

Emergency Solutions Grants (ESG)



Application Instructions

Thank you for your interest in applying for Emergency Solutions Grant (ESG) funding. It is important to review the ESG Notice of Funding Availability (NOFA) prior to completing this application. The NOFA and application materials can be accessed and downloaded from DSHA's website at [http://destatehousing.com/other programs/Emergency Solutions Grants program \(ESG\)](http://destatehousing.com/other_programs/Emergency_Solutions_Grants_program_(ESG)).

Please recognize that a separate application must be completed for all funding requests. For example, if you are requesting funding for both Homelessness Prevention and Emergency Shelter Operations, you will need to complete two separate and complete applications.

Important Dates

- **March 28th** ESG Program Funding Applications Due
- **April 25th** Application ranking and review committee meeting
- **July 1st** Notification of ESG awards/grant agreements
- **July 1st** Grant term begins

The Application

The ESG application is formatted in an easy-to-complete fillable Word document. Included in the application, are references to exhibits as demonstrated below that indicate support documentation is required in the form of an exhibit. Exhibit requirements can found in application section #10, Required Exhibits. The information provided in both the fillable portion of the application and the required exhibits are used to score and rank applications; however, please recognize that the majority of the information used in scoring is provided in the exhibits.

2. Applicant/Organization Information

This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #15, Required Exhibits, Exhibit A of this application for specific requirements.

Helpful Tip: Do **not** use the “Enter” key after entering information into the fillable application. Instead use the “Tab” key after entering information and to move around the application.

Submitting the Application

The ESG application is available online at: [www.destatehousing.com/Other Programs/Emergency Solutions Grants Programs](http://www.destatehousing.com/Other_Programs/Emergency_Solutions_Grants_Programs). The ESG application process will be an electronic application process. The application must be submitted to DSHA electronically to DSHA_comdev@delaware.gov. Applications will not be accepted in any other format.

- For confirmation purposes, send e-mails with a “**Read Receipt**” request and partial application submissions will **not** be accepted. Please make sure to send the entire application package as described above.
- Applications must be received no later than 4:00 p.m., Thursday, March 28, 2024. No exceptions.

If you need assistance during the application process, please contact:

Janell Stanton at 302-739-0219 or Janell.Stanton@delaware.gov.

Grant Application

1. Funding Request

Maximum funding request limits:

- Emergency Shelter Operations \$ 197,876
- Homelessness Prevention Activities \$168,934

Funding Set-Aside:

Emergency Shelter Homelessness Prevention

Amount of Request:

\$0

2. Applicant/Organization Information

Organization Name:

Website URL:

Organization Type:

Federal Tax ID #:

Street Address:

Mailing Address:

Contact Name:

Contact Telephone:

Contact Email:

Organization Mission Statement: (Limited to 1200 characters.)

3. Organizational Financial Information (24 Points)

This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #10, Required Exhibits, **Exhibit A** of this application for specific requirements.

Enter the total number of part-time staff employed by the organization:

Enter the total number of full-time staff employed by the organization:

Please list staff or proposed staff, whose job function plays a key role in the operation of the program. Indicate if the staff member is a part- or full-time employee, and if the staff's time is 100% dedicated to the program.

Name and Title	Employment	100% Dedicated
	<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> PT <input type="checkbox"/> FT	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Signatory Authority

Please provide the names of persons authorized to sign contracts and draw requests for ESG funding.

Name of Person and Title	Authorized to Sign
	<input type="checkbox"/> Contracts <input type="checkbox"/> Draw Requests
	<input type="checkbox"/> Contracts <input type="checkbox"/> Draw Requests
	<input type="checkbox"/> Contracts <input type="checkbox"/> Draw Requests
	<input type="checkbox"/> Contracts <input type="checkbox"/> Draw Requests
	<input type="checkbox"/> Contracts <input type="checkbox"/> Draw Requests
	<input type="checkbox"/> Contracts <input type="checkbox"/> Draw Requests
	<input type="checkbox"/> Contracts <input type="checkbox"/> Draw Requests

5. Related Experience (15 Points)

*This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #10, Required Exhibits, **Exhibit B** of this application for specific requirements.*

Please indicate the organization’s level of experience with housing or similar type programs that serve low- and very low-income persons.

