

**INSTRUCTIONS FOR SUBMITTING  
ESG APPLICATIONS**

1. Complete pages 2 through 21 of the application.
  - ✓ All applicants must submit one copy of their latest audit or audited financial statement.
  - ✓ All non-profit organizations must also complete **PART V: Non-Profit Checklist** with supporting documentation.
  - ✓ All non-profit organizations must also complete **PART VI: Non-Profit Board Composition**.
  - ✓ All non-profit organizations must also complete **Part VII: Certification of Local Government Approval for Non-Profit Organizations**.
  - ✓ All applicants must complete **Part VIII: Certification of Matching Funds**.
  
2. Answer all questions. If not applicable to your program, please mark N.A.
  
3. Submit **AN ORIGINAL AND ONE COPY** of the application and supporting information. **DO NOT SUBMIT APPLICATIONS IN BINDERS**.
  
4. The applications are due in THDA's Nashville office by 4:30 p.m., Friday, March 14, 2008. If you are not certain that your application will be received on time if delivered through regular mail, you should make other arrangements. Applications received late will not be considered.
  
5. Submit application to:  
**Tennessee Housing Development Agency  
404 James Robertson Parkway, Suite 1114  
Nashville, TN. 37243-0900  
ATTN: Community Programs Division**

**FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.**

**The Zip Code 37243-0900 sends your application through the State Mail System. If you plan to use the US Postal Service Express Mail or other expedited delivery service, you may want to consider using the zip code 37219 to avoid possible delays by routing through the state mail service.**

**TENNESSEE HOUSING DEVELOPMENT AGENCY  
EMERGENCY SHELTER GRANT APPLICATION**

**PART I**

**1. APPLICANT INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

Federal Tax Identification: \_\_\_\_\_

Federal Legislative District: House: \_\_\_\_\_

State Legislative District: House: \_\_\_\_\_ Senate: \_\_\_\_\_

**2. PROJECT ADMINISTRATOR**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**3. CONTACT PERSON FOR THE APPLICATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**4. TARGET GROUP:**

\_\_\_\_\_ Adult \_\_\_\_\_ Youth \_\_\_\_\_ Families \_\_\_\_\_ Domestic Violence

\_\_\_\_\_ Other (specify): \_\_\_\_\_

5. **FAITH BASED ORGANIATION?**  YES  NO

6. **PRIOR ESG FUNDING?:**  YES  NO

\_\_\_\_\_ Amount \_\_\_\_\_ Year

7. **TOTAL ESG FUNDS REQUESTED:** \$ \_\_\_\_\_  
(Must be a minimum of \$35,000 or a maximum of \$75,000)

Renovation/Major Rehabilitation/Conversion: \$ \_\_\_\_\_

Operations: \$ \_\_\_\_\_

Essential Services: \$ \_\_\_\_\_

Prevention: \$ \_\_\_\_\_

Administration \$ \_\_\_\_\_  
(5% for Small City set-aside only)

**MATCHING FUNDS:** \$ \_\_\_\_\_

**TOTAL PROGRAM COST** \$ \_\_\_\_\_

8. **ALL APPLICANTS MUST INCLUDE:**

\_\_\_\_\_ Most Recent Audit or audited financial statement

To the best of my knowledge, I certify that the information in this application it true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Mayor, Executive Director or Board Chairman:

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## PART II

1. PROJECT OR PROGRAM DESCRIPTION - Provide a brief description of the proposed project or program, including the location and the objective of the activity. Identify whether the activity is new, on-going or expanded from previous years. Identify the demand for the proposed activity.  
Describe how the location selected or planned, is appropriate and will produce a positive impact on the neighborhood. Provide adequate justification for the location of the activity.  
Describe how quickly this activity could start at the beginning of the contract term, July 1, 2008.

Respond on this page only.

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2. AGENCY DESCRIPTION AND EXPERIENCE - Please a brief history of your organization, its mission, its length of time in existence, and the clientele served.

