STATE OF SOUTH DAKOTA
EMERGENCY SOLUTIONS GRANTS (ESG) PROGRAM
APPLICATION

GENERAL INFORMATION

A. Name of Applicant _____

☐ Nonprofit Organization   ☐ Unit of Local Government

P.O. Box _____
Street Address _____
City and Zip Code _____
County _____
Contact Person _____
Title _____
Phone Number _____ FAX _____
E-mail Address _____
Unique Entity Identifier (UEI) #: _____
Tax ID #: _____

TOTAL AMOUNT OF ESG FUNDS REQUESTED: _____
(must equal budgeted amount on page 13)

ELIGIBILITY
(Circle one)

A. Applicant has a written policy designed to ensure that their facility is free from illegal use, possession, or distribution of drugs or alcohol by its beneficiaries and employees.
YES (attach document)   **NO**

B. Applicant has a written policy to ensure that activities conducted under ESG conform to the nondiscrimination and equal opportunity requirements contained in 24 CFR Part 576.407(a).
YES (attach document)   **NO**

C. Applicant will make known that use of the facilities, assistance and services are available to all individuals on a nondiscriminatory basis per 24 CFR Part 576.407(b).
YES   **NO**

D. Does your organization adhere to federal Violence Against Women Act (VAWA) requirements?
YES (attach document)   **NO**

E. If Applicant is a primarily religious organization, Applicant agrees to provide all eligible activities under this program in a manner that is free from religious influences in accordance with 24 CFR Part 576.406.
YES   **NO**   **N/A**

F. If Applicant is a nonprofit organization, Applicant has approval of the proposed project from the unit of general local government?
YES   **NO**   **N/A**

G. The amount of match, consisting of funds, value of service, value of building, or value of materials to be provided, equal to or greater than the ESG Funds requested?
YES   **NO**   **N/A**

H. If the proposed application is for street outreach, emergency shelter operations, homeless prevention, rapid re-housing, housing relocation, or short to medium-term rental assistance, the Applicant agrees to provide services or shelter to homeless individuals and families for at least the period during which ESG funds are provided.
YES   **NO**   **N/A**

I. Applicant agrees that all housing, whether the homeless shelter, or the rental housing units assisted with ESG, will meet the shelter and housing standards outlined under 24 CFR Part 576.403.
YES   **NO**

J. Applicant agrees that all individuals and families, eligible for ESG, will be given assistance to obtain permanent housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living; including assistance in obtaining other federal, state, local, and private assistance.
YES (attach proposed admin plan)   **NO**

K. Applicant currently has outstanding audit findings, IRS findings, SDHDA monitoring findings or other compliance issues?
YES (Stop here and do not submit an application)   **NO**

L. To the greatest extent possible, Applicant agrees to incorporate participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policy-making entity of the recipient, to the extent the entity considers and makes policies and decisions regarding any facilities, services, or other assistance that receive funding under ESG, as outlined per CFR 576.405.
YES   **NO**

Current ESG applicants only: If yes, what have you done to work towards achieving this objective?

M. Applicant will involve the employment of homeless individuals to the maximum extent practicable.
YES   **NO**

    Current ESG applicants only: If yes, what have you done to work towards achieving this objective?

N. Is your agency currently a member of either a local homeless coalition or the state SD Housing for the Homeless Consortium?
YES   **NO**

    (How many local meetings did you attend in 2023? _____)

    (How many SD Housing for the Homeless Consortium meetings did you attend in 2023? _____)

O. Does your agency have the capacity and the available cash flow to effectively administer this program based on the reimbursement requirements?
YES   **NO**

P. HUD is committed to ensuring Racial Equity among program operations and services. Does your organization commit to operating and providing services in a racially equitable manner and providing racial equity data upon requests?
YES   **NO**

NOTE: If NO is the response to any of the above questions, stop here and do not submit an application.

