

ESG Rapid ReHousing Application

Application Date

Contact Information

Full Legal Organization Name	DUNS#	
Street Address	Federal ID#	
City	State	Zip
County	Phone	

Organization President / Executive Director

Phone Number

E-Mail Address

Contact Person (if different)

Title

Phone Number

E-Mail Address

Organizational Information

Organization Type (check only one program)

- | | |
|--|---|
| <input type="checkbox"/> Emergency Shelter (overnight) | <input type="checkbox"/> Domestic Violence Shelter |
| <input type="checkbox"/> Day Shelter (does not allow overnight stay) | <input type="checkbox"/> Community Mental Health Center |
| <input type="checkbox"/> Community Action Agency | <input type="checkbox"/> Supportive Service Provider |
| <input type="checkbox"/> Other | |

Brief description of your organization including summary of programs and services offered:

Is this your agency's first time applying for ESG Rapid ReHousing funds?

☐ Yes ☐ No

Applying for: **(All agencies are required to commit 10% of their total award to Homeless prevention unless requesting an exemption)**

☐ Rapid ReHousing ☐ Rapid Rehousing with Homeless Prevention

If your agency is requesting exemption from committing 10% of award to Homeless Prevention what will be your agency's source of funding for this service?

Does your agency currently have a rental assistance program?	If yes, what is the current funding source?	If yes, how many clients are you currently serving and what is your maximum capacity?
Yes		
No		

If the Rapid ReHousing program will be new to your agency give a brief description of your program plan. **Please note that if approved, additional information may be requested prior to funding.**

Funding and Budget (Minimum request is \$50,000/ maximum amount is \$250,000 - New applicant maximum amount is \$50,000)

Funding Amount Requested	Proposed Number Served	Is your organization receiving city ESG funds?	If yes, check all that apply:
		Yes	Outreach
		No	Shelter
			Rapid Re-housing

Proposed Service Area (list counties or cities)

Proposed Budget (A more detailed budget will be included in the agreement)

Financial Assistance-Rapid ReHousing	
Relocation and Stabilization -Rapid ReHousing	
Rental Assistance-Rapid ReHousing	
Financial Assistance-Homeless Prevention	
Relocation and Stabilization-Homeless Prevention	
Rental Assistance-Homeless Prevention	
Admin	
Total Budget Amount	

Threshold Requirements

1. Applicant must be a private non-profit organization (defined as tax-exempt secular or religious organizations described in section 501(c) of the Internal Revenue Code).	501(c)	yes
Documentation of this status must be submitted with the application.		no

Explanation:

2. Applicant must certify that neither it nor its principals nor any of its subcontractors are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from doing business or receiving funds from any federal agency or by any department, agency or political subdivision of the State.

Applicant must take the following steps to confirm its status:

- a. Visit the following link: <https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>
- b. Type the Applicant's name where it is asked to "Enter your specific search term"
- c. Press the box entitled "View Details"
- d. Print the results/ save as a PDF; and

e. Submit the results with the application as a PDF along the application and other required supporting documentation.

3. Does your organization have any unresolved findings from IHCD or HUD or any state or federal recaptured funds due to non-compliance?

Yes, please explain No

Explanation: **(please provide supporting documentation)**

4. In order to ensure that the Continuum of Care is obtaining feedback from all of our partners and incorporating that feedback into our goals and work, your attendance and participation in the regional planning council is needed and helps ensure we are listening to all of our state-wide partners. **Did a staff, board member or affiliate from your organization attend at least 75% of your Regional Planning Council on the Homeless meetings in previous calendar year? Certificate of Attendance with Regional Planning Council on Homeless attendance must be submitted with the application.**

Yes No

5. Is your organization located in the Balance of State Continuum of Care (IN-502)? **All counties except Marion are eligible to apply**

Yes No

6. Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. **Is your agency following this required HUD policy? Please provide a written copy of your policy regarding Housing First.**

Yes No, please explain

Explanation:

7. Do 100% of all program clients meet HUD's definition of homeless for Rapid ReHousing or at risk of homelessness for Homeless prevention ? **(See HUD's homeless and at-risk of homelessness definition in Section B of the RFP)**

Yes No

If no, please explain:

8. In accordance with 24 CFR 576, the Applicant must describe how it will make known that use of the facilities, assistance, and services are available to all on a nondiscriminatory basis and describe how it will take appropriate steps to ensure effective communication with persons with disabilities including, but not limited to, adopting procedures that will make available to interested persons information concerning the location of assistance, services, and facilities that are accessible to persons with disabilities. Consistent with Title VI and Executive Order 13166, The Applicant is also required to take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons.

Please describe below.

Description of non-discrimination policy:

IHCDA use only - Threshold review

Board of Directors (total possible points for this section - 10)

How frequently does the Board meet?

Scoring Section (IHCDA use only)

Does the Board have members representing at least 4 different fields/ occupations?

