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| **ESG-CV – Abbreivated Program, Rules, Requirements and Policies** |
| **Applicant Eligibility**  Eligible subrecipients/applicants include:   * Local Units of Governments; * Nonprofit organizations that are corporations, associations, agencies or faith-based organizations with nonprofit status under the IRS Section 501(c)(3); and   **Governing Regulations**  The Emergency Shelter program is authorized by Delaware State Housing Authority (DSHA) and U.S. Department of Housing and Urban Development’s (HUD) Emergency Solutions Grants Program regulations at 24 CFR Part 576. Delaware State Housing Authority is responsible for ensuring that their respective Subgrantees carry out Emergency Shelter-CV supported efforts in compliance with all applicable requirements including the Shelter Referral policies and procedures developed by Housing Alliance of Delaware (HAD). DSHA is required to take appropriate action, including various actions and measures against Subgrantees that are not in compliance with the Emergency Shelter-CV program requirements.   1. Applicants must agree to comply with all requirements under the Stafford Act, Pub. Law 100-707, as amended from time to time, including but not limited to the prohibition on **Duplication of Benefits (DOB**) as codified at 42 U.S.C. 5155, including any implementing regulation that HUD or DSHA may promulgate, and agrees to comply and cooperate in the event a determination is made requiring the recovery of duplicative benefits. 2. Applicants also agree to be responsible for ensuring that DOB procedures are followed and DOB calculations and certifications through the draw process are available on file for all beneficiaries. A DOB is a duplication of benefits, which occurs when a beneficiary receives assistance from multiple sources for a cumulative amount that exceeds the total need for a recovery purpose. The amount of the duplication is the amount of assistance provided more than need.   To ensure that the grant activities are used to prevent, prepare for and respond to the coronavirus crisis, DSHA has chosen to limit the uses of these funds to specific Activities. **Eligible Uses and Activities are listed on the first page of the Application (see page 3). ESG-CV is a reimbursement program.**  **Application Submission Timetable**   * October 27, 2020 DSHA ESG CV2 Public Hearing and Meeting * October 30, 2020 ESG CV2 Application round opens * **November 30, 2020 Application Due to DSHA by 4:00 p.m.\*** * December 2020 Ranking committee reviews, scores and ranks applications * December 2020 Award Announcements * January 2021 Kickoff meetings, contracts executed   *\* Applications received after posted deadline will* ***not*** *be eligible for funding.*  **Application Submission Process**   * Applicants should submit their application and any attachments (*list any Attachment by applicable Question #)* to the following DSHA community development mailbox:   [**comdev@destatehousing.com**](mailto:comdev@destatehousing.com) **by November 30, 2020 at 4:00 p.m.**: |
| **Scoring and Ranking**  DSHA will award ESG-CV funds through a competitive process. Applications are evaluated using a three-step process: threshold review; project evaluation; and funding recommendations. Applications will not pass threshold and be rejected if: 1) the application is not complete; 2) the application is not received by the established due date/time; or 3) the proposed project and/or activities do not meet the eligibility requirements.  Due to the immediate crisis, the ESG-CV Program will not consider performance issues related to previous ESG or other DSHA grants when reviewing the applications for ESG-CV funds. However, if funded, additional requirements may be identified if a grantee has existing performance issues.  Applicants will be contacted if additional information is required. Applications will be scored and ranked competitively by a review committee composed of DSHA program staff with participation from other state and/or federal government agencies when appropriate.  Point ranges have been established for each criterion to gauge the extent to which the applicant meets the criterion. The following factors will be considered in determining the points assigned. Applicants should base their narratives on the following scoring categories.  Benefit: 60 maximum points  Readiness to Proceed: 40 maximum points  Applications and Activities will be evaluated based on their impact and ability to prevent, prepare for and respond to the coronavirus. Applicants must clearly describe needs, solutions, and proposed benefits and accomplishments. As Congress and HUD have mandated that funds must be spent in a timely manner, the applications and Activities will be evaluated based on capacity and readiness to proceed. Applicants must describe how they will implement each Activity. Applicants must provide an overall grant management plan including how they will manage subrecipient(s). Applicants must provide detailed schedules for each Activity. Applicants must provide detailed explanations as to how costs were derived.  **Funding Recommendations**  The highest-rated applications are recommended for funding until the available funding for the round is exhausted. DSHA reserves the right to reduce requested amounts or to not fund specific activities identified in an application. The recommendations of the Ranking Committee for both approval and rejection of applications are reviewed and approved by the Director of DSHA.  **Program Regulations, Requirements, and Policies**  All Subrecipients/Applicants awarded ESG-CV funding will be required to follow DSHA’s ESG-CV Policies and Procedures available at the following link: <http://www.destatehousing.com/OtherPrograms/dv_esgp.php> |

