



# City of Utica, New York

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## APPLICATION EMERGENCY SOLUTIONS GRANT PROGRAM PROGRAM YEAR 2019 – 2020

In order to be considered for funding, one (1) original, two (2) copies & one (1) electronic copy must be submitted to the following address:

City of Utica, New York  
Department of Urban & Economic Development  
Attn: Mr. Michael Peek, Housing Development Specialist  
Utica City Hall  
1 Kennedy Plaza  
Utica, New York 13502

### **FUNDING SCHEDULE**

Application Announcement:	Tuesday, June 4, 2019
Public Meetings:	Wednesday, March 27 @ 6:30 PM West Side Senior/Community Center, 717 Court Street  Wednesday, April 10 @ 6:30 PM UNHS Empowerment Center, 230 James Street
Proposal Submission Deadline:	Wednesday, June 12, 2019 by 12:00pm

### **Website Address**

<https://www.cityofutica.com/departments/urban-and-economic-development/community-development-programs/index>

## APPLICATION CHECKLIST

Name of Applicant Organization: \_\_\_\_\_

Application Project Name: \_\_\_\_\_

To be considered for funding, applications must be completed with the following documents attached at the time of submission. Please complete an Application Form for each proposed program/project. If an item is not applicable, indicate "N/A" in the box. If you need assistance, contact Chris Lawrence at (315) 792-0193.

- 1 \_\_\_\_\_ Application Checklist
- 2 \_\_\_\_\_ Application
- 3 \_\_\_\_\_ Organization's tax-exempt documentation
  - \_\_\_\_\_ Copy of Certification of Incorporation
  - \_\_\_\_\_ Copy of By-laws
  - \_\_\_\_\_ Copy of organization's organizational chart
  - \_\_\_\_\_ Copy of IRS tax status letter
  - \_\_\_\_\_ Dun and Bradstreet (DUNS) number
  - \_\_\_\_\_ Copy of organization's latest fiscal auditor 990
- 4 \_\_\_\_\_ Project Budget
- 5 \_\_\_\_\_ Project Narrative (limited to maximum of 7 single-sided pages with minimum 1" border on all sides and Arial 12-point font)

2019-2020  
**EMERGENCY SOLUTIONS GRANT (ESG)**  
 FUNDING APPLICATION

Name of Applicant: \_\_\_\_\_  
 Application Street Address: \_\_\_\_\_  
 City, State and ZIP: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone/E-mail: \_\_\_\_\_  
 Activity to be Funded: \_\_\_\_\_  
 Amount Requested: \_\_\_\_\_

Type of Activity:  Construction  Program  
*(check all that apply)*  Program Operating Funds  
 Program Administrative Funds

Applicant's Funding History:  New/Never funded  
 On-going/Previously funded  
 \_\_\_ Number of Years Funded

Total Units of Service per Month : \_\_\_\_\_  
 Total Units of Service per Year: \_\_\_\_\_  
 Estimated % of low- and moderate-income persons to be served: \_\_\_\_\_

HUD FY 2019 Low (80%) Income Limits for the Utica-Rome MSA

FY 2017 LIMITS	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
Low-Income (80% of MFI)	\$39,450	\$45,050	\$50,700	\$56,300	\$60,850	\$65,350	\$69,850

Are at least 51% of the clients that you intend to serve with this activity considered to be low-to moderate-income?  Yes  No

By what standard will income eligibility of beneficiaries be measured?  
 HUD Income Chart  US Census Data  Other *(specify)* \_\_\_\_\_

## Agency/Organization Balance Sheet

### ASSETS

**Current Assets**

Cash – Checking Accounts	\$	_____
Cash – Savings Accounts	\$	_____
Accounts Receivable	\$	_____
Securities	\$	_____
Other	\$	_____

**Fixed Assets**

Land, Buildings & Equipment	\$	_____
Endowments	\$	_____
Trusts	\$	_____
Other	\$	_____

<b>Total Assets</b>	<b>\$</b>	_____
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### LIABILITIES

**Current Liabilities**

Accounts Payable	\$	_____
Notes Payable	\$	_____
Other	\$	_____

**Long-Term Liabilities**

Mortgage Payable	\$	_____
Other	\$	_____

<b>Total Liabilities</b>	<b>\$</b>	_____
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<b>FUND BALANCE</b>	(Total Assets – Total Liabilities)	<b>\$</b>	_____
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Not-for-profit organizations must also attach

- 1) a copy of the certificate of incorporation
- 2) a copy of the by-laws
- 3) an organizational chart
- 4) an IRS tax status letter.

Each applicant must also submit a copy of the organization's most recent audit. In the absence of an audit, the application must include a valid, legal basis for not including the audit with the application.

