



ESG FY2026 Application

Organizational Information

Legal Name of Organization *

Organization's UEI (Unique Entity Identifier from Sam.gov) *

Organization's Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Organization's Phone Number

Please enter a valid phone number.

Name of CEO or Executive Director *

First Name

Last Name

CEO or Executive Director's Email *

example@example.com

CEO or Executive Director's Phone Number *

Please enter a valid phone number.

Will the CEO or Executive Director specified above also be the individual that signs your contract? *

*

- Yes
- No

Name of your organization's signatory

First Name

Last Name

Email Address of your organization's signatory

example@example.com

Phone Number of your organization's signatory

Please enter a valid phone number.

In addition to the organization's CEO/Executive Director and contract signatory, is there an ESG Program Contact you would like us to use for your award? *

- Yes
- No

Please provide the first and last name of one main ESG Program Contact at your organization:

First Name

Last Name

Title/Role of Contact

Email Address

example@example.com

Phone Number

Please enter a valid phone number.

Do you have another ESG Program Contact to add?

- Yes
- No

Name of ESG Contact #2

First Name

Last Name

Title/Role of Contact

Email Address

example@example.com

Phone Number

Please enter a valid phone number.

Do you have another ESG Program Contact to add?

- Yes
- No

Name of ESG Contact #3

First Name

Last Name

Title/Role of Contact

Email Address

example@example.com

Phone Number

Please enter a valid phone number.

Please provide a brief description of your organization's mission and services. *

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Threshold Requirement Questions

If your organization a private, non-profit 501(c)(3) organization? *

- Yes
- No

Does your organization have an active UEI Number from sam.gov? *

- Yes
- No

Is your organization registered with the Indiana Secretary of State? *

- Yes
- No

Please elaborate on how your organization coordinates with your Regional Planning Council. Per the RFA narrative, please explain whether your organization attends monthly meetings and case conferencing sessions and provides or accepts referrals for assisting clients. Please explain the extent to which this coordination occurs. *

Do 100% of your Emergency Solutions Grant program clients meet HUD's definition of homelessness? *

Does your organization have any unresolved findings from IHEDA or HUD, or any state or federal recaptured funds in the past 3 years due to non-compliance? *

Hover over this question for a complete definition. HUD's Homeless Definition is also outlined on page 4 of our RFA.

- Yes
- No

Please explain your finding/non-compliance situation.

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Financial Management Information

How many years of experience does your organization have in managing federal grants? *

Please Select

In the past 5 years, has your organization received and administered federal funding other than the ESG grant? *

- Yes
- No

Please list each federal grant your organization has received and administered. Please also list the name of the funder or source each grant came from.

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Staff and Board of Directors

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Emergency Shelter

Are you applying for Emergency Shelter Funding? *

- Yes
- No

Please list your total Emergency Shelter funding request. *

No dollar signs or commas (Ex: 25000)

Please list the Indiana counties served by your Emergency Shelter program. *

Have you been awarded ESG (or ESG-CV) funds in 2023, 2024 or 2025? *

Please select all applicable options.

Did you have any disallowed costs (over \$5,000) on any prior (2023, 2024 or 2025) awards? *

- Yes
- No

Please describe which costs were disallowed, which award(s) it applied to, and how your organization addressed this matter.

Do you receive ESG Emergency Shelter funding from an Entitlement City? *

- Yes
- No

Please describe how you identify clients for your Emergency Shelter program. Include a summary

of the client intake and enrollment process. *

Please describe how your Emergency Shelter Program partners with and connects clients to other resources in the community. *

Please describe how you partner with and connect clients to other resources in the community. *

Please describe your Emergency Shelter's plan for improvement and client feedback. Include details on steps previously taken to improve the program and incorporate client feedback into program administration. *

How does the project enhance efforts of the CoC to address homelessness? *

Please review your Emergency Shelter CAPER for 5/1/2025-4/30/2026. Results from Q06e and Q23c CAPER questions will be used in scoring your funding request. Use the space below to

provide any explanation/context for your results. If you did not operate this project type last year, enter N/A. *

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Street Outreach

Are you applying for Street Outreach Funding? *

- Yes
- No

Please list your total Street Outreach Request. *

No dollar signs or commas (Ex: 25000)

Please list the Indiana counties served by your Street Outreach program. *

Have you been awarded ESG (or ESG-CV) funds in 2023, 2024, or 2025? *

Please Select

Please select all applicable options.

Did you have any disallowed costs (over \$5,000) on any prior awards (2023, 2024, or 2025)? *

- Yes
- No

Please describe which costs were disallowed, which award(s) it applied to, and how your organization addressed this matter.