Q. Does your agency have an approved indirect cost rate agreement with a federal cognizant agency or an indirect cost rate proposal prepared in accordance with 2 CFR part 200, subpart E, submitted to a federal cognizant agency, which shall be included in your ESG budget? Alternatively, do you plan to include a 10% de minimis rate on eligible expenses in your budget?
YES (attach document)   **NO**

What type of Clientele will you be serving? (Check all that apply)
    ___ Homeless individuals and/or households (DV and Non-DV)

    ___ At Risk of homelessness individuals and/or households (DV and Non-DV)

    ___ Domestic Violence Victims Only

| ELIGIBILITY OF REHABILITATION |
| CONVERSION AND RENOVATION ACTIVITIES ONLY |

If you are you requesting ESG funds for rehabilitation, conversion or renovation? If yes, please answer all questions (A-E) below. Renovation projects will be subject to a completed environmental review by SDHDA prior to any work taking place.

A. Does the rehabilitation, conversion, or renovation activities involve a building on the National Register of Historic Places, a building located in a Historic District, a building immediately adjacent to a property listed on the National Register, or building deemed to be eligible for inclusion on the National Register by the State Historic Preservation Officer?
YES   **NO**   **N/A**

B. If you have answered YES to A, have the final plans and specifications for the rehabilitation project been approved by the State Historic Preservation Officer?
YES   **NO**   **N/A**

C. Will the estimated value of the improvements exceed 75 percent of the appraised value of the building before the improvements are made?
YES   **NO**   **N/A**

D. If Applicant proposes to utilize ESG funds for rehabilitation, the Applicant agrees that the emergency shelter building will continue to be operated as an emergency shelter for at least 3 years, if major rehabilitation or conversion of the building then at least 10 years.
 YES   **NO**   **N/A**

E. Upon completion of renovation activity, will the building be accessible in accordance with Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR Part 8; the Fair Housing Act (42 U.S.C 3601 et seq.) and implementing regulations at 24 CFR part 100; and Title II of the Americans with Disabilities Act (42 U.S.C 12131 et seq.) and 28 CFR, part 35.
YES   **NO**   **N/A**

If you are planning any renovation activities, list and describe in detail what renovation activities are being requested along with at least 2 competitive bids for the project. If you are requesting more than one renovation activity, indicate a priority order.

SITE CONTROL - *Shelters Only*

Indicate below the status of the shelter and attach documentation of site control (lease agreement, purchase option or property deed, if not already submitted).

___ Applicant own property: Date acquired: _____

___ Lease. Expiration date: _____

___ Option to Purchase: Expiration date: _____

___ Other: Describe: _____

ACCESSIBILITY FOR PERSONS WITH DISABILITIES

Federal regulations require that all agencies assisted with ESG funds must not exclude or deny benefits or assistance to people with disabilities. Emergency shelters and service agencies should therefore seek to ensure that their shelter and/or agency are physically accessible to people with disabilities. Accessibility includes, but is not limited to such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

PROJECT DESCRIPTION

The goal of the ESG program is to assist homeless individuals and families and those at risk of homelessness with assistance needed to achieve permanent sustainable housing. Below is a list of eligible components available for funding.

Emergency Shelter Component
 Renovation
   - Eligible costs include labor, materials, tools and other costs for renovation (including major rehabilitation of an emergency shelter or conversion of a building into an emergency shelter). The emergency shelter must be owned by a government entity or private nonprofit organization.
 Operations
   - Eligible costs include maintenance/repair, rent, security, fuel, equipment, insurance (shelter only), utilities, food, furnishings and supplies necessary for the operation of the emergency shelter. Also, hotel/motel vouchers when no appropriate emergency shelter is available.
 Essential Services (For use with shelter residents only)
   - Eligible costs include case management, child care, education, employment, life skills services, legal services, mental health, substance abuse services, transportation and services for special populations.

Street Outreach Component
   - Eligible costs include, engagement, case management, emergency health and mental health services, transportation, and services for special populations.

Homeless Prevention Component (At Risk of Homelessness Individuals and/or Households)

Housing Relocation and Stabilization Services
- Eligible costs include: Housing search and placement, case management, mediation and legal services, credit repair/budgeting/money management.

Financial Assistance
- Eligible costs include: Rental application fees, security deposits, last month rent, utility deposits, utility payments (including up to six months of arrearages), and moving cost assistance.