Describe how the Board of Directors is involved in the operation of the agency, including how often the Board meets, how the Board monitors and provides oversight for the agency's programs.

Describe any prior experience with Federal or other grant funding, particularly grant funding from THDA.

Respond on this page only.

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3. GEOGRAPHIC NEED – Provide evidence of the need for the project or program in the identified geographic area, including the unemployment rate for the geographic area in relation to the overall State unemployment rate, and the per capita income of the geographic area in relation to the average State per capita income.

Estimate the total homeless population in this area and the percentage of the local homeless population served by your agency.

How many other agencies within your service area provide the same services? Describe any existing system of collaboration to avoid service duplication and coordination with similar programs.

Respond on this page and not more than one additional page.

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4. UNMET NEEDS – Of the total homeless population in your area, which subgroups (domestic violence victims, the elderly, drug or alcohol addicted, veterans, etc.) are currently underserved or unserved? Do not just address the needs of your agency's clients, but those of all subgroups.

For the homeless population in your area, what is the largest unmet need?

Describe how this proposal addresses the largest unmet need as identified above.

If this proposal does not address the largest largest unmet need in your area, explain why you are choosing this particular need or subgroup.

Respond on this page and not more than one additional page.

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5. ADMINISTRATIVE CAPACITY – Describe your agency's administrative capacity to implement the proposed activities. Include information on full and part-time staff and the level of volunteer commitment. Identify key staff roles and expertise brought by staff to implement this program. Estimate the amount of time per week that these staff positions will spend on the project.

Identify current services, special accomplishments or skills which would show the capacity to undertake the proposed activity..

Describe any prior experience with Federal or other grant funding, particularly grant funding from THDA.

Describe your agency's orientation training for new staff and continuing in-service training for all staff. How is this training documented?

How does your agency meet the needs of Limited English Proficiency (LEP) persons who seek your services? How often does your agency serve clients who do not speak English? If your agency routinely serves LEP persons, what language(s) does your agency encounter most often?

Respond on this page and not more than one additional page.

6. AGENCY WORK PLAN – How many persons did you shelter in 2006-2007? Describe the population you expect to serve during grant term July 1, 2008 to June 30, 2009.

If you did not provide shelter services in 2006-2007, list the services to the homeless population that you did provide and the number of clients served.

Describe the competitive procurement process your agency will use to obtain goods and services.

Prepare a twelve-month timetable listing specific activities you wish to accomplish in each month of the grant. Be realistic in your projection, especially if proposing a renovation project. An agency's performance in completing contract activities will be considered when reviewing future requests for funding.

Respond on this page and not more than one additional page.

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7. RENOVATION, MAJOR REHABILITATION OR CONVERSION ACTIVITIES – Briefly describe your renovation project including the address of the building, the specifications for the proposed renovations, the cost estimate for the renovations and total project cost.

Provide documentation of site control. Identify whether control is by lease, deed, option to purchase, or provide a letter of intent from the owner to sell to your agency.

Provide documentation of the property's current market value and the date the building was constructed.

If your agency does not own the property or is not purchasing the property, provide documentation that the current owner has approved the proposed renovations.

Has the inspector identified? If yes, please provide documentation of the inspector's qualifications.

If applicable, has the lead-based paint inspector identified? If yes, please provide documentation of the inspector's qualifications.

Respond on this page and not more than one additional page.

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8. OPERATION ACTIVITIES – Describe exactly what is covered by the ESG grant for the operation of the emergency shelter.

Administrative costs for staffing associated with the operation of the emergency shelter is limited to 10% of the total agency request. Administrative costs associated with the implementation of the grant and completing reimbursement requests and reporting is limited to 5% of the total agency request.

Provide detail of what you intend to purchase and where appropriate, include the unit costs and the number of items to be purchased.

