

ESG-CV HUB / Homelessness Prevention Application

Introduction

The Indiana Housing and Community Development Authority (IHCDA) is launching an intake process to distribute the ESG-CV funds that were allocated to the State of Indiana through the CARES Act to address homelessness prevention needs caused by the COVID-19 pandemic. IHCDA is seeking regional pivot point contacts or HUBS, who will serve as partners in providing rental assistance to individuals affected by the pandemic. These will be organizations in each CoC region that have experience with ESG Rapid Rehousing and Homelessness Prevention services. The goal is to select two agencies from each region to serve as HUBs to ensure every county is covered and the most vulnerable are served first. Three criteria will be used to determine which agencies will receive the funding:

- Does the organization have experience in homelessness prevention or other rental assistance program?
- Is the organization a nonprofit organization and in good-standing with IHCDA and/or HUD?
- Has the organization been selected by the Regional Planning Council to serve as a HUB?

Preference will be given to organizations who are currently receiving ESG funding for rapid rehousing and homelessness prevention. However, if there are no or limited organizations within a region, new organizations may be brought in as sub-recipients of the funds, such as Community Action Agencies or other similar community organizations with rental assistance experience.

Once a client is sent to the regional HUB, s/he will be assessed on a Coordinated Entry vulnerability assessment tool and connected to the correct funding.

Instruction

An organization interested in applying for ESG-CV funding should complete this application. If the organization has received annual ESG funding or submitted an FY2020 ESG funding application, please complete the first three pages of this application (pgs. 2-3).

If the organization has not received ESG funding, has **NOT** submitted an FY2020 ESG funding application, or has received other IHCDA funding, e.g. Continuum of Care funding, please complete the entire application (pgs. 2-11)

Applications will be accepted until June 23, until 5:00 PM EDT.

Application Date: _____

Contact Information

Legal Organization Name _____ DUNS # _____
Street Address _____ Federal ID# _____
City, State, Zip _____ County _____
Phone _____

President / Executive Director _____
Phone _____ Email _____

Contact Person (if different) _____
Title _____
Phone _____ Email _____

Organizational Information

Do you currently receive ESG funding for homelessness prevention or other rental assistance funding?

Yes No

If yes, which type? Select all that apply.

- ESG Rapid Rehousing and Homelessness Prevention
- ESG Shelter Operations
- ESG Street Outreach
- Continuum of Care Funding (CoC) – Permanent Supportive Housing, Rapid Rehousing, or Joint Transitional-Rapid Rehousing
- Other: _____

What type of rental assistance experience does your agency have?

- ESG RR/HP
- CoC RRH
- HOPWA
- Section 8
- PSH
- TANF
- Other: _____

Will you be able to accept both approved and non-approved clients? Yes No

Has the Regional Planning Council agreed that your agency should receive and manage the ESG-CV Homelessness Prevention funds in your region? *If so, please attach a letter of support from your Regional Planning Council.* Yes No

Does your community or region have a rental assistance hotline? Yes No

If so, please include contact information (phone, email, URL) for it/them:

Please describe your organization’s capacity to assist an increased number of individuals affected by the COVID-19 pandemic with homelessness prevention services.

How is your agency currently responding to the COVID-19 outbreak?

What are the main challenges you are facing and how would additional funding help with those challenges?

Please describe how you are currently coordinating with other agencies in your region to address the current issues related to the COVID-19 pandemic. Please include the names of specific partnerships, e.g. township trustees, community action agencies, or other organizations, if applicable.

Service Area

The goal of the ESG-CV intake process is to identify two HUBs in each region to administer the homelessness prevention funds. Therefore, please indicate which counties you can provide services for, knowing that the service area will be split between two sub-recipients. Indication of coordination between the two selected agencies within a region is ideal.

Proposed Service Area (list both the Balance of State Region and counties or cities you propose to provide services): _____

Have you communicated and/or coordinated with the other selected regional Hub? Yes No
If so, please indicate how you will divide the regional area between you:

Potential Number Served: _____

Please indicate how you determined that number:

Funding and Budget Estimation

Please provide a baseline budget estimation. IHCDA will then use that information to determine your region’s baseline funding allocation to prepare the grant agreement. Due to the uncertain availability of state and/or federally allocated funds, IHCDA will continuously monitor expenditures across the Balance of State to reallocate funds to address the specific demands of each region.

