**STATE OF ALABAMA**

**FY2022 APPLICATION**

**EMERGENCY SOLUTIONS**

**GRANTS PROGRAM**

**SUBMISSIONS MUST BE RECEIVED BY NOON ON**

**MAY 27, 2022.**

**MAIL OR DELIVER ONE (1) ORIGINAL AND EMAIL AN EXACT COPY TO THE ADDRESSES BELOW.**

**MAIL APPLICATION TO:**

**Alabama Department of Economic and Community Affairs**

**Attn: CED Programs/Community Services**

**401 Adams Avenue, Suite 524**

**Montgomery, Alabama 36104**

**or**

**Alabama Department of Economic and Community Affairs**

**Attn: CED Programs/Community Services**

**Post Office Box 5690**

**Montgomery, Alabama 36103-5690**

**EMAIL APPLICATION TO:**

[**dave.veatch@adeca.alabama.gov**](mailto:dave.veatch@adeca.alabama.gov)

**Telephone: (334) 353-0288**

[**www.adeca.alabama.gov**](http://www.adeca.alabama.gov)

**NAME OF APPLICANT:**

**APPLICATION**

**ALABAMA EMERGENCY SOLUTIONS GRANTS PROGRAM**

**FISCAL YEAR 2022**

**A.1. Applicant:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name County

[Applicant’s Unique Entity Identifier](https://sam.gov/content/entity-registration): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mayor/Chair/Authorized Official: **\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A.2. Declaration of Debt:**

1. Does the applicant owe money to the state or federal government?

❑ Yes ❑ No

1. If the answer to “a” is “yes,” is a repayment arrangement in place?

❑ Yes ❑ No

1. Have any disallowed costs resulted from an ADECA audit of the applicant? ❑ Yes ❑ No
2. If the answer to “c” is “yes,” has a resolution been finalized?

❑ Yes ❑ No

If the answer to any question above is “yes,” attach an explanation.

**A.3. 2020 Population of Service Area:** \_\_\_\_\_\_\_\_\_\_\_\_

**A.4. House District:** \_\_\_\_\_\_

**Senate District:** \_\_\_\_\_\_

**Congressional:** \_\_\_\_\_\_

**A.5.** [**ESG Eligible Activities to be Carried Out**](https://www.govinfo.gov/content/pkg/CFR-2018-title24-vol3/xml/CFR-2018-title24-vol3-part576.xml#seqnum576)**:**

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

\_\_\_\_\_\_Emergency Shelter

\_\_\_\_\_\_ Homelessness Prevention \_\_\_\_\_\_ Rapid Re-housing

**A.6. Total ESG Funds Requested: $**

Administration: $

Street Outreach: $

Emergency Shelter: $

HMIS: $

Homelessness Prevention: $

Rapid Re-housing: $

**Total Match/Local Funds to be Provided: $**

Is a match waiver requested? ❑ Yes ❑ No

If “yes,” provide the amount of the waiver request and explain the need for the waiver.

$

**A.7. Brief Description of the Project:** For each governmental entity or nonprofit agency that will provide direct services, provide the following information: UEI number; the amount requested for each activity; the problem area(s) addressed; service area; location and description of project; estimated number of persons to be served; number of persons served during the last calendar year; the amount and source of matching funds; and contact information for persons seeking assistance.

**A.8. Verification of Private Nonprofit Organization Status:**

For all private nonprofit organizations acting as the applicant or a second-tier subrecipient, confirm that the organizations meet each of the following criteria:

* + is currently recognized by the IRS as a secular or religious organization described in section 501 (c) of the Internal Revenue Code of 1986

❑ Yes ❑ No

* + is exempt from taxation under subtitle A of the Code

❑ Yes ❑ No

* + has an accounting system

❑ Yes ❑ No

Identify accounting system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + has a voluntary board

❑ Yes ❑ No

Provide documentation identifying the officers and members of the Board, as well as their affiliation and term. Also, provide the Minutes of the most recent Board meeting.

* + practices nondiscrimination in the provision of assistance

❑ Yes ❑ No

Additionally, provide an IRS Determination Letter and the most recent Form 990 for each private nonprofit organization (acting as the applicant or a second-tier subrecipient). If the current Form 990 is not available, please explain.

**A.9. Employer Identification Verification Letter:**

If the applicant is a nonprofit agency, provide a copy of Letter 147C from the IRS. To request a copy, call 1-800-829-4933. If the applicant has never received an ESG award

before, the Letter 147C must be dated for the current year.

**A.10. System for Award Management:**

Provide documentation of the applicant’s current registration at [www.SAM.gov](http://www.sam.gov).

