ESG Shelter Application

ihcda
Indiana Housing & Community Development Authority

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)

Emergency Shelter (overnight)   Domestic Violence Shelter

Day Shelter (does not allow overnight stay)

Are households experiencing domestic violence the primary population served in your shelter program?

Yes   No

If you are a day shelter, are the clients you serve predominantly homeless and where do they sleep?

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

Are you applying for Rapid Rehousing as part of your Shelter award? **RRH activities are available to agencies who do not have an ESG funded Rapid ReHousing program in their area.**

Yes   No

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

Yes   No

Does your agency currently have an operating shelter?	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 shelter 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 (Maximum request is $60,000 / $25,000 for new applicants)

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)

Essential Services:

Shelter Operations:

Total Shelter Budget Amount:

RRH activities are available to agencies who do not have an ESG funded Rapid ReHousing program in their region. Fill in the amounts below only if applying for Rapid ReHousing under Shelter award.

Rapid Rehousing Housing-
Housing Relocation Services:

Rapid Rehousing Rental
Assistance:

Total Rapid Rehousing Budget
Amount:

**Total requested 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). **Documentation of this status must be submitted with the application.**

501(c)   yes

no

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 IHCDA 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 calendar year 2017? 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. Did your city/region have a street count in the most recent Point in Time Count? Contact PIT Coordinator in your Region for information?

    Yes   No, please explain

Explanation:

7. If your shelter program houses children under 18, does your shelter program ever use the age or gender of a child as a basis for denying a family's admission to the shelter?

    Yes   No

If yes, please explain:

8. Does your program include mandatory services for clients as a requirement for assistance?

    Yes   No

If yes, please explain:

9. Do 100% of all shelter program clients meet HUD's definition of homeless ? **(See HUD's homeless definition in Section B of the RFP)**

    Yes   No

If no, please explain:

10. 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

Explanation of threshold issues (IHCDA use only)   *Scoring Section (IHCDA use only)*

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

How frequently does the Board meet?   *Scoring Section (IHCDA use only)*

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

                                          (IHCDA use only)

Give a brief description of the oversight committee responsibilities   *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

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?   What software system is used?   *Scoring Section (IHCDA use only)*

    Yes   No

Are passwords used to access the financial system?   *Scoring Section (IHCDA use only)*

    Yes   No

Is there an off-site back-up system?   *Scoring Section (IHCDA use only)*

    Yes   No

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

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.**   *Scoring Section (IHCDA use only)*

    Yes   No

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

Did you agency have more than $500.00 in unused funds
from your previous year award?   If yes, how much?

    Yes   No

What is your planned source for your required 100% match of ESG funds?
**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.**

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

Description:

Program Services and Coordination **(total possible points for this section - 25)**

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.)

    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.)**

    Yes

    No

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.

**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
Projects for Assistance in Transition from Homelessness (PATH)	Services in Supportive Housing Grants
Emergency Food & Shelter Program	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
Assistance for Victims of Sexual Assault & Domestic Violence	City ESG Funding

Include a brief description:

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	Medicare
Medicaid	SSI
SSDI	Food Stamps
WIC	

Include a brief description   *Scoring Section (IHCDA use only)*

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

(IHCDA use Only) Total score for this section

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

Scoring Section (IHCDA use only) Issues/ Missing documentation

Scoring Section (IHCDA use only) Conditional Funding issues noted

Scoring Section (IHCDA use only) - Total Applicant Score

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

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 current building fire inspection (passed) dated within the last year

Copy of current building health inspection (passed) dated within the past year or official exemption

Articles of Incorporation (new applicants only)

Certification and Signature Page

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