Scoring Section (IHCDA use only)

Yes

No

Is there a written set of policies and procedures for the Board?

Scoring Section (IHCDA use only)

Yes

No

Does the Board have an active fiscal oversight committee?

Scoring Section (IHCDA use only)

Yes

No

Give a brief description of the oversight committee responsibilities

(IHCDA use only)

Total Score for this section

Financial Management (total possible points for this section - 25)

How many years experience does your organization have with federal grants?

Scoring Section (IHCDA use only)

5 or more years

3-5 years

1-3 years

Less than 1 year

What type of rental assistance experience does your agency have?

ESG RR/HP

CoC RRH

HOPWA

Section 8

PSH

TANF

Other

Per the grant agreement, if a sub-recipient expends \$750,000 or more in federal awards during the sub-recipient's fiscal year, it must submit its single audit to IHCDA. If the sub-recipient expends less than \$750,000 in federal awards, it must submit its audited financial statements or 990 (IRS Form 990, (Return of Organization Exempt from Income Tax)). Does your agency have a system in place to ensure this requirement is met?

Scoring Section (IHCDA use only)

Yes

No

In the Financial Accounting System are the following books of account used?

Scoring Section (IHCDA use only)

General Ledger

Cash disbursements (check register)

Cash Receipts (deposits received)

Fixed Assets

Are financial records maintained in a software system?

- Yes
- No

What software system is used?

Scoring Section (IHCDA use only)

Are passwords used to access the financial system?

- Yes
- No

Scoring Section (IHCDA use only)

Is there an off-site back-up system?

- Yes
- No

Scoring Section (IHCDA use only)

How many years are fiscal records maintained? **HUD ESG regulations require 5 years from the end of the award period.**

Scoring Section (IHCDA use only)

Are the individuals who handle the organization's funds bonded? **A copy of the Bond insurance must be submitted with the application. The declaration page is sufficient.**

- Yes
- No

Scoring Section (IHCDA use only)

List the name and title of the staff person responsible for the following tasks? **IHCDA requires at least 3 people be involved in these 4 fiscal duties.**

Opens Mail

Deposits checks and cash

Posts cash receipts

Reconciles checkbook with bank statements

Scoring Section (IHCDA use only)

Did you agency have more than \$1000.00 in unused funds from your previous year award?

If yes, how much?

Scoring Section (IHCDA use only)

- Yes
- No

What is your planned source for your required 100% match of ESG funds? **A more detailed match form will be included with the agreement. Documentation must be submitted with the application. See instructions for guidelines. If your match will be cash or a grant a copy of that award letter from that source would be the required documentation.**

Scoring Section (IHCDA use only)

Does your agency have a system in place to accurately track, report and document the required match for your grant award? **Give a brief description below:**

- Yes
- No

Scoring Section (IHCDA only)

Description:

(IHCDA use only)
Total Score for this section

Program Services and Coordination (total possible points for this section - 30)

Does case management staff develop housing plans with residents? (A housing plan allows residents to identify housing related goals and the steps necessary to achieving them.)

Scoring Section (IHCDA use only)

Yes, housing plans are used to set goals and track progress

No, we don't use housing plans

SOAR training is a best practice model. Does your shelter have any SOAR trained staff or an MOU with an agency in your community that works with your clients to connect them with mainstream services? **(A copy of the MOU must be included with the application to receive the point.)**

Scoring Section (IHCDA use only)

Yes No

Does your agency have a written policy in place to ensure compliance with HUD's Lead Based Paint requirement? This should include a system for documentation of inspections and and documentation that the Lead Hazards Informational Pamphlet was provided to residents. **Please provide a copy of your policy regarding Lead-Based paint.**

Scoring Section (IHCDA use only)

Yes No

Is your agency using GoSection8 Software for determining Rent Reasonableness?

Scoring Section (IHCDA use only)

Yes No

Is your agency using the required VAWA forms and information? *(please refer to RFP instructions for details)*

Scoring Section (IHCDA use only)

Yes

No

Is your agency entering data into HMIS/ DV Client Track within 5 days?

Scoring Section (IHCDA use only)

Yes

No

Is your agency participating in Coordinated Entry?

Scoring Section (IHCDA use only)

Yes

No

On average, how many referrals does your agency make/ receive per month?

How will your program coordinate and integrate with other programs targeting the homeless in your proposed service area to prevent and end homelessness? Please select the programs that your agency is coordinating with below.

PSH

Section 8

HUD-VASH

Education for Homeless Children & Youth Grants

Projects for Runaway and Homeless Youth

Healthcare for the Homeless (42 CFR part51c)

Projects for Assistance in Transition from Homelessness (PATH)

Services in Supportive Housing Grants (section 520a of the Public Health Service Act)

Emergency Food & Shelter Program (title III of the McKinney-VentoHomeless Assistance Act (42 U.S.C.11331 et seq.)

