

# 2023-2024 Emergency Solutions Grant (ESG) Application



# **CHECKLIST OF REQUIRED DOCUMENTS**

Documentation of active SAM registration with current agency information

Documentation the organization's Code of Conduct complies with 2 CFR part 200 and is on file with HUD. www.hud.gov/program\_offices/spm/gmomgmt/grantsinfo/conduct If not, attach Code of Conduct.

PDF HMIS Generated APR (June 1, 2022-May 30, 2023) - renewing projects only

#### **NEW PROJECTS ONLY**

Documentation of 501(c)(3) status from US Internal Revenue Services

**Organizational Chart** 

Current list of Board of Directors

Most recent Fiscal Year Audit, if applicable

Minutes from the past two board meetings



Agency:	_ DUNS Numbers:	
Project Name:		
Agency Contact Person:		
Email Address:	_ Phone:	
Agency Address:		
Brief Project Description (ONE paragraph for contribution)	act narrative, ii awarded):	
2. Proposed Activities: (Select ALL that apply)		
Street Outreach	Prevention/TBRA/Services	
Emergency Shelter	Rapid re-housing/TBRA/Services	
3. Please identify the primary beneficiaries of your ES	G program (Select ALL that apply)	
Chronically Homeless	Elderly	
Unaccompanied Youth	Veterans	
Victims of Domestic Violence	Persons exiting jail/prison	
Persons with HIV/AIDS	Persons with severe mental illness	
4. Total to be served		
Indicate the number of unduplicated adults	(18+) to be served	
Indicate the number of unduplicated childr	, ,	
Indicate the number of households to be served		



5.	Describe your organization's mission and how homeless programs fit within that mission.
6.	Provide evidence of the need for the services proposed. Include as much data as possible to support your application, including HMIS data. Describe how this project will meet the priority needs of the homeless individuals or those at risk of homelessness in Oklahoma City.
7.	Describe how your agency will ensure that program participants are assisted in obtaining services including access to mainstream resources, education, employment, youth programs, etc.



8.	What percentage of	your program	discharges in the	last calenc	lar year were invo	luntary?
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9. Provide examples and reasons for discharge. **NEW PROJECTS**: please describe your agencies discharge policy including examples of situations that would result in program termination.

10. Describe how your agency will involve individuals with lived experience in the operating of the ESG funded project. Include if your agency has a person with lived experience on the Board of Directors. Describe any program changes that have been made as a result of participant feedback.



11.	Describe your agency's process for ensuring project-level and agency-wide data quality in HMIS, or if a victim service provider, the comparable database. Identify which staff person(s) is responsible for monitoring data quality at your agency.
12.	How does the agency use data and reporting to inform agency decision making?



13. Project Performance – Using your FY21-22 CAPER data complete the table below (NEW/FIRST YEAR PROJECTS) On a separate document include a narrative response on how your project will address housing stability and increasing the non-cash benefits of your consumers)

a. Housing	Enter the Percentage from the Total Column on	
Stability	Q23c.	
	1. Enter the number of persons who had any	
	source of non-cash benefit at start in Q20a.	
	2. Enter the number of persons who had any	
	source of non-cash benefit at latest annual	
	assessment in Q20a.	
b. Increase Non-	3. Enter the number of persons who had any	
Cash Benefits	source of non-cash benefit at exit in Q20a.	
	4. Add lines 2 + 3 together and then subtract line	
	1.	
	5. Enter the "Number of Persons Served" from	
	line 1 of Q5a.	
	6. Divide Line 4 by Line 5 and covert to percentage	
	1. Is the "Number of Persons Served" from line 1 of	
	Q5a consistent with the number proposed in the	
	application?	
c. Number	If not, please explain	
Served		



## 14. Housing First/Low Barrier

	Yes	No
Does the project require a background screening prior to project		
entry?		
Does the project prohibit persons with certain criminal convictions	_	
from entering the project?		
Does the project require participants to be clean and sober prior to		
project entry or during project stay?		
Does the project require participants to take alcohol/drug tests?		
Does a positive alcohol/drug test result in termination from the		
project or require participant to participate in substance abuse		
treatment and/or detox to resume project services?		
Does the project require participants to have a mental health		
evaluation prior to project entry?		
Does the project require project participants who demonstrate		
mental health symptoms to participate in mental health services		
and/or medication compliance as a condition of participation?		
Does the project require participants to have an income at time of		
project entry?		
Does the project require participants to obtain income as a condition		
of remaining in the project?		
Does the project require participants to participate in supportive		
services as a condition of continued services?		
Does the project require participants to be "progressing" in their		
goals to remain in the project?		
Does the project exclude or refuse project entry based on race, color,		
religion, national origin, disability, sex, sexual orientation, gender		
identity and/or gender expression?		
Does the project include any requirements, outside of those typically		
found in a lease agreement or in "community living" conduct rules?		
Do project participants have to travel to the agency's office(s) to		
receive the majority of their services, including case management,		
after they are housed?		
Does the project prohibit any member of a household, based on age,		
gender, biological relationship and/or marital status, from residing		
together at the project?		
Enter the Total # of "Yes" and "No" responses		



15. HMIS Data Quality - Using your FY21-22 CAPER data complete the table below (**NEW/FIRST YEAR PROJECTS**) On a separate document include a narrative response on how your project will meet the data standards of the CoC)

Identifiable Information Data Quality	Enter <b>"Overall Sco</b>	ore" from Q6a.		
	Enter Values from	"Q6e – Data Qualit	y: Timeliness"	
		Project Entry	Project Exit	Total
	0 Days			
	1-3 Days			
Timeliness Data	4-6 Days			
Quality	7-10 Days			
	11+ Days			
	Total Number of E	Entries		
		O Days" and "1-3" D of Entries to detern ithin 72 hours.	= = = = = = = = = = = = = = = = = = = =	
	entries entered w	itnin 72 nours.		

17. Financial and Monitoring (**NEW/FIRST YEAR PROJECTS**) On a separate document include a narrative response on how your project will expend funds, include your agency's plan for providing services on a reimbursement basis.)

In the projects most recently ended grant year, what percentage of funds were expended?	
Percentage of funds used for Supportive Services	
Did the project submit all reimbursement requests at least	
quarterly during the most recently ended grant term?	



Did the project provide documentation for the match required	
per ESG regulations?	
Did the project have any findings or concerns in the most recent	
monitoring?	
In the projects most recently ended grant year, what was the	
cost per person served?	

## 18. Collaboration

The agency has consistent representation at CCMS, Veterans CCM,	
Family CCM or Youth CCM.	

19. Proposed Project Budget

Туре	Description	Amount	Match (Y/N)	
Example				
Case Management	2 FTE	\$70,000	N	
Case Management				
Support Services				
Outreach Advocate				
Transportation/Travel				
Education Services				
Employment Assistance				
Shelter Operations				
Rental/Utility Assistance				
Other Eligible Expenses				
PROJECT TOTAL				