

DUE DATE: February 20, 2009

DATE RECEIVED BY CITY: _____



EMERGENCY SHELTER GRANT (ESG) PROGRAM GRANT APPLICATION

INTRODUCTION:

This application will help City staff and officials make a decision regarding the funding of your project through the Emergency Shelter Grant (ESG) program. It will be used for the preliminary review of your funding request only. Completion and submission of this application does not obligate the City of Ontario to allocate ESG funds to your activity.

FINAL ALLOCATION OF ESG FUNDS IS BY CITY COUNCIL ACTION ONLY.

Please be advised that ESG Contracts allow for an additional one-year renewal of funding pursuant to City Council approval.

NOTE: Please keep your answers brief and contained within the space provided. In the event that additional information is needed, you will be contacted by ESG program staff. **Unsolicited information will not be forwarded to the City Council.**

Section 1. General Application Information

Project Name: _____

Applicant Name _____

Applicant Contact: _____

Applicant Address: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Federal Tax ID: _____

Ontario Business License No.: _____

Business licenses are available at no cost to non-profit agencies

The location of the facility where this program is operated requires a Conditional Use Permit (CUP) ☐

If the facility is located in an area that requires a Conditional Use Permit (CUP), please attach a copy.

Ontario ESG Funds Requested: _____

Type of Organization (please check one)

501(c)(3) registered non-profit ☐

Date of certificate: _____

Not currently registered as non-profit ☐

Government Entity ☐

Non-profit status applied for ☐

For-Profit Organization ☐

Other Organization Characteristics (check all that apply)

Faith-Based Organization ☐

Requested for HUD statistical purposes only. Response does not affect funding decision.

Institution of higher education ☐

Have you previously received ESG funding from the City of Ontario? ☐

Is the primary purpose of your proposed program any of the following? (Please check all that apply).

Help prevent Homelessness ☐ Help those with HIV/AIDS ☐ Help the homeless ☐

Primarily help persons with disabilities ☐

Section 2. Proposed Project Summary

Provide a ***brief*** summary of your proposed program, including proposed increases in services.

This description will be used in the application summaries for the City Council throughout the application process.

What types of activities will be conducted within your proposed program?

Please provide a comprehensive list of **all** activities to be carried out or services to be provided with the funds requested. If your project is approved, this information will be included in the contract.

What specific community needs or issues is your proposed program designed to address?

Briefly describe your organization's experience with implementing the proposed program.

What is the service area for the proposed program?

Please be as specific as possible. If the program is restricted to certain census tracts, please list the census tracts.

Section 3. Organization Experience and Information**Briefly describe your organization's experience using government funding, including ESG funds.****Briefly describe your fundraising experience and techniques.**Please note that ESG funds may **not** be used to pay for fundraising activities.**What other organizations will you cooperate with in the implementation of the proposed program?****Key Staff Members:** Please list key staff members responsible for implementing and administering the proposed program and provide a description of the exterior of these staff members.**Note:** Please attach résumés of key staff members detailing their experience in implement and administering programs similar to the proposed program.

STAFF MEMBER'S NAME	POSITION/TITLE	EXPERIENCE

Board of Directors: If your organization has a board of directors, please list all members.

BOARD MEMBER'S NAME	OCCUPATION	YEARS ON BOARD

Section 4. Project Accomplishments

Indicate the applicable National Objective for the proposed program.

Note: There are a total of three National Objectives. Only two National Objectives are listed since the Ontario City Council has not certified that an urgent need posing a threat to health and welfare, which is the third National Objective, currently exists in the City of Ontario.

Benefit low- and moderate-income persons ☐

Prevent or eliminate slums or urban blight ☐

HUD Performance Measures: Identify both a ESG Objective and Outcome for the proposed program.

See information below for assistance in selecting an appropriate Objective and Outcome.

OBJECTIVE (check one)

Create a suitable living environment ☐

Provide decent affordable housing ☐

Create economic opportunity ☐

OUTCOME (check one)

Availability/Accessibility ☐

Affordability ☐

Sustainability ☐

Objectives:

Creating suitable living environments relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (i.e., crime prevention, literacy, child care, elderly services).

Providing decent housing focuses on housing activities whose purpose is to meet individual family or community housing needs.

Creating economic opportunities applies to activities related to economic development, commercial revitalization, or job creation.

Outcomes:

Availability/Accessibility applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to low- and moderate-income people, including persons with disabilities.

Affordability applies to activities that provide affordability in a variety of ways to low- and moderate-income people. Affordability is an appropriate objective whenever an activity is lowering the cost, improving the quality, or increasing the affordability of a product or service to benefit a low-income household.

