

ESG APPLICATION INFORMATION

1. Name of Applicant: _____

2. Applicant Type (check one) _____ Non-profit _____ Local Government

3. Mailing Address: _____

4. Contact Person (*This is the person who will receive ALL grant-related information, i.e. correspondence, telephone calls, e-mails, etc.*):

Name: _____ Title: _____

Telephone: _____ FAX: _____ e-mail: _____

Contact for financial information if different (*This is the person who will sign all documents and requests for disbursement, etc.*):

Name: _____ Title: _____

Telephone: _____ FAX: _____ e-mail: _____

5. Type of Shelter Facility(s) (*check all that apply; see Definitions for an explanation of each type*):

Emergency Shelter Transitional Housing Winter Shelter Day Shelter

6. List all cities and counties in your service area: _____

7. Does your organization participate in a Continuum of Care planning group?

Yes No

Provide name and telephone number of the contact person for this Continuum of Care Plan who can verify your organization's participation and the level of participation:

8. Check all populations served in your homeless facility(s):

Unaccompanied Adult Men Unaccompanied Adult Women
 Unaccompanied Male Youth Unaccompanied Female Youth
 Single-Parent Families Two-Parent Families
 Adult Couples Without Children Other Family Composition

9. Does your organization impose requirements other than experiencing homelessness as criteria for receiving housing and services, i.e. victim of domestic violence, substance abuser, release from a correctional facility, previous residency status?

Yes No

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If yes, provide an explanation of these requirements: _____

10. How long has your organization provided a shelter facility for homeless families and individuals? _____

11. Does your organization have:

- An organizational chart? Yes No
If yes, attach copy to your application. Indicate all vacant positions.
- A procedure for performance reviews/evaluation of all staff positions?
 Yes No
- Position descriptions for all staff positions? Yes No
If yes, attach a copy of each position description to your application.

12. A. **Emergency Shelter Programs**

- Number of beds, as approved by the local building official, that are available to the homeless for the full grant year (*July 1st through June 30th*): _____
- If your facility will not be in use for the full grant year, when will it open?
(*Indicate month and year*) _____, 200__
- Number of months your facility will be used to house homeless persons in fiscal year: _____
- If applicable, average number of beds for which per diem payments from a third-party or governmental agency will be received in fiscal year (*July 1st through June 30th*): _____
- Does your Emergency Shelter(s) receive a HUD Supportive Housing Program grant for operations? Yes No
- If applicable, number of beds set-aside under a purchase of service contract: _____
- Total number of persons sheltered in your facilities the last completed fiscal year: _____
- Number of bed nights for all persons sheltered the last completed fiscal year (*count each time a bed was occupied for the night by any homeless individual as a bed night*): _____
- Total number of those persons who were under the age of 18: _____
- Number of bed nights for persons under the age of 18 in the last completed fiscal year (*count each time a bed was occupied for the night by a child as a bed night*): _____
- Number and percentage of those households who moved to transitional housing or permanent housing from your facility(s): # _____ % _____

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B. Transitional Housing Programs

- Number of beds, as approved by the local building official, that are available to the homeless for the full grant year (*July 1st through June 30th*): _____
- If your facility will not be in use for the full grant year, when will it open?
(Indicate month and year) _____, 200__
- Number of months your facility will be used to house homeless persons in fiscal year: _____
- If applicable, average number of beds for which per diem payments from a third-party or governmental agency will be received in fiscal year (*July 1st through June 30th*): _____
- If applicable, number of beds set-aside under a purchase of service contract: _____
- Does your transitional housing program receive:
HUD Supportive Housing Program grant for operations? Yes No
Housing Choice Voucher (Section 8) rental subsidy? Yes No
- Total number of persons sheltered in your facilities the last completed fiscal year: _____
- Number of bed nights for all persons sheltered the last completed fiscal year (*count each time a bed was occupied for the night by any homeless individual as a bed night*): _____
- Total number of those persons who were under the age of 18: _____
- Number of bed nights for persons under the age of 18 in the last completed fiscal year (*count each time a bed was occupied for the night by a child as a bed night*): _____
- Number and percentage of those households who moved to permanent housing when leaving your facility(s): # _____ % _____
- Number of households staying in your facility(s) in the last completed fiscal year

C. Day Shelter Programs

Average daily attendance of homeless persons the last completed fiscal year: _____

What method is used to verify the housing status or lack of housing of participants:

13. Complete the table on the following page for each facility to be assisted with ESG funding. Attach additional copies of the table if needed.

FACILITY INFORMATION

Name of Facility	Street Address (Please indicate if this is a confidential location or address)	Enter type of facility (See types below)	Number of Beds in Facility used for homeless persons	Subsidy 3 rd Party, Housing , Choice Voucher (Section 8), Gov. rental subsidy, HUD Supportive Housing Grant		Subsidized Units	
				Yes	No	# Units Subsidized	# Units Not Subsidized

Enter type of facility using the following abbreviations:

ES (*full-year emergency shelter*)

TH (*transitional housing*)

WS (*winter or seasonal emergency shelter*)

DS (*day shelter with no overnight accommodations*)

DVES (*full-year emergency shelter serving victims of domestic violence*)