## **Eligible Program Components:**

### **1. Street Outreach**

Essential Services necessary to reach out to unsheltered homeless individuals and families, connect them with emergency shelter, housing, or critical services, and provide them with urgent, non-facility-based care. Component services generally consist of engagement, case management, emergency health and mental health services, and transportation. For specific requirements and eligible costs, see 24 CFR 576.101.

### **2. Emergency Shelter**

Renovation of a building to serve as an emergency shelter. Site must serve homeless persons for at least 3 or 10 years, depending on the cost and type of renovation (major rehabilitation, conversion, or other renovation). Note: Property acquisition and new construction are ineligible.

Essential Services for individuals and families in emergency shelter. Component services generally consist of case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, and transportation.

Shelter Operations, including maintenance, rent, security, fuel, equipment, insurance, utilities, and furnishings.

Relocation assistance for persons displaced by a project assisted with ESG funds.

*For specific requirements and eligible costs, see 24 CFR 576.102.*

### **3. Homelessness Prevention**

Housing relocation and stabilization services and/or short and/or medium-term rental assistance necessary to prevent the individual or family from moving into an emergency shelter or another place described in paragraph (1) of the “homeless” definition in § 576.2.

Component services and assistance generally consist of short-term and medium-term rental assistance, rental arrears, rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, mediation, legal services, and credit repair. For specific requirements and eligible costs, see 24 CFR 576.103, 576.105, and 576.106.

#### 4. **Rapid Re-Housing**

Housing relocation and stabilization services and short and/or medium-term rental assistance as necessary to help individuals or families living in an emergency shelter or other place described in paragraph (1) of the “homeless” definition move as quickly as possible into permanent housing and achieve stability in that housing.

Component services and assistance generally consist of short-term and medium-term rental assistance, rental arrears, rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, mediation, legal services, and credit repair. For specific requirements and eligible costs, see 24 CFR 576.104, 576.105, and 576.106.

#### 5. **HMIS**

Grant funds may be used for certain Homeless Management Information System (HMIS) and comparable database costs, as specified at 24 CFR 576.107

\*Homeless Management Information System (**HMIS**) is a locally administered, electronic data collection system that stores longitudinal person level information about persons who access the homeless service system.

*According to Section 416(F) of the HEARTH Act of 2009, HMIS participation is a statutory requirement for Emergency Solutions Grants recipients and sub-recipients.*

**APPLICATION EVALUATION - SCORING CRITERIA**

<b>ESG Project Ranking Criteria 2019-2020 Program Year</b>		
<b>Agency Name:</b> _____		
<b>Activity</b> _____ <b>Amount Requested</b> _____		
<b>Completed for all applicants</b> (To be completed by the reviewers of the ESG applications.)		
<b>Rating Scale 1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 =Excellent</b>		
<b>Finance &amp; Supporting Documents (15 Points)</b>		<b>Score</b>
<b>1</b>	Displayed secure status of assets and lack of liabilities.	
<b>2</b>	Attached certificate of incorporation, mission in by-laws, organizational chart and IRS letter.	
<b>3</b>	Attached anticipated budget for the proposed activity.	
<b>TOTAL (15 points max.)</b>		
<b>Activity Proposal (25 Points)</b>		<b>Score</b>
<b>1</b>	Provided a detailed description of the proposed activity.	
<b>2</b>	Articulated the need to be addressed by the activity.	
<b>3</b>	Effectively addressed the activity's contribution to community need identified in city's plan.	
<b>4</b>	Detailed the anticipated goals of the activity.	
<b>5</b>	Substantiated the reasons for supporting continued funding.	
<b>TOTAL (25 points max.)</b>		
<b>Organizational Information (35 Points)</b>		<b>Score</b>
<b>1</b>	Described a plan to ensure sustainability.	
<b>2</b>	Cited relevant personnel.	
<b>3</b>	Provided a list of board members.	
<b>4</b>	Identified possible conflicts of interest.	
<b>5</b>	Communicated ability and qualifications to implement activity.	
<b>6</b>	Described actions to be taken if funding falls through.	
<b>TOTAL (35 points max.)</b>		
<b>Community Partnerships &amp; Program Integration (25 Points)</b>		<b>Score</b>
<b>1</b>	Agency was able to indicate they are an active member of the MVHHAC/CoC.	
<b>2</b>	Indicated length and frequency of involvement in CoC.	
<b>3</b>	Explained the relevance of the proposal to ESG objectives and CoC priorities.	
<b>4</b>	Indicated that organization is a participant in the OCHMIS or would be willing to participate.	
<b>5</b>	Articulate the relevance of the proposal to existing HUD CoC programs.	
<b>TOTAL (25 points max.)</b>		
<b>PROGRAM SCORE TOTAL (100 points max.)</b>		

### **Attached Narrative**

On separate pages to be attached to the application, please answer the following narrative questions. Please note that all responses in total should be limited to no more than seven (7) pages. Each page must have a minimum of 1" margins on all four sides of the paper. Font must be Times New Roman with minimum font size of 12. Responses may be single-spaced and only on one side of the paper. While graphics may be inserted into the response, margin and length of response restrictions will still adhere. **Applications that do not adhere to these requirements will not be considered for funding.**

**1. Activity Description** – Provide a detailed description of the proposed activity to be funded. Include a description of the location of the proposed activity and the clientele to be served by age, sex, race or other distinguishing demographic characteristic.

