KEY to HOME

2024-2025 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 ESG CAPER (June 1, 2023 - May 30, 2024) - **RENEWING PROJECTS ONLY**

NEW PROJECTS ONLY

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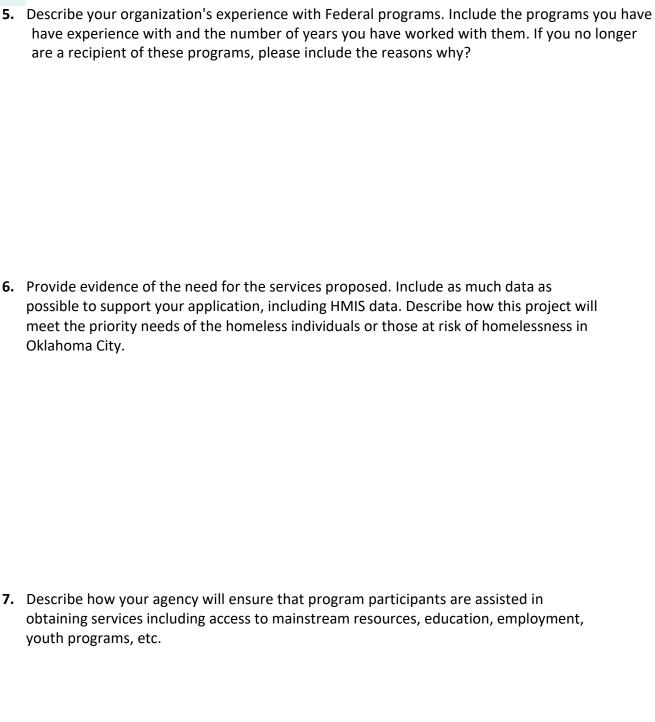
Organizational Chart

Current list of Board of Directors

Most recent Fiscal Year Audit, if applicable

Minutes from the past two board meetings

Agency: _____ UEI Number: _____

Project Name: _____

Agency Contact Person: _____

Email Address: _____ Phone: _____

Agency Address: _____

1. Brief Project Description (ONE paragraph for contract narrative, if 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 ESG program (Select ALL that apply)

    Chronically Homeless   Families

    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 children (<18) to be served
   Indicate the number of households to be served

5. Describe your organization's experience with Federal programs. Include the programs you have have experience with and the number of years you have worked with them. If you no longer are a recipient of these programs, please include the reasons why?

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 calendar year were involuntary?

9. **RENEWAL PROJECTS:** Provide examples and reasons for discharge. **NEW PROJECTS**: please describe your agency's 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 or another decision making entiry. Describe any program changes that have been made as a result of participant feedback.

11. HMIS Data Quality

NEW PROJECTS: 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.

RENEWAL PROJECTS: Using the ESG CAPER submitted with this application, complete the table below.

Identifiable Information Data Quality	Enter **"Overall Score"** from Q6a.			
	Enter Values from **"Q6e – Data Quality: Timeliness"**			
		Project Entry	Project Exit	Total
	0 Days			
	1-3 Days			
Timeliness Data Quality	4-6 Days			
	7-10 Days			
	11+ Days			
	Total Number of Entries			
	Add Totals from "0 Days" and "1-3" Days and Divide by the Total Number of Entries to determine the % of entries entered within 72 hours.			

12. How does the agency use data and reporting to inform agency decision making?

13. Project Performance

NEW PROJECTS: Briefly describe how you estimated number of clients your project could serve/how you'll ensure your project serves the number of clients proposed.

RENEWAL PROJECTS: Using the ESG CAPER submitted with this application, complete the table below.

	1. Is the **"Number of Persons Served"** from line 1 of Q5a consistent with the number proposed in the application?	
c. Number Served	If not, please explain	

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. Financial and Monitoring

RENEWAL PROJECTS: Complete the questions below

In the projects most recently ended grant year, what percentage of funds were expended?	
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?	

NEW PROJECTS: Describe how your project will expend funds, include your agency's plan for providing services on a reimbursement basis.)

16. Collaboration

Do projects operated by your organization take part in/take referrals from the CoC's Coordinated Entry System?	

PROPOSED PROJECT BUDGET

Type	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			