BOARD RESOLUTION FOR NON-PROFIT APPLICANTS

- I. WHEREAS, the Prince William County Office of Housing and Community Development, has requested interested applications under the Emergency Shelter Grant (ESG) program.
- II. WHEREAS, assistance is needed to effectively and adequately address the needs of homeless persons, including families, individuals, and/or children, to be served by _____ (enter name of organization) in our service area(s) of _____ (list all jurisdictions on service area).
- III. WHEREAS, an application for a grant(s) under the Emergency Shelter Grant (ESG) has been prepared.
- IV. WHEREAS, _____ (enter name of organization) agrees, if an award is received, to provide coordination of safe and sanitary shelter and/or supportive services to homeless persons in conformance with the regulations and guidelines of the Emergency Shelter Grant (ESG) program.
- V. WHEREAS, _____ (enter name and title) may act on behalf of _____ (enter name of organization) and will sign all necessary documents required to complete the grant transaction.
- VI. WHEREAS, any required match under the program guidelines will be provided.
- VII. NOW, THEREFORE, BE IT RESOLVED THAT the Board of Directors of _____ (enter name of organization) hereby authorizes _____ (enter name) to apply for and accept a grant award under the Emergency Shelter Grant (ESG) program and enter into a Grant Agreement with the Prince William County Office of Housing and Community Development and perform any and all actions and responsibilities in relation to such Agreement.

Signature of Authorized Board Member

Date

Name and Title of Authorized Board Member (print or type)

FINANCIAL MANAGEMENT SYSTEM INFORMATION

All applicants, excluding local governments and including subcontractors, must provide this information. List all grant or loan programs you currently administer under the supervision of the Virginia DHCD:

1. Does your organization do its own financial accounting? Yes No

If no, who does your organization's financial accounting? _____

2. In your financial accounting system, are the following books of account used?

- A. General Ledger Yes No
- B. Cash Disbursements (Check Register) Yes No
- C. Cash Receipts (Deposits Received) Yes No
- D. Fixed Asset Yes No

Are financial records maintained by computer? Yes No

If yes, provide answers to the following:

What accounting software is used? _____

Who has access to accounting records? _____

Are passwords used to access records? _____

Is there an off-site back-up system? _____

3. List the title of the staff person responsible for the following tasks:

A. Opens mail: _____

B. Deposits checks/funds: _____

C. Reconciles checkbook with bank statement: _____

D. Posts cash receipts: _____

4. Do checks require two signatures? Yes No

Whose signatures are required? (Titles)

5. Are individuals who handle the organization's funds bonded? Yes No

6. How many years are records retained? _____

7. Is an annual audit completed by an independent accountant? Yes No

If no, how often is an audit completed or what other methods are used to ensure fiscal accountability?

8. If applicable, attach a copy of your most recent audit and the operating budget for the current year.

CERTIFICATION AND ASSURANCES

I, _____ (*enter name*), authorized representative of _____ (*enter name of organization*) on behalf of the organization do hereby certify that, if an award is received, the organization will conform to all programmatic regulations, guidelines and requirements set forth in Grant Agreements and Operations Manuals while conducting grant activities for the Emergency Shelter Grant (ESG) program.

To this end, I certify/assure the following:

1. All services/programs supported by grant funds will be delivered on a non-discriminatory basis consistent with the Fair Housing Act of 1988 and the Virginia Fair Housing Law;
2. The facility(s) is is not (check one) owned by a church or other primarily religious organization, and if the organization is operating in a facility owned by a religious organization, the funds will not be used for physical improvements to the building/structure;
3. The organization does does not (check one) require a fee or donation as a condition for receiving emergency shelter or related services;
4. The organization operates in a facility that is in compliance with applicable State and local health, building, and fire safety codes, meeting the U. S. Department of Housing and Urban Development's Housing Quality standards and Habitability Standards as a minimum, or agrees to make necessary improvements/repairs for code compliance;
5. The organization shall maintain and operate under a standardized set of procurement procedures designed to assure efficient and proper expenditure of grant funds;
6. The organization will administer a policy to ensure each homeless facility is free from the illegal use, possession or distribution of drugs or alcohol by its employees and/or beneficiaries;
7. The organization will maintain and operate under a standardized conflict of interest procedure for employees and members of the board;
8. The organization will insure the confidentiality of victims of domestic violence;
9. The organization (unless a unit of local government) was incorporated under Virginia law on _____; and
10. The organization (unless a unit of local government) has received Federal tax-exempt status under Section 501 (c) of the U. S. Internal Revenue Code.

I certify that I have read and understood the Application for Emergency Shelter Grant Funding and have answered the questions to the best of my ability:

Signature of Authorized Representative

Date

Title of Authorized Representative (*print or type*)

CERTIFICATION AND ASSURANCES

Check the appropriate box. If item is not included, please explain at the bottom of this page or attach additional pages if needed.

APPLICATION FOR EMERGENCY SHELTER GRANT CHECKLIST		
ITEM	YES	NO
Checklist	<input type="checkbox"/>	<input type="checkbox"/>
Signed, Completed, Original Application (6 pages)	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Occupancy (new facilities only)	<input type="checkbox"/>	<input type="checkbox"/>
Certifications and Assurances	<input type="checkbox"/>	<input type="checkbox"/>
Board Resolution for Non-Profit Applicants	<input type="checkbox"/>	<input type="checkbox"/>
Current Fire Inspection (excludes single-family transitional housing that is privately owned and operated)	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Chart With All Vacancies Indicated	<input type="checkbox"/>	<input type="checkbox"/>
Position Descriptions for All Staff Positions	<input type="checkbox"/>	<input type="checkbox"/>
Current Financial Management System Information	<input type="checkbox"/>	<input type="checkbox"/>
Organization's Most Recent Audit Report	<input type="checkbox"/>	<input type="checkbox"/>
Organization's Operating budget for Current Year	<input type="checkbox"/>	<input type="checkbox"/>
Admissions Policy and Intake Forms/Documents	<input type="checkbox"/>	<input type="checkbox"/>