

# **Application**

## **2010 Emergency Shelter Grants Program (ESGP)**

**This program is funded by the  
United States Department of Housing and Urban Development (HUD)**

**Application Due Date  
May 15, 2009  
5:00 P.M.**



**Burrell Ellis, CEO**

**BOARD OF COMMISSIONERS: Elaine Boyer, District 1; Jeff Rader, District 2;  
Larry Johnson, District 3; Sharon Barnes Sutton, District 4; Lee May, District 5;  
Kathie Gannon, District 6; Connie Stokes, District 7**

**[www.co.dekalb.ga.us](http://www.co.dekalb.ga.us)**

**Administered By: DeKalb County Community Development Department  
Chris H. Morris, Director  
1807 Candler Road, Decatur, Georgia 30032  
Telephone: (404) 286-3308 / Facsimile: (404) 286-3337**

**Instructions:**

**Please read the ESGP Application Guidelines before beginning this application. Please provide your responses in the column on the right. It will expand as you write, and you may use as much space as you need.**

**All application documents must be typed using no larger than 12 point font.**

**ESGP APPLICATION**

<b>Basic Information</b>	
Official Name of Agency/Organization	
Name of Executive Director/President (please include title)	
Mailing Address	
Telephone Number	
Facsimile Number	
Executive Director's E-mail Address	
Agency Website Address (if applicable)	
Contact person other than the Executive Director or President that is able to act on behalf of the Agency (name, title, telephone, and email address)	
Current Board President or Chairperson (please include title)	
Current Board Secretary	
Please check the DeKalb County Commission District(s) in which your services are provided:	<input type="checkbox"/> Elaine Boyer, District 1 <input type="checkbox"/> Jeff Rader, District 2 <input type="checkbox"/> Larry Johnson, District 3 <input type="checkbox"/> Sharon Barnes Sutton, District 4 <input type="checkbox"/> Lee May, District 5 <input type="checkbox"/> Kathie Gannon, District 6 <input type="checkbox"/> Connie Stokes, District 7

1. Type of ESGP funding requested (see Emergency Shelter Grants Program Eligible Activities, page 8-9 of Application Guidelines)	_____ Essential Services _____ Operational Costs _____ Homeless Prevention _____ Administrative Costs (HMIS providers only)
2. Amount of funds requested	\$ _____
3. Is your agency also applying for CDBG funds? <i>NOTE: CDBG funding requires completion of a separate application.</i>	_____ Yes Amount _____ _____ No
4. Has your agency been funded by this department in the past?	_____ No _____ Yes: indicate years, type of funding, and amounts going back five years, if applicable.

<b>Goals, Objectives, Outcomes, and Performance Measurements</b>	
5. How is your project aligned with the Goals and Objectives in the 2008-2012 Consolidated Plan? (Please see pages 10-11 of Application Guidelines.)	
6. What are the agency's mission, goals, and objectives?	
7. Please provide a narrative on recent accomplishments and achievement, based on your agency's established performance objectives.	
8. Please describe the outcome measurements your agency uses to measure its objectives.	
<b>Project/Activity Description; Collaboration Information</b>	
9. Describe in detail the specific use of the requested funds. (Your response should demonstrate familiarity with Emergency Shelter Grants Program: Eligible Activities, HUD's rules for use of funds found on pages 8-9 of Application Guidelines.) Please do not include budget information here, as you will be required to submit a program budget.	
10. Please list the services provided by this project or activity.	<input type="checkbox"/> Emergency shelter facilities <input type="checkbox"/> Transitional housing <input type="checkbox"/> Vouchers for shelters <input type="checkbox"/> Outreach <input type="checkbox"/> Soup kitchen/meal distribution <input type="checkbox"/> Food pantry <input type="checkbox"/> Health care <input type="checkbox"/> HIV/AIDS services <input type="checkbox"/> Employment <input type="checkbox"/> Homeless prevention <input type="checkbox"/> Drop-in center <input type="checkbox"/> Mental health <input type="checkbox"/> Alcohol/drug program <input type="checkbox"/> Child care <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