Rental Assistance
- Eligible costs include: Short term and medium term rental assistance (up to 24 months) including up to 6 months arrearages.

Rapid Re-Housing Component (Homeless Individuals and/or Households)

Housing Relocation and Stabilization Services
- Eligible costs include: Housing search and placement, case management, mediation and legal services, credit repair/budgeting/money management.

Financial Assistance
- Eligible costs include: Rental application fees, security deposits, last month rent, utility deposits, utility payments (including up to six months of arrearages), and moving cost assistance.

Rental Assistance
- Eligible costs include: Short term and medium term rental assistance (up to 24 months) including up to 6 months of rental arrearages.

HMIS Component
- Eligible costs include: Computer hardware/software/software licenses, office space/utilities/equipment, obtaining technical support, salaries for HMIS operations, staff travel for HUD approved HMIS training and participant intakes, and participation fees charged by the HMIS Lead

Administration Component
- Up to 2% of the ESG budget.
- Eligible costs include: Administrative costs related to planning and execution of the ESG activities. This does not include staff and overhead costs directly related to carrying out street outreach, emergency shelter, homelessness prevention, and rapid re-housing activities, as those costs are eligible as part of those activities.

Indirect Cost Rate
- Indirect costs may be charged to the ESG award under a negotiated indirect cost rate agreement with a federal cognizant agency, a de minimis indirect cost rate (for applicable entities), or an indirect cost proposal prepared in accordance with 2 CFR part 200, subpart E, submitted to a federal cognizant agency, and as approved by SDHDA in accordance with written policies and procedures, which shall be included in the budget.

PERFORMANCE OUTCOME MEASUREMENTS – Renewing Applicants Only

Performance measurement is a tool to capture information about program performance to determine how programs and activities are meeting established needs and goals. Applicants can provide printed reports from the HMIS or DV database system for the following questions.

1. People Served – Previous Calendar Year

Annual Number (not percentages): Please indicate the number of people served (including children) from 1/1/2023 to 12/31/2023 (individuals and families need to be counted in each program they participated in during the calendar year.

	Homeless Prevention	Rapid Re-Housing	Shelter Activities	Total Persons
Adults				
Children				
Don't Know				
Missing Information				
TOTAL:				

2. Gender and Age– Previous Calendar Year
Please indicate the gender and age of people served (including children)

GENDER	TOTAL		_AGE_	TOTAL
Man (boy, if child)			**Under 18**	
Woman (girl, if child)			**18-24**	
Transgender			**25 and over**	
Non-Binary			**Don't Know/Prefers No**	
Culturally Specific			**Missing Information**	
Questioning				
Different Identity				
Don't Know/Prefers No				
Missing Information				

3. Race & Ethnicity– Previous Calendar Year
Please indicate the race of people served (including children)

	TOTAL		TOTAL
White		**Asian or Asian American**	
American Indian/Alaskan Native or Indigenous		**Hispanic/Latina/e/o**	
Black/African American/African		**Middle Eastern or North African**	
Native Hawaiian or Pacific Islander		**Don't Know/Prefers No Answer**	
		Missing Information	

3. Special Population – Previous Calendar Year

Please indicate the special populations of people served (Adults Only). May have multiple responses.

	Homeless Prevention	Rapid Re-Housing	Shelter Activities	Total Persons
Veterans	_____	_____	_____	_____
DV Victims	_____	_____	_____	_____
Elderly	_____	_____	_____	_____
HIV/AIDS	_____	_____	_____	_____
Chronic Homeless	_____	_____	_____	_____
Severely Mentally Ill	_____	_____	_____	_____
Chronic Substance Abuse	_____	_____	_____	_____
Other Disability	_____	_____	_____	_____

4. Income Levels – Previous Calendar Year

Please indicate the Income levels of persons or households served during the time period of 1/1/2023 to 12/31/2023

     a. # or % extremely low income_____

     b. # or % low income_____

     c. # or % moderate income_____

5. Destination Residence – Previous Calendar Year

Annual Number (not percentages): From 1/1/2023 to 12/31/2023, answer according to the type of residence the client is in at time of program exit.

