

EMERGENCY SHELTER GRANT (ESG)-COVID (CV) APPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE
 DIVISION OF COMMUNITY SERVICES
 SFN 61911 (01/21)

Organization Name			
Project Name			
Project Address			
Executive Director Name	Executive Director Email Address	Executive Director Telephone Number	
Organization Address if different from Project Address			
Organization Phone Number	Organization DUNS Number	Organization Tax ID or EIN	
Application Contact	Title	Contact's Email Address	Contact's Telephone Number
Total Amount Requested \$			
Does the applicant currently receive ESG funding? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the applicant a nonprofit organization (with 501c3 status), a government entity or Housing Authority? Check the box that applies. For non-profits, please provide your 501c3 designation form. New recipients may have to provide further documentation concerning their non-profit status. <input type="checkbox"/> Nonprofit <input type="checkbox"/> Government <input type="checkbox"/> Housing Authority			

All recipients will be required to use Homeless Management Information System (HMIS) or a comparable database if a Victim Service provider.

INSTRUCTIONS: Applicants need to answer the following questions. Applicant may also submit any supporting documentation to support their request for ESG-CV funds. MAKE SURE TO REFER TO THE SELECTION CRITERIA IN THE 2019 ESG-CV SUBSTANTIAL AMENDMENT WHEN ANSWERING THESE QUESTIONS.

Proposed ESG-CV Project to prevent, prepare for and respond to the Coronavirus. Remember when writing your responses, do not assume the review committee has knowledge of your program/activities and how each program/activity will prevent, prepare for or respond to the Coronavirus. Tell your story!

1) Demonstrated Need for the funding to prevent, prepare for and respond to the pandemic.

Provide an overview that includes the needs for your agency. Include the activities that your agency was unable to provide, or activities that were reduced because of the pandemic. Explain how the need for services has increased. Explain how your agency changed or plans to change its response to activities since the pandemic. What activities does your agency intend to provide that were not offered in the past. Provide any data that is available. *(Add additional pages, if needed)*

2) How does your agency plan to distribute the funds in an effective and efficient manner?

Explain the specific activities your agency will undertake, including any new activities that were not offered in the past with ESG-CV funds. Include how you estimated the amount requested for each activity. Include population(s) that your activities will serve. Explain your process to ensure participants are eligible. *(Add additional pages, if needed)*

3) Explain the effect the coronavirus has had on your agency.

Include the effects it had on donations, in-kind donations, volunteers, fund raising, increase in need or new services, and increase in expenses. *(Add additional pages, if needed)*

4) Work in communities with higher needs based on the COVID-19 outbreaks.

What counties/cities will be served with your activities, including new or expanded activities in communities with a high need. *(Add additional pages, if needed)*

5) Explain your agencies plan to expend funds by the following deadlines:

20% of the amount requested by 9/20/2021
80% of the amount requested by 3/31/2022
100% of the amount requested by 8/31/2022
(Add additional pages, if needed)

ESG-CV FUNDS REQUESTED (ESG-CV Allocation)	
Activity Type	Requested Amount
TEMPORARY EMERGENCY SHELTER	\$
VOLUNTEER INCENTIVES	\$
STREET OUTREACH COMPONENT	\$
EMERGENCY SHELTER COMPONENT	
Renovation	\$
Operations	\$
Essential Services	\$
RAPID RE-HOUSING COMPONENT	
Housing Relocation and Stabilization Services	\$
Rental Assistance	\$
HOMELESS PREVENTION COMPONENT	
Housing Relocation and Stabilization Services	\$
Rental Assistance	\$
HMIS COMPONENT	\$
HAZARD PAY	\$
TRAINING	\$
LANDLORD INCENTIVES	\$
HANDWASHING STATIONS & PORTABLE BATHROOMS	\$
HOTEL/MOTEL COSTS	\$
ADMINISTRATIVE ACTIVITIES	\$
TOTAL ESG-CV Request	\$

ESTIMATED NUMBER SERVED					
List the estimated annual numbers to be served with ESG-CV funds					
	Number of Youths	Number of Single Individuals	Number of Families with Children	Number of Families without children	Number of shelter staff/community partners
Street Outreach					
Emergency Shelter					
Temporary Emergency Shelter					
Homeless Prevention					
Rapid Re-Housing					
Handwashing Stations & Portable Bathrooms					
Hotel/Motel Costs					
Volunteer Incentives					
Hazard Pay					
Training					
Landlord Incentives					
Administrative Activities					
HMIS					

PROJECT WORK ITEM PRIORITY

In order to allocate ESG-CV funds, please prioritize funds requested on page 3. Prioritize using the number one (1) as your greatest need. If funds are needed in each category, please specify in the (1) work item.

