## Local Application for ESG Funding

**I. Summary Project Information**

**A. Agency Information**

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| --- |
| Agency Name:  |
| Agency Address:  |
| Primary Contact Person:  | Title:  |
| Telephone Number:  | E-Mail Address:  |

**B. Competition Type**

Check the competition you are seeking funding under:

**\_\_\_\_ Non-Competitive RRH Set-Aside, or**

**\_\_\_\_ Regional Competition**

**C. Project Component**

Check the ESG-eligible component that this project will primarily address:

**\_\_\_\_ Street Outreach**

**\_\_\_\_ Emergency Shelter**

**\_\_\_\_ Rapid Re-Housing**

**D. Project History**

Has this project been funded by HCD before?

\_\_\_\_ Yes

\_\_\_\_ No

**E. Project Summary**

Provide a summary of the project, being sure to cover the following areas: the community need that these services will address, the target population and core services delivered, the average number of core services a participant will receive, average length of time the participant will receive services and length of time the project has been in operation (limit to 500 words).

**F. Project Services Provided**

Check additionally related services this project directly provides. Please select any that apply:

|  |  |
| --- | --- |
| \_\_\_\_\_ Short- to Medium-Term Rental Assistance  | \_\_\_\_ Case Management  |
| \_\_\_\_\_ Financial Literacy/Assistance  | \_\_\_\_ Tenancy Education  |
| \_\_\_\_\_ Meals, Transportation, or Personal Items  | \_\_\_\_ Housing Location services  |
| Other Services (Please list):  |

**II. PROJECT DETAIL**

**A. Project Design**

Please describe the project design and include the following *(limit to 250 words total)*:

1. Length of average project enrollment.
2. What is a successful project exit? What will the participant be expected to achieve by receiving the services?
3. Follow up (if any) of exited participants.

**B. Project Outreach**

Describe the target population for this project and include the following *(limit to 250 words total)*:

1. What outreach strategies are used to reach the target population?
2. How are participants referred into the program?

**C. Project History and Readiness**

Please complete the following

|  |  |
| --- | --- |
| **Experience Type** | **Number of Years Experience** |
| How many years of experience does the Applicant have operating the program activity proposed in the application? |  |
| How many years does the Applicant have experience operating a similar activity? **Note**: The similar activity must be a **‘like’** activity. (**For example**, CalWORKs RR is similar to ESG RR; the Section 8 Housing Choice Voucher Program is similar to RR). |  |

Briefly describe the project history and any material changes and include the following *(limit to 250 words total)*.

1. If this project has been operating one year or less, please discuss its stage of project growth or readiness.
2. If this project has been operating longer than one year, describe any material changes that have affected the project along with associated impact(s) that have taken place over the past two years.
3. If the project is anticipated to materially expand or contract in size during FY 2016-17 please describe changes to service levels and number of unduplicated participants to be served.

For applicants who have received funding in the State’s ESG program in the past three years the following will be considered:

* Whether the HCD has terminated or disencumbered ESG funding.
* Whether the applicant has any unresolved HCD monitoring findings in ESG.
* Whether the applicant has submitted annual reports to HCD in a timely manner for ESG grants.

List all State HCD ESG contracts received and information for the bulleted items above from 2013 – present:

|  |  |  |  |
| --- | --- | --- | --- |
| **HCD ESG Contract****#** | **Terminated and/or Disencumbered ESG contracts** | **Unresolved monitoring findings** | **Name and year of the annual report(s) submitted late** |
|  |  |  |  |
|       |       |  |  |
|  |  |  |  |

**D. Mainstream Resources**

Describe how your agency would ensure that program participants are assisted in obtaining mainstream services and financial assistance, including housing, social services, employment, education, and youth programs for which participants may be eligible *(limit to 250 words total)*.

**E. Project Outcomes**

Please (1) state the number of HOUSEHOLDS served (not individuals) and the numerical or percentage outcome *that were achieved* in the year from October 1, 2014 – September 15, 2015. **Please attach an HMIS report for this period supporting the number of households served and outcomes stated***;* (2) the number of households and the numerical or percentage outcome that *will be achieved* in the first program year October 1, 2016 – September 15, 2017, and (3) describe how the project will achieve the outcomes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Indicator**  | **Quantitative Measure** Households that achieved the indicator from October 1, 2014 – September 15, 2015 | **Quantitative Measure** Households that will achieve indicator | **Project Goal** Briefly describe how your project will work towards achievement the specified Housing Indicator |
| Average length of project stay for leavers | \_\_\_\_\_\_\_\_ Average length of participation in days | \_\_\_\_\_\_\_\_ Average length of participation in days | \_\_\_\_\_\_\_\_ Average length of participation in days |
| Percentage of leavers exiting to permanent housing | \_\_\_\_\_\_\_\_% of leavers exiting to PH | \_\_\_\_\_\_\_\_% of leavers exiting to PH | \_\_\_\_\_\_\_\_% of leavers exiting to PH |

1. Describe how your agency will evaluate this project’s performance and make needed adjustments to service delivery. Note any participant involvement that is included in evaluating the services (*limit to 250 words total*).

**III. PARTICIPANT INFORMATION**

**A. Households Served** Number of Unduplicated Households projected to be served by the project during the grant period of October 1, 2016 to June 30, 2018.

|  |
| --- |
| **Projected Number of Households To Be Served** **10/1/16 – 6/30/18**  |
| \_\_\_\_\_\_\_\_\_ Households  |

**B. Population and Subpopulation (if any) Served** Describe the population and any subpopulations to be served, including their needs *(limit to 250 words total)*.

**IV. PROGRAM REQUIREMENTS**

Limit each response below to 250 words each.

**A. Coordinated Entry**

Does your agency intend to participate in Coordinated Entry (including making referrals to and accepting referrals from Coordinated Entry)? Please describe how.

**C. Housing First**

Does the agency or project utilize a Housing First Approach? Please describe how.

**D. Meets Objectives of Local Homelessness Plan**

Describe the extent to which your project meets the strategic priorities of *All In – Toward a Home for Every Santa Cruz County Resident*. Identify the specific strategic priorities that will be address and describe how they will be addressed.

**V. PROJECT FINANCING AND BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Components**  | **ESG Funding Request**  | **Other Cash Resources**  | **Total Project Budget**  |
| Salaries  |  |  |  |
| Travel  |  |  |  |
| Equipment  |  |  |  |
| Supplies  |  |  |  |
| Essential Services (SO, ES)  |  |  |  |
| Rehab & Renovation (ES)  |  |  |  |
| Shelter Operations (ES)  |  |  |  |
| Rental Assistance (RR)  |  |  |  |
| Housing Relocation & Stabilization (RR) |  |  |  |
| Hardware, Equipment & Software (HMIS) |  |  |  |
| Staffing (HMIS)  |  |  |  |
| Training & Overhead (HMIS)  |  |  |  |
| Indirect Costs  |  |  |  |
| **TOTALS**  |  |  |  |

**Thank you very much for your application!**

Please submit one electronic copy of your application via e-mail to: tonygardnerconsulting@yahoo.com and Julie.conway@sancruzcounty.us. No need to submit paper copies.

Again the deadline for local applications is **Wednesday, 6/29/16, at 2 pm**.

Don’t forget to attach an HMIS report for households served and outcomes for 10/1/14 – 9/30/15.