

**2020 Emergency solutions grant**

**PROGRAM APPLICATION**

Community Development Department

Neighborhood Services Division

One Civic Center Plaza

Irvine, CA 92606

(949) 724-7452

**APPLICATION CHECKLIST**

* Section 1: ESG Application:
  + Exhibit 1: Program Budget
  + Exhibit 2: Match
  + Exhibit 3: Service Goals
  + Exhibit 4: Written Standards
  + Exhibit 5: Proof of your 501(c)(3) federal tax-exempt status and current registration as a California non-profit, tax-exempt corporation
  + Exhibit 6: Audited Financials
  + Exhibit 7: Most current financial statement
  + Exhibit 8: Copies of last four Board of Director’s meeting minutes with Board Member’s Roster
  + Exhibit 9: Copy of Organizations By-Laws and Copy of Organizations Articles of Incorporation
  + Exhibit 10: Resolution of the Board of Directors authorizing an appropriate staff person to execute the Irvine ESG grant application, the agreement (if funded), ESG forms, payment requests and other documents as required by the City of Irvine to implement the ESG-funded activity.
* Section 2: ESG and CoC Compliance Documents:
  + Exhibit 11: Participation Status in Coordinated Assessment System
  + Exhibit 12: Terms and Conditions
  + Exhibit 13: HUD Certifications
  + Exhibit 14: Affirmative Action Plan
* Section 3: Additional Requirements
  + Exhibit 15: City of Irvine Specific Requirements/Forms

# S:\Logos & Labels\Irvine\Irvine Logo - Medium.jpg

# 2020 EMERGENCY SOLUTIONS GRANT PROGRAM APPLICATION

## Instructions: Please tab through the document to answer questions below or attach a separate document. All sections must be completed (or included in separate document) in order to be considered for funding.

**APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name:** | Click or tap here to enter text. | | |
| **Agency Address:** | Click or tap here to enter text. | | |
| **Agency Type:** | Choose an item. | **Faith-Based:** | Choose an item. |
| **EIN:** | Click or tap here to enter text. | **DUNS:** | Click or tap here to enter text. |
| **CA Entity No.:** | Click or tap here to enter text. |  |  |

**CONTACT INFORMATION FOR THIS APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | | |
| **Title:** | Click or tap here to enter text. | | |
| **Address:** | Click or tap here to enter text. | | |
| **Email:** | Click or tap here to enter text. | | |
| **Phone:** | Click or tap here to enter text. | **Fax:** | Click or tap here to enter text. |

**CONTACT INFORMATION FOR CHIEF EXECUTIVE OFFICER**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click or tap here to enter text. | | |
| **Title:** | Click or tap here to enter text. | | |
| **Address:** | Click or tap here to enter text. | | |
| **Email:** | Click or tap here to enter text. | | |
| **Phone:** | Click or tap here to enter text. | **Fax:** | Click or tap here to enter text. |

**Application Certifications**

The undersigned acknowledges the following:

1. That, by submission of this application, the Agency agrees that it will become a public document.
2. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
3. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
4. That the City of Irvine may request or require changes in the information submitted which it deems reasonable for any and all information provided.
5. That the Agency will cooperatively assist in the application review process.
6. That, if the program is recommended and approved by the City Council, the City reserves the right to fund less than the full amount requested. The City also reserves the right to reduce and/or cancel allocation if federal entitlements are cancelled, reduced, or rescinded.
7. That the City of Irvine reserves the right not to fund any submittals received.
8. By submission of this application, the Agency agrees to abide by the federal regulations applicable to this program.
9. That past program and financial performance will be considered in reviewing this application.
10. That services are to be provided only to eligible Irvine residents at no cost during the grant period.
11. That, if the program is funded, the City or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for program expenditures.
12. That, if the program is funded, the City will perform an environmental review prior to the obligation of funds.
13. That, if the program is funded, a written agreement will be required that includes, among other matters, a statement of work, records retention and reporting, local and federal requirements, and circumstances that would trigger grant suspensions and terminations.
14. That a program's funding does not guarantee its continuation in subsequent program years.
15. That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in California, and in the aggregate naming the City, its employees and agents as additional insured) will be submitted to the City prior to receiving funds.
16. That written signature authority from the Agency's governing body indicating who can execute contracts and amendments on its behalf will be submitted to the City prior to receiving funds.
17. That the Agency agrees to abide by the City of Irvine's Conflict of Interest Policy. Items of concern would include Board of Directors or staff members families having a monetary interest in any contract made by the City, and other matters that may give the appearance of a conflict of interest.

By signing below, the applicant acknowledges the above.