Work Item	Budget Amount
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	

(9)	
(10)	
(11)	
(12)	

CERTIFICATION OF BASIC STANDARDS FOR EMERGENCY HOMELESS SHELTERS AND TEMPORARY EMERGENCY HOMELESS SHELTERS	
INSTRUCTIONS: The following checklist outlines the minimum requirements for shelters requesting Emergency Solutions Grant CARES Act (ESG-CV) funds through DCS. Please check the appropriate box for each question. If you answer 'No' to any of these questions, please add a brief narrative explanation at the end.	
GENERAL	
1. The agency assures non-discrimination on the basis of race, color, religion, gender, national origin, age of children or family size, disability, except where limited by the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Client records are secured in a locked area or locked filing cabinet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. There are written policies for intake procedures and criteria for shelter admission.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Alcohol, drugs, and weapons are prohibited in and around the premises. Persons who refuse to relinquish any of these are refused admittance to the shelter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Clients are allowed to use the shelter as a legal residence for the purpose of voter registration and the receipt of public benefits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
PERSONNEL	
1. There is adequate on-site staff coverage during all hours the shelter is open. (During awake hours, there should be one (1) staff person to 30 residents for an adults-only facility, and one (1) staff person to 20 residents for a facility housing children).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. All shelter staff, including volunteers, has received at a minimum, training and orientation regarding: <ul style="list-style-type: none"> a. Fire and emergency evacuation procedures for the facility; b. Emergency procedures for medical, psychiatric, or other crisis situations; c. Special needs of homeless persons; d. Client confidentiality requirements; e. Appropriate chains of authority or command within the shelter. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. There is a written position description for each type of position which includes, at a minimum, job responsibilities, qualifications and salary range.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. There are written personnel policies in affect which also include a Code of Conduct for all shelter personnel.	<input type="checkbox"/> Yes <input type="checkbox"/> No
FACILITY	
1. The agency complies with all state and local zoning, health, safety and fire codes and regulations that apply to the safe operation of the shelter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Cooking or heating appliances in any room used for sleeping are prohibited.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The premises and equipment are maintained in a clean and sanitary condition, free of hazards and in good repair. Corrections are made within 30 days of notification of a problem.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. A bed or crib is provided for each guest except in extenuating overflow conditions. Provisions for clean linen for each tenant are made. Procedures to provide for the sanitizing of all linens and sleeping surfaces are in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Sufficient showers/baths, wash basins and toilets are provided for personal hygiene and are in proper operating condition. Towels, soap and toilet tissues are available to each client.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. There is a fire safety plan which includes at least the following: <ul style="list-style-type: none"> a. A posted evacuation plan b. Fire drills, conducted at least quarterly; c. Operating fire detection systems which are tested at least quarterly d. Battery operated alarms which are functional at all times; and e. Adequate fire exits. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>7. Provisions have been made for the following services:</p> <ul style="list-style-type: none"> a. Pest control services b. Removal of garbage from interior premises; c. Properly functioning ventilation and heating systems; and d. Heat, electricity and water 24-hours a day. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Entrances, exits, steps, and walkways are kept clear of garbage, debris, and other hazards such as ice and snow.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Adequate natural or artificial illumination is provided to permit normal indoor activities and to support the health and safety of occupants.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>FOOD SERVICES (For shelters providing prepared meals for residents)</p>	
<p>1. Adequate provisions for the sanitary storage and preparation of food are made. Meals are nutritionally balanced, when provided.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Requirements of a licensed food service establishment under North Dakota Administrative Code 33-33-04.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>HEALTH</p>	
<p>1. First aid equipment and emergency medical supplies are available at all times.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Staff has access to a telephone while on duty. Emergency telephone numbers are posted conspicuously near the telephone</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>OPERATIONS</p>	
<p>1. Daily attendance logs are maintained and include, at a minimum, the name, age, sex, social security number (if known by the client) and signature of each person residing in the shelter.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Residents are furnished information about available services in the community.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. The shelter holds money or food stamps, if requested, by a resident and also keep adequate records of the residents' money and food stamps. The money and food stamps are available to the residents on request without unreasonable delay.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. The following are posted and distributed to residents in appropriate language:</p> <ul style="list-style-type: none"> a. Rules of the shelter; b. Shelter residents' rights and responsibilities; c. A list of standards for conditions in shelters; and d. The shelter's internal grievance procedures. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered 'No' to any of the above questions, please explain what actions you are taking in order to meet these shelter standards.