Homeless Veterans Reintegration Program

VA Homeless Providers Grant & Per Diem Program

Healthcare for Homeless Veterans Program

Veterans Justice Outreach Initiative

Supportive Services for Veterans Families (SSVF)

Supportive Housing for Persons with Disabilities (Section 811)

Grants for the Benefit of Homeless Individuals (section 506 of the Public Health Services Act, 42 U.S.C. 290aa-5

Assistance for Victims of Sexual Assault & Domestic Violence

City ESG Funding

Include a brief description:

Scoring Section (IHCDA use only)

How will your program coordinate and integrate with mainstream resources like health, social services, employment, education, and youth programs for which families and individuals who are homeless may be eligible?

Public housing programs (section 9 of US Housing Act of 1937)

Health Center Program (42 CFR part51c)

Section 8 tenant-based or project-bases assistance

HOME Investment Partnerships Program

TANF Temporary Assistance for Needy Families)

Health Center Program

Supportive Housing for Persons with Disabilities (Section 811)

State Children's Health Insurance Program (SCHIP)

Head Start

Mental Health & Substance Abuse Block Grants

Services funded under the Workforce Investment Act 29 U.S.C. 2801 et seq.)

Medicare

Medicaid

SSI

SSDI

Food Stamps

WIC

Include a brief description:

Scoring Section (IHCDA use only)

(IHCDA use Only) Total score for this section

Program Services and Coordination, Section 2 (total possible points for this section - 10, each narrative question will be worth 1 point)

1. Describe how your agency contributes to ending veteran homelessness.

*Scoring section
(IHCDA use only)*

2. What is the length of subsidy households are eligible to receive? Describe how decisions regarding subsidy duration, amount and special circumstances are made.

*Scoring section
(IHCDA use only)*

3. Describe your agency's experience and training with housing needs assessments, housing case management and housing placement services, including the strategy to transition participants from homelessness to permanent housing.

*Scoring section
(IHCDA use only)*

4. Describe your experience with landlord engagement and what strategies your agency will use to connect landlords. How will program staff act as a mediator with landlords and utility companies on behalf of the program participant? Describe the communication plan for landlord and tenant disputes.

*Scoring section
(IHCDA use only)*

5. Describe your plan and timeline to ensure that all proposed units meet rent reasonable and habitability standards prior to lease-up.

*Scoring section
(IHCDA use only)*

6. Briefly describe your program's approach and plan to working with clients once placed in permanent housing. Include frequency of contact and overall case management approach.

*Scoring section
(IHCDA use only)*

7. Provide an explanation of how your agency and partners will work with persons with high barriers. Example: Those persons who have felonies, high amount of evictions/poor landlord relationships, and sexual convictions. Are there landlords in your area willing to work these sub-populations?

*Scoring section
(IHCDA use only)*

8. Describe how your agency will support people in establishing and stabilizing income, employment issues and issues with criminal history.

*Scoring section
(IHCDA use only)*

9. To the maximum extent practicable, the applicant will involve, through employment, volunteer services, board involvement or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities, in providing services assisted under the ESG program, and in providing services for occupants of facilities assisted with ESG. Describe how your agency is including homeless or formerly homeless individuals in the operation of your program.

*Scoring section
(IHCDA use only)*

10. If your program serves families, please describe how you will ensure that all school-age children are connected with McKinney-Vento services within their school. **(The Department of Education requires all schools to have a McKinney-Vento liason and funding is provided to assist with transportation and other school related needs of the child experiencing homelessness.)**

*Scoring section
(IHCDA use only)*

*IHCDA use only - Total
Score for this section*

IHCDA use only - Scoring Section

Total Applicant Score

Issues/ Missing documentation

Conditional Funding issues noted

Supporting Documentation Checklist

(The following items should be returned with your application via E-mail)

Letter of 501(c) non-profit status determination.

Certificate of Attendance with local Regional Planning Council on Homeless meetings. Must have attended 75% of meetings in the previous calendar year to meet threshold. Completed certification form should be returned with application.

Letter of Match Commitment

List of current Board of Directors including each member's name, employer, e-mail address, phone number and term commitment.

Copy of accounting policies & procedures

General Liability Insurance documentation (Summary page showing coverage is all that is needed)

Fidelity Bond Insurance documentation (should be equal to 1/2 of the total annual funding provided by the state and should cover all employees/ board members handling funds)

Copy of Workers Compensation and Unemployment Insurance (summary page only)

Copy of Automobile Insurance if applicable

MOU with SOAR trained agency in your area if applicable

Copy of Housing First Policy

Rental Assistance Budget Worksheet

Service Partnerships in Proposed Service Area

Articles of Incorporation (new applicants only)

Certification and Signature Page

SAMS printout of eligibility verification page (See Threshold question #2.)

***** 2 Bonus points will be awarded to all agencies who completed the HIC survey on or before the deadline*****