

**2006-2008 Emergency Shelter Grant Program
APPLICATION for GRANT - IN - AID**

Activity Name: _____

If the organization is submitting more than one ESG application, rank them in order of importance, with one (1) being the most important. This application is ranked # _____ of _____.

Amount of ESG funding requested: \$ _____ 2006

\$ _____ 2007

\$ _____ 2008

TOTAL REQUEST \$ _____

Organization Name: _____

Address: _____

Telephone: _____ FAX: _____

Contact Person and Title: _____

Please check the appropriate line:

_____ Municipality _____ Non-Profit Entity _____ For-Profit Entity
(501(c)(3) ___ Y ___ N) (Tax Identification Number: _____)

Activity Location & Brief Description: _____

Census Tract(s) and Block Group(s) where service is located (available from HCD staff) _____

Please check all of the following addressed by this activity:

- | | |
|---|---|
| <input type="checkbox"/> <u>Emergency Shelter:</u> | <input type="checkbox"/> <u>Essential Service:</u> |
| Clientele: | <input type="checkbox"/> Outpatient Health |
| <input type="checkbox"/> Families | <input type="checkbox"/> Emergency Medical Care |
| <input type="checkbox"/> Single Women | <input type="checkbox"/> Prescriptions |
| <input type="checkbox"/> Single Men | <input type="checkbox"/> Pre-school Child Care |
| <input type="checkbox"/> Domestic Violence Victims | <input type="checkbox"/> Follow-up Case Management Services |
| <input type="checkbox"/> Children at Risk of Abuse | <input type="checkbox"/> Mass Feedings |
| <input type="checkbox"/> <u>Homelessness Prevention</u> | <input type="checkbox"/> Community Protein Distribution |
| | <input type="checkbox"/> Child Counseling |

Signature of Authorized Officer

Title

Date

Date of Board Approval of Submission of Application

Activity Estimated Cost

Provide the financial data described below. When preparing this data:

1. Provide annual budget information for the *activity*, not for the entire agency, unless it runs only one program.
2. For multi-year activities, please prepare a table for each funding year, as well as, the summary table.
3. Use the best information currently available. More detailed and exact figures will be requested if the activity is approved for funding.

Year 1 or Single Year Activity Estimated Budget

Staff <i>Not more than 10 percent of the grant amount may be used for staff costs.</i>	\$
Operating	\$
Client Services	\$
Other:	\$
Year 1/Single Year Activity Total	\$

Year 2 Activity Estimated Budget

Staff <i>Not more than 10 percent of the grant amount may be used for staff costs.</i>	\$
Operating	\$
Client Services	\$
Other:	\$
Year 2 Total	\$

Year 3 Activity Estimated Budget

Staff <i>Not more than 10 percent of the grant amount may be used for staff costs.</i>	\$
Operating	\$
Client Services	\$
Other:	\$
Year 3 Total	\$

Summary of Years Estimated Budget

Total Staff	\$
Total Operating	\$
Total Client Services	\$
Total Other:	\$
SUMMARY of Years TOTAL Budget	\$

Sources of Funds

List all sources of other funding obtained/committed/sought for this activity in the following table (e.g. York County Health and Human Services, state funds, local funds, etc):

Source of Funds	Amount	Work Item to be Accomplished	Status* (Circle)	Contingent upon ESG ?
1.	\$ _____		Secured _____ Pending _____ Denied _____	YES _____ NO _____
2.	\$ _____		Secured _____ Pending _____ Denied _____	YES _____ NO _____
3.	\$ _____		Secured _____ Pending _____ Denied _____	YES _____ NO _____
4.	\$ _____		Secured _____ Pending _____ Denied _____	YES _____ NO _____
TOTAL		\$ _____		

* If secured, attach confirmation letter (unless local funds). If denied, attach denial letter stating the name of the source, the date funds were sought, and the reason for the denial.

If no other funding sources are involved in this activity, please attach narrative explaining why.

Total funding sources (including ESG request):

	Year 1/Single Year	Year 2	Year 3
Total other sources (from table above)	\$ _____	\$ _____	\$ _____
ESG Funds Requested	\$ _____	\$ _____	\$ _____
TOTAL All Sources	\$ _____	\$ _____	\$ _____

SUMMARY OF ALL SOURCES FOR ALL Years \$ _____

Note: Summary must match the "Summary of Years Total Budget" line on the previous page.

Eligibility Criteria

Please check the box(es) in front of the activity element(s) that comprise(s) your proposed activity.

- Renovation, major rehabilitation, or conversion of buildings for use as emergency shelters for the homeless
- Provision of essential services to the homeless
- Payment for shelter maintenance, operation, rent, repairs, security, fuel, equipment, insurance, utilities, food, and furnishings
- Developing and implementing homelessness prevention activities
- Administrative costs

Activity Narrative

Submit a narrative summary of the proposed activity.

1. Briefly describe the proposed activity or program:

A. Describe the *need* for the activity/program. Clearly state the problem, what caused it, who is

affected by it, and the geographic area of the need. Provide information on the urgency and severity of the need, such as health or safety problems, facility problems, lack of essential services, etc. Document the statements with current data such as surveys, photographs, budget and revenue projections, reports, feasibility studies, letters, or other documents.

B. Briefly *describe* the proposed activity and geographic area which it serves. *If the activity is a shelter*, will the shelter be maintained for at least one year?

1) Describe the activity's *goals and objectives*. *Goals* are general statements that relate to the purpose of the program e.g. "Reduce unemployment among priority populations" or "provide convenient access to County human services programs". *Objectives* identify the intended effect on persons benefitting as a result of the service, e.g. "improving knowledge and/or skills" or "improved utilization of County human services programs".

2) Describe how the proposed activity's consistency with the County 2000-2004 Consolidated Plan Homelessness Strategy (described in the *General Information*).

2. Briefly describe the *clients* who are anticipated to benefit from the activity/program:

A. Describe *client eligibility* requirements for the activity/program.

B. Describe criteria for *length of service* to clients for the activity/program.

C. State the *number of clients* anticipated to benefit from the activity/program annually. Provide the number of persons benefitting as a result of similar services provided by the applicant in the past.

D. Describe how the activity/program will be *coordinated with or complement* other emergency and/or supportive services

3. Briefly describe the *Agency* operating the proposed activity/program:

A. Provide a copy of the *Mission statement* of agency.

B. Provide the *complete address and description* of the agency and the facility to be used for the activity/program. If no site has been located, the applicant should indicate this fact and supply information on the type of facility being considered.

C. Describe the applicant's *prior experience* in the administration and provision of this activity or program, or similar activities. Is this a *previously ESG funded* activity/program?

D. Submit a list of *organizational officers* and board members.

E. Submit *audit or financial statements* (*only* if the most recent fiscal year has *not* been provided to YCPC). If neither is available, submit bank references.

F. Describe the agency's formal process used to *terminate homeless assistance*.

G. Describe how and to what extent *homeless individuals and families are involved* in constructing, renovating, maintaining, and operating shelter facilities and/or providing services.