___ Deceased

___ Emergency Shelter (including hotel/motel paid for with emergency shelter voucher)

___ Foster Care Home or Foster Care Group Home

___ Hospital or other residential non-psychiatric medical facility

___ Hotel or Motel paid for without Emergency Shelter Voucher

___ Jail, Prison, Juvenile Detention Facility

___ Long-term care facility or nursing home

___ Moved from one HOPWA funded project to HOPWA PH

___ Moved from one HOPWA funded project to HOPWA TH

___ Owned by client, no housing subsidy

___ Owned by client, with ongoing housing subsidy

___ Permanent Housing for homeless person (such as CoC project; HUD legacy programs; HOPWA PH)

___ Place not meant for habitation (a vehicle, abandoned building, bus/train/anywhere outside)

___ Psychiatric Hospital or Other Psychiatric Facility

___ Rental by Client, no housing subsidy

___ Rental by client, VASH Subsidy

___ Rental by client, other (non-VASH) ongoing housing subsidy

___ Rental by client, with GPD TIP housing subsidy

___ Safe Haven

___ Staying or living with family, permanent tenure

___ Staying or living with friends, permanent tenure

___ Staying or living with family, temporary tenure (e.g., room, apartment or house)

___ Staying or living with friends, temporary tenure (e.g., room, apartment, house)

___ Substance Abuse Treatment or Detox Center

___ Transitional Housing for homeless persons (including homeless youth)

___ Other: _____

___ Client doesn't know

___ Client refused to provide

6. Reason for Leaving – Previous Calendar Year

Annual Number (not percentages): From 1/1/2023 to 12/31/2023, how many clients left the program for the following reasons.

_____ Left for housing before completing program

_____ Completed Program

_____ Non-payment of rent/occupancy change

_____ Non-compliance with program

_____ Criminal action/property destruction

_____ Reached maximum time allowed

_____ Needs could not be met

_____ Disagreement with rules/persons

_____ Death

_____ Unknown/Disappeared

_____ Other:_____

PERFORMANCE OUTCOME MEASUREMENTS – for all applicants

As appropriate, please provide the **proposed outcomes** of your project.

1. Proposed number of person(s) or households to be served within the next 18 months?
    Persons:_____
    Households:_____

2. Proposed # of homeless individuals and/or households that will be served by Rapid Re-Housing within the next 18 months?
    a. Individuals_____
    b. Households_____

3. Number of individuals and/or households that will be served by Homeless Prevention funding within the next 18 months?
    a. Individuals_____
    b. Households_____

4. Number of individuals and/or households that will be sheltered within the next 18 months?
    a. Individuals_____
    b. Households_____

5. Describe how the proposed program will promote self-sufficiency, help clients gain access to benefits and/or improve their financial stability.

6. Describe the procedure that will be used to follow-up with clients who were served and then exited the program.

7. Describe your case management procedures, including frequency of appointments, goal planning, transitioning into and maintaining permanent housing and how you will evaluate the client's needs and progress.

8. Describe the needs within your community and/or service area, how the need was determined, listing of other agencies providing services, how the need will be filled and how performance will be measured.

9. If your agency is only applying for funding for a specific population, attach a narrative describing how you have partnered with other agencies in your community to help homeless individuals that you DO NOT serve to ensure they receive the needed services.

10. If you are currently an Emergency Shelter and you do NOT plan to apply for Essential Services funding, please explain why.

11. Describe how your agency ensures that homeless participants (adults and children) are informed of their eligibility for and receive access to education services? In addition, include how your agency works with educational partners in your community to identify participants who may be eligible for ESG programs?

12. Describe any limitations your agency may have within this program regarding the services, length of time or amount of assistance clients may receive.

13. Explain the intake process utilized within your ESG program and any diversion methods utilized. Include any additional eligibility requirements and justification of added restrictions on program entry.

14. Explain how your agency addresses recidivism, specifically describing the methods your agency utilized to identify participants who have returned to homelessness and the services to those participants.

