

## EMERGENCY SHELTER GRANT

### GUIDELINES & INSTRUCTIONS FOR SUBMITTING ESG PROPOSAL

#### SEE ATTACHED FEDERAL REGISTER

#### 24 CFR Part 576

**Purpose of the Emergency Shelter Grant:** to improve the quality of existing emergency shelters for the homeless, to help make available additional emergency shelters, to help meet the costs of operating emergency shelters and of providing certain essential social services to homeless individuals, so that these persons have access not only to safe and sanitary shelter, but also to the supportive services and other kinds of assistance they need to improve their situations. The program is also intended to restrict the increase of homelessness through the funding of preventive programs and activities. **Applicant must be an established private, non-profit; required to be incorporated and have 501C status.**

**Eligible Activities:** Emergency shelter grants may be used for one or more of the following activities relating to emergency shelter for the homeless: **(see Subpart B, 576.21)**

- (1) Renovation, major rehabilitation or conversion of buildings for use as emergency shelters for the homeless.
- (2) Provision of essential services to the homeless. (Regulations limit essential services to 30% of municipal grant.)
- (3) Essential services includes services concerned with employment, health, drug abuse and education and may include, but 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, medical assistance, veterans benefits and income support assistance such as SSI, Aid to Families with Dependent Children, 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; project salaries cannot exceed 30% of entire grant.
- (4) Operations. Payment of maintenance, (including administration staffing costs, which cannot exceed 10% of entire grant), rent, repair, security, fuel and equipment, insurance, utilities and furnishings.
- (5) Developing and implementing homeless prevention activities.
- (6) Administration. (Cannot exceed 5% of grant). May include HUD reports, audits, grant preparation.

**FOR LIMITATIONS AND INELIGIBLE ACTIVITIES PLEASE SEE REGULATIONS**

## **FILING INSTRUCTIONS**

Submit twelve (12) copies of proposal, 1 original and 11 copies to:

Jessica M. Topolosky, MPA  
Bureau of Community Development  
City of Elizabeth  
50 Winfield Scott Plaza, Rm. 114  
Elizabeth, N. J. 07201

**DEADLINE for proposal SUBMISSION is Friday, FEBRUARY 20<sup>th</sup> at 4:00 P.M.  
Proposals received after deadline must be disqualified.**

Proposals will be reviewed and assessed by the Mayor's Community Development Advisory Committee and the Department of Planning and Community Development staff.

**Submission must contain all information described in enclosed application or it will not be considered for funding:**

1. *Please state the facts briefly.*
2. *Type your proposal.*
3. *Answer all questions.*
4. *No binding or covers please.*
5. *Staple proposal. (**DO NOT** paperclip together).*

### **Disclaimer**

**This solicitation by the City of Elizabeth does not constitute a commitment to enter into agreement with any applicant. The City of Elizabeth is not liable for any costs incurred in the preparation of proposals. The proposal does not commit the City to award a contract or procure services or supplies.**



**2. Activity Goals & Expectations** (Specify in quantitative terms. For example: to provide emergency housing for 10 battered spouses and their children, to cover the cost of insurance and/or utilities, to provide transitional housing for up to 15 families, etc.)

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How many of the people served are Elizabeth residents? \_\_\_\_\_ Female? \_\_\_\_\_ Male? \_\_\_\_\_

Of the total served, what percent are Elizabeth residents? \_\_\_\_\_

Indicate the ethnic breakdown of the people served:

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**3. Activity Background**

Target neighborhood to be served: write in the census tracts you will serve \_\_\_\_\_

Please highlight the census tract(s) on attached map

What target groups will benefit from this activity? \_\_\_\_\_

(Senior citizens, youth ages \_\_ to \_\_, handicapped, etc.)

Are any other agencies offering this activity in your target area? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, agency name(s) \_\_\_\_\_

Please provide a brief justification for this activity

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Where will the activity take place? \_\_\_\_\_

(Address)

**4. Schedule**

If funded, when will this activity start? \_\_\_\_\_

On what days will this activity take place? \_\_\_\_\_

During what hours of the day will this activity be carried out? \_\_\_\_\_

**PLEASE ATTACH A LETTER FROM THE OWNER OF THE FACILITY STATING THAT YOUR AGENCY HAS ACCESS TO THE FACILITY ON THE DAYS AND HOURS YOU STATED ABOVE.**

**5. Prior Funding**

Has your agency received ESG or other funding for this activity in the past? YES \_\_\_ NO \_\_\_

If YES, please complete the following:

	AMOUNT		RESULTS	
	ESG	OTHER	*GOAL	ACTUAL**
Last Year	_____	_____	_____	_____
Previous Year	_____	_____	_____	_____
Prior Year	_____	_____	_____	_____

\* - *Expected/Proposed number of unduplicated clients served by this activity.*

\*\* - *Actual number of unduplicated clients served by this activity.*

**6. Qualitative Measures**

If prior year ESG funding was received, provide some qualitative measures of the Actual Results, i.e., (23% of those in our program attained permanent housing, 20% of the homeless were placed in transitional housing, 24% of participants received new jobs/training, etc.)

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**7. Success Stories** Are there any unique “success stories in your program? If so, briefly explain:

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**8. Additional Funding Source**

(List any other sources from which you are requesting funding for this activity this year).

Source	Amount	Status (Funded - Denied - Pending)

**9. Matching Funds**

Will these ESG funds serve as required matching dollars for other funding?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is the amount and source of the funds?

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**10. Project Budget**

A line item budget must be submitted. Budget is to include ESG requested amount, agency contributed funds, other funding sources and total project costs.

**Please use the attached form for this purpose.**

**11. Agency/Management and Information – Narrative**

This narrative must include, but not necessarily be limited to the following:

1. A brief history of the agency. (No more than two (2) pages.)
2. List of the agency’s Board of Directors with their addresses.
3. Job descriptions (outline tasks and responsibilities).
4. Resumes of director and staff.
5. What are your hiring practices including background checks?

**12. Conflict of Interest (570.611)**

Please Read Carefully and Respond as Indicated Below:

**Are you, any member of your family, any person with whom you have business ties, or any member of your agency/organization, an employee, agent, consultant, officer or elected official or appointed official of the City of Elizabeth, who may obtain a financial interest or benefit from an ESG assisted activity, or have a financial interest in any contract, subcontract or agreement with respect to the proceeds of an ESG assisted activity for which you are applying?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, Please Explain:

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