**A.11. Maintenance of Effort:**

If the applicant is a local unit of government, were funds provided to the second-tier subrecipient(s) from the general fund during the immediately preceding twelve-month period?

❑ Yes ❑ No ❑ N/A (nonprofit applicants only)

If the answer is “yes,” attach the applicant’s annual budget and a detailed explanation of the amount(s) provided and how it was used by each applicable second-tier subrecipient for street outreach and emergency shelter services.

**A.12. Emergency Shelter Documentation:**

For each agency requesting emergency shelter funds for facility-based services, confirm the following:

* the agency meets HUD’s definition of an emergency shelter. *(Emergency shelter is any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.)*

❑ Yes ❑ No

* the agency complies with the prohibition against involuntary family separation requirement.

❑ Yes ❑ No

* the facility is insured. *(Submit insurance documentation.)*

❑ Yes ❑ No

**A.13.** **Audit Information:**

Include a copy of the most recent audit or a professionally prepared financial statement.

YEAR: \_\_\_\_

Attach the Audit Certification.

**A.14. Indirect Cost Documentation:**

Does the applicant have an approved indirect cost rate?

❑ Yes ❑ No

If yes, provide documentation of the federally approved indirect cost rate.

If no, will the applicant use the 10% de minimis rate?

❑ Yes ❑ No

If the applicant will use the 10% de minimis rate, attach the Certification of Election to Charge 10% Federal De Minimis Indirect Cost Rate.

**A.15.** Provide the address to which payments should be mailed if the application is funded.

**A.16.** Provide a completed IRS Form W-9 for the applicant.

**(The applicant’s name must be identical on the IRS Form W-9,** [**www.SAM.gov**](http://www.SAM.GOV) **registration, and Letter 147C.)**

I HEREBY CERTIFY that the information provided in this application is complete, true, and correct to the best of my knowledge.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name

**B.1. Identification of Homeless Assistance Needs** 20 Points

Applicants will identify and describe the service area. Identify the homeless assistance needs in the service area including the needs of other eligible clientele such as victims of domestic violence. Specifically, address the needs of the unsheltered homeless persons in the service area. Use quantifiable data, specific to the service area, to the maximum extent possible. Data should include the number of individuals and families served during the last calendar year.

**Maximum of 5 text pages.**

**B.2. Applicant’s Strategy to Address Homeless Problems** 20 Points

Applicants will describe the reasons for addressing specific homeless problems. Describe the strategy for addressing homeless problems. Include specific data quantifying the types of assistance or services provided to homeless individuals and families or those persons at risk of homelessness during the last calendar year. **Estimate the number of persons to be assisted in relation to the types of assistance to be provided.**  Provide and explain the strategy for targeting funds to the neediest persons, or to the geographic or functional areas where funds may have the greatest impact. Submit samples of intake forms for each agency that will provide services.

**Only submit intake forms that capture information relative to eligibility for ESG assistance.**

For each service-provider agency (subrecipient and second-tier subrecipient) that previously received ESG funds and served a multi-county service area, provide the following information for the most recent ESG project:

* year ESG project was funded;
* amount of ESG funds received;
* number of requests for ESG assistance received per county; and
* number of persons/households provided with specific ESG assistance per county (ex. number of persons/households that received street outreach, emergency shelter, homelessness prevention, and rapid re-housing assistance per county).

If no requests for assistance were received from other counties in the service area, provide detailed information regarding ESG-specific outreach and engagement in those counties.

If the agencies haven’t previously received ESG funds, provide information regarding outreach and engagement for current services in all counties included in the service area.

**Maximum of 7 text pages.****B.3. Capacity and Coordination** 20 Points

Applicants will describe their federal grant management and administrative capacity, especially that of all second-tier subrecipients, if any. Information regarding capacity should include details about the following: new personnel; new or substantially changed operational or financial systems; and if the applicant or the agencies receive funds directly from the U.S. Department of Housing and Urban Development (HUD), a list of HUD-funded programs and the results of the most recent HUD monitoring for each program. Provide specific details regarding direct or related experience with service provision to homeless individuals and families or those at-risk of homelessness. Applicants will provide their plan to coordinate and integrate ESG-funded activities with other programs targeted to serving homeless persons and with mainstream resources for which program participants may be eligible.

Applicants will provide details regarding the progress of any open ESG projects. Provide specific details regarding the following:

* grant agreement number and award amount;
* total amount of funds expended per grant;
* total amount of reimbursement requested per grant;
* total amount of match applied per grant;
* is the expenditure rate on track with the Schedule of Expenditures previously submitted to ADECA; and
* an explanation of steps to be taken to align the expenditure rate with the Schedule of Expenditures, if applicable.

