



**CITY OF OAK RIDGE  
EMERGENCY SOLUTIONS GRANT (ESG)  
SUBRECIPIENT APPLICATION  
PACKAGE PY2016-FY2017  
(JULY 1, 2016 - JUNE 30, 2017)**

The City of Oak Ridge's Emergency Solutions Grant (ESG) funds must be used to accomplish the following Tennessee Housing Development Agency (THDA) and the U.S. Department of Housing and Urban Development (HUD) objectives:

- To help improve the quality of emergency shelters for homelessness;
- To help meet the costs of operating and maintaining emergency shelters;
- To provide essential services so that homeless individuals have access to the assistance they need to improve their situation;
- To provide street outreach services to the homeless; and
- To provide emergency intervention assistance and rapid re-housing services to prevent homelessness and to obtain permanent housing.

This application seeks to aid interested, public (social) service sub-recipients whose goals align with local priorities and also demonstrate the ability to meet the following requirements as outlined in the grant application. *The total amount awarded to any applicant shall not exceed \$46,697.24:*

- Provide a dollar for dollar match for the ESG Program grant award amount;
- Be a member organization of the Tennessee Coalition to End Homelessness (TVCH);
- Certification of participation with the Continuum of Care (CoC); and
- Alignment with the CoC's strategies for preventing and ending homelessness, creating housing stability, and coordination with other local organizations that are planning and carrying out activities related to homelessness prevention and rapid re-housing.

Instructions for this application submission are included with this package to assist you in assembling your complete proposal. All of the information requested must be provided in order for applications to be considered valid. The completed applications must be received by **12:00 p.m. (local time), April 7, 2016**. Please submit one copy of the application, and all supporting information to:

City of Oak Ridge  
Community Development Department  
200 S. Tulane Avenue  
Oak Ridge, TN 37830  
Attn: Sherith Colverson

Additional information and the 2016 application can be found on the Tennessee Housing Development (THDA) website at <https://thda.org/business-partners/esg>.

## INSTRUCTIONS TO SUBMIT 2016 EMERGENCY SOLUTION GRANT APPLICATION

1. All applicants must complete Part I.
  - ✓ All applicants must submit one copy of their latest audit.
2. All Sub-recipient applicants must complete Parts 2, 3, 4, 5, 7, and 8. Sub-recipient applicants seeking funding for shelter activities must also submit Parts 6 and 9.
  - ✓ All sub-recipient applicants must submit one copy of their latest audit.
  - ✓ All sub-recipient applicants must submit one copy of their ESG Written Standards.
3. Answer all questions. If not applicable to your program, please mark N.A.
4. Submit **ONE ORIGINAL** application and supporting information.
5. The Sub-Recipient's application must be signed by the lead executive for the nonprofit applicant.
6. Sub-recipient applications are due at the City of Oak Ridge's Community Development office by **12:00 p.m. EST, Thursday, April 7, 2016**. If you are not certain that your application will be received on time if delivered through regular mail, you should make other arrangements. **Late Applications will not be considered.**
7. Please submit a complete application. If you have questions, please contact Sherith Colverson, before 12:00 p.m. EST, Thursday, April 7, 2016 at [scolverson@oakridgetn.gov](mailto:scolverson@oakridgetn.gov) or at 865.425.3581.
8. Submit application to:

City of Oak Ridge  
Community Development Department  
200 S. Tulane Avenue, P.O. Box 1  
Oak Ridge, TN 37831  
ATTN: Sherith Colverson

**FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.**

**2. SUB-RECIPIENTS:** List all sub-recipients chosen by the applicant for ESG funding and briefly describe each agency’s mission and target group:

	<b>Sub-recipient</b>	<b>Activity</b>	<b>Target Group</b>
<i>Ex.</i>	<i>Safe House</i>	<i>Homeless Shelter</i>	<i>Homeless Adults</i>
1.			
2.			
3.			
4.			
5.			
6.			