ADMINISTRATIVE COMPLIANCE

INSTRUCTIONS: Review the DCS and/or HUD requirements listed below and respond by checking the appropriate boxes. **Failure to adhere to these guidelines may result in findings, disallowed costs, and/or withdrawal of funding.**

Fair Housing (Check all the following)

- The applicant will maintain and continuously update a listing of Fair Housing Resources.
- The applicant will use the fair housing logo on all materials relating to their housing programs distributed to the general public.
- The individual (staff person or contractor) appointed as the fair housing contact person, who will be available during business hours:

Name

Telephone

- The fair housing contact person indicated above will maintain a running log to record fair housing issues, complaints, and distribution of fair housing materials.
- The applicant will conduct business and provide emergency housing from a barrier-free facility or make a reasonable accommodation for persons with impaired mobility.

Assurance of Equal Access to Program Benefits

- The applicant will assure equal access to program benefits through effective outreach and assessment.

Assurance of Fair Selection of Participating Households

- The applicant will assure that all eligible households will have fair and equal access to services and opportunities provided by the program.

Lead-Based Paint Requirements

- The grantee is aware of and will abide by lead-based paint requirements that are applicable to Emergency Solutions Grant CARES Act funding.

Coordinated Assessment

- The applicant will assure the use of the Coordinated Assessment System. (Victim service Providers may choose not to participate.)

Audit (Check all that apply. NOTE: only check one of the first two below)

- The grantee is a local government or nonprofit expected to expend more than \$750,000 annually in combined federal funds during the fiscal years covered by the grant, and will have an audit conducted by an eligible CPA firm or local government audit organization in accordance with 2 CFR Part 200 Uniform Guidance.
- The grantee is a local government or nonprofit expected to expend less than \$750,000 annually in combined federal funds and is exempt from federal audit requirements for the fiscal years included in the grant period.
- Records will be available for review by appropriate officials of DCS.
- The applicant recognizes that this provision does not limit DCS to conduct or arrange for an audit (e.g., financial audit, performance audit, evaluation, inspection, and review).
- The grantee understands that costs of audits are not allowable.

Participation in Homeless Management Information System

- The applicant understands that, as a recipient of ESG-CV funds, our organization is obligated to maintain both client services activity records and performance outcome measures utilizing HMIS in accord with standards published by DCS. If a recipient is a victim services provider or a legal services provider, it may use ESG-CV funds to establish and operate a comparable database that collects client-level data.

- Environmental - See Section 6 in the ESG-CV Administrative Manual.

**EMERGENCY SOLUTIONS GRANTS CARES ACT PROGRAM
NORTH DAKOTA HOMELESS GRANT PROGRAM
UNIT OF LOCAL GOVERNMENT CERTIFICATION
(SHELTERS ONLY)**

I, _____ (Name and Title of City Official) duly
authorized to act on behalf of the _____ (Name of
Jurisdiction) hereby approve the following shelter projects(s) proposed by
_____ (Name of Nonprofit) which is (are)

to be located in:

Name of Jurisdiction:

Shelter address(es):

Name (City Official)

Title (City Official)

Signature

Date

**(NON-PROFITS ONLY)
 REQUIRED ORGANIZATIONAL DOCUMENTS**

Submit one copy of the following documents to the DCS by the due date of the application.

Fiscal Year Operating Budget	<input type="checkbox"/> I will/have mailed this attachment
Certificate of Good Standing or proof of good standing (date within the last 12 months)	<input type="checkbox"/> I will/have mailed this attachment

If copies have been submitted in the past and there are no changes, there is no need to resubmit. Please check with DCS to make sure documents have been submitted.

IRS-501 (c) 3 Designation	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Articles of Incorporation	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Organizational Bylaws	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
List of Board of Directors & Officers	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Current Organizational Chart	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Most recent available Fiscal Year Audit	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Fair Housing Policy	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Bids – at least 2 competitive bids for renovation/rehabilitation activities	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> N/A

**(LOCAL UNITS OF GOVERNMENT ONLY)
 REQUIRED ORGANIZATIONAL DOCUMENTS**

Submit one copy of the following documents to the DCS by the due date of the application.

Most recent available Fiscal Year Audit	<input type="checkbox"/> I will/have mailed this attachment
Current Fiscal Year Operating Budget	<input type="checkbox"/> I will/have mailed this attachment

If copies have been submitted in the past and there are no changes, there is no need to resubmit. Please check with DCS to make sure documents have been submitted.

Roster of Members of Governing Board	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Current Organizational Chart	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Fair Housing Policy	<input type="checkbox"/> I will/have mailed this attachment

CERTIFICATION	
<p>The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining funds under the Emergency Solutions Grant CARES Act Program and is true and complete to the best of the Applicant's knowledge and belief. The Applicant shall not, in the provisions of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status or handicap. Verification of any of the information contained in this application may be obtained from any source named herein.</p> <p>I certify that I am authorized to execute this application on behalf of the Applicant.</p>	
Signature	Date