recruitment and negotiation?

Enter Response Here- Maximum 2000 Characters

* 1. Does the program use a progressive approach, where financial assistance is not a

standard “package” and is flexible enough to adjust to households’ unique needs and resources, for determining the duration and amount of rental assistance provided?

* 1. If yes, describe

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Are program participants involved in creating a mutually agreed-upon time, place, and

frequency of meetings with the case manager?

* 1. Do meetings occur in a participant’s home and/or in a location of the participant’s

choosing whenever possible?

* 1. Is participation in services voluntary?
	2. Provide the number of persons served during your 2020-2021 ESG program year and estimates of who will be served by this funding request.

*Please provide as accurate an estimate as possible taking into consideration staffing, agency capacity, CoC written standards processes, coordinated entry requirements, and any other agency or community considerations that impact service.*

|  |  |  |
| --- | --- | --- |
| **Category** | **Number Served** | **Program Estimate** |
| Total Persons Served\*\* |       |       |
| Total New Persons Served?(entered after January 1, 2021) |       |       (estimate number to enter after January 1, 2022) |
| Total Returning Persons Served?(entered before January 1, 2021) |       |       (estimate number to be served who entered before January 1, 2022) |
| Percentage of Persons Exiting to Positive Housing Destinations |       |       |
| Cost Per Household |       |       |

* 1. Optional: In the space below, provide any additional information that would be helpful for the NC ESG Review Committee to know regarding this program. **This must be a narrative, not a reference to attached additional documentation.**

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

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# **HMIS/DV Comparable Database**

While Victim Service Providers cannot participate in HMIS, these agencies can apply for HMIS funds to be used on the costs associated with the required comparable database.

## Database Project Description

* 1. Which type of database does the organization currently use?
	2. Does the organization applying for database project dollars, exclusively serve victims of domestic violence (DV)?
	3. If the organization uses a DV comparable database, which database do you use?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Is the organization requesting financial assistance or operations funding only?

If yes, choose which expenses in column 1 below, will be covered by NC ESG funds.

If no, choose which expenses in column 2 below, will be covered by NC ESG funds.

|  |  |  |
| --- | --- | --- |
| **HMIS/DV Comparable**  | **Column 1** | **Column 2** |
| Supplies, Hardware, and Software | [ ]  | [ ]  |
| Salary and/or Fringe Benefits | [ ]  | N/A |
| Database Licenses and Fees | [ ]  | [ ]  |

* 1. Describe how these funds will contribute to your ability to collect, analyze, and report

data.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. **Regional Applicants only:** Only CoC Collaborative Applicants, as defined in the application instructions, are able to apply for NC ESG funds to cover the following eligible HMIS costs.

|  |  |
| --- | --- |
| **HMIS/Data** | **Requesting NC ESG HMIS funds** |
| Continuum of Care Staff Cost | [ ]  |
| HMIS Lead Organization Costs | [ ]  |
| HMIS Local System Administrator Costs | [ ]  |

* 1. Describe how these funds will contribute to your ability to collect, analyze, and report

data.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

## Experience

* 1. Explain below any experience the organization has in implementing HMIS activities that

you have proposed in this application. *S Specifically, include the years of experience of staff involved in implementing/administering the NC ESG funds.*

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

* 1. Optional: In the space below, provide any additional information that would be helpful for the NC ESG Review Committee to know regarding this program. **This must be a narrative, not a reference to attached additional documentation.**

|  |
| --- |
| Enter Response Here- Maximum 2500 Characters |

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# **Application Required Documents**

|  |  |  |  |
| --- | --- | --- | --- |
| **TAB** | **Document** | **Nonprofit Applicant** | **Unit of Local Govt Applicant** |
| **A** | Signed, Completed Application  | **** | **** |
| **B** | Project budget worksheet  | **** | **** |
| **C** | CAPER (January 1, 2021 – Present) | **** | **** |
| **D** | Current year operating budget for the entire organization, not just NC ESG (with Revenues and Expenditures) | **** | - |
| **E** | CoC Participation and Coordination Agreement Form | **** | **** |
| **F** | Organizational Chart for the entire organization, not just the NC ESG program | **** | - |
| **G** | Board of Directors Information. List of names, email addresses, telephone numbers, occupations, with officers identified. Indicate board member with lived homeless experience.  | **** | - |
| **H** | The organization’s audit for most recent closed fiscal year. ORIf the organization does not have an audit submit a sworn financial statement. A sworn financial statement template is included as an optional form if the organization does not have one. **Form 990 is not considered an audit** | **** | - |
| **I** | ESG Program Operations Guidelines. | **** | **** |
| **J** | HUD Corrective Action Plan (if applicable) | **** | **** |
| NC ESG Corrective Action Plan (if applicable) | **** | **** |
| City or County ESG Corrective Action Plan (if applicable) | **** | **** |
| **K** | NC DHHS Required Contract Certification Forms & Documents in the order below |
| 1. No Overdue Taxes Certification Form  | **** | - |
| 2. Annual IRS Tax Exemption Verification Form  | **** | - |
| 3. Annual Conflict of Interest Verification  | **** | - |
| 4. Conflict of Interest Policy | **** | - |
| 5. Current Certificate of Insurance | **** | - |
| 6. IRS Tax exemptions Letter | **** | - |
| 7. Substitute W-9 | **** | **** |
| **L** | Organization’s Financial Policies | **** | **** |
| **M** | **SHELTER SERVICES AND OPERATIONS PROJECTS ONLY –** Submit Shelter Habitability Inspection that occurred no earlier than August 2021 | **** | **** |