	____ Other: _____
11. Is your organization faith-based?	____ No ____ Yes. Describe affiliation:
12. Enter the address and telephone number of the project or activity. <i>Please list all if there are multiple locations.</i>	
13. Does the agency own the facility? Please attach documentation of ownership or a copy of the lease. <i>Attach multiple copies if there are multiple locations.</i>	Facility: _____ ____ Yes ____ No Facility: _____ ____ Yes ____ No
14. How many individuals do you propose to serve in the 12 months of the grant period?	____ Adults ____ Children
15. What is your service area?	____ County-wide ____ Partial service within DeKalb County; please describe here:
16. Describe your key constituents.	
17. Who are your strategic partners; with what other agencies will you collaborate on this project or activity?	
18. How do your services enhance or differ from existing services now being provided by other agencies in your targeted area or population?	
19. Does your agency participate in Pathways HMIS?	____ Yes ____ No <i>(All funded agencies are required to participate in HMIS.)</i>
20. What is your fiscal year?	
21. Is the program/facility open year round?	____ Yes ____ No; list times it is available:
22. What are the hours that your program/facility is available?	
23. Are your clients predominantly	____ DeKalb residents ____ Non-DeKalb residents
24. Do you have volunteers working at the program/facility?	____ No ____ Yes; how many per year (unduplicated)? _____ How are they recruited?  Describe their activities:

**Programs that Operate and Provide Emergency and Transitional Housing Only  
(Applicants for Operational Costs Funding)**

25. What is your bed capacity?	
26. What is the nature of your shelter or housing?	<input type="checkbox"/> Barracks <input type="checkbox"/> Group/large home <input type="checkbox"/> Scattered site apartment(s) <input type="checkbox"/> Single-family detached house <input type="checkbox"/> SRO (single room occupancy) <input type="checkbox"/> Mobile home/trailer <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Other
27. Please identify which persons are housed at your facility.	<input type="checkbox"/> Males only <input type="checkbox"/> Females only <input type="checkbox"/> Females and children only <input type="checkbox"/> Males and children only <input type="checkbox"/> Males, females, and children <input type="checkbox"/> Couples without children <input type="checkbox"/> Unaccompanied minors
28. What requirements do you have for those who stay at the facility?	
29. What is the maximum length of stay for facility residents?	
30. Are fees assessed to clients of the program/facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes; describe what for and how payable:
31. Who supervises the clients at the facility?	
32. Is every facility operated by your agency in compliance with local zoning ordinances? <i>New applicants must provide written confirmation from the appropriate governmental entity.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No; please explain:
33. Who is responsible for the maintenance, repair, and management of the facility?	

**Homeless Prevention Applicants Only (according to eligible activities in Guidelines document)**

34. Describe procedures that you use or plan to use to administer homeless prevention funds.	
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**Consistency with the Continuum of Care (see [www.tri-j.net](http://www.tri-j.net))**

35. Describe how your project or activity will fill a	
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gap in our community's Continuum of Care.	
<b>Funding Information</b>	
36. Please list your agency's other funders and funding amounts (entire agency, not just for this project.)	
Government	
Private	
Other	
<b>Organizational Management/Board Information</b>	
37. Describe any training attended by the Board in the last twelve months.	
38. How frequently does the Board meet?	
39. Do any family relationships by blood or marriage exist between staff and/or Board members? If so, please describe in detail.	<input type="checkbox"/> No <input type="checkbox"/> Yes, as follows:
40. Are any staff or Board members beneficiaries of any agency funds?	<input type="checkbox"/> No <input type="checkbox"/> Yes, as follows:
<b>Proposed Budget for Use of ESGP Funds (should demonstrate familiarity with "Eligible Activities under the ESG Program" in the Guidelines document). This is for the funds you hope to receive for the program ONLY. You may type into this space or attach a separate document.</b>	
<b>Required Documentation</b>	
<p><b>All applicants</b> (returning and new) must provide, as attachments to this application, all of the documents listed to the right.</p> <p>Any agency that does not provide these documents upon application submission will not be considered for funding.</p>	<input type="checkbox"/> Current registration of charitable organization status from Georgia Secretary of State's office
	<input type="checkbox"/> Most recent independent annual audit with management letter ( <i>if applicable; see Application Guidelines, page 5</i> )
	<input type="checkbox"/> Most recent two years of financial statements (income & expense statement, balance sheet and fiscal statement) *required for all agencies, even those not submitting an audit*
	<input type="checkbox"/> Most recent IRS Form 990
	<input type="checkbox"/> List of Board of Directors (name, address, terms, officers)
	<input type="checkbox"/> Minutes from four most recent Board meetings
	<input type="checkbox"/> Job descriptions and resumes for staff positions involved with the proposed activity
	<input type="checkbox"/> Current organizational chart
	<input type="checkbox"/> Agency budget, using the two-page form following this section, showing revenue/expense summary, revenue, and expenses ( <b>entire agency budget</b> , not just the proposed program or activity)
	<input type="checkbox"/> <i>Returning agencies only:</i> Statement on letterhead signed by Executive Director stating that in the past 12