Enter name and title of authorized signatory. Date

# SECTION 1: ACTIVITY SUMMARY

|  |
| --- |
| 1. **ESG Activity Type (Select One Per Application):**   Street Outreach  Emergency Shelter  Homelessness Prevention  Rapid Re-Housing  Note: The Homeless Information Management System (HMIS) activity is implemented regionally by 2-1-1 Orange County and the ESG Administration activity is implemented by the City of Irvine Neighborhood Services Division. |
| 1. **ESG Funding Request: $**Enter amount of ESG funding request. Whole dollars only.   Note: [24 CFR part 576.201](https://www.ecfr.gov/cgi-bin/text-idx?SID=f306edcf11ba1a41efce98531b015945&mc=true&node=pt24.3.576&rgn=div5#se24.3.576_1201) requires a matching contribution to supplement the program in an amount that equals the ESG award. Applicants must complete the Exhibit 2 Match Form and return it with their application, providing reasonable assurance that the required matching contribution will be provided during the grant period and is equal to the amount requested above. |
| 1. **Provide the estimated number of people and households to be served using ESG funds and matching funds.**   Click or tap here to enter text. |
| 1. **Provide a brief description of the proposed ESG activity.**   Click or tap here to enter text. |
| 1. **How will your agency identify individuals and households to be assisted with ESG funds?**   Click or tap here to enter text. |
| 1. **Are there any special conditions or criteria an individual or household must meet before receiving assistance?**   Click or tap here to enter text. |
| 1. **Select the type of program that will be offered to eligible households:**   Housing First: No programmatic prerequisites to entry.  Low Barrier: Few to no programmatic prerequisites to entry.  Client must meet certain eligibility criteria, such as employment or income requirements, as defined in the applicant’s Written Standards (Exhibit 4 to this Application) |
| 1. **Select all populations anticipated be served by program type (Select all that apply)**  |  |  | | --- | --- | | **Population(s) Served** | **Homelessness Prevention** | | Alcohol or Drug abusers |  | | Chronically Homeless |  | | Developmentally Disabled |  | | Mentally Disabled |  | | Physically Disabled |  | | Elderly (62+ years) |  | | Homeless Families with Children |  | | Homeless Youth  (under 25 years of age) |  | | Persons with HIV/AIDS |  | | Veterans |  | | Victims of Domestic Violence |  | |
| 1. **Describe how your agency has marketed programs and engaged persons on a day- to-day basis that are least likely to request assistance for housing and supportive services. Do not include engagement that occurs during special outreach activities such as point-in-time counts, homeless stand downs, etc. in this section.**   Click or tap here to enter text. |
| 1. **Describe how your agency will engage persons in need of assistance and the types of clientele who will be targeted for this program.**   **For homelessness prevention or rapid re-housing programs, summarize efforts which will occur to help low-income individuals and families avoid becoming homeless again, especially extremely low-income individuals and families and those who are: a) being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or b) who are receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs.**  Click or tap here to enter text. |
| 1. **Summarize the agency’s plan to coordinate housing assistance and services that are available specifically for chronically homeless individuals and families, families with children, veterans and their families, and/or unaccompanied youth.**   Click or tap here to enter text. |

# SECTION 2: MINIMUM THRESHOLD REQUIREMENTS

# *The applicant must meet each of the minimum threshold requirements listed in the table below. If the applicant cannot provide documentation to demonstrate that it meets all the criteria below, the NOFA proposal will not be considered for funding. The applicant certifies their agency meets each of the requirements by checking the boxes.*

| **Yes, Meets Requirement** | **Threshold Requirement** |  | **Documentation to be provided with Application** |
| --- | --- | --- | --- |
|  | Agency must provide services in the City of Irvine. |  | Bylaws, Written Standards |
|  | Applicant must be a government agency proposing to serve homeless or at- risk of homeless clients; or, must be a nonprofit agency that has had non-profit status for at least three (3) full years. |  | Copy of current non-profit designation from the IRS (not applicable for government entities) |
|  | Applicant must be able to provide a copy of their Articles of Incorporation and By- Laws. |  | Provide copies of Agency Articles of Incorporation and By-Laws (not applicable for government entities) |
|  | If more than $750,000 in federal funds was expended in one year the agency must be able to provide a copy of the most recent A-133 audit.  The agency must be able to provide a copy of recent independent audit if it has expended $100,000-$749,999 in federal funds in one year.  If less than $100,000 in federal funds was expended, agency must be able to submit unaudited financial statements along with a written statement certifying that the agency did not receive more than $100,000 in federal funds this past year. |  | A copy of the most recent Single Audit and all management letters is required.  A copy of the most recent audited financial statement, using guidelines reflected in the left column; and copies of any management letters.  A written letter certifying that the agency did not expend more than $100,000 in federal funds, along with unaudited financial statements. |
|  | Non-profit agencies must be able to provide a current financial statement. |  | Current financial statement that includes income and expense statement, balance sheet and cash flow statements. |
|  | Non-profit agencies must demonstrate that the agency has an active independent Board of Directors that meets at least 4 times a year. |  | Provide dated copies of the last 4 Board of Director’s meeting minutes, along with listing of name, title and contact information of all Board members. |
|  | In addition to items reflected above, faith- based organizations must agree to terms of CPD Notice 04-10 issued September 29, 2004 in order to be eligible for assistance. |  | A signed statement indicating that the faith- based organization has read and agrees with requirements of [CPD Notice 04-10, Section IV & VIII](https://www.hudexchange.info/resource/2133/notice-cpd-04-10-equal-treatment-faith-based-organizations/). |
|  | Applicants receiving ESG and other McKinney-Vento funding must utilize the Homeless Management Information System (HMIS) database. Domestic violence providers must enter client into the comparable database utilized by the CoC to ensure required data is gathered and reported to HUD. Check the box at left if your agency has access to HMIS, or plans to gain access to HMIS as required for this funding. |  | Provide the name and telephone number of lead or most senior staff person with HMIS access in the space provided below.  Click or tap here to enter text. |

