

Emergency Shelter Grant FFY 2008 Application Packet

Applicant Information

Name: _____
(Borough/City/Non-Profit Organization)

Type of Applicant:

- Borough
 City
 Non-Profit

Address: _____

City State Zip

Contact Person: _____

Phone: _____

Fax: _____

City/Borough in which
ESG activity is proposed: _____

Project Information

Eligible Activity(ies) Applied for:

- Renovation
 Major Rehabilitation
 Essential Services
 Maintenance/Operation
 Homeless Prevention
 Administration

Describe Activity(ies): _____

**Refer to Pages 3-6 of
Program Description and
Application Packet**

Amount of ESG Funds Requested: \$ _____

Certifications

I, the undersigned, certify that I am authorized to represent the applicant, that to the best of my knowledge and belief, data in this application is true and correct, that the document has been duly authorized by the governing body of the applicant, that the applicant is empowered by statute to perform the functions and provide the services encompassed by the proposed project, and that the applicant will comply with all applicable State and Federal laws and regulations in implementing the proposed project if it is selected for funding.

Date Received
By DCCED

Signature of Authorized Official: _____ Date: _____

Printed Name: _____ Title: _____

General Application Submittal Details

To be considered for funding, applicants must submit a complete response to this application using the format provided. Each original application must be submitted with five (5) copies to the address below:

**Jill Davis, Acting Grants Program Manager
Department of Commerce, Community & Economic Development
Division of Community & Regional Affairs
211 Cushman Street
Fairbanks, AK 99701-4369
(907) 451-2717**

Facsimile copies of applications will **not** be accepted.

Applications must be *received*, not postmarked, in the Department of Commerce, Community and Economic Development's Fairbanks Office by 4:30 p.m. on September 19, 2008.

Applicants may apply for and receive no more than **\$24,348.00** in FFY 2008 Emergency Shelter Grant (ESG) funds. **Funding of these projects is contingent upon the receipt of funds from the U.S. Department of Housing and Urban Development.**

Applications must be signed by an official authorized to bind the applicant to its provisions.

Applicants which are non-profit organizations must submit Appendix A, "Certification of Local Government Approval for Non-profit Organizations," from each unit of local government in which they plan to provide Emergency Shelter activities. Applications from non-profit organizations cannot be considered for funding without Appendix A.

All Applicants must sign and submit Appendix B with their application.

All Applicants must submit Appendix C, "Program Abstract," to Lona Hammer, HCD Plan Coordinator, Alaska Housing Finance Corporation to obtain a Certification of Consistency with the Consolidated Plan. This certification must be submitted with the ESG application.

All Applicants must submit a copy of their most recent audit including management letters and any other reports received with the audit. If an audit has not been done, please submit a copy of the entity's certified financial statements.

Please use the application form provided, adding pages if needed. Minimum font size used in your application should be size 12.

Applicants should refer to the attached Emergency Shelter Grant Funds FFY 2008 Program Description and Application Packet for program details.

1. **Name and Address of Shelter:**

2. **Provide a physical description of the Shelter. How long has the Shelter been functioning?**

3. **Indicate the programs and services provided by the Shelter with an X:**

Emergency Shelter Facilities Transitional Housing

Vouchers for Shelters Outreach

Drop-in Center Soup Kitchen/Meals

Food Pantry Health Care

Mental Health HIV/AIDS Services

Alcohol/Drug Program Employment

Child Care Homeless Prevention

Other

4. **Is the purpose of the proposed ESG activity to:**

a. Help Prevent Homelessness? Yes _____ or No _____

b. Help the Homeless? Yes _____ or No _____

c. Help those with HIV/AIDS Yes _____ or No _____

d. Primarily help persons with Disabilities Yes _____ or No _____

5. **Annual number served in Emergency or Transitional shelters:**

Barracks	_____	Scattered Site Apartments	_____
Group/Large Home	_____	Single Family Detached House	_____
Single Family Room	_____	Mobile Home/Trailer	_____
Hotel/Motel	_____	Other	_____

6. **For Residential Services, please indicate the annual unduplicated number of persons served:**

Annual Number Adults Served: _____

Annual Number Children Served: _____

7. **For Non-Residential Services, please indicate the annual unduplicated number of persons served:**

Annual Number Adults and Children Served: _____

Note: “Non-residential services” captures the number of adults and children served in homeless prevention activities. It also captures the number of adults and children **not** in an emergency or transitional shelter program that are receiving essential services.