Financial Assistance - Homeless Prevention	
Relocation and Stabilization -Homeless Prevention	
Rental Assistance - Homeless Prevention	
Admin (up to 10% of total amount)	
Total Budget Amount	

ESG-CV Threshold Requirements

If you are a first-time applicant, other threshold requirements are listed on page 11.

- Is your organization a 501(c)(3) organization Yes No
Applicant must be a private non-profit organization (defined as tax-exempt secular or religious organizations described in section 501(c) of the Internal Revenue Code). Documentation of this status must be submitted with the application.

- Are you an organization that is currently in good standing with IHEDA, the State of Indiana, and the federal government? Yes No
Applicant must certify that neither it nor its principals nor any of its subcontractors are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from doing business or receiving funds from any federal agency or by any department, agency or political subdivision of the State.

- Has your organization received approval from the Regional Planning Council to apply for these funds? Yes No
The intention of these funds is to ensure regional coordination, so it is important to submit a letter of support that indicates you have sought and received that approval.

Certification

I hereby certify that all information that I have completed and submitted as a part of this application process is true and accurately reflects the agency's willingness to serve as a regional hub for homelessness prevention for individuals affected by the COVID-19 virus. Additionally, I certify that I am legally authorized to sign this and submit this information to the Indiana Housing and Community Development Authority on behalf of said agency. I understand that any misrepresentation of information or failure to disclose information requested as a part of this application process and may be grounds for recapture of grant funds awarded or received by the agency based on fraud or omission.

Signature of Authorized Official

Date

Name (Typed or printed)

Title (Typed or printed)

First Time Applicants

Is this your agency's first time applying for ESG funds? Yes No

Organization Type (check only one program)

- | | |
|--|---|
| <input type="checkbox"/> Emergency Shelter (overnight) | <input type="checkbox"/> Domestic Violence Shelter |
| <input type="checkbox"/> Day Shelter (does not allow overnight stay) | <input type="checkbox"/> Community Mental Health Center |
| <input type="checkbox"/> Community Action Agency | <input type="checkbox"/> Supportive Service Provider |
| <input type="checkbox"/> Other _____ | |

If yes, please provide a brief description of your organization including summary of programs and services offered.

Does your agency currently have a rental assistance program, or do you have other experience provide rapid rehousing services? Yes No

If yes, what is the current funding source?

If yes, how many clients are you currently serving and what is your maximum capacity?

If the ESG program will be new to your agency give a brief description of your program plan. Please note that if approved, additional information may be requested prior to funding.

First-Time Applicant Threshold Requirements

- Have you verified your registration with SAM.gov? Yes No
Applicant must take the following steps to confirm its status:
 - Visit the following link:
<https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>
 - Type the Applicant's name where it is asked to "Enter your specific search term"
 - Press the box entitled "View Details"
 - Print the results/ save as a PDF; and
 - Submit the results with the application as a PDF along the application and other required supporting documentation.
- Does your organization have any unresolved findings from IHCDA or HUD or any state or federal recaptured funds due to non-compliance? Yes No
If yes, please provide an explanation and submit any supporting documentation:
- Did a staff, board member or affiliate from your organization attend at least 75% of your Regional Planning Council on the Homeless meetings in previous calendar year? Yes No
In order to ensure that the Continuum of Care is obtaining feedback from all of our partners and

*incorporating that feedback into our goals and work, your attendance and participation in the regional planning council is needed and helps ensure we are listening to all of our state-wide partners. **Certificate of Attendance with Regional Planning Council on Homeless attendance must be submitted with the application.***

- Is your organization located in the Balance of State Continuum of Care (IN-502)? Yes No
All counties except Marion are eligible to apply.