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| **ESG-CV2 APPLICATION**  **Funding Request (NOTE: A separate Application must be submitted for EACH Activity)** | | | | | | |
| ***Maximum* funding request limits*:*** | | | | | | |
| * Rapid Re-Housing Hotel/Motel Vouchers: $500,000 * Rapid Re-Housing: $225,000 * Street Outreach: $100,000 | | * Emergency Shelter Activities: $174,898 * HMIS: $50,000 * Legal Services: $200,000 * Homeless Prevention $125,000 | | | | |
| **Eligible Activities:**  **ESG Activities**  Emergency Shelter Operations  Emergency Shelter Essential Services  Rapid Re-Housing Hotel/Motel Vouchers  Rapid Re-Housing  HMIS  Prevention/Arrearages \*\*  Prevention/Legal Services \*  Other Essential Services  \*\* Must be a non-profit with an existing arrearage program. | | | **Total Amount of Request:**  $0 Emergency Shelter Activities  $0 Rapid Re-Housing Hotel/Motel Vouchers  $0 Rapid Re-Housing  $0 Homeless Prevention - Legal Services\*  $0 Homeless Prevention - Arrearages\*\*  $0 Street Outreach  $0 HMIS  \*Must be a 501(c)(3) nonprofit organizations providing legal services that receive funding from the Delaware Bar Foundations IOLTA program | | | |
| **Applicant Information** | | | | |  | |
| Organization Name: | | | Organization Headquarters Mailing Address: | | | |
| Federal Tax ID #:    DUNS #: | | | Project “Site” Address: | | | |
| Contact Name: | | | Contact Telephone: | | | |
| Contact E-mail: | | | | | | |
| What Counties does the Applicant serve?  NCC  Kent  Sussex | | | What Counties will be served with this funding?  NCC  Kent  Sussex | | |
| Population to be served: (Select all that apply)  Single 18 and over Men  Victims of Domestic Violence  Single 18 and over Women  Unaccompanied Youth under 18  Families  Homeless Individuals & Homeless Families  Veterans  Other | | | | | |

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| 1. **Brief Proposed Activity Description. If more space is needed, attachments can be included.** |  |
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| 1. **Statement of Needs for the Activity and how the Activity will address each need. If more space is needed, attachments can be included.** |
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| 1. **Briefly explain what type of planning and solutions your agency developed due to COVID-19?** |
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| 1. **Briefly describe proposed Activity and describe how Activity Prepares for, Prevents, and Responds to COVID-19. If more space is needed, attachments can be included.** |  |
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| 1. **Briefly explain what proposed benefits and accomplishments you will achieve with ESG-CV funding, including what low-income clientele will be served for the Activity.**   **Please provide the following additional information:**  **Number of households that may be assisted for this Activity;**  **The average amount of assistance per household; and**  **How will the Applicant document the clientele’s low-income status, including what information is used to determine eligibility?**  **How are the beneficiaries/clients qualified, if applicable?**  **If more space is needed, attachments can be included.** |
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| 1. **The CARES Act mandates that the funds must be spent in a timely manner, please describe how your organization will be ready to proceed should funding be approved. Please include implementation of the Activity, grant management, timetables/schedules and other information on how your Activity and spending of ESG-CV funding can proceed quickly. If more space is needed, attachments can be included.** |
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| 1. **Is this a new service or Activity? Yes  No  If No, please describe the quatifiable increase for service or Activity.** |
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| 1. **What area will be served by each Activity and the Census tract, if applicable?** |
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| 1. **What other funding sources do you have available for the proposed Activity and explain how your agency will assure there will be no Duplication of Benefits for the Activity?** |
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**pplicant document the clientle’s low and moderate income staus? If more space is needed, attachments can be included. How will the Applicant document the clientle’s low and moderate income staus? If more space is needed, attachments can be included.**