	<p>months, nothing has changed in Bylaws, Articles of Incorporation, Certification of Incorporation, 501c3 status, operating policies and procedures, financial procedures and procedures, conflict of interest policy, and non-discrimination policy. If you can provide this statement, you do not have to provide these documents. <i>If these have changed in the past 12 months, provide the necessary documentation. [Only returning agencies may exercise this option.]</i></p>
<p><b>New applicants only</b> must provide, as attachments to this application, in addition to all above documents:</p>	<p>___ Non-profit designation from the IRS (501c3)</p> <p>___ Bylaws</p> <p>___ Articles of Incorporation</p> <p>___ Certificate of Incorporation</p> <p>___ Conflict of Interest Policy</p> <p>___ Non-discrimination Policy</p> <p>___ Financial policies and procedures</p> <p>___ Operating policies and procedures</p>

<b>REVENUE/EXPENSE SUMMARY</b> <b>(to be completed for entire agency)</b>						
	Prior Fiscal Year From ___/___(M/Y) to ___/___ (M/Y)		Current Fiscal Year From ___/___(M/Y) to ___/___ (M/Y)		Upcoming Fiscal Year From ___/___(M/Y) to ___/___ (M/Y)	
<b>Revenue</b>						
Community Development (CDBG, ESGP, or HOME)						
Other (non-Community Development funds)						
<b>Total Revenue</b>						
<b>Expenses</b>						
Salaries and benefits						
Other						
<b>Total Expenses</b>						
<b>Net Operating Income (Revenue-Expenses)</b>						
<b>REVENUES</b> <b>(to be completed for entire agency)</b>						
	Prior Fiscal Year From ___/___(M/Y) to ___/___ (M/Y)		Current Fiscal Year From ___/___(M/Y) to ___/___ (M/Y)		Upcoming Fiscal Year From ___/___(M/Y) to ___/___ (M/Y)	
<i>Source of Revenue</i>	<i>Amount</i>	<i>%</i>	<i>Amount</i>	<i>%</i>	<i>Amount</i>	<i>%</i>
DeKalb County ESGP						
DeKalb County General Fund						
DeKalb County CDBG						
DeKalb County HOME						
Federal Government Agency						
State Government Agency						
Other Local Government						
Private Donations						
Board of Directors Contributions						
United Way						
Foundations						
Fees						
Other						
Other						
Other						
<b>Total Revenue</b>		<b>100%</b>		<b>100%</b>		<b>100%</b>

**EXPENSES**  
**(to be completed for entire agency)**

<i>Expenditure Category</i>	Prior Fiscal Year From ___/___(M/Y) to ___/___ (M/Y)		Current Fiscal Year From ___/___(M/Y) to ___/___ (M/Y)		Upcoming Fiscal Year From ___/___(M/Y) to ___/___ (M/Y)	
	<i>Amount</i>	<i>%</i>	<i>Amount</i>	<i>%</i>	<i>Amount</i>	<i>%</i>
Salaries						
FICA						
Unemployment Comp.						
Workers Comp.						
Insurance (employee)						
Other Employee Benefits						
Subtotal						
Rent/mortgage						
Telephone						
Utilities						
Supplies						
Maintenance						
New Equipment						
Insurance/Bonds						
Other						
Subtotal						
Accounting						
Legal Services						
Audit						
Other professional services						
Other						
Subtotal						
Other						
Other						
Other						
Subtotal						
<b>Total Expenses</b>		<b>100%</b>		<b>100%</b>		<b>100%</b>

# Signature Page: This Page Must Be Submitted With The Application

*I certify that I have completed the application for ESGP funds. All of the information contained in this submission has been completed as thoroughly and as accurately as possible.*

Executive Director Name (Print) \_\_\_\_\_

Executive Director Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

President or Secretary of the Board of Directors Name (Print)  
\_\_\_\_\_

President or Secretary of the Board of Directors Signature  
\_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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### **For Office Use Only**

<b>Application Number</b>	
<b>Date Received</b>	
<b>Administrative Staff Processed</b>	
<b>Copies</b>	
<b>Minimum Threshold</b>	
<b>Attachments</b>	
<b>Notes</b>	
<b>Staff Assigned</b>	