15. What is the demographic composition of the proposed populations to the be served within the next 18 months.

16. Describe how the proposed program will address equity and provide equitable solutions to homelessness given the demographic composition of the persons or households to be served within the next 18 months.

SUMMARY OF FUNDS REQUESTED

Please complete as accurately and completely as possible. Failure to do so may result in a reduction or denial of funding. Request only those funds expected to be expended over an 18-month period. **Round to the nearest $1.00**. Applicants should refer to 24 CFR, Part 576 and SDHDA's ESG Administrative Plan for further clarification of how and when these services can be provided.

Activity Type	Requested Amount
SHELTER ACTIVITIES	$
Renovation	$
Operations (total of all subcategories below)	$
▪ Maintenance	$
▪ Insurance	$
▪ Utilities	$
▪ Furnishing/Appliances	$
▪ Food	$
▪ Rent	$
▪ Security	$
▪ Supplies	$
▪ Equipment	$
▪ Hotel/Motel Vouchers	$
Essential Services (Shelter Residents Only)	$
STREET OUTREACH	$
RAPID RE-HOUSING ACTIVITIES	$
Housing Relocation and Stabilization Services	$
Financial Assistance	$
Tenant-Based Rental Assistance	$
Project-Based Rental Assistance	$
HOMELESS PREVENTION ACTIVITIES	$
Housing Relocation and Stabilization Services	$
Financial Assistance	$
Tenant-Based Rental Assistance	$
Project-Based Rental Assistance	$
HMIS	$
Indirect Cost Rate/De Minimis (if applicable)	$
Administrative Activities	$
Total FY 2023 Request	**$**

TOTAL BUDGET FOR OPERATIONS AND SERVICES

The Emergency Solutions Grants Program funding must be used in coordination with other funding sources and programs to ensure a continuum of services. This budget will provide information on your organization's activities, resources, and expenditures currently for 2024 and projected for 2025. Please complete as accurately and completely as possible. Failure to do so may result in a reduction or denial of funding.

Resources: Project the amounts to be received for 2024/2025

Expenses: Project the amounts to be expended for 2024/2025

TOTAL PROJECTED BUDGET FOR OPERATIONS AND SERVICES FOR 2024/2025 ALLOCATION	
Anticipated Resources	**Amount Projected 2024/2025**
1. United Way	
2. VOCA (Victims of Crime Assistance)	
3. DASA (Domestic and Sexual Abuse Grant)	
4. ESG (Emergency Solutions Grant) **This must equal your total request**	
5. Marriage License Fees	
6. City/County Government Contributions	
7. FEMA (Emergency Food and Shelter Program)	
8. Documented Cash Contributions	
9. FVPS (Family Violence and Prevention)	
10. STOP Violence Against Women Grants	
11. Other Resources (specify)	
12. Other Resources (specify)	
Projected Expenses	
1. Renovation	
2. Shelter Operations	
3. Shelter Essential Services	
4. Street Outreach	
5. Homeless Prevention Activities	
6. Rapid Re-Housing Activities	
7. HMIS Activities	
8. Staff Salaries	
9. Administration	
10. Other Supportive Services (specify)	
11. Other Expenses (specify)	
12. Other Expenses (specify)	

2024 ALLOCATION MATCHING FUNDS

Source of Match   **Amount of Match**

1. Volunteer hours ($10 per hour) $_____
2. Private donations $_____
3. City government contribution $_____
4. County government contribution $_____
5. In-Kind (donations) $_____
6. Housing Opportunity Funds (HOF) $_____
7. Donated value/use of a building $_____
8. Other _____ $_____
9. Other _____ $_____
10. Other _____ $_____

           Total Match $_____

If funds from the city, county, state agency, or a private source are to be used to meet the match requirement, please attach a letter of commitment or award.