8. **Please provide the total unduplicated annual aggregate counts of persons served (including residential and non-residential services) based on the following characteristics:**

	#of Persons Served	#Hispanic
White:	_____	_____
Black/African American:	_____	_____
Asian:	_____	_____
American Indian/Alaskan Native:	_____	_____
Native Hawaiian/Other Pacific Islander:	_____	_____
American Indian/Alaskan Native & White:	_____	_____
Asian & White:	_____	_____
Black/African American & White:	_____	_____
Am. Indian/Alaska Native & Black African Am.:	_____	_____
Other Multi-Racial:	_____	_____
Total:	_____	_____

Note: The sum of the numbers in Question #6 and #7 should equal the total number in Question #8.

9. **Homeless Beneficiaries:** Indicate the annual unduplicated number of households served by shelter/facility according to the following:

Annual Number of Individual Households (Singles):

Unaccompanied age 18 and over: Males_____ Females_____

Unaccompanied under age 18: Males_____ Females_____

Annual Number of Family Households with children headed by:

Single Persons 18 and over: Males_____ Females_____

Single Persons under 18: Males_____ Females_____

Two Parents 18 and over: _____

Two Parents under 18: _____

Annual Number of Family Households with no Children: _____

10. List the number of persons for each category you served. If you served persons that fit more than one category, you may place overlapping numbers (duplicate counts) on the appropriate lines.

Categories	Category Clarifications	# Served
Chronically Homeless*	Newly added category (see * definition below)	
Severely Mentally Ill	Same as the previous category "Chronically Mentally Ill"	
Chronic Substance Abuse	Combines the previous categories of "Alcohol Dependent Individuals" and "Drug Dependent Individuals"	
Other Disability	Combines the previous categories of "Developmentally Disabled", "Physically Disabled" and "Other"	
Veterans	No change	
Persons with HIV/AIDS	Same as the previous category "HIV/AIDS"	
Victims of Domestic Violence	Same as the previous category "Battered Spouse"	
Elderly	No change	

* The HUD definition of a chronically homeless person is an unaccompanied homeless individual with a disabling condition who has either; (1) been continuously homeless for a year or more, or (2) has had at least four episodes of homelessness in the past three years.

11. Are there other shelters available to homeless persons in the area you are proposing to serve? _____ Yes _____ No
12. If yes, please identify other shelters and the population targeted by the shelter.
13. Describe the characteristics and needs which have been identified for the homeless population in the area you are proposing to serve.
14. Identify the ESG activities you are proposing. See definitions in the FFY 2008 ESG Program Description and Application Packet. Check all of the following that apply.
- _____ Renovation
 - _____ Major Rehabilitation
 - _____ Essential Services (30% Cap)
 - _____ Payment of maintenance, operation (including administration but excluding staffing costs), rent, security, fuels and equipment, insurance, utilities, and furnishing.
 - _____ Homeless Prevention Activities (30% Cap)
 - _____ Administration
15. Provide a narrative description and implementation plan for the ESG activities you are proposing. Tell us specifically how you propose to use ESG funds.

16. How many homeless persons do you anticipate will receive services if your application for ESG funds is awarded?
17. Describe how the activities you are proposing will impact and benefit the homeless persons in the area you are proposing to serve.
18. Describe how the activities you are proposing will help the homeless make the transition from temporary shelter to permanent housing.
19. Describe how the activities you are proposing will help the vulnerable avoid homelessness.
20. Will you involve any homeless persons in the construction, renovation, maintenance, or operations of your homeless shelter? If Yes, please describe how.
 Yes No
21. Identify who will be responsible for the day-to-day management of the project.

