TENNESSEE HOUSING DEVELOPMENT AGENCY
2010 EMERGENCY SHELTER GRANT APPLICATION

PART I

1. APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City _____ County: _____

Zip Code: _____ Telephone #: _____

Applicant's E-mail Adress: _____

Federal Tax Identification: _____

Federal Legislative District: House: _____

State Legislative Distriict: 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 ORGANIZATION?** ☐ 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: $ _____

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

FY 2010 Resource Documentation Table

Name of Organization: _____

Counties Served: _____

Data Required	Data Provided
1. Existing agencies in the county who serve the homeless (Include agency name, population served, and bed capacity for each shelter listed)	*Example: Salvation Army, homeless men, 10 bed shelter*
2. What service does your agency provide that is not already in existence in your area.	*Example: Outreach, homelessness prevention, transportation*
3. Other local events and issues which affect the county's ability to respond to the needs of the homeless population.	*Example: New employers, new resources available, plant layoffs, natural disasters, decrease in previous services, etc.*

Part III

Agency Information

1. Name and Address of Agency or Shelter(s):

2. Provide a physical description and capacity (bed space) of the Shelter. How long has the Shelter been functioning?

3. Indicate the programs and services provided by the Agency with an X:

____Emergency Shelter Facilities
____Vouchers for Shelters
____Drop-in Center
____Food Pantry
____Mental Health
____Alcohol/Drug Program
____Child Care
____Domestic Violence Program
____Transitional Housing
____Outreach
____Soup Kitchen/Meals
____Health Care
____HIV/AIDS Services
____Employment
____Homeless Prevention
____Other (describe)

4. Briefly describe your organization's history and mission. *Example: Faith House opened in 1975 and is dedicated to meeting the needs of the chronically homeless and helping them find permanent housing. We have 3 full-time employees and 12 volunteers.*

5. Provide information about the board of directors and/or advisory council, such as the regularity of meetings, list of subcommittees and their involvement in the agencies activities. *Example: We have 10 board members who meet quarterly with the agency staff. There are 3 subcommittees, fund-raising, fiscal and outreach. The board members regularly volunteer at agency functions.*

6. How does the agency promote input on policy from the program's participants? Example: Our clients meet once a month to discuss suggestions for our program.

7. Are any new or improved/increased services being proposed in this application? Briefly describe. Example: We plan to begin a life skills group for our clients to work on self-sufficiency skills.

8. Describe any prior experience with Federal or other grant funding, particularly grant funding from THDA. Example: We successfully began a transitional housing program under the Housing Trust Fund with THDA. We also receive Byrne and DVS grant funds with OCJP.

Part IV

ESG PROPOSED ACTIVITIES

1. List all position titles and salaries of personnel that will be billed under operations. These costs are limited to 10% of the entire grant total, unless they are maintenance and/or security personnel. You many include fringe benefits.

   Example: Exec. Director 10% of $42,000 ESG funds = $4,200

2. List all position titles, salaries and time allocated of personnel that will be billed under essential services. If this is not a new or improved service, please indicate when ESG funds began funding this project. You may include fringe benefits

   Example: Cook – portion of time spent on ESG essential services -60%. Salary $15,000 x 60% = $9,000
   Fringe benefits (insurance, FICA): $3,000 x 60% = $1800

3. List all position titles, salaries and time allocated of personnel that will be billed under homelessness prevention services. You may include fringe benefits.

   Example: Caseworker – portion of time spent on ESG prevention activities – 50%. Salary $25,000 x 50% = $12,500
   Fringe benefits (insurance, FICA, healthcare): $$5,000 x 50% = $2,500.

4. For renovation activities:

(a) 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.

(b) 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.

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

(d) 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.

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

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

FY 2010 ESG Proposed Match

TYPE	DOLLAR VALUE	SOURCE OF MATCH	METHOD OF CALCULATION
Donated Supplies (clothing, furniture, equipment, etc.)	**$_____**		
Cash Donations Or Grants	**$_____**		
Value of Donated Building	**$_____**		
Fair Rental or Lease Value	**$_____**		
Salaries	**$_____**		
Volunteers (unskilled @ $5/hour) Attach a volunteer job description or list of duties related to ESG activities and a sample time sheet or log to document the volunteer hours.	**$_____**		
Other (Specify)	**$_____**		
MATCH TOTAL	**$_____**		

PROGRAM OPERATING BUDGET

JULY 1, 2010 to JUNE 30, 2011

Agency: _____

	ESG	MATCHING FUNDS	CONTRACT TOTAL
Operations – staff (limited to 10% of entire grant)			
Salaries			
Fringe Benefits			
OPERATIONS			
Program Supplies			
Audit			
Communications			
Postage			
Printing			
Publications			
Rent			
Utilities			
Staff and Agency Travel			
Equipment Rental and Maintenance			
Insurance			
Furniture			
Maintenance or security staff			
Capital Equipment			
Other (please list)			

	ESG	MATCHING FUNDS	CONTRACT TOTAL
ESSENTIAL SERVICES			
Salary Costs for Essential Services			
Direct Assistance to Individuals			
Food			
Client Transportation			
Contract Services			
Travel for clients/staff			
Program supplies			
Other (please list)			
HOMELESSNESS PREVENTION			
Salary Costs for Prevention			
Rent/Mortgage			
Utilities			
Food/supplies			
Legal fees			
Other (please list)			
REHABILITATION			
Rehabilitation costs			
Inspection costs			
TOTAL ESG COSTS			

Performance Outcomes

Complete only those outcomes that apply to the request.	Last recorded 12 months
# of persons who sustain their housing for at least 3 months after receiving homelessness prevention assistance	
# of persons who followed through on referrals to placement in shelters/housing	
# of persons who follow through on referrals for services and benefits after entering emergency shelter	
# of persons who successfully complete a substance abuse recovery program	
# of persons who leave the shelter for suitable housing	
# of persons who increased their income while in a shelter	
# of persons who obtain and sustain employment for at least 3 months upon exiting from a shelter	
# of persons who enter and continue to attend educational or training programs	
# of persons who complete educational or training programs	
Units of group counseling provided to shelter residents	
Average # of nights spent by participants in the emergency shelter	
# of participants who return for emergency shelter within 3 months of exiting.	
# of youth assisted by programs	
# of volunteers assisting in programs	
Other (describe):	

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.

14. ☐ 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.

PART IX

NON-PROFIT SECTION 163 CERTIFICATION

Section163 of the Continuing Appropriations Resolution, 2010, Division B of Pub. L. No. 111-68 (CR) states:

> SEC. 163. None of the funds made available by this joint resolution or any prior Act may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, or allied organizations.

Section 163, which applies during the period of the current CR, requires that HUD and HUD grantees not obligate or award any Federal funds to organizations described in Section 163, nor enter into any agreement to provide such funds. It further requires that HUD and HUD grantees, where permissible, immediately suspend performance of any obligations under existing contracts or grant agreements with such organizations. This latter requirement applies to suspension only where permissible under the terms of existing contracts or grant agreements, and Section 163 does not authorize HUD or HUD grantees to breach a preexisting binding contractual obligation to make payment to covered organizations where doing so would give rise to contractual liability.

CERTIFICATION

To the best of my knowledge, I certify that _____, a Tennessee non-profit agency, is neither a member of the Association of Community Organizations for Reform Now (ACORN), nor an affiliate, subsidiary or allied organization of ACORN. I also certify that I am aware that providing false information on this certification can subject the individual signing such certification to criminal sanction up to and including a Class B Felony.

_____
Executive Director or Board Chairperson

_____
Typed Name

_____
Title

_____
Date