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| **Program Budget/Sources and Uses** |  |

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| **Due to the nature of the CARES Act, Applicants/Subrecipients must be cognizant of Duplication of Benefits, which is a duplication of funding when the Applicant/Subrecipient receives assistance from multiple sources for the Activity and the amount of the CARES Act funding exceeds the amount of funding needed. Please indicate Federal, State, grants or in-kind.**  **PLEASE PROVIDE A BUDGET OF ALL INCOME AND EXPENSES FOR THIS ACTIVITY REQUEST**  **This budget is NOT for the total budget of the nonprofit** | |
| **Please include an asterisk (\*) before the source name to indicate *committed* program funds.** | |
| **Sources** | **Uses** |

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| --- | --- | --- | --- |
|  | $0 |  | $0 |
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|  | $0 |  | $0 |
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| ***Total (right click to update total) 🡪*** | **$ 0** | ***Total (right click to update total) 🡪*** | **$ 0** |

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| Total DSHA ESG-CV Funding: | $0 | Total **Non**-DSHA Funding: | $0 |
| Is there any duplication of funding for this Activity?  Yes  No | | | |
| Total Committed Funding: | $0 | Percentage of Committed Funding: | 0% |

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| **Organizational Staffing Plan and Capacity** | | |  |
| The CARES Act funding requires DSHA to carefully monitor staffing and staffing salaries for each Activity. Please provide below information on your organization’s staffing as a whole, and the staffing for the Activity requested. | | | |
| 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 Activity. Indicate if the staff member is a part- or full-time employee, and if the staff’s time is 100% dedicated to this Activity. | | | |
| Name and Title | Employment | | 100% Dedicated |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
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| **Applicant Declaration** | | | |
| I, the undersigned, as the Applicant, hereby apply to the Delaware State Housing Authority (DSHA) for Federal ESG -CV funding and attest that the information provided in this application is, to the best of my knowledge, true and accurate.  FAIR HOUSING/EQUAL OPPORTUNITY: Applicants certify that grants received will be conducted and administered in conformity with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) and will affirmatively further fair housing.  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 guility 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 fines 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 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. | |

**Eligible Costs to Support Infectious Disease Preparedness**

**The CARES Act provides for funds to prevent, prepare for and respond to Coronavirus.**

**Examples of Eligible DSHA ESG-CV Activities to Support Infectious Disease Response include:**

**Emergency Shelter – Shelter Operations: Maintaining a sanitary shelter environment will help to keep staff and participants healthy. Listed below are supplies and equipment that are eligible Shelter Operations costs:**

* **Supplies:** Cleaning supplies such as bleach, disinfectant wipes, scrubbers, mops. Protective equipment such as masks, disposable gloves. Program participant needs such as bed linens, towels, hand sanitizer, soap, tissue packets. Furnishings to include cots, room dividers. Equipment such as washers, dryers, portable handwashing stations. Transportation to include train or bus tokens, taxi or rideshare for program participant travel to and from medical care only.

**Emergency Shelter – Essential Services & Expanded Staffing: Training current staff or hiring additional staff.**

**This means to the extent staff needs to be trained on how to work with individuals who may have contracted the virus or prevent the spread of COVID-19.**

* **Essential Services & Expanded Staffing**: Training current staff on how to work with individuals who may have contracted the virus or prevent the spread of COVID-19. Hiring additional staff to support infectious disease preparedness. *Note: Be sure to provide staff with training about precautions they can take to stay healthy, stop the spread of germs, and to stay home if they are feeling sick.*

**\*\*\*Total Amount of Request: Approved Project Expenses May Be Eligible for Retroactive Reimbursements back to April 4, 2020.**

Please contact our office if you have questions:

Alice Davis at 302-739-0268 or [Alice@destatehousing.com](mailto:Alice@destatehousing.com)

OR Dawn Favors Jopp at 302-739-0204 or [Dawn@destatehousing.com](mailto:Dawn@destatehousing.com)