**STATE OF ALABAMA**

**FY2020 APPLICATION**

**EMERGENCY SOLUTIONS**

**GRANTS – CV PROGRAM**

**SUBMISSIONS MUST BE RECEIVED VIA MAIL AND EMAIL BY NOON ON FEBRUARY 8, 2021.**

**PLEASE MAIL THE ORIGINAL TO THE ADDRESS BELOW.**

**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**

**Telephone: (334) 353-3151**

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

**PLEASE EMAIL APPLICATION TO**

**Shonda.gray@adeca.alabama.gov**

**Stephanie.rankins@adeca.alabama.gov**

**and**

**Phillip.eubanks@adeca.alabama.gov**

**APPLICATION**

**ALABAMA EMERGENCY SOLUTIONS GRANTS – CV PROGRAM**

 **FISCAL YEAR 2020**

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

 Name County

Applicant’s DUNS Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mayor/Chairman/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 either question above is “yes,” attach an explanation.

**A.3. 2010 Population of Service Area:** \_\_\_\_\_\_\_\_\_\_\_\_

 **Service Area:**

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

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

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

**A.5. Problem Area(s) Addressed:**

\_\_\_\_\_\_ 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: $

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

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

Provide the following documentation for each private nonprofit organization (acting as the applicant or a second-tier subrecipient).

The private nonprofit organization meets the following criteria:

* + is a secular or religious organization described in section 501 (c) of the Internal Revenue Code of 1986;
	+ is exempt from taxation under subtitle A of the Code;
	+ has an accounting system and a voluntary board; and
	+ practices nondiscrimination in the provision of assistance.

**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,

submit documentation of the following:

* the agency meets HUD’s definition of an emergency shelter;
* the agency complies with the prohibition against involuntary family separation requirement; and
* the facility is insured.

**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.)**

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

Define 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 actually served during the last calendar year.

**Maximum of 5 text pages.**

**B.2. Applicant’s Strategy to Address Homeless Problems** 25 Points

Describe the outreach and engagement efforts to be made to notify persons of the ESG assistance. Describe the reasons for addressing specific homeless problems. Describe the strategy for addressing homeless problems. Describe the plan to prioritize assistance to persons affected by and at high risk of exposure to COVID-19. Include specific information describing the types of assistance or services to be provided to homeless individuals and families or those persons at risk of homelessness. **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.

Applicants may provide assistance directly and/or indirectly. Indirect assistance may be provided by subcontracting with other agencies (second-tier subrecipients) or entering into Memoranda of Understanding with other agencies to provide assistance.

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

**Maximum of 7 text pages.**

**B.3. Capacity** 25 Points

Applicants will describe their federal grant management and administrative capacity, especially that of second-tier subrecipient agencies which provide direct assistance, if applicable. Information regarding capacity should include details about the following: number of staff persons at each agency; new personnel; new or substantially changed operational or financial systems; and if 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 each agency’s direct or related experience with service provision to homeless individuals and families or those at-risk of homelessness.

**Maximum of 7 text pages. B.4. Participation in a Continuum of Care** 20 Points

The applicant will provide information concerning each agency’s participation in the local Continuum of Care (CoC) Homeless Coalition. Provide a letter from the local CoC (and HMIS lead agency if the CoC is not the HMIS lead agency) outlining each agency’s membership; use of or plan to utilize the coordinated assessment system; and use of or plan to utilize the homeless management information system (HMIS), if applicable, for data collection and reporting. If an agency is prohibited from utilizing the HMIS, submit a letter detailing data collection and reporting in a comparable database that complies with HUD’s standards.

**Maximum of 5 text pages (charts not included in page limit). B.5. 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, Temporary 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.

Submit an ADECA ESG-CV budget form for the applicant and each second-tier subrecipient, if applicable. Amounts for Temporary Emergency Shelter should be included with amounts for Emergency Shelter on the budget forms.

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

Each agency for which funds are requested should submit its annual budget that shows the source and amount of other funds received during the last year and this current year.

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.6. Schedule**

 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) months.

**B.7. Application Checklist**

□ Original Application Mailed & Copy Emailed

□ Cover Letter

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

□ Letters

□ from CoC/HMIS lead agency (use of coordinated assessment system & HMIS, if

 applicable)

 □ data collection & reporting (comparable database)

□ ADECA ESG Budget Forms for each agency

□ Budgets for Last Year and Current Year (for each agency providing direct assistance)

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

 applicable)

□ Declaration of Debt Documentation (see A.2.)

□ Private Nonprofit Organization Status Documentation (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 (see A.11.)

□ Emergency Shelter Documentation (see A.12.)

 □ each facility providing shelter meets HUD’s definition of emergency shelter

 □ each facility providing shelter prohibits involuntary family separation

 □ each facility providing shelter is insured

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

□ Indirect Cost Documentation (see A.14.)

□ Payment Address Information (see A.15.)

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

□ Startup Documents