1. **MATCH** Describe how the City or their Sub-recipients will provide the required dollar-for-dollar match:

4. **HMIS COMPLIANCE** Describe how the City will supervise, monitor, and certify that the sub-recipients are reporting in the Homeless Management Information System (HMIS) as required by the local Continuum of Care:

**5. FISCAL:** Describe Set-Aside City's pay request process and required documentation from sub-recipients:

**6. MONITORING:** Describe the Set-Aside City's plan for monitoring sub-recipients:

# PROGRAM OPERATING BUDGET

JULY 1, 2016 to JUNE 30, 2017

Set-Aside City: \_\_\_\_\_

Subrecipient	Street Outreach	Shelter	Prevention	Rapid Rehousing	HMIS	Admin.	Total
<b>TOTALS:</b>							

**Part II: SUBRECIPIENT INFORMATION**

**1. SUB-RECIPIENT INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Name of Program Contact: \_\_\_\_\_

Program Contact's E-mail Address: \_\_\_\_\_

Program Contact's Telephone #: \_\_\_\_\_

Federal Tax Identification: \_\_\_\_\_

DUNS Number: \_\_\_\_\_

Federal Legislative District: House: \_\_\_\_\_

State Legislative District: House: \_\_\_\_\_ Senate: \_\_\_\_\_

Fiscal Year: Federal \_\_\_ State \_\_\_ Other \_\_\_

**2. ALL SUB-RECIPIENTS MUST INCLUDE:**

\_\_\_\_\_ Most Recent Audit \_\_\_\_\_ ESG Written Standards for each sub-recipient

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved, including coordination with the local Continuum of Care and the provision of match to support all funds expended. I also certify that I am aware that providing false on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Agency Executive Official:

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



6. Describe how your Agency uses volunteers in the program and/or how your Agency collaborates with community resources, involving participation in the Coordinated Entry process if established by the Continuum of Care.

7. Provide information about the board of directors and/or advisory council, such as the regularity of meetings, list of subcommittees and their involvement in the agency's activities.

8. How does the agency promote input on policy and participation from the homeless or formerly homeless?

9. Describe your participation with the Homeless Management Information System (HMIS) in the Continuum of Care for the Set-Aside City. Include name of Lead Agency, HMIS Service Provider or Comparable Database Software.

10. If your agency is a faith-based organization, how do you separate ESG related activities from your agency's faith-based activities (i.e., spiritual counseling, worship services)?

11. Describe how your agency makes known that use of facilities, assistance, and services are available to all on a non-discriminatory basis, including steps to make individuals aware of the availability of the facilities, services, and assistance, including those with disabilities.

### **Part III: ESG PROPOSED ACTIVITIES**

1. Describe how your agency uses the Coordinated Intake procedure to assess participants needs and how your agency coordinates with other service providers in your Continuum of Care:

2. Describe the procedures that will be in place to assist transitioning your clients into permanent housing:

3. Describe the procedure that will be used to follow-up on clients who were served and then exited the program:



2. List all position titles, percentage of time and salaries of personnel that will be billed under Essential Services and/or Operations:

3. List number of clients to be served and objectives of program:

### **Prevention and Rapid Re-Housing**

1. How will you ensure that minimum habitability standards are met when rental assistance funds are used to place a homeless household into housing, or move a household to different housing? Who will conduct necessary inspections? **Please attach Habitability Checklist form.**

2. How will you ensure that housing occupied by families with children under the age of six comply with requirements of the Lead Based Paint Poisoning Prevention Act in accordance with 24 CFR parts 35.115(a) and 35.115.125 ? How will the applicant assure that Lead Based Paint inspections are conducted properly? **Please attach LBP standard form and LBP Assessment Certification for all staff assigned.**





**Part IV: ESG FISCAL INFORMATION**

**MATCHED FUNDS**

<b>TYPE</b>	<b>DOLLAR VALUE</b>	<b>SOURCE OF MATCH</b>	<b>METHOD OF CALCULATION</b>
<p align="center"><b>Donated Supplies</b> (clothing, furniture, equipment, etc.)</p>	<p align="center">\$ _____</p>		
<p align="center"><b>Cash Donations Or Grants</b></p>	<p align="center">\$ _____</p>		
<p align="center"><b>Value of Donated Building</b> (Attach documentation)</p>	<p align="center">\$ _____</p>		
<p align="center"><b>Fair Rental or Lease Value</b> (Attach documentation)</p>	<p align="center">\$ _____</p>		
<p align="center"><b>Salaries</b></p>	<p align="center">\$ _____</p>		
<p align="center"><b>Volunteers</b> (unskilled @ minimum wage)</p> <p>Attach a volunteer job description or list of duties related to ESG activities and a sample time sheet or log to document the volunteer hours.</p>	<p align="center">\$ _____</p>		
<p align="center"><b>Other</b> (Specify)</p>	<p align="center">\$ _____</p>		
<p align="center"><b>MATCH TOTAL</b></p>	<p align="center">\$ _____</p>		