- No experience
- Less than 2-years experience
- At least 2 years, but less than 5 years
- At least 5 years, but less than 10 years
- 10 years or more

6. Demonstrated Need (14 Points)

*This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #10, Required Exhibits, **Exhibit C** of this application for specific requirements.*

7. Program Description (18 Points)

*This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #10, Required Exhibits, **Exhibit D** of this application for specific requirements.*

Program Name:	Program Type: <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Prevention
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Is this an established program? <input type="checkbox"/> Yes <input type="checkbox"/> No, proposed program.	If yes, date established:
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What counties does the Applicant serve? <input type="checkbox"/> NCC <input type="checkbox"/> Kent <input type="checkbox"/> Sussex	What counties will be served with <u>this</u> funding? <input type="checkbox"/> Kent <input type="checkbox"/> Sussex
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Population to be served: (Select all that apply)

<input type="checkbox"/> Single 18 and over Men	<input type="checkbox"/> Victims of Domestic Violence
<input type="checkbox"/> Single 18 and over Women	<input type="checkbox"/> Unaccompanied Youth under 18
<input type="checkbox"/> Families with Children	<input type="checkbox"/> Other
<input type="checkbox"/> Veterans	<input type="checkbox"/> Other

Does the organization’s board have a current or former homeless person on the board or other decision-making entity?
 Yes No

Person’s Name:
Title:
Homelessness Period:

8. Program Budget/Sources and Uses (13 Points)

This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #10, Required Exhibits, **Exhibit E** of this application for specific requirements.

Please include an asterisk (*) before the source name to indicate committed program funds.

Sources		Uses	
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
	\$0		\$0
Total (right click to update total) →	\$ 0	Total (right click to update total) →	\$ 0
Total Committed Funding:	\$0	Percentage of Committed Funding:	0%
ESG Funding Request:	\$0	Total non-ESG Funding Sources:	\$0
Is 100% or more of the above ESG funding request supported by non-ESG <u>committed</u> funding sources? <input type="checkbox"/> Yes <input type="checkbox"/> No			
**ESG funds require a 100% match (dollar for dollar). Matching funds must equal or exceed the total ESG funding request. Please include all Federal, State and Private funding above including any Volunteer Professional Services, Cash Contributions and In-Kind Donations. **			
For DSHA Use Only:			

9. Program Outcomes (16 Points)

*This section of the application requires specific support documentation in the form of an exhibit. Please refer to section #10, Required Exhibits, **Exhibit F** of this application for specific requirements.*

The HEARTH Act requires that ESG Subrecipients participate in CMIS as well as all HUD data collection requirements. ESG Subrecipients must comply with HUD's standards on participation, data collection, and reporting requirements. Victim service providers are not required to utilize CMIS, but must use a comparable database. The comparable database must produce unduplicated and aggregated reports, including the CAPER. Please describe how your organization ensures compliance with CMIS or comparable data requirements, data entry, and data quality standards as well as ESG CAPER data requirements. (Limited to 1,700 characters.)

If you are a returning applicant, what changes or improvements might you make to your proposed ESG program in the upcoming year? (Limited to 2,025 characters.)

EMERGENCY SHELTER ONLY

What is the average number of clients served annually?

What was this shelter's average length of stay during the most recent calendar year?

Describe your organization's process for handling client grievances, appeals and complaints: Please describe. (Limited to 1,295 characters.)

How do you keep client files confidential? Do you have a system or procedures in place? Please describe. (Limited to 658 characters.)

What are your eligibility requirements to access your emergency shelter and what are the reasons someone may be turned away or asked to leave your shelter? (Limited to 1455 characters.)

Explain any requirements clients must meet to remain in the shelter after entry. (Limited to 658 characters.)

If this Emergency Shelter will not offer bed space to Men / Women / Families / Unaccompanied Youth, how will those not accepted into the Shelter be assisted? Explain the shelter's methods for reducing the length of stay, and describe the strategies used to reduce the length of time shelter residents remain homeless. (Limited to 1455 characters.)

HOMELESSNESS PREVENTION (HP) ONLY

What is the average number of persons the program serves annually?

What is the average amount of assistance provided to a household receiving HP services? \$0

What is the average household AMI the program serves? Select One

What specific need will the HP project address? What are the types of programs and services currently offered by your organization? (Limited to 2,600 characters)

Explain the strategy for targeting funds to those most in need in your service area. Describe methods of outreach your organization will use to engage with these households. Please explain any limitations your organization may have with this program and how you plan to address them. (Limited to 4,050 characters.)

Please describe how your organization ensures that clients receive personalized assistance to meet their housing stability needs. Please provide details on the types and frequency of assistance programs or the services offered. Additionally, please explain the procedures your program has in place to prevent future evictions. (Limited to 4,130 characters.)

10. Required Exhibits – Support Documentation

In addition to completing the fillable application, applicants are required to provide support documentation in the form of exhibits. Information provided in the application and required exhibits is used to score and rank applications.