Do you receive ESG Street Outreach funding from an Entitlement City? *

- Yes
- No

Please describe how you identify clients for your Street Outreach program. Include a summary of the client intake and enrollment process. *

Please describe how your Street Outreach Program plan. Include information on staffing, targeted areas and how the program partners with and connects clients to other resources in the community. *

Please describe how your Street Outreach program connects clients to shelter or permanent housing resources. *

How does the project enhance efforts of the CoC to address homelessness? *

Please review your Street Outreach CAPER for 5/1/2025-4/30/2026. Results from Q06e and Q23c CAPER questions will be used in scoring your funding request. Use the space below to provide any explanation/context for your results. If you did not operate this project type last year, enter N/A. *

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Rapid Rehousing

Are you applying for Rapid-Rehousing Funding? *

- Yes
- No

Please list your total Rapid Rehousing funding request. *

No dollar signs or commas (ex: 25000)

Please list the Indiana counties served by your Rapid Re-Housing program. *

Have you been awarded ESG (or ESG-CV) funds in 2023, 2024 or 2025? *

Please select all applicable options.

Did you have any disallowed costs (over \$5,000) on any prior (2023, 2024 or 2025) awards? *

- Yes
- No

Please describe which costs were disallowed, which award(s) it applied to, and how your organization addressed this matter.

Do you receive ESG Rapid Rehousing funding from an Entitlement City? *

- Yes
- No

Please describe how you identify clients for your Rapid Rehousing program. Include a summary of the client intake and enrollment process. *

What is the number of households in need in your service area per Coordinated Entry data? *

What is the length of time from project entry to Housing Move-in? *

Please clarify the unit of time in your response.

Please describe the plan to obtain housing quickly and how you will work with the client to maintain housing after program exit. *

Please describe your Rapid Rehousing program's strategy for engaging program partners, including how you will identify, engage, and maintain relationships with community partners to provide additional tenant support. *

Please describe your pipeline for identifying and recruiting landlords. Include a summary of the overall strategy and steps that will be taken to recruit, engage, and retain landlords. *

Please describe your Rapid Rehousing program's plan for improvement and client feedback. Include details on steps previously taken to improve the program and incorporate client feedback into program administration. *

How does the project enhance efforts of the CoC to address homelessness? *

Please review your Rapid Rehousing CAPER for 5/1/2025-4/30/2026. Results from Q06e and

Q23c CAPER questions will be used in scoring your funding request. Use the space below to provide any explanation/context for your results. If you did not operate this project type last year, enter N/A. *

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Homeless Prevention

Are you applying for Homeless Prevention Funding? *

- Yes
- No

Please list your total Homeless Prevention funding request. *

No dollar signs or commas (ex: 25000)

Please list the Indiana counties served by your Homeless Prevention program. *

Have you been awarded ESG (or ESG-CV) funds in 2023, 2024 or 2025? *

Please Select

Please select all applicable options.

Did you have any disallowed costs (over \$5,000) on any prior (2023, 2024 or 2025) awards? *

- Yes
- No

Please describe which costs were disallowed, which award(s) it applied to, and how your organization addressed this matter.

Do you receive any ESG Homeless Prevention funding from an Entitlement City? *

- Yes
- No
-

Please describe how you identify clients for your Homeless Prevention program. Include a summary of the client intake and enrollment process. *

Please describe your Homeless Prevention program's strategy for engaging program partners, including how you will identify, engage, and maintain relationships with community partners to provide additional tenant support. *

Please describe your pipeline for identifying and recruiting landlords. Include a summary of the overall strategy and steps that will be taken to recruit, engage, and retain landlords. *

Please describe how you will work with clients to maintain housing after program exit. *

Please describe your Homeless Prevention program’s plan for improvement and client feedback. Include details on steps previously taken to improve the program and incorporate client feedback into program administration. *

How does the project enhance efforts of the CoC to address homelessness? *

Please review your Homeless Prevention CAPER for 5/1/2025-4/30/2026. Results from Q06e and Q23c CAPER questions will be used in scoring your funding request. Use the space below to provide any explanation/context for your results. If you did not operate this project type last year, enter N/A. *

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Form Submission

I hereby certify that all information in the program proposal forms are true, correct, and accurately reflect the organization's ability to run the ESG program. I have read the request for application materials and understand the intent, limitations, and requirements of services purchased through this application and the contractual requirements of IHCDA.

By signing this application, I also certify the following:

1. My organization implements standards of financial accountability that conform to 2 CFR 200.302, 'Financial Management' and 2 CFR 200.303, 'Internal Controls', which includes systems and software that allow for effective control over, and accountability for, all funds, property, and other assets.
2. My organization that does not have any unresolved findings from IHEDA or HUD that are not disclosed in this application.
3. I understand and will comply with the programmatic contractual requirements placed upon this organization if we are awarded funding.

Name *

<input type="text"/>	<input type="text"/>
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First Name

Last Name

Title *

Organization Legal Name *

Date *

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Day

Year

Submit