- Is your agency following the *Housing First*-required HUD policy? Yes No *Housing First is an approach to connect individuals and families experiencing homelessness quickly and successfully to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. **Please provide a written copy of your policy regarding Housing First.***
If no, please provide an explanation:

- Do 100% of all program clients meet HUD's definition of homeless for Rapid Rehousing or at risk of homelessness for Homeless prevention? Yes No
(See HUD's homeless and at-risk of homelessness definition in Section B of the RFP)
If no, please explain:

- Do you make your nondiscriminatory policies available to your clients? Yes No
*In accordance with 24 CFR 576, the Applicant must describe how it will make known that use of the facilities, assistance, and services are available to all on a nondiscriminatory basis and describe how it will take appropriate steps to ensure effective communication with persons with disabilities including, but not limited to, adopting procedures that will make available to interested persons information concerning the location of assistance, services, and facilities that are accessible to persons with disabilities. Consistent with Title VI and Executive Order 13166, The Applicant is also required to take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons. **Please provide a description of non-discrimination policy:***

Board of Directors

- How frequently does the Board meet? _____

- Does the Board have members representing at least 4 different fields/ occupations? Yes No

- Is there a written set of policies and procedures for the Board? Yes No

- Does the Board have an active fiscal oversight committee? Yes No
Give a brief description of the oversight committee responsibilities

Financial Management

How many years of experience does your organization have with federal grants?

- 5 or more years
- 3-5 years
- 1-3 years
- Less than 1 year

Per the grant agreement, if a sub-recipient expends \$750,000 or more in federal awards during the sub-recipient's fiscal year, it must submit its single audit to IHCDA. If the sub-recipient expends less than \$750,000 in federal awards, it must submit its audited financial statements or 990 (IRS Form 990, (Return of Organization Exempt from Income Tax). Does your agency have a system in place to ensure this requirement is met? Yes No

In the Financial Accounting System are the following books of account used?

- General Ledger
- Cash disbursements (check register)
- Cash Receipts (deposits received)
- Fixed Assets

Are financial records maintained in a software system? Yes No

Are passwords used to access the financial system? Yes No

Is there an off-site back-up system? Yes No

What software system is used?

How many years are fiscal records maintained? HUD ESG regulations require 5 years from the end of the award period?

Are the individuals who handle the organization's funds bonded? Yes No

A copy of the Bond insurance must be submitted with the application. The declaration page is sufficient.

List the name and title of the staff person responsible for the following tasks? IHCDA requires at least 3 people be involved in these 4 fiscal duties.

Opens Mail	
Deposits checks and cash	
Posts cash receipts	
Reconciles checkbook with bank statements	

Program Services and Coordination

Does case management staff develop housing plans with residents?

(A housing plan allows residents to identify housing related goals and the steps necessary to achieving them.)

- Yes, housing plans are used to set goals and track progress
- No, we do not use housing plans

Does your agency have any SOAR trained staff or an MOU with an agency in your community that works with your clients to connect them with mainstream services? Yes No
(A copy of the MOU must be included with the application to receive the point.)

Does your agency have a written policy in place to ensure compliance with HUD's Lead Based Paint requirement? Yes No
This should include a system for documentation of inspections and documentation that the Lead Hazards Informational Pamphlet was provided to residents. Please provide a copy of your policy regarding Lead-Based paint.

Is your agency using GoSection8 Software for determining Rent Reasonableness? Yes No

Is your agency using the required VAWA forms and information? Yes No

Does your agency agree to enter data into HMIS/DV Client Track within 5 days? Yes No

Will your agency participate in Coordinated Entry? Yes No

Please indicate which programs your program and/or agency coordinates and integrates that target the homeless in your proposed service area to prevent and end homelessness. Please provide a brief description of how you coordinate with these programs.