# SECTION 3: APPLICANT AND STAFF EXPERIENCE

|  |
| --- |
| *The following questions focus on your agency’s experience implementing ESG-funded or similar activities.*   1. **Describe current programs and services, including housing, which is offered to homeless or at-risk of homelessness clients by your agency. Include the number of years the programs have been offered; staff experience; funding sources for current programs/services offered; and any other pertinent information that will assist the City to determine agency/staff experience.**   Click or tap here to enter text. |
| 1. **Provide the total number of years/months that current staff have provided programs to persons at-risk of homelessness at your agency or any other agency.**   Click or tap here to enter text. |
| 1. **Describe staff experience administering Federal housing and/or homeless services grants. Include total number of years for each staff who will be involved in oversight of the proposed ESG activity.**   Click or tap here to enter text. |
| 1. **Describe in detail the type of case management that is currently offered by your agency to clients who are at-risk of homelessness. Provide information about how clients are screened for eligibility and the types of referrals that occur.**   Click or tap here to enter text. |
| 1. **Identify and describe any audit findings, liens, investigations, or probation by any oversight agency in the past five (5) years. Additionally, identify and briefly describe any lawsuits (regardless of outcome), claims or settlements in the past five (5) years. If none, please state none.**   Click or tap here to enter text. |
| 1. **The following questions focus on specific areas of staff capacity.**   **Yes No**  Our staff is trained concerning HUD’s Lead Based-Paint regulations. |
| Our staff is trained on how to calculate and document Rent Reasonableness and Utility Allowances. |
| Our agency has a process in place for working with landlords that includes the execution of a written agreement or Memorandum of Understanding. |
| Our agency has developed written policies and procedures for programs offered to homeless or at-risk of homeless clients, that includes client eligibility criteria. |
| Our staff is trained on conducting habitability inspections in accordance with 24 CFR 576.403(c). |
| Our agency has a current Privacy Policy that has been made available to all staff. |
| Our agency has a current Code of Conduct that has been made available to all staff. |
| Our agency has a current Grievance Policy that has been made available to program participants and applicable staff. |
| Our agency has developed a housing assessment and housing plan for clients to ensure their long-term success. |

# SECTION 4: RECORD OF ACCOMPLISHMENT SERVING INDIVIDUALS AND FAMILIES

|  |
| --- |
| 1. **If applicant currently provides street outreach, emergency shelter, homelessness prevention, and/or rapid re-housing assistance (or other similar program), provide the total number of clients served and describe the type of clients who received assistance from July 1, 2018 through June 30, 2019 (chronically homeless, veterans, families with children, etc.). Include a copy of the ESG CAPER report (or other database if not ESG funded) that supports the data provided in this response.**   Click or tap here to enter text. |
| 1. **If applicant is applying for ESG funding to provide essential services to emergency shelter residents or for ESG funding to provide for emergency shelter operations, considering the period between July 1, 2018 and June 30, 2019, how many and what percentage of the emergency shelter residents successfully transitioned to permanent housing or permanent supportive housing?**   Click or tap here to enter text. |
| 1. **How many individuals or households has your agency assisted with short- and medium-term rental assistance over the last five (5) years who remained stably housed for at least 12 months subsequent to assistance?**   Click or tap here to enter text. |
| 1. **How many potential individuals or households were turned away due to lack of funding?**   Click or tap here to enter text. |

# SECTION 5: WRITTEN STANDARDS

|  |
| --- |
| *Agencies are required to develop Written Standards for the use of ESG funds and items in Exhibit 4 of this NOFA proposal. A copy of the Standards must be returned with this Request. Failure to submit the Written Standards will result in denial of grant funds. In the questions below, summarize the agency’s Written Standards for providing services.*  *In the questions below, summarize your agency’s Written Standards for providing services.*   1. **Describe how the agency will prioritize the most vulnerable households to ensure those who are most in need of assistance for placement into appropriate housing are assisted first.**   Click or tap here to enter text. |
| 1. **Describe any eligibility criteria that a client must meet in order to access programs.**   Click or tap here to enter text. |
| 1. **Explain how the agency plans to provide an evaluation of housing stability of all program participants prior to exiting from the program(s) to ensure long-term housing stability.**   Click or tap here to enter text. |
| 1. **Describe how the agency will ensure that all person inquiring about assistance, either on the phone or in person, will be screened for not only ESG-funded assistance, but also other housing programs and services offered within the agency or community, as required by program regulations.**   Click or tap here to enter text. |

# SECTION 6: COLLABORATION

|  |
| --- |
| *The following questions focus on collaboration efforts. HUD strongly encourages applicants to maximize the utilization of all mainstream services available, and to save ESG funds for housing costs. Applicants are encouraged to proactively seek and provide information to applicants about other mainstream resources and funding opportunities.*   1. **Describe the agency’s participation in the Orange County Continuum of Care (CoC), including the number of meetings attended and any sub-committees that staff participated in between July 1, 2018 – June 30, 2019.**   Click or tap here to enter text. |
| 1. **Describe all programs, services, and other mainstream resources that will be made available to the homeless or at-risk of homelessness clients. Include programs such as HUD-VASH Voucher program, Section 8-Housing Choice Voucher Program, Supportive Services for Veteran Families (SSVF) Program, Community Services Block Grant Program, United Way, TANF, Emergency Food and Shelter Program, etc., and describe on how clients will be assisted to access these resources.**   Click or tap here to enter text. |
| 1. **Describe how applicant will engage other community partners in order to address the needs of homeless and at-risk of homeless clients. Include a detailed description of the types of collaboration that will occur with each partner agency listed (attach a separate sheet if necessary in order to provide all information needed), and include partners such as jails, hospitals, the VA, housing authorities, transitional housing providers, youth services providers, elderly services providers, etc.**   Click or tap here to enter text. |
| 1. **Describe your agency’s policy regarding discharging of clients from ESG-funded programs once assistance has ended. Include plans that will ensure clients who are released or terminated from the program are not discharged into a situation that will cause them to be at risk of homelessness or to become homeless due to lack of adequate resources.**   Click or tap here to enter text. |
| 1. **HUD requires homeless participation in ESG decision making. Please indicate the way that your agency either currently complies, or plans to comply if funded:**   Option 1: Applicant involves homeless or formerly homeless individuals on the Board of Directors or other equivalent policymaking entity.  Option 2: Applicant does not involve homeless or formerly homeless individuals on the Board of Directors or other equivalent policymaking entity. Describe how your agency will engage a homeless or formally homeless person within the organization:  Click or tap here to enter text. |