ATTACHMENTS

Please attach the following items:

1.	Bylaws and/or constitution	___ Attached
2.	Articles of Incorporation	___ Attached ___ We are a public agency
3.	Documentation of 501(c)(3) status from the U.S. Internal Revenue Service	___ Attached ___ We are a public agency
4.	Local Government Certification	___ Attached
5.	Organizational chart of the Agency Board and Staff	___ Attached
6.	Certification of Consistency with local Consolidated Plan (Rapid City & Sioux Falls applicants only)	___ Attached
7.	Bids - at least 2 competitive bids for renovation/rehabilitation activities	___ Attached ___ Not Requested
8.	Copy of the purchase or lease agreement(s) for the building(s) currently used as a shelter and/or office space	___ Attached
9.	Shelter pictures of any renovation activities (inside and/or outside)	___ Attached
10.	Provide evidence of financial accountability such as a recent audit <u>Or</u> annual accounting with balance sheets	___Attached
11.	Proposed ESG Admin Plan	___Attached
12.	Copy of past three board meeting minutes	___Attached
13.	Confidentiality Policy	___Attached
14.	Discharge Policy	___Attached
15.	Drug-Free Workplace Policy	___Attached
16.	Executed Partnership Agreement	___Attached
17.	Approved Indirect Cost Rate	___Attached ___Not Using
18.	Scoring sheet – Exhibit A – completed (self-scoring)	___Attached

CERTIFICATION

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 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.

I certify that I am authorized to execute this application on behalf of the Applicant.

Signature	Date

CERTIFICATION OF LOCAL GOVERNMENT APPROVAL FOR NON PROFIT ORGANIZATIONS RECEIVING ESG FUNDS FROM STATE RECIPIENTS

I, _____ (Name   and   Title) duly authorized

to act on behalf of the _____ (Name of Jurisdiction)

hereby approve the following projects(s) proposed by_____

_____ (Name of Nonprofit)

which is (are) to be located in:

_____

_____

_____

_____

By: _____   _____

        (Print Name and Title)   (Date)

_____
        (Signature)

CERTIFICATION OF CONSISTENCY WITH THE CONSOLIDATED PLAN
(Applications from Sioux Falls and Rapid City Only)

I, _____, (name and title) authorized to act on

behalf of _____(City) certify that the activities

proposed by _____ (name of applicant or

recipient) are consistent with the Consolidated Plan submitted by

_____ (City) on _____ (date), to the Department of

Housing and Urban Development.

_____   _____
(Print Name)   (Print Title)

_____   _____
(Signature)   (Date)

EXHIBIT A
2023-2024 ESG SCORING MATRIX

1 - Utilization of 2022 ESG funds - up to 25 points	Points	Score
Utilize all ESG funds within the term of the grant agreement	10	
Submitted quarterly draws	10	
Awarded and utilized recaptured funds	5	
Recaptured less than 10% from previous grant	5	
	Total	
2 - Participation in CoC (Calendar year 2023) - Up to 35 Points		
100% attendance at SDHHC Quarterly Meetings	15	
75% attendance at SDHHC Quarterly Meetings	10	
50% attendance at SDHHC Quarterly Meetings	5	
Coordinated Entry System Participation – CES Annual Mtg; Case Conferencing; CES Access Point	10	
Coordinated Entry System Participation – receives referrals for HP/RRH clients	10	
	Total	
3 - Proposed Application - Up to 15 Points		
Requested at least 40% RRH/HP funds in application	15	
Requested less than 40% RRH/HP funds in application	5	
Shelter Operations Only with signed partnership agreement for Direct Services	5	
Requested Shelter Operations only	0	
	Total	
4 - Participation in 2023 ESG Trainings - up to 15 points		
100% attendance at ESG trainings	15	
75% attendance at ESG trainings	10	
50% attendance at ESG trainings	5	
Less than 50% attendance at ESG trainings	0	
	Total	
5 - HMIS/DV Database Data Quality – 2022/2023 Grant - up to 25 points		
Actively using HMIS/DV database as evidenced at time of draw request	15	
5% or less null/missing data	10	
6-10% null/missing data	5	
Timely submission of Quarterly Reports	15	
	Total	
6 - Agency Performance - 2022 Grant - up to 35 points		
All required documentation submitted at time of draw request	10	
Agency serves all populations	10	
Agency evidences how they ensure connection with educational services while in shelter	5	
Agency evidences % of those served found housing vs. went back into homelessness upon exit	5	
No audit Findings	5	
	Total	
Total Score:		