ESG funding is competitive and uncertain from year to year. If your operational costs are covered this year, how will you continue funding these expenses if your agency does not receive ESG funds in the future.

Respond on this page and not more than one additional page.

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9. ESSENTIAL SERVICES ACTIVITIES – Described the specific services your project will provide and the staff persons who will provide each activity. Describe the consumers who will benefit from these services.

For a new essential service, demonstrate that it is a new service or a quantifiable increase over the services provided by your agency during the previous twelve months. ESG may not be used to replace existing government or non-profit funding of services.

Since ESG funds may be used to continue funding essential services in subsequent years once a new or increased level of service meets the above standards, document how continued essential services meet this criteria.

Respond on this page and not more than one additional page.

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10. PREVENTION ACTIVITIES – Describe the specific services your project will provide and identify the staff persons who will provide each activity. Describe the consumers who will benefit from these services.

Respond on this page and not more than one additional page.

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11. PERFORMANCE GOALS – What specific goals does your agency wish to achieve with the ESG program?

How will your agency know at the end of the grant period if you have been successful in accomplishing these goals.

What measurable performance targets have you selected for the clients you serve? How does your agency plan to measure whether or not your clients achieve these targets?

Is there a plan do return clients served to self-sufficiency in a short as time as possible?

Respond on this page and not more than one additional page.

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12. PERFORMANCE MEASURES – Briefly describe how your agency sets benchmarks for measuring program outcomes.

Briefly describe internal evaluation processes for establishing program performance.

Briefly describe the approximate number of clients requesting services during the previous year that your agency was not able to serve. Identify the reasons they were not served.

If your agency is part of a local Continuum of Care (CoC), please identify the CoC and your agency's level of participation.

Respond on this page and not more than one additional page.

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13. LOCAL GOVERNMENT APPLICANTS ONLY – If applicable, list the private non-profit organization to which you propose to subgrant the State ESG funds and the amount each will receive. Include a description of the non-profit and its primary focus.

Describe the frequency and types of contacts you will have with your subgrantees.

Complete a separate city budget page and a separate budget page for each non-profit subrecipient.

Respond on this page only.

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14. **MATCHING FUNDS** – Recipients must match the ESG funds on a 1:1 ratio with their own locally generated funds. These local funds can come from the grantee, other grant sources (if allowable), donations of cash and materials, and from in-kind contributions such as volunteer time (valued at \$5.00 per hour). Volunteer hours may be used as match for no more than 25% of the grant request.

ESG funded agencies may also match volunteer hours at higher rates for specialized volunteer services. Agencies proposing volunteer hours at part of their match may utilize these higher rates for qualified volunteers who provide a specific service within their area of expertise. See *Attachment C* for a list of industry categories and allowable match rates.

On the table below, list the source of match dollars, the amount of match from that source, and how you will use the match in your ESG budget.

Respond on this page only.

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SOURCE	AMOUNT	USE OF MATCH

If using volunteer hours will be a match source, attach a volunteer job description or list of duties related to ESG activities and a sample time sheet or log to document the volunteer hours.

**PART III: PROGRAM OPERATING BUDGET**  
**JULY 1, 2008 to JUNE 30, 2009**

**Agency:** \_\_\_\_\_

	<b>ESG</b>	<b>MATCHING FUNDS</b>	<b>CONTRACT TOTAL</b>
<b>PERSONNEL</b>			
Salaries and Wages			
Fringe Benefits			
Professional Fees			
Other			
<b>OPERATIONS</b>			
Program Supplies			
Communications			
Postage			
Printing			
Publications			
Rent and Utilities			
Staff and Agency Travel			
Equipment Rental and Maintenance			
Insurance			
Capital Equipment			
Other			
<b>CLIENT SERVICES</b>			
Direct Assistance to Individuals			
Food			
Client Transportation			
Contract Services			
Other			
<b>TOTAL COST</b>			

**PART IV**

**HUD STATISTICAL REPORT FOR ESG APPLICANTS  
(ESTIMATES FOR 2008-2009)**

1. Agency Name: \_\_\_\_\_

2. Address of Funded Program: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Briefly describe your project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Check all of the following that apply to your program:

The purpose of this program is to help prevent homelessness.