**2. Activity Need** – Describe the community need being addressed by the activity, including a description of the problem/need to be addressed by the activity and the manner by which the problem/need was identified. The description should address the extent to which the community need being addressed reflects a community need identified within the City of Utica's 2015-2020 Consolidated Plan.

**3. Activity Goals** – Describe in detail the anticipated goals of the proposed activity. The description should address the extent to which the goals of the activity reflect a community development goal identified within the City of Utica's 2015-2020 Consolidated Plan.

**4. Activity Objectives, Outcomes and Outputs** – HUD has prescribed specific objectives and outcomes to be used for all ESG-funded activities in order to standardize achievements at the local, state and national level. Please evaluate and describe your proposed activity according to the following definitions. Identify which objectives your activity will address, then identify the proposed outcome that your activity will achieve; please choose the best single objective and outcome. Bear in mind that, if funded, your information will be utilized in the preparation of the 2017 – 2018 Annual Plan and in reporting your accomplishments through the quarterly and year-end progress reports and the City's Consolidated Annual Performance Evaluation Report (CAPER).

### **Emergency Solutions Grant Objectives**

**(1) Engage** homeless individuals and families living on the street.

**(2) Improve** the number and quality of emergency shelters for homeless individuals and families.

**(3) Help** operate these shelters.

**(4) Provide** essential services to shelter residents.

**(5) Rapidly** re-house homeless individuals and families.

**(6) Prevent** families/individuals from becoming homeless.



**5. Activity Justification** – If the proposed activity has been funded in previous years, an explanation of the reasons supporting continued funding is required.

**6. Self-Sufficiency** – If the activity has been funded in previous years, **describe the manner by which your organization plans to make this activity self-sufficient**; include identification of alternate funding sources or possibility of partnering with other community organizations. **If there is no plan to make the activity self-sufficient, explain the reason.**

**7. Organization Description** – Provide a listing of agency personnel and their titles that will be involved in the proposed activity. Also list all Board members for the organization (*voting and ex-officio*). Identify any and all potential conflicts of interest. Finally, describe your organization’s current ability and qualifications to carry out the proposed activity.

**8. Contingency Plan** – In the event that CDBG funds are not granted for this proposed activity, in whole or in part, or other funds anticipated to fund this activity are not received, describe the actions to be taken by your organization.

**CERTIFICATION: I hereby certify that the information contained in this application is true to the best of my knowledge. I do hereby agree to comply with all requirements of HUD Regulations 24 CFR 570 and other applicable Federal Regulations.**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TYPED OR PRINTED NAME

\_\_\_\_\_  
DATE

## **Activity Budget**

On the attached pages, provide details on the anticipated budget for the proposed activity. Note that one budget applies to proposed construction activities, while the second budget page applies to proposed program activities.

## **Budget Instructions**

1. Insert budget amounts for each applicable line item, including total amount, amount for which CDBG funds are sought and amount to be funded with other funds.
2. For each line item, fill in the source of the leveraged funds if applicable. Each line item allows for up to three (3) different sources of leveraged funds. For each source of leveraged funds, the applicant must indicate the status of these funds, selecting from the following possible choices: Anticipated, Committed, In-Hand, Donated or Requested. For the purposes of the application, Anticipated shall mean that the applicant agency has some reasonable assurance that the funding will be received shortly; Committed shall mean that the applicant agency has received a firm commitment from the source of said funds for the utilization of those funds for the intended purpose; In-Hand shall mean that applicant agency has actually received said funds and has ready access to those funds at time of submission of the application; Donated shall mean that the applicant agency will be utilizing donated materials, services, time or labor; Requested shall mean that the applicant agency has submitted a request (i.e., grant application) for said funding, but has not received any indication of the likelihood of receiving said funds.

**PROGRAM BUDGET**

	ESG AMOUNT	LEVERAGED FUNDS AMOUNT	TOTAL COST	LEVERAGED FUNDS SOURCE		LEVERAGED FUNDS STATUS
Personnel - Salary				1		
				2		
				3		
Personnel - Fringe				1		
				2		
				3		
Advertising				1		
				2		
				3		
Supplies				1		
				2		
				3		
Rent/Utilities				1		
				2		
				3		
Incidentals (copies, phone, etc.)				1		
				2		
				3		
Other (specify)				1		
				2		
				3		
Other (specify)				1		
				2		
				3		
<b>TOTAL PROGRAM COST</b>				Choose from: Anticipated, Committed, In-Hand, Donated or Requested		