Exhibit A: Organizational Financial Information (Section #3)

- List of current Board Members, including name, city and state of residence, occupation and e-mail address. Please include which Board member meets the ESG requirement of 24 CFR 576.40, Homeless participation.
- Please provide IRS documentation demonstrating Section 501©3 status.
- Please provide copies of IRS Form 990, Return of Organization Exempt from Income Tax, for the last two (2) years.
- Please provide copies of Audited Financial Statements for the last two (2) years.
- Please provide a copy of your organization's Board minutes showing organization approval to apply for FY24 ESG Funding.

Exhibit B: Related Experience (Section #5)

- Describe your organization's experience with the successful administration of housing or similar-type programs that serve low- and very low-income persons.
- Describe current or previous experience with DSHA, CoC, Federal Home Loan Bank, Housing Alliance Delaware, HUD and other ESG programs.
- Please provide a Good Standing Letter from the CoC stating that your organization regularly attends meetings and has participated in the Point-In-Time Count.
- Describe the type of volunteer services that will be utilized for the proposed program.
- Describe partnerships and collaborations established with other organizations to effectively operate the proposed program.

Exhibit C: Demonstrated Community Need (Section #6)

- Describe the need the proposed program is intending to address.
- Please include, but not limited to:
 - State and national documentation/data supporting the need for the proposed program;
 - Statistical data and information from Needs Assessments; and
 - Statistical data from other sources.

Exhibit D: Program Description (Section #7)

- Describe the type of proposed program.
- Describe how the proposed program is distinct and separate from other programs of the applicant's portfolio.
- Describe the length of time the program has operated.
- Describe how the proposed program will operate in detail. The description should include how clients are referred and what types of services are to be provided to the client from entry to exit of the proposed program.

Exhibit E: Program Budget/Sources and Uses (Section #8)

- Documentation of the proposed program budget.
 - Please include all sources and uses for the proposed program, including staffing costs. The sources and uses must balance.
- ESG funds require a 100% match (dollar for dollar). The match must come from a non-ESG source and must be used for eligible ESG activities. Please include the following;
 - Documentation of all **committed** funding (letters of commitment or equivalent documentation) that is included in the total proposed program budget.
 - Documentation must clearly state that funding is a dedicated source for your organization as well as the funding term. (If the commitment letter date is older but funding is still being utilized, please provide evidence from the funder that the commitment is still valid.)

Exhibit F: Program Outcomes (Section #9)

- Describe the expected outcomes from the proposed program being funded. If a returning applicant, please describe the outcomes from the program being funded in 2023. Please include, but not limited to, the following;
 - Increased accessibility to affordable housing;
 - Overall reduction in number of persons who experience homelessness;
 - Reduction in the length of homelessness;
 - Reduction in returns to homelessness;
 - Length of time between CMIS referral and assistance;
- Describe the process for your Organization's Outcome Evaluation Method.
- Please provide a CMIS report or similar report for client/households served by the program for the timeframe 7/1/2023 to 12/31/2023.

12. Applicant Declaration

I, the undersigned, as the Applicant, hereby apply to the Delaware State Housing Authority (DSHA) for ESG funding and attest that the information provided in this application is, to the best of my knowledge, true and accurate.

Furthermore, the Applicant hereby certifies to DSHA that the Applicant is not in any way owned, operated, managed, controlled or otherwise affiliated with any person who has been found guilty or pled guilty to any crime, including a felony, misdemeanor or offense involving fraud, dishonesty, deceit, breach of trust, embezzlement or any other financial crime.

I fully understand that it is a Class A misdemeanor punishable by fine up to \$2,300, up to one (1) year in prison, restitution, and other conditions as the court deems appropriate, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 11, Delaware Code, Section 1233.

Disclaimers

Applicant understands the information submitted in this application is for the purpose of applying to DSHA for ESG funding consideration and that acceptance of such submission does not constitute funding approval by DSHA.

By submitting this application, the applicant acknowledges and agrees that the application shall be deemed a “public record” for the purposes of the Delaware Freedom Of Information Act (“FOIA”), codified at 29 Del. C. §§ 10001-10005. Applicant acknowledges and agrees that any portion of the application, which is determined by DSHA to **not** constitute confidential financial or trade secret information exempt from disclosure under the FOIA, shall be subject to public examination and copying.

I electronically certify that all of the above is true: Yes No

Legal Name of Applicant:

Name of Authorized Signer:

Title of Authorized Signer:	
Signature:	/s/
Date:	Click or tap to enter a date.