**PROGRAM OPERATING BUDGET**  
**JULY 1, 2016 – JUNE 30, 2017**

Agency: \_\_\_\_\_

ACTIVITY	ESG	MATCHING FUNDS	CONTRACT TOTAL
<b>Street Outreach</b>			
Salaries			
Travel			
Emergency Services			
Client transportation			
Other: _____			
<b>Shelter – Essential Services/Operations</b>			
Salaries			
Travel / Transportation			
Utilities			
Phone/Communications			
Rent			
Equipment			
Furniture			
Food			
Program Supplies			
Insurance			

ACTIVITY	ESG	MATCHING FUNDS	CONTRACT TOTAL
Maintenance/Security Staff			
Client Legal Services / Costs			
Childcare			
Emergency Medical			
Counseling			
Job/Educational Training			
Other: _____			
<b>HOMELESSNESS PREVENTION</b>			
Financial Assistance			
Salaries			
Other: _____			
Other: _____			
<b>RAPID RE-HOUSING</b>			
Financial Assistance			
Salaries			
Other: _____			

ACTIVITY	ESG	MATCHING FUNDS	CONTRACT TOTAL
<b>HMIS</b>			
Salaries			
Equipment / Fees			
Travel			
Training			
Indirect Costs			
<b>ADMINISTRATION</b>			
Up to 4.5% may be billed by Local Governments <i>only</i>			

**\*If you are budgeting for indirect costs, you MUST submit a current approved cost allocation plan.**

**Part VI**

**CERTIFICATION OF LOCAL GOVERNMENT APPROVAL  
FOR NON-PROFIT ORGANIZATIONS SEEKING FUNDS TO  
IMPLEMENT SHELTER ACTIVITY**

I, \_\_\_\_\_,

(Name and Title)

duly authorized to act on behalf of the \_\_\_\_\_

(Name of Set-Aside City Jurisdiction)

hereby approve the shelter project(s) proposed by \_\_\_\_\_

(Name of Nonprofit)

which is (are) located in: \_\_\_\_\_

(Name of Jurisdiction)

BY: \_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Print Name)

\_\_\_\_\_

(Title)

**To be signed by local government official for Applicants applying for shelter only**

**PART VII**  
**CONSISTENCY WITH THE CONSOLIDATED PLAN**

I certify that the proposed activities/projects in the Sub-recipient's application are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information)

Sub-recipient Applicant's Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Location of the Project: \_\_\_\_\_

Name of the Federal Program to which the applicant is applying: Emergency Solutions Grant Program

Name of Certifying Jurisdiction: \_\_\_\_\_

Certifying Official of the Jurisdiction Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART VIII**

**CERTIFICATION OF MATCHING FUNDS**

(To be completed by the entity providing the matching funds for the sub-recipient's application)

The \_\_\_\_\_

(Name of local government or approved private, nonprofit organization)

certifies that the matching supplemental funds or in-kind support contribution required by THDA's Emergency Solutions Grant Program for the application submitted by

\_\_\_\_\_  
(Name of Sub-recipient applicant)

will be provided. Included in the program narrative is a description of the proposed sources and amount of such supplemental funds.

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**To be signed by local government official or board chairperson, as applicable.**

**PART IX**

**CERTIFICATION OF SHELTER STANDARDS**

(To be completed only by nonprofit organizations seeking ESG funding for a shelter activity)

The \_\_\_\_\_

(Name of local government approved, private nonprofit organization)

certifies that the emergency shelter meets the Federal requirements listed in CFR 24 Part 576.403 including lead-based paint remediation and disclosure and minimum standards for emergency shelters.

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**To be signed by nonprofit board chairperson.**