



Emergency Solutions Grant Application

Rockland County Office of Community Development

Thank you for your interest in applying for the Rockland County Office of Community Development Emergency Solutions Grant. Please ensure that you submit this application to RCOCD@co.rockland.ny.us with all documentation in the below checklist to ensure that there are no delays in processing.

Documentation Checklist

Yes	No	N/A	Document
			Proof of Registration under the System of Awards Management (SAM)
			Program Specific Organizational Chart
			Organizational Chart (Not Program Specific)
			List of Current Board Members
			Documentation of 501c3 Status
			Board Minutes Indicating Approval to Apply for Funding
			Financial Audit/Certified Financial Statement
			Evidence of Need
			Statement of Work/Scope of Services
			ESG Funded Job Descriptions
			Resumes of Key Personnel
			A Good Standing Letter from the CoC
			Documentation of all Committed Funding

Section 1: General Information

Activity Name	
Activity Site Address Line 1	
Activity Site Address Line 2	
Activity Site City, State, and Zip	
Priority Number (if multiple applications are being submitted from the same organization)	
Funds Requested	
Funds Committed from Other Sources	
Total Project Cost	
Applicant Legal Name	
Applicant Address Line 1	
Applicant Address Line 2	
Applicant City, State, and Zip	
Applicant UEI Number	
Applicant Federal Tax ID	
Applicant SAM Cage #	
Contact Person	
Contact Address Line 1	
Contact Address Line 2	
Contact City, State, and Zip	
Contact Phone Number	
Contact Email	

Section 2: Project Information

1. Please indicate which category you are applying under:

<input type="checkbox"/>	Street Outreach
<input type="checkbox"/>	Emergency Shelter
<input type="checkbox"/>	Homelessness Prevention
<input type="checkbox"/>	Rapid Rehousing

2. Please provide a brief description of the proposed project in the space below. This should include the purpose of the project, and the steps needed to execute the project (hiring new staff, purchasing materials, etc.):

3. Is this a new project, or an expansion of services?

<input type="checkbox"/>	New Project
<input type="checkbox"/>	Expansion of Services

a. If this is an expansion of services please provide the following information:

When was this program established?	
How many unduplicated individuals does this program currently serve per year?	

4. If funded, how many unduplicated individuals will your project serve?

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5. Please select all populations that will be served by your project:

<input type="checkbox"/>	Single Adult Men
<input type="checkbox"/>	Single Adult Women
<input type="checkbox"/>	Families with Children
<input type="checkbox"/>	Veterans
<input type="checkbox"/>	Victims of Domestic Violence
<input type="checkbox"/>	Unaccompanied Minors
<input type="checkbox"/>	Individuals with Disabilities
<input type="checkbox"/>	Chronically Homeless
<input type="checkbox"/>	Chronic Substance Abuse
<input type="checkbox"/>	Persons with HIV/AIDS
<input type="checkbox"/>	Elderly
<input type="checkbox"/>	Other:

Section 3: Organizational Capacity and Experience

1. ESG funds require a 100% match. Does your organization have the capacity to meet this match requirement?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2. Please describe the history and mission of your organization:

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3. Has your organization received federal funds in the past 5 years to carry out programs involving homeless individuals or homelessness prevention?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

a. If yes, please indicate the year, type of grant, number of unduplicated individuals served, funding amount, and program. If you were funded through the Rockland County Office of Community Development, please indicate it in the chart.

Grant Year	Type of Grant	Program Name	Individuals Served	Funding Amount	RCOCD Funded

4. Does your organization currently utilize HMIS?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

a. If no, would you be willing to participate in Centralized Intake and Assessment as required by the ESG program?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

5. Has your organization ever been required to pay back funds due to regulation violations?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

a. If yes, please explain:

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6. Please indicate the number of part time staff employed by your organization:

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7. Please indicate the number of full-time staff employed by your organization:

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Section 4: Emergency Shelter Operations

If you are not applying under the Emergency Shelter Operations category, please skip to Section 5.

1. What is the name of the facility for which you are applying for funding?

2. What is the average number of clients served annually?

3. What is the shelter's average length of stay during the most recent calendar year?

4. Provide a detailed physical description of the emergency shelter facility at which the shelter program will be provided:

5. Give a detailed description of the emergency homeless shelter operating costs to be funded:

6. Indicate the primary goals/performance of the programs to be provided, and how the goals/performance standards will be quantified, monitored, and tracked:

7. What are your eligibility requirements to access and remain in your emergency shelter?

Section 5: Homelessness Prevention

If you are not applying under the Homelessness Prevention Category, please skip to Section 6.

1. What is the average amount of assistance provided to a household receiving homelessness prevention services?

2. What is the average household AMI the program serves?

3. What specific need will this program address?

4. Explain the strategy for targeting funds to those most in need in your service area. Describe the methods of outreach your organization will use to engage with these households.

5. Explain the criteria that will be used to determine household eligibility:

6. Please describe the type and frequency of services you intend to offer, as well as how these services will prevent future homelessness:

Section 6: Certification

I understand and agree to comply with the policies and rules of the Rockland County Office of Community Development and the United States Department of Housing and Urban Development if funding is awarded. It is further understood that the information provided in this application will become part of any subsequent funding agreement.

I hereby certify that I have the authority to apply for financial assistance on behalf of the entity described herein, and that the information contained herein and attached is true, complete and accurate to the best of my knowledge.

Print Name _____ Title _____

Signature _____ Date _____