22. Describe the applicant's ability to manage ESG funds and comply with Federal/State accounting and reporting requirements.

23. List other grants/funds which the applicant has administered in the past; the amount of funds involved; and whether the projects were successfully completed.

24. Does the applicant have the cash resources to administer a cost reimbursement grant agreement? Yes No

25. Attach one copy of last year's audit if one was required. If findings are identified, describe how those have been resolved. Attach management letters and any other reports received by the shelter that apply to the audit. Audit attached and management letters/reports attached?

Yes No

	State ESG	Other Federal	Local Government	Private Funds	Fees	Other Funds State	TOTAL
--	--------------	------------------	---------------------	------------------	------	----------------------	-------

26. PROPOSED BUDGET	Funds	Funds				& Fed	
1. REHABILITATION, CONVERSION, & RENOVATION ACTIVITIES							
a. Over 75% of Building Value							
b. Less than 75% of Building Value							
c. Architectural Inspection							
2. OPERATION							
a. Maintenance							
b. Utilities							
c. Fuels							
d. Insurance							
e. Rent							
f. Staff Salaries (No more than 10%)							
g. Security							
h. Equipment, Furnishings, Appliances							
i. Food							
j. Other Operations (Specify)							
3. ESSENTIAL SERVICES							
a. Permanent Housing Referral							
b. Medical							
c. Mental Health Counseling							
d. Substance Abuse Counseling							
e. Employment Counseling							
f. Nutritional Counseling							
g. Staff Salaries							
h. Other (Specify)							
4. HOMELESS PREVENTION							
a. Rent & Utility Subsidies							
b. Security Deposits/First Month Rent							
c. Landlord-Tenant Mediation							
d. Eviction Legal Assistance							
e. Foreclosure Prevention Payments							
f. Other (Specify)							
ADMINISTRATION							
TOTAL ALL ACTIVITIES							

27. **Budget Narrative:** Describe in narrative format how you calculated each budget line item and describe how each budget line item will be utilized.

APPENDIX A

Certification of Local Government Approval For Non-profit Organizations

I, _____ (name and title), duly authorized to act on behalf of the _____ (name of local government), hereby approve the following Emergency Shelter Grant project(s) proposed by _____ (name of non-profit organization) which is/are to be located in _____ (name of local government):

Date

Signature

Printed Name and Title of Local Government Official

APPENDIX B

State of Alaska Emergency Shelter Grants Program

CERTIFICATIONS

I, _____ (name and title of official), duty to act on behalf of the _____ (name of applicant), certify that if awarded Emergency Shelter Grant funds, I will comply with the following as appropriate:

- (1) The requirements of 24 CFR 576.25(b)(2) concerning the submission by nonprofit organizations applying for funding of a certification of approval of the proposed project(s) from the unit of local government in which the proposed project is located.
- (2) The requirements of 24 CFR 576.53 concerning the continued use of buildings for which Emergency Shelter Grant funds are used for rehabilitation or conversion of buildings for use as emergency shelters for the homeless; or when funds are used solely for operating costs or essential services, concerning the population to be served.
- (3) The building standards requirements of 24 CFR 576.55;
- (4) The requirements of 24 CFR 576.56, concerning assurances on services and other assistance to the homeless.
- (5) The requirements of 24 CFR 576.57, other appropriate provisions of 24 CFR Part 576, and other applicable Federal law concerning nondiscrimination and equal opportunity.
- (6) The requirements of 24 CFR 576.59(b) concerning the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
- (7) The requirements of 24 CFR 576.59 concerning minimizing the displacement of persons as a result of a project assisted with these funds.
- (8) The requirements of 24 CFR 576.56(a) and 576.65(b) that grantees develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the Emergency Shelter Grants Program and that the address or location of any family violence shelter project assisted with Emergency Shelter Grants funds will not be made public, except with written authorization of the person or persons responsible for the operation of such shelter.
- (9) The requirement that recipients involve, to the maximum extent practicable, homeless individuals and families in constructing, renovating maintaining, and operating facilities assisted under the ESG program and in providing services for occupants of these facilities as provided by 24 CFR 576.56(b)(2).