**Maximum of 5 text pages. B.4. Participation in a Continuum of Care** 20 Points

Applicants will demonstrate a thorough understanding of the “continuum of care” concept and explain how the services provided by it or its second-tier subrecipients are in line with this concept. This will include information concerning membership in an existing Continuum of Care Homeless Coalition. The applicant will explain its level of participation and that of the second-tier subrecipient(s) in the continuum regarding continuum initiatives, activities, and programs. Include a list of the local continuum’s strategies or goals for serving the homeless. Provide information to show how services provided by the applicant and/or second-tier subrecipients address the strategies/goals of the local continuum. Describe the agency’s active participation in the continuum’s coordinated assessment system.

* Include a letter from the local CoC regarding each agencies’ membership, use of HMIS, and use of the coordinated assessment system.

**Maximum of 5 text pages (charts and CoC letter not included in page limit). B.5. Match** 10 Points

Points will be given based on the clarity of proposed match. Match (in-kind or cash) must be explained as to how its use relates to the activities allowed under the McKinney Homeless Assistance Act, as amended. Match must be verified to include resolutions and letters detailing sources of funds. If match comes from the city or the county, then the source of funds (general fund) must be identified. Letters from banks, organizations, or donors specifying donated items will be needed. Volunteer hours and fundraising efforts will need to be discussed in enough detail to establish validity. The service area or activities for which volunteer hours are used must be clearly indicated. If a match waiver is requested, provide detailed information to justify the need for a waiver.

**Matching funds/services must be spent on/used for ESG-eligible activities and must benefit the ESG program participants.**

**If the application is selected for funding, matching funds/services must be applied in proportion to the amount of ESG funds expended.**

**Maximum of 5 text pages (graphs/charts not included in page limit).**

**B.6. Budget**  10 Points

The budget narrativemust consist of a thorough explanation of activities involved with the request. Each budget activity (Administration, Street Outreach, Emergency Shelter, HMIS, Homelessness Prevention, and Rapid Re-Housing) must give a detailed description of costs. The applicant’s budget must be the aggregate of all second-tier subrecipient budgets.

Applicant will submit a budget form for the applicant and each second-tier subrecipient, if applicable.

**NOTE: The budgets submitted with the applications do not require signatures or dates.**

Each agency for which funds are requested should submit its most recent annual budget that shows the source and amount of other funds received.

If renovation, rehabilitation, or conversion activities are included in the project, provide copies of cost estimates, the current appraised value of the building, and deeds, as applicable.

**The budget narrative is limited to 7 text pages (graphs/charts not included in page limit).**

**B.7. Schedule**

Applicant will provide a flow chart or timeline showing the schedule of necessary project elements with starting and ending dates for each. Activities applied for must be completed and closed out within eighteen (18) to twenty-one (21) months.

**B.8. Application Checklist**

□ Original Application mailed or delivered, and 1 Exact Copy emailed.

□ Cover Letter (must be signed by board chairperson/president or chief elected official).

□ Resolution (local unit of government applicant).

□ Sample Intake Forms (for each agency providing direct assistance).

□ Letter from CoC (regarding agencies’ membership, use of the coordinated assessment

system, and reporting in HMIS/comparable database).

□ Match Commitment Letters (on agencies’ letterhead).

□ Summary of Past Volunteer Hours/Donations.

□ ADECA ESG Budget Forms.

□ Most Recent Annual Budget (for each agency providing direct assistance).

□ Copies of Deeds, Cost Estimates, Appraisal of the Current Value of the Building (if

applicable).

□ Schedule of spending.

□ Declaration of Debt explanation, if applicable (see A.2.).

□ Private Nonprofit Organization Status Documentation for each agency (see A.8.).

□ Letter 147C from the IRS (**nonprofit applicant only**; see A.9.).

□ SAM.gov registration (**applicant only**; must show expiration date; see A.10.).

□ Maintenance of Effort Documentation (**local unit of government applicant only;** see A.11.).

□ Emergency Shelter Insurance Documentation (see A.12.).

□ Audit and Audit Certification (**applicant only**; see A.13.).

□ Copy of most recent audit attached.

□ Audit Certification attached.

□ Indirect Cost Documentation, if applicable (see A.14.).

□ Certification to Use 10% De Minimis Indirect Cost Rate.

□ Copy of approved Indirect Cost Rate.

□ Payment Address Information (see A.15.).

□ IRS Form W-9 (**applicant only**; see A.16.)