# EXHIBIT 1

# PROGRAM BUDGET

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **Agency Name:** | Click or tap here to enter text. |

**LINE ITEM BUDGET**

*Please fill in the section of the line item budget table below that corresponds to the ESG activity type for which your agency is applying. Be sure to enter totals at the bottom of the table on the following page.*

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **City of Irvine ESG** | **Applicant Match** |
| **Street Outreach Applicants** | | |
| Engagement | $Enter amount | $Enter amount |
| Case Management | $Enter amount | $Enter amount |
| Emergency Health and Mental Health Services | $Enter amount | $Enter amount |
| Transportation | $Enter amount | $Enter amount |
| Services for Special Populations | $Enter amount | $Enter amount |
| **Emergency Shelter Rehabilitation or Conversion** | | |
| If the activity is for major rehabilitation or conversion of a building, submit a detailed budget using the format provided in the CDBG/HOME Capital Project Application. | | |
| **Emergency Shelter Essential Services** | | |
| Case Management | $Enter amount | $Enter amount |
| Child Care | $Enter amount | $Enter amount |
| Education Services | $Enter amount | $Enter amount |
| Employment Assistance and Job Training | $Enter amount | $Enter amount |
| Outpatient Health Services | $Enter amount | $Enter amount |
| Legal Services | $Enter amount | $Enter amount |
| Life Skills Training | $Enter amount | $Enter amount |
| Mental Health Services | $Enter amount | $Enter amount |
| Substance Abuse Treatment Services | $Enter amount | $Enter amount |
| Transportation | $Enter amount | $Enter amount |
| Services for Special Populations | $Enter amount | $Enter amount |
| **Emergency Shelter Operations** | | |
| Maintenance | $Enter amount | $Enter amount |
| Rent | $Enter amount | $Enter amount |
| Repair | $Enter amount | $Enter amount |
| Security | $Enter amount | $Enter amount |
| Fuel | $Enter amount | $Enter amount |
| Equipment | $Enter amount | $Enter amount |
| Insurance | $Enter amount | $Enter amount |
| Utilities | $Enter amount | $Enter amount |
| Food | $Enter amount | $Enter amount |
| Furnishings | $Enter amount | $Enter amount |
| Other: Please specify. | $Enter amount | $Enter amount |
| **Homelessness Prevention** | | |
| Rental Assistance: Short- or medium-term or arrears | $Enter amount | $Enter amount |
| Housing Relocation & Stabilization Services:  Other Financial Assistance (Rental app fees, security deposits, last month’s rent, utility deposits, utility payments, moving costs) | $Enter amount | $Enter amount |
| Housing Relocation & Stabilization Services:  Case Management | $Enter amount | $Enter amount |
| Housing Relocation & Stabilization Services:  Services Costs (Mediation, legal services, credit repair) | $Enter amount | $Enter amount |
| Data Collection / Reporting:  Salaries for data collection and reporting staff | $Enter amount | $Enter amount |
| Other:  Allocable portion of subscription fees paid the CoC HMIS Lead, establishment of a comparable database | $Enter amount | $Enter amount |
| **Rapid Re-Housing** | | |
| Rental Assistance: Rental assistance and rental arrears | $Enter amount | $Enter amount |
| Financial Assistance: Rental application fees, security and utility deposits, utility payments, last month’s rent, moving costs | $Enter amount | $Enter amount |
| Services: housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, credit repair | $Enter amount | $Enter amount |
| **Total Budget:** | **$Enter amount** | **$Enter amount** |

# EXHIBIT 2

# MATCHING FUNDS

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **Agency Name:** | Click or tap here to enter text. |

**ESG FUNDS REQUESTED**

$ Click or tap here to enter text.

**MATCHING FUNDS SUMMARY**

*Provide the source, amount, and status of the applicant’s matching funds contribution. Describe documentation available to substantiate the match. Refer to* [*24 CFR 576.201*](https://www.ecfr.gov/cgi-bin/text-idx?SID=f306edcf11ba1a41efce98531b015945&mc=true&node=pt24.3.576&rgn=div5#se24.3.576_1201) *for additional information concerning the match requirement.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Source:** | **Amount:** | **Status:** | **Documentation:** |
| Enter Matching Source | Enter Amount | Select Status | Describe documentation. |
| Enter Matching Source | Enter Amount | Select Status | Describe documentation. |
| Enter Matching Source | Enter Amount | Select Status | Describe documentation. |
| Enter Matching Source | Enter Amount | Select Status | Describe documentation. |
| Enter Matching Source | Enter Amount | Select Status | Describe documentation. |
| Enter Matching Source | Enter Amount | Select Status | Describe documentation. |
| Enter Matching Source | Enter Amount | Select Status | Describe documentation. |
| Enter Matching Source | Enter Amount | Select Status | Describe documentation. |
| Enter Matching Source | Enter Amount | Select Status | Describe documentation. |
| Enter Matching Source | Enter Amount | Select Status | Describe documentation. |
| **Total Match:** | Total Match |  |  |

# EXHIBIT 3

# SERVICE GOALS

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **Agency Name:** | Click or tap here to enter text. |

*Enter the number of unduplicated clients to be served by the ESG-funded activity, including those to be served with matching funds. Please break down the service goals by the number of individuals, the number of families, and then the number of adults, and the number of children.*

|  |  |
| --- | --- |
| **Homelessness Prevention Program Goals** | |
| Adults | Click or tap here to enter text. |
| Children | Click or tap here to enter text. |
| Total Individuals: | Click or tap here to enter text. |
| Number of Families: | Click or tap here to enter text. |