Sustainability applies to activities that are aimed at improving communities or neighborhoods, helping to make them viable by providing benefit to persons of low- and moderate-income or by removing or eliminating slums or blighted areas.

Types of Programs and Services (check all that apply).

☐ Emergency Shelter Facilities

☐ Transitional Shelter

☐ Vouchers for Shelters

☐ Outreach

☐ Drop-in Center

☐ Soup Kitchen/Meal Distribution

☐ Food Pantry

☐ Health Care

☐ Mental Health

☐ HIV/AIDS Services

☐ Alcohol/Drug Program

☐ Employment

☐ Child Care

☐ Homeless Prevention

☐ Other:

Total clients served: Please complete the following table for unduplicated clients served.**Note:** The City's program year is defined as June 30 – July 1.

Type of clients	2007-2008 # of clients (Actual)	2007-2008 % Low Income (Actual)	2008-2009 # of clients (Actual YTD)	2008-2009 % Low Income (Actual YTD)	2009-2010 # of clients (Estimate)	2009-2010 % Low Income (Estimate)
Ontario residents						
Non-residents						
Total						

Describe how you will monitor and evaluate the success of the proposed program. Include key benchmarks and performance measures in your description.

Section 5. Organization Financial Information**Using the tables below itemize income and expenses.**

Income	A Most Recent Fiscal Year 2007-2008	B Current Fiscal Year 2008-2009	C Proposed Budget July 1, 2009 – June 30, 2010	D % Change	E % Total
PRIVATE SUPPORT					
Contributions					
Grants					
Fundraising					
Other					
Subtotal					
GOVERNMENT					
Federal					
State					
Local					
Subtotal					
OTHER REVENUE					
Membership Dues					
Program Fees					
Other					
Subtotal					
TOTAL REVENUE					

Column A is the Audited, or most recently completed 12-month period.

Column D represents the percent change from Column B to Column C $((C-B)/B)$. Explain changes greater than 15% under comments.

Column E represents the percent of total budgeted for Column C.

Expenses	A Most Recent Fiscal Year 2007-2008	B Current Fiscal Year 2008-2009	C Proposed Budget July 1, 2009 – June 30, 2010	D % Change	E % Total
Personnel (salaries, benefits, taxes, etc.)					
Capital (equipment, supplies, services, utilities, etc.)					
Other (insurance, audits, etc.)					
TOTAL EXPENSES					
Surplus (or Deficit) of Total Support & Revenue					
Other Expenses					

Column A is the Audited, or most recently completed 12-month period.

Column D represents the percent change from Column B to Column C $((C-B)/B)$. Explain changes greater than 15% under comments.

Column E represents the percent of total budgeted for Column C.

Explain any changes in organizational budget items greater than 15% in this area. This area may also be used to explain other revenue sources and expenses.

*Pursuant to HUD regulations, all recipients of ESG funding are required to match the grant amount. In the space below, please list match amount and source of funding. **Note:** Matching funds for ESG grants may not come from other federal funding sources (i.e., CDBG).*

[illegible]

Section 6. Project-Specific Financial Information

Proposed Project Budget: Use the table below to provide a project-specific budget for the proposed project.

Note: A final budget may be requested if grant funds are awarded to match the City's allocation amount.

Budget Line Item	Proposed Ontario ESG Share	Other Sources	Total Costs
Salaries			
Fringe benefits (FICA, SUI, etc.)			
Space Rental			
Utilities			
Insurance (general liability, directors and officers, worker's comp., automotive, etc.)			
Consultant Services			
Travel			
Supplies			
Equipment			
Client Services (describe under comments)			
Other Expenses (describe under comments)			
Total Expenses			

Budget Comments: Explain expenditures listed above (if necessary).

Funding Sources for Proposed Project: List all additional funds to be provided by Other Sources.

Note: Indicate if the other sources have been awarded and the date the funds will be available.

Funding Source	Award Date	Date Available	Amount
Total Other Sources			

ESG Budget Caps for Various Activities

Use the tables below to breakdown the requested budget by allowable ESG activity to demonstrate the regulated caps are met.

Pursuant to 24 CFR 576.21, limitations are placed on the provision of certain types of activities listed below:

1. **Essential Services**, includes services concerned with employment, health, drug abuse, and education and may include (but are not limited to):
 - (a) Assistance in obtaining permanent housing;
 - (b) Medical and psychological counseling and supervision;
 - (c) Employment counseling;
 - (d) Nutritional counseling;
 - (e) Substance abuse treatment and counseling;
 - (f) Assistance in obtaining other Federal, State, and local assistance including mental health benefits, employment counseling, nutritional counseling, substance abuse treatment and counseling, Veteran's benefits, and income support assistance such as Supplemental Security Income benefits, Temporary Assistance for Needy Families, General Assistance, and Food Stamps;
 - (g) Other services such as child care, transportation, job placement, and job training; and
 - (h) Staff salaries necessary to provide the above services.