- PSH
- Section 8 HUD-VASH
- Education for Homeless Children & Youth Grants Projects for Runaway and Homeless Youth Healthcare for the Homeless (42 CFR part51c)
- Projects for Assistance in Transition from Homelessness (PATH)
- Services in Supportive Housing Grants (section 520a of the Public Health Service Act)
- Emergency Food & Shelter Program (title III of the McKinney-Vento Homeless Assistance Act (42 U.S.C.11331 et seq.)
- Homeless Veterans Reintegration Program
- VA Homeless Providers Grant & Per Diem Program Healthcare for Homeless Veterans
- Program Veterans Justice Outreach Initiative
- Supportive Services for Veterans Families (SSVF)
- Supportive Housing for Persons with Disabilities (Section 811)
- Grants for the Benefit of Homeless Individuals (section 506 of the Public Health Services Act, 42 U.S.C. 290aa-5 Assistance for Victims of Sexual Assault & Domestic Violence
- City ESG Funding

Brief description:

Please indicate which programs your program coordinates and integrates with mainstream resources like health, social services, employment, education, and youth programs for which families and individuals who are homeless may be eligible. Include a brief description on how you coordinate with these programs.

- Public housing programs (section 9 of US Housing Act of 1937) Health Center Program (42 CFR part51c)

- Section 8 tenant-based or project-based assistance HOME Investment Partnerships Program
- TANF Temporary Assistance for Needy Families) Health Center Program
- Supportive Housing for Persons with Disabilities (Section 811) State Children's Health Insurance Program (SCHIP)
- Head Start
- Mental Health & Substance Abuse Block Grants
- Services funded under the Workforce Investment Act 29 U.S.C. 2801 et seq.)
- Medicare
- Medicaid SSI SSDI
- Food Stamps
- WIC

Brief description:

Describe how your agency contributes to ending veteran homelessness.

What is the length of subsidy households are eligible to receive? Describe how decisions regarding subsidy duration, amount and special circumstances are made.

Describe your agency's experience and training with housing needs assessments, housing case management and housing placement services, including the strategy to transition participants from homelessness to permanent housing.

Describe your experience with landlord engagement and what strategies your agency will use to connect landlords. How will program staff act as a mediator with landlords and utility companies on behalf of the program participant? Describe the communication plan for landlord and tenant disputes.

Describe your plan and timeline to ensure that all proposed units meet rent reasonable and habitability standards prior to lease-up. (ESG funding requires use of GoSection8, which IHEDA will add new agencies.)

Briefly describe your program's approach and plan to working with clients once placed in permanent housing. Include frequency of contact and overall case management approach.

Provide an explanation of how your agency and partners will work with persons with high barriers. Example: Those persons who have felonies, high amount of evictions/poor landlord relationships, and sexual convictions. Are there landlords in your area willing to work these sub-populations?

Describe how your agency will support people in establishing and stabilizing income, employment issues and issues with criminal history.

To the maximum extent practicable, the applicant will involve, through employment, volunteer services, board involvement or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities, in providing services assisted under the ESG program, and in providing services for occupants of facilities assisted with ESG. Describe how your agency is including homeless or formerly homeless individuals in the operation of your program.

If your program serves families, please describe how you will ensure that all school-age children relate to McKinney-Vento services within their school. (The Department of Education requires all schools to have a McKinney-Vento liaison and funding is provided to assist with transportation and other school related needs of the child experiencing homelessness.)

Supporting Documentation Checklist

(The following items should be returned with your application via E-mail)

All Applicants

- Letter of 501(c) non-profit status determination.
- Letter of Regional Planning Council Support

First-Time Applicants

- Certificate of Attendance with local Regional Planning Council on Homeless meetings. Must have attended 75% of meetings in the previous calendar year to meet threshold. Completed certification form should be returned with application.
- List of current Board of Directors including each member's name, employer, e-mail address, phone number and term commitment.
- Copy of accounting policies & procedures
- General Liability Insurance documentation (Summary page showing coverage is all that is needed)
- Fidelity Bond Insurance documentation (should be equal to 1/2 of the total annual funding provided by the state and should cover all employees/ board members handling funds)
- Copy of Workers Compensation and Unemployment Insurance (summary page only) Copy of Automobile Insurance if applicable
- MOU with SOAR trained agency in your area if applicable Copy of Housing First Policy
- Rental Assistance Budget Worksheet
- Service Partnerships in Proposed Service Area Articles of Incorporation (new applicants only) Certification and Signature Page
- SAMS printout of eligibility verification page (See Threshold question #2.)