# EXHIBIT 4

# ESG WRITTEN STANDARDS CHECKLIST

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **Agency Name:** | Click or tap here to enter text. |

The U.S. Department of Housing and Urban Development requires subrecipients to develop and implement Written Standards for programs provided through the Emergency Solutions Grant Program. The following guidelines must be followed when developing these Standards. Standards for emergency shelter programs will be different than Standards for homeless prevention and rapid re-housing programs. Agencies must ensure that the Standards developed are appropriate for programs offered. Enter a checkmark next to applicable areas as the Standards are completed to ensure all aspects of the requirements are addressed as appropriate for this application for funding. ***A copy of the Written Standards, along with this checklist, must be provided under Exhibit 4 of the application submission.***

|  |  |
| --- | --- |
| **ALL PROGRAMS** | **CHECK IF IMPLEMENTED** |
| 1. Standards include the area of service where assistance shall be offered. |  |
| 1. Standards include all type(s) of assistance that will be offered through the ESG program. |  |
| 1. Standards summarize the procedure in place that defines how program participants will be evaluated for eligibility of assistance under the ESG program using the coordinated intake and assessment system located within the applicant’s Area of Service. (Note: DV shelters must follow the requirements of the Violence Against Women Act and the Family Violence Prevention and Services Act which prohibits agencies from making its shelter or housing conditional on the participant’s acceptance of service) |  |
| 1. Standards include procedures describing the coordination that will occur among emergency shelter providers, essential services providers, homelessness prevention, and rapid re-housing assistance providers, other homeless assistance providers, and mainstream service and housing providers. |  |
| 1. Standards include a list of available programs that program participants will be referred, including all programs reflected in 576.400 (b) and (c) such as Shelter + Care, VASH Voucher, Section 8, Emergency Food and Shelter program, etc. if available to program participants in the agency’s area of service. |  |
| 1. Standards describe the formal termination process established by the agency that recognizes the rights of individuals affected. The agency must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program participant’s assistance is terminated only in the most severe cases. |  |
| 1. Standards describe the program participant’s formal grievance process. Included shall be the right for the participant to contact the agency’s Director, the City’s Neighborhood Services Division, or HUD. |  |
| 1. Standards include summaries regarding the requirement that clients served and activities provided with ESG funds will be entered into HMIS (or comparable database if a DV shelter), the timeframe for data to be entered, and the process for ensuring confidentiality of client records. |  |
| 1. Standards include steps used to ensure clients receiving ESG assistance are provided all applicable HMIS releases, forms, client complaint process, etc. as required by HMIS regulations. |  |
| **STREET OUTREACH / EMERGENCY SHELTER OPERATIONS /**  **ESSENTIAL SERVICES** | **CHECK IF IMPLEMENTED** |
| 1. Standards include a summary of how agency staff will target and provide services related to street outreach, if provided. |  |
| 1. Standards include steps for admission, diversion, referral, and discharge by emergency shelters assisted under ESG. Include standards regarding length of stay limits, if any, and safeguards to meet the safety and shelter needs of special populations, such as victims of domestic violence, sexual assault, etc. |  |
| 1. Standards include procedures for admission, diversion, referral and discharge by emergency shelters for individuals and families who have the highest barriers to housing and are likely to be homeless the longest. |  |
| 1. Standards include assessing, prioritizing, and reassessing individuals and families’ needs for essential services related to emergency shelter. |  |
| 1. Standards include procedures on how staff will provide referrals of shelter clients to permanent housing programs. |  |
| 1. Standards include procedures on how staff will increase household income, including earned income, other cash income, and non-cash income resources. |  |
| **HOMELESS PREVENTION AND RAPID RE-HOUSING** | **CHECK IF IMPLEMENTED** |
| 1. Standards shall include definitions of who is considered to be homeless and at-risk of homelessness, as defined in 576.2. (Note: Agencies are not allowed to use the definition under 576.2(iii)(G), that states “Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness”) |  |
| 1. Standards include a process for determining and prioritizing which eligible families and individuals will receive homeless prevention or rapid re-housing assistance. If agency is utilizing a “vulnerability index” please describe how it will be used to determine clients who are most in need of assistance. |  |
| 1. Standards include standards for determining what percentage or amount of rent and utilities costs each program participant must pay while receiving homelessness prevention or rapid re-housing assistance, if applicable. |  |
| 1. Standards include process for evaluating and documenting income eligibility since program participant’s income must be below 30% of area median income as established by HUD for the area in which the participant lives when entering the program. Agencies must follow guidelines found under 24 CFR 5.609 when calculating income. |  |
| 1. Standards include the steps to determine the eligibility of rental assistance, including steps to determine that rent + utilities do not exceed Fair Market Rents for the area of service. |  |
| 1. Standards include how agency staff will document FMR and rent reasonableness standards, lead based paint inspections, and housing inspections. Included shall be procedures to verify and document the age of the units built before 1978 may contain lead based paint. |  |
| 1. Standards include steps for determining how long a program participants will be provided rental assistance and whether or not (and how) the amount of that assistance will be adjusted over time, if applicable. |  |
| 1. Standards include steps for determining the type, amount, and duration of housing stabilization and/or relocation services to provide to a program participant, including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance, the maximum number of months the program participant receives assistance, or the maximum number of times the program participant may receive assistance. |  |
| 1. Standards that includes the requirements of program participants to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability (and be documented in client case file and HMIS). Included shall be the agency’s plan to assist the program participant to retain permanent housing after the ESG assistance ends, taking into account all relevant considerations such as the program participant’s current or expected income and expenses, other public or private assistance for with the program participant will be eligible and likely to receive, and the relative affordability of available housing in the area. (Note: DV shelters must follow the requirements of the Violence Against Women’s Act or the Family Violence Prevention and Services Act, which prohibits agencies from making shelter or housing conditional on the participant’s acceptance of service.) |  |
| 1. Standards include requirements that clients will be re-evaluated for program eligibility and the types and amounts of assistance the program participant needs. This re-evaluation process shall be conducted not less than once every 3 months for program participants who are receiving homelessness prevention assistance and not less than once annually for program participants receiving rapid re-housing assistance. Income limits shall not exceed 30% of AMI; the participants still lacks the resources and support networks necessary to retain housing. |  |
| 1. Standards shall include any requirements the agency may have regarding the requirement of the program participant to notify the agency of any change in income, stability, support circumstances that would affect the program participant’s need for assistance under the ESG program. If applicable, when notified of the relevant change, the agency shall include steps to re-evaluate the program participant’s eligibility and amount and types of assistance the program participant needs. |  |
| 1. If the program participant receives rental assistance or housing relocation and stabilization services, the Standards shall include the formal process for terminating a program participant that includes:  * Written notice to the program participant containing a clear statement of the reasons for termination; * A review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person who made or approved the termination decision; and * Prompt written notice of the final decision to the program participant. Included shall be language stating that termination does not bar the program participant from receiving assistance at a later date if the issue that caused the termination is resolved. |  |
| 1. If the program participant receives rental assistance or housing relocation and stabilization services, the Standards shall include an Exit Strategy, which will assess housing needs of program participants who are nearing the end of assistance. Housing stability of program participants must continue after assistance ends, so the Standards should include an exit strategy that will ensure program participants remain housed for at least 6 months after program exit. |  |