- (10) The requirement of 24 CFR 576.21(a)(4) which provide that the funding of homeless prevention activities for families that have received eviction notices or notices of termination of utility services meet the following standards: (A) that the inability of the family to make the required payments must be the result of a sudden reduction in income; (B) that the assistance must be necessary to avoid eviction of the family or termination of the services to the family; (C) that there must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and (D) that the assistance must not supplant funding for preexisting homeless prevention activities from any other source.
- (11) The new requirement of the McKinney-Vento Act, 42 USC 11301, to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. I further understand that state and local governments are primarily responsible for the care of these individuals, and that ESG funds are not to be used to assist such persons in place of state and local resources.
- (12) The Drug Free Workplace requirements of 24 CFR Part 24 concerning the Drug Free Workplace Act of 1988.

I further certify that I will comply with the provisions of, and regulations and procedures applicable under, section 104(g) of the Housing and Community Development Act of 1974 with respect to the environmental review responsibilities under the National Environmental Policy Act of 1969 and related authorities as specified in 24 CFR Part 58.

I further certify that the submission on an application for an emergency shelter grant is authorized and that I possess legal authority to carry out emergency shelter grant activities in accordance with applicable law and regulations of the Department of Housing and Urban Development.

Date

Signature

Printed Name and Title

APPENDIX C

State of Alaska Emergency Shelter Grants Program

CERTIFICATIONS OF CONSISTENCY WITH THE HOUSING AND COMMUNITY DEVELOPMENT PLAN FOR THE STATE OF ALASKA

Obtaining a Certification of Consistency:

- ☒ Complete a Program Abstract for the proposed project and file it with the HCD Plan Coordinator at least 10 working days prior to the date you must submit your application to HUD. A blank Program Abstract form is included with this application packet. You may photocopy the form. It is not necessary for you to submit a full copy of your application, but you may if you wish. To save time, consider submitting your Program Abstract while you are still completing your application package. Program Abstracts may be submitted by fax.
- ☒ Your Program Abstract will be reviewed for consistency with the principles, goals and strategies contained in the Plan. For your project to be consistent with the Plan, it should reflect the Plan's priorities for housing types, populations to be served and the specific programs listed in the Plan as available housing resources. If there are any questions about your project, the HCD Plan Coordinator will call you for more information.
- ☒ If the project is determined to be consistent, you will be issued a Certification of Consistency. You will submit this document to HUD with your application. A copy of the Certification is not sent directly to HUD by the State.
- ☒ If the project is not consistent with the Plan, you will be notified in writing of the determination and advised of the reasons why. If applicable, suggestions will be made to bring the project into consistency.

Questions? Please contact:

Lona Hammer, HCD Plan Coordinator
Alaska Housing Finance Corporation
P.O. Box 101020, Anchorage 99510-1020

☎ 330-8211 (in Anchorage) or 1-800-478-AHFC (toll-free in Alaska)

Fax: 338-2585

E-mail: lhammer@ahfc.state.ak.us

PROGRAM ABSTRACT

Date: _____

Applicant: _____

Contact: _____

Address: _____

Phone: _____

Location of Project: _____

Title of Federal Program applied for _____

Amount: \$ _____ Is this a (check one): Loan or Grant

Match Required: \$ _____ Match Source: _____

Population Served (check all that apply)

- small families (1 - 4 persons) large families (5+ persons)
 handicapped homeless elderly other special needs

Housing Production Type:

- new construction rehabilitation acquisition
 rental assistance other _____

Project/Program Description: _____

Unit Configuration:

	0	1	2	3	4+	Total
Bedrooms						
Owner						
Renter						

Mail or Fax to: Lona Hammer, HCD Plan Coordinator, Alaska Housing Finance Corporation
 P.O. Box 101020, Anchorage, AK 99510-1020.
 phone: 330-8211 or 1-800-478-AHFC fax: 338-2585.

Please allow 10 working days from receipt for processing and issuance of Certification of Consistency.