PLEASE NOTE: Not more than 30 percent of the awarded grant can be used for essential services activities.

2. **Operations**, includes maintenance, operation, insurance, utilities, and furnishings.

PLEASE NOTE: Not more than 10 percent of the awarded grant received can be used for staff.

3. **Homeless Prevention Activities**, includes efforts to prevent homelessness such as financial assistance to families who have received eviction notices or notices of termination of utility services if –

- (a) The inability of the family to make the required payments is due to a sudden reduction in income;
- (b) The assistance is necessary to avoid the eviction or termination of services;
- (c) There is a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and
- (d) The assistance will not supplant funding for pre-existing homelessness prevention activities from other sources.

PLEASE NOTE: Not more than 30 percent of the aggregate amount of all assistance to state or local government under this part may be used for homeless prevention activities.

Budget Breakdown	Requested Amount
Essential Services (30% Cap)	
Operations (Staff Costs) (10% Cap)	
Operations (excluding staff) (No Cap)	
Homeless Prevention (30% Cap)	
Total	

Activity/Services	Essential Services	Operations (excluding Staff)	Operations (Staff Costs)	Homeless Prevention
TOTAL				

Section 7. Insurance Requirements

Provide the information requested.

The City of Ontario required general liability insurance, automobile liability insurance (if any vehicle are operated for any organizational purpose that the City has funded), and worker's compensation and employer's liability insurance (if any individuals are employed by your organization). **Note:** If your funding request is approved, the City will require that new insurance certificates and endorsements be issued pursuant to City requirements. The City of Ontario requires minimum limits of liability insurance to be not less than \$1,000,000 per occurrence.

Name of Insurance Company	Effective Dates of Policy	Limits of Liability	Deductibles per Occurrence
General Liability Insurance			
Automobile Liability			
Worker's Compensation			

Section 8. Certifications

Complete the following certifications.

The undersigned certifies that:

- (a) The information contained in this document is complete and accurate;
- (b) The proposed program described in this application meets one of the National Objectives governing the use of Emergency Shelter Grant (ESG) funds;
- (c) The applicant shall comply with all Federal and City policies and requirements affecting the ESG program;
- (d) If the project is a facility, the sponsor shall maintain and operate the facility for its approved use throughout its economic life.
- (e) Sufficient funds are available from non-ESG sources to complete the project as described, if ESG funds are allocated to the applicant; and
- (f) The applicant has review the Subrecipient Contract and is able to comply with the Contract if funds are awarded, including the insurance requirements.

Signature of Authorized Applicant Representative

Date

Print Name and Title of Authorized Applicant Representative

Section 9. Application Submittal

PLEASE SUBMIT THIS APPLICATION AND ALL REQUIRED DOCUMENTS (SEE ATTACHED CHECKLIST) TO: **City of Ontario, Housing and Neighborhood Revitalization Agency, 208 W. Emporia St., Ontario, CA 91762, Attn: Katryna Gonzalez, Project Manager**

You will be contacted, in writing, by the Project Manager regarding the receipt and status of your grant application. If you have any questions regarding your grant application, or the CDBG program in general, please contact Katryna Gonzalez, Project Manager at (909) 395-2322.

Applications must be received by FEBRUARY 20, 2009, 5:00 PM
NO LATE OR FAXED APPLICATIONS WILL BE ACCEPTED

Thank you for your interest



EMERGENCY SHELTER GRANT (ESG) PROGRAM

APPLICATION SUBMISSION CHECKLIST

PROGRAM/PROJECT NAME: _____

To be considered for funding, all applications **must** be completed in their entirety with the following documents attached at the time of submission. Please submit **three (3)** complete application packets.

☐ **Completed application form**

☐ **IRS Tax Exempt Determination Letter**

If not applicable, please explain:

☐ **Recent Tax Submission** (i.e., IRS Form 990)

If not applicable, please explain:

☐ **Most Recent Audit**

If not applicable, please explain:

☐ **Certificates of Liability Insurance** (i.e., General Liability, Automobile Liability, and Worker's Compensation and Employer's Liability Insurance)

If not applicable, please explain:

☐ **Conditional Use Permit**

If not applicable, please explain:

Please submit applications to the following address no later than **February 20, 2009 at 5:00 PM**

City of Ontario, Housing and Neighborhood Revitalization Agency

208 West Emporia Street

Ontario, CA 91762

Attn: Katryna Gonzalez, Project Manager

If you have any questions regarding the required documents to be submitted or need assistance with this application, please contact Katryna Gonzalez, Project Manager, at (909) 395-2322