I certify that the Written Standards developed for the Emergency Solutions Grant Program (ESG) follow guidelines reflected above, the regulations under 24 CFR Part 576. Enclosed is a copy of the Written Standards that will be used by all agency staff who will participate in the ESG program.

Click or tap here to enter text.

Printed Name of Agency Director Date

Signature

# EXHIBIT 5

# NONPROFIT STATUS

PLEASE PLACE A COPY OF YOUR AGENCY’S IRS NON-PROFIT DESIGNATION LETTER

BEHIND THIS SHEET

# EXHIBIT 6

# MOST RECENT AUDITED FINANCIALS

PLEASE PLACE A COPY OF YOUR AGENCY’S MOST RECENT AUDITED FINANCIAL STATEMENTS OR SINGLE AUDIT

BEHIND THIS SHEET

# EXHIBIT 7

# MOST CURRENT FINANCIAL STATEMENT

PLEASE PLACE A COPY OF YOUR AGENCY’S MOST CURRENT FINANCIAL STATEMENT

BEHIND THIS SHEET

# EXHIBIT 8

**COPIES OF LAST FOUR (4)**

**BOARD OF DIRECTORS MEETING MINUTES**

PLEASE PLACE A COPY OF YOUR AGENCY’S LAST FOUR (4) BOARD OF DIRECTORS MEETING MINUTES BEHIND THIS SHEET

# EXHIBIT 9

**BYLAWS**

PLEASE PLACE A COPY OF YOUR AGENCY’S COPY OF ORGANIZATIONS BY-LAWS AND ARTICLES OF INCORPORATION BEHIND THIS SHEET BEHIND THIS SHEET

# EXHIBIT 10

**ARTICLES OF INCORPORATION**

PLEASE PLACE A COPY OF YOUR AGENCY’S RESOLUTION OF THE BOARD OF DIRECTORS AUTHORIZING AN APPROPRIATE STAFF PERSON TO EXECUTE THE IRVINE ESG GRANT APPLICATION, THE AGREEMENT (IF FUNDED), ESG FORMS, PAYMENT REQUESTS AND OTHER DOCUMENTS AS REQUIRED BY THE CITY OF IRVINE TO IMPLEMENT THE ESG-FUNDED ACTIVITY BEHIND THIS SHEET

# EXHIBIT 11

**COORDINATED ASSESSMENT SYSTEM PARTICIPATION**

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **Agency Name:** | Click or tap here to enter text. |

**CERTIFICATION:**

1. Does your organization participate and or commit to participating in the ongoing planning and implementation of Orange County Continuum’s Coordinated Entry system?

Yes  No

1. Does your organization commit to change program rules and practices in accordance with Coordinated Assessment/Centralized Intake goals and objectives?

Yes  No

Click or tap here to enter text.

Printed Name of Agency Director Date

Signature

# EXHIBIT 12

**TERMS AND CONDITIONS**

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **Agency Name:** | Click or tap here to enter text. |

The City of Irvine reserves the right to communicate with the Department of Housing and Urban Development (HUD), lenders, providers, grantors and other participants associated with the NOFA proposal application to obtain additional clarification of design of projects, or organization fiscal and programmatic capacities, and to utilize this information in the evaluation process.

The City of Irvine reserves the right to reject any application received in response to this NOFA if it is deemed inappropriate or incomplete or is not in the best interest of the City.

The City of Irvine makes no representation that any funding will be guaranteed to any applicant responding to this NOFA.

An agency may not be recommended, if it has a history of past or current contract non-compliance with the City of Irvine, a termination for cause by any other funding source, or disallowed costs with the City of Irvine or any other funding source.

The City of Irvine reserves the right to verify information submitted in the application.

I hereby acknowledge that I have read and understood the terms and conditions above and agree to all of the terms of the NOFA.

