



ALLEGHENY COUNTY
ALWAYS INSPIRING

City of Pittsburgh and Allegheny County Economic Development

Emergency Solutions Grants (ESG) Program

Emergency Shelter
and
Street Outreach

Applications are due:

Wednesday, June 3, 2020 by 4:00pm

Submit applications to:

ESGApplication@AlleghenyCounty.us

2020 EMERGENCY SOLUTIONS GRANTS (ESG) AND 2019 ESG-CV PROGRAM PROPOSAL APPLICATION CHECKLIST

Yes No

- | | | |
|-----|-----|--|
| ___ | ___ | <p>GENERAL APPLICATION DESCRIPTION – Identify legal name of applicant, contact information, verification of non-profit status, proposed activity type and population to be served. Complete application due at time of application.</p> |
| ___ | ___ | <p>BOARD RESOLUTION-If your agency has a Board of Directors, a copy of the Resolution authorizing the submission of this application for funding is required. If the Board of Directors does not meet until after the application deadline, please submit a copy of the resolution and a letter stating when the Board will meet, and forward final copy once approved.</p> |
| ___ | ___ | <p>BUDGET WORKSHEET – Attach provided Excel spreadsheets.</p> |
| ___ | ___ | <p>BUDGET NARRATIVE – Attach document.</p> |
| ___ | ___ | <p>MATCHING FUNDS DOCUMENTATION - A letter or supporting documentation must be submitted verifying this commitment. Only required for 2020 ESG funding.</p> |
| ___ | ___ | <p>PROOF OF INSURANCE – See below for insurance requirements. Agencies awarded ESG funds will be required to add the City of Pittsburgh and Allegheny County as additional insured, specific language will be provided following award.</p> <ul style="list-style-type: none"> • General Liability: <ul style="list-style-type: none"> ▪ Minimum Coverage Amount: \$500,000 • Automobile Liability: <ul style="list-style-type: none"> ▪ Minimum Coverage Amount: \$500,000 • Worker’s Compensation <ul style="list-style-type: none"> ▪ Minimum Coverage Amount: <ul style="list-style-type: none"> • Coverage A—Statutory Limit • Coverage B—\$500,000 Employer’s Liability Minimum • Fidelity Bond/Employee Dishonesty/Crime <ul style="list-style-type: none"> ▪ Minimum Coverage Amount must be: <ul style="list-style-type: none"> • Equal to the grant amount if the grant is less than \$100,000 • 25% of the grant amount if the grant is \$100,000 or greater |
| ___ | ___ | <p>JOB DESCRIPTIONS - For all staff that will be working on ESG, both current and proposed.</p> |
| ___ | ___ | <p>NEW APPLICANT FORM – (Attachment A) applicants who have not been in contract with either ACED or the City of Pittsburgh for ESG funds in the past 3 years should consider their organization a “New Applicant” when filling out the application. New applicants must completely fill out and submit the “New Applicant Form: Attachment A” and submit the additional documentation as listed on this form.</p> |
| ___ | ___ | <p>MAJOR REHABILITATION, CONVERSION, OR RENOVATION FORM -
(Renovation: Attachment B) Additional information and documentation required for construction projects. Applicants must answer all the questions included in Renovation: Attachment B and must submit the additional documented listed on this form.</p> |

**CITY OF PITTSBURGH / ALLEGHENY COUNTY
EMERGENCY SOLUTIONS GRANTS PROGRAM**

**2020 ESG & 2019 ESG-CV FUNDING YEAR
EMERGENCY SHELTER AND STREET OUTREACH APPLICATION**

PLEASE TYPE OR PRINT LEGIBLY

Legal Name of Applicant _____

Legal Address of Applicant _____

City _____ State _____ Zip Code _____

Contact Person _____ Title _____

Telephone # _____ Fax # _____

Email Address: _____

Agency Federal Tax I.D.# _____

DUNS # _____

To obtain a Dun and Bradstreet Data Universal Numbering System (DUNS) Number go to
www.hud.gov/offices/adm/grants/duns.cfm

Are you a New Applicant or an Agency which has not received funding from ACED/City in the last 3 years?
Yes _____ No _____

If yes, in addition to completing this document, please complete **NEW APPLICANT FORM** – (Attachment A) and provide the documentation listed in that form.

Project Name _____

Category	2020 ESG	2019 ESG-CV
Operating Expenses	\$	\$
Essential Services	\$	\$
Street Outreach	\$	\$
Renovation/Rehabilitation	\$	\$
TOTAL	\$	\$

PLEASE NOTE: Applicants for Street Outreach Services: Please complete ALL SECTIONS of this application to the best of your ability. You should NOT complete question #2 under Part I. For the Budget Worksheet (provided Excel spreadsheet), please only complete the Street Outreach Sheet (2nd tab in Excel document).

Part II – Organizational Capacity and Experience

1. List the location of facility and days and hours of operation where you will be serving ESG participants

2. List the Geographic area served by your organization and how long has the organization been serving the area. If there are areas that your organization is prohibited from serving, please include that information as well.

3. Organizational hiring policies: Please describe your organizational