The purpose of this program is to help the homeless.

The purpose of this program is to help those with HIV/AIDS.

5. Will you subcontract any of the activities described in your grant?

Yes       No      (if you answered NO, please skip to question # 7)

6. If you answered "yes" to question # 5, please complete the following information for each agency with whom you enter into a subcontract. Continue on another page if necessary.

Agency Name: \_\_\_\_\_

Program Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Agency Tax I.D. #: \_\_\_\_\_

7. Briefly describe the accomplishments of your program in the past year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How many households or persons benefited from your program?

Indicate if the numbers are by  household or by  persons:

\_\_\_\_\_ Total Number Benefiting from Program

\_\_\_\_\_ Total Number of Female-Headed Households

Race/Ethnic Category	Number
White	
White and Hispanic	
Black/African American	
Black/African American and Hispanic	
Black/African American and White	
Black/African American, White and Hispanic	
Native Hawaiian/Other Pacific Islander	
Native Hawaiian/Other Pacific Islander and Hispanic	
Asian	
Asian and Hispanic	
Asian and White	
Asian, White and Hispanic	
American Indian/Alaskan Native	
American Indian/Alaskan Native and Hispanic	
American Indian/Alaskan Native and White	
American Indian/Alaskan Native, White and Hispanic	
American Indian/Alaskan Native and Black/African American	
American Indian/Alaskan Native and Black/African American and Hispanic	
Other Multi-Racial	
Other Multi-Racial and Hispanic	

9. AVERAGE NUMBER OF INDIVIDUALS SERVED DAILY BY YOUR PROGRAM:

RESIDENTIAL SERVICES

NON-RESIDENTIAL SERVICES

Average Number Served Daily: \_\_\_\_\_

Average Number Served Daily: \_\_\_\_\_

Adults \_\_\_\_\_

Adults \_\_\_\_\_

Children \_\_\_\_\_

Children \_\_\_\_\_

Average Number Served Yearly \_\_\_\_\_

Average Number Served Yearly \_\_\_\_\_

10. ENTER ESTIMATED PERCENTAGE OF:

Unaccompanied Adults 18 And Over: male \_\_\_\_\_% female \_\_\_\_\_%

Unaccompanied Youth Under 18: male \_\_\_\_\_% female \_\_\_\_\_%

FAMILIES WITH CHILDREN HEADED BY:

Single 18 and Over: male \_\_\_\_\_% female \_\_\_\_\_%

Youth 18 and Under male \_\_\_\_\_% female \_\_\_\_\_%

Two Parents 18 and Over: \_\_\_\_\_%

Two Parents Under 18: \_\_\_\_\_%

Families With No Children: \_\_\_\_\_%

11. ON AN AVERAGE DAY, THE PERCENTAGE OF THE POPULATION YOU SERVE WHO ARE:

- Battered Spouse \_\_\_\_\_%
- Runaway/Throwaway Youth \_\_\_\_\_%
- Chronically Mentally Ill \_\_\_\_\_%
- Developmentally Disabled \_\_\_\_\_%
- HIV/AIDS \_\_\_\_\_%
- Alcohol Dependent Individuals \_\_\_\_\_%
- Drug Dependent Individuals \_\_\_\_\_%
- Elderly (over 62) \_\_\_\_\_%
- Veterans \_\_\_\_\_%
- Physically Disabled \_\_\_\_\_%
- Other (describe) \_\_\_\_\_%

12. SHELTER TYPES ANNUAL NUMBER OF PERSONS HOUSED

- Barracks \_\_\_\_\_
- Group/Large House \_\_\_\_\_
- Scattered Site Apartment \_\_\_\_\_
- Single Family Detached House \_\_\_\_\_
- Single Room Occupancy Dwelling \_\_\_\_\_
- Mobile Home/Trailer \_\_\_\_\_
- Hotel/Motel \_\_\_\_\_
- Other \_\_\_\_\_(describe) \_\_\_\_\_

13. INDICATE PROGRAM(S) AND SERVICE(S) WITH AN "X":

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| _____ Emergency shelter facilities | _____ Transitional Housing           |
| _____ 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 _____                  |                                      |

## PART V

### NON-PROFIT CHECK LIST

1. Legal Name of Organization: \_\_\_\_\_
2. IRS Tax Exempt Number: \_\_\_\_\_
3.  A current Certificate of Existence from the Secretary of State's office. The certificate is purchased from the Secretary of State's office and must be dated within 6 months of the application due date.
4.  Copy of 501(c)(3) certificate or letter from IRS.
5.  Copy of Charter, By-laws and resolutions.
6.  List of Board members including names, home address, race, sex, occupation, a description of their primary contribution, length of service, income range, and date the term of service expires. (Part VI of Application).
7.  Attach the minutes of the most recent Board meeting.
8.  Business plan or strategic management plan that demonstrates the agency's short term and long term goals, objectives, and plans to achieve them.
9.  Documentation of operating funds from other sources, including how much annually and from what sources.
10.  Explanation of any other programs, other than the proposed ESG program, operated by the organization, including the program(s) and its funding source(s).
11.  Approval letter from the local government for the proposed activity.
12.  For renovation projects, evidence of site control, specifications and work write-ups, and cost estimates, including lead-based paint activities and asbestos removal activities.
13.  Attachment Eleven: Individual Disclosure Forms completed by the organization's Executive Director, Chairman of the Board and any staff directly involved with decision making for the project.
13.  Attachment Twelve: Corporate Disclosure Form signed by the Chairman of the Board or Executive Director on behalf of the organization

**PART VI:**  
**NON-PROFIT BOARD COMPOSITION**

Copy as necessary for all Board Members

**Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Contribution to the Board: \_\_\_\_\_

\_\_\_\_\_

Length of Board Service: \_\_\_\_\_ Date Board Term Expires: \_\_\_\_\_

**Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Contribution to the Board: \_\_\_\_\_

\_\_\_\_\_

Length of Board Service: \_\_\_\_\_ Date Board Term Expires: \_\_\_\_\_

**Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Contribution to the Board: \_\_\_\_\_

\_\_\_\_\_

Length of Board Service: \_\_\_\_\_ Date Board Term Expires: \_\_\_\_\_

**Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Contribution to the Board: \_\_\_\_\_

\_\_\_\_\_

Length of Board Service: \_\_\_\_\_ Date Board Term Expires: \_\_\_\_\_

**PART VII:**  
**CERTIFICATION OF LOCAL GOVERNMENT APPROVAL  
FOR NON-PROFIT ORGANIZATIONS**

I, \_\_\_\_\_,  
(Name and Title)

duly authorized to act on behalf of the \_\_\_\_\_  
(Name of Jurisdiction)

hereby approve the following project(s) proposed by \_\_\_\_\_  
(Name of Nonprofit)

which is (are) located in: \_\_\_\_\_  
(Name of Jurisdiction)

BY: \_\_\_\_\_  
(Name and Title) (Date)

\_\_\_\_\_  
(Signature) (Date)

**To be signed by local government official.**

**PART VIII:**  
**CERTIFICATION OF MATCHING FUNDS**

The \_\_\_\_\_  
(Name of local government or approved private, nonprofit organization)

certifies that the matching supplemental funds or in-kind support contribution required by the State of Tennessee's Emergency Shelter Grant Program will be provided. Included in the program narrative is a description of the proposed sources and amount of such supplemental funds.

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**To be signed by local government official or board chairperson, as applicable.**