Click or tap here to enter text.

Printed Name of Agency Director Date

Signature

# EXHIBIT 13

**HUD CERTIFICATIONS**

**APPLICANT INFORMATION**

|  |  |
| --- | --- |
| **Agency Name:** | Click or tap here to enter text. |

**PY 2020-2021 COMPLIANCE CERTIFICATION**

HUD requires grant recipients to certify to compliance with certain federal laws and requirements, and the City of Irvine requires grant recipients to certify compliance with applicable conflict of interest rules. Please review the certifications below, complete blanks as needed, and have the authorized representative of your agency sign in affirmation.

**COMPLIANCE WITH DRUG-FREE WORKPLACE REQUIREMENTS**

The undersigned acknowledges and certifies that the employees to be engaged in the performance of this grant at the Place or Places of Performance, hereinafter defined, will comply with the Drug-Free Workplace Act of 1988. The agency also agrees to obtain signed certifications by each employee and new hire that certifies that the employee will comply with the Act, and the agency will maintain these certifications on file and make them available for review pursuant to the terms and conditions relative to record keeping and monitoring, as will be defined in the resolution governing any future grant awards.

Places of Performance (include street address, city and zip code for each site where services will be provided):

|  |  |  |
| --- | --- | --- |
| **Function of Facility in Program Services** | **Address** | **Estimated No. of employees at site** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**COMPLIANCE WITH OTHER FEDERAL REQUIREMENTS**

The undersigned acknowledges and certifies that the organization will comply with all applicable Federal requirements as reflected in 24 CFR 576.404, 576.406, 576.407 and 576.408 regarding the following: Conflict of Interest; Affirmative Outreach; Lobbying Requirements, Uniform Administrative Requirements; Procurement of Recovered Materials; Displacement, Relocation and Acquisition; and Relocation Assistance for Displaced Persons.

In addition, the undersigned acknowledges and certifies that the organization prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964.

It is further certified that this organization has reviewed its projects, programs, and services for compliance with all applicable regulations contained in Section 504 of the Rehabilitation of 1973, as amended, and the Americans with Disabilities Act of 1990.

**CONFIDENTIALITY REQUIREMENTS**

The undersigned certifies that the organization will adopt policies and procedures which meet at least the minimum standards for protecting the confidentiality of information as set forth in the federal ESG requirements as reflected in 24 CFR part 576.500.

**FAITH-BASED ORGANIZATION REQUIREMENTS**

The undersigned certifies that the faith-based organization agrees with requirements of CPD Notice 04-10.

**CERTIFICATION OF HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS) PARTICIPATION REQUIREMENTS**

The undersigned acknowledges and certifies that the organization will participate in the Congressionally mandated HMIS database system that has been implemented by the Orange County Continuum of Care.

It is further certified that this organization agrees to comply with Federal Register 4848-N-02, which states that recipients of McKinney-Vento HUD funds, including the ESG Program, must provide certain data on homeless clients served through a centralized HMIS database. The organization understands that they will be contacted by the HMIS System Administrator to secure licenses, software and training for this database, and that costs associated with this requirement *may be* paid for by the them.

The undersigned also understands that although the Division has currently funded the HMIS provider directly and so costs associated with this requirement should be minimal, applicants should be prepared to participate at their own cost in order to meet this mandated requirement. (Note: Domestic violence shelters will not be required to participate in the Statewide HMIS but must agree to enter client data into a comparable database as required by 24 CFR part 576.)

**DISCHARGE PLANNING**

Local governments receiving ESG funds must make every effort to develop, to the maximum extent practicable and where appropriate, practices and protocols to insure that publicly funded institutions, such as health care facilities, foster care and other youth facilities, and jails/corrections programs located in the local government’s jurisdiction do not discharge persons to the streets or otherwise result in homelessness for this vulnerable population.

Applicant acknowledges and certifies that the agency will participate in efforts to implement and participate in community-wide discharge plans and will work with partners to develop discharge plans that are supported by executed Memorandums of Understanding between participating agencies.

**PERFORMANCE STANDARDS**

The undersigned acknowledges and certifies that programs and services funded through the ESG program will be designed to assist the local Continuum of Care (CoC) and the City in meeting performance outcomes adopted by the CoC. The undersigned further understands that performance objectives, outcomes and measures will be used to demonstrate how activities funded with the ESG program are helping local continuum’s of care to meet their goals.

The undersigned also agrees to provide each funding agency and the local CoC copies of reports obtained from HMIS, which will be used to determine whether or not the agency is meeting objectives, and will provide completed Annual Reports to their funding agency at the end of each program year.

**CERTIFICATION OF SUBMISSION**

The undersigned acknowledges and certifies that the Board of Directors of the applying organization endorses this Notice of Funding Availability for Emergency Solutions Grant Funds to be submitted to the City of Irvine for funding consideration.

The undersigned further certifies that the organization submitting this Request is: 1) a non-profit, faith-based organization, or unit of local government; 2) tax-exempt, if applicable; 3) incorporated in the State of California; and 4) has complied with all applicable laws and regulations pertaining to same;

The undersigned hereby commits the organization to provide the services or project identified in the eligible activities section in accordance with this Notice of Funding Availability for Emergency Solutions Grant Program Funds.

The undersigned commits that the organization will submit required reports and draw reimbursement requests within the timeframes provided by the City of Irvine once funds are awarded.

If this application is approved, and this organization receives funding from the City of Irvine, it is agreed that all relevant federal, state and local regulations and other assurances as required by the City will be adhered to. Additionally, it is agreed that all guidelines, definitions, and limitations set forth in the accompanying Program Guidelines will be adhered to at all times.

The undersigned further certifies that this Notice of Funding Availability proposal and the information contained herein is true, correct and complete, and that the signer of this document is authorized to act on behalf of the agency.

Click or tap here to enter text.

Printed Name of Agency Director Date

Signature

# EXHIBIT 14

# AFFIRMATIVE ACTION PLAN

AFFIRMATIVE ACTION PLAN

PLEASE PLACE A COPY OF YOUR AGENCY’S AFFIRMATIVE ACTION PLAN BEHIND THIS SHEET

# EXHIBIT 15

# CITY OF IRVINE SPECIFIC REQUIREMENTS / FORMS

**ESG FUNDING CONDITIONS TO DISBURSEMENT**

The written agreement will specify that the disbursement of ESG funds to your agency is subject to the following conditions at the time each disbursement is to be made:

* Your agency shall have provided to City a complete payment request with documentation supporting the eligible ESG costs incurred;
* Your agency shall have submitted to City a quarterly report of progress toward achieving the ESG program performance measurement plan;
* If payment is for the professional services of a consultant or contractor, your agency will be required to provide the City with appropriate evidence that consultant or contractor is not federally debarred or suspended and shall have provided a copy of the executed contract between your agency and the consultant or contractor;
* The ratio of disbursement of ESG funds to your agency shall not exceed the ratio of progress toward achieving the program specific performance measurement plan identified in the written agreement; and
* That City’s obligation to provide ESG funds to your agency shall be subject to the availability of ESG funds to the City from HUD.

**INDEMNIFICATION**

The agency approved for funding must agree to defend, indemnify, and hold harmless the City, its officers, agents and employees from and against all liability, claims, demand, losses, and expenses, including attorney’s fees, original and on appeal, arising out of or related in any way to the performance of the agreement.

**INSURANCE**

The agency approved for funding will be required to maintain the insurance coverages described below, each of which shall contain a provision that forbids any cancellation, changes or material alterations without prior notice to the City at least 30 days in advance. The insurance coverage shall be evidenced by an original certificate of insurance provided through the City’s third-party risk management firm prior to the execution of the written agreement. The required insurance (as of July 1, 2019, subject to change in the written agreement) is as follows:

1. Commercial General Liability Insurance – shall be written to cover liability arising from premises and operations, independent contractors, products and completed operations, personal and advertising injury, and contractual liability. The minimum bodily injury and property damage liability limit shall be $1,000,000 per occurrence.
2. Workers’ Compensation Insurance – shall cover all employees engaged in work for the agency in accordance with the laws of the State of California. The minimum employer’s liability limit shall be $1,000,000 per accident.
3. Auto Insurance – shall be required to cover all employees who may operate a vehicle as part of the proposed program/project. The minimum employer’s liability limit shall be $500,000 per accident.

**LICENSES**

Agencies approved for funding will be required to obtain a City of Irvine business license.

**PROGRAM MONITORING**

Agencies approved for funding will be required to maintain and submit adequate information necessary to monitor program accountability and progress in accordance with the terms and conditions of the written agreement.

**FAIR HOUSING, NONDISCRIMINATION AND EQUAL OPPORTUNITY**

The City of Irvine, in accordance with federal and state law and City policy, prohibits discrimination on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition, ancestry, marital status, age, sexual orientation, citizenship or service in the uniformed services. Agencies awarded funding will be required to comply with all applicable fair housing, nondiscrimination and equal opportunity requirements.

**CONFLICT OF INTEREST QUESTIONNAIRE**

Federal, state and city law prohibits employees and public officials of the City of Irvine from participating in any transaction, on behalf of the City, in which they have a financial interest. In order to assure compliance with this requirement, this questionnaire must be completed and submitted by each applicant for Emergency Shelter Grant (ESG) funding. The purpose of this questionnaire is to determine if your agency staff or Board members perform functions or responsibilities that would be a conflict of interest with respect to the ESG program. If necessary, detailed explanations may be provided on separate sheets of paper.

1. Is/are there any member(s) of your staff, Board of Directors, or other governing body, who is currently, or has/have been within one year of the date of this questionnaire, a City of Irvine employee or a member of a City board or commission that has a direct influence on the allocation of ESG funding?

Yes  No

If yes, please list the following:

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **City / Department** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. Will the ESG funds requested by the applicant be used to pay the salaries of any of applicant’s staff person(s) who is/are, or has/have been within one year of the date of this questionnaire, employed by the City of Irvine?

Yes  No

If yes, please list the name(s) below and identify the City Department in which each person is employed:

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **City / Department** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. Will the ESG funds requested by the applicant be used to pay the salaries of any of applicant’s staff person(s) who is/are currently, or has/have been within one year of the date of this questionnaire, a member of a City of Irvine board or commission that has a direct influence on the allocation of ESG funding?

Yes  No

If yes, please list the following:

|  |  |
| --- | --- |
| **Name** | **Years** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

1. Will the ESG funds, requested by the applicant, be used to award a contract or subcontract to any individual(s) or business affiliate(s) who is/are currently, or has/have been within one year of the date of this questionnaire, a City of Irvine employee or a member of a City board or commission that has a direct influence on the allocation of ESG funding?

Yes  No

If yes, please list the name(s):

Click or tap here to enter text.

The ESG funds used for reimbursement of rent shall not benefit any employee, agent, consultant, officer, elected official or appointed official of the subrecipient. This prohibition includes leases between an organization and a director, trustee, officer or key employee of the organization or his/her immediate family either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.

I/we hereby certify understanding of these requirements and have fully disclosed any conflicts, real or apparent, as of the date set forth below.

Click or tap here to enter text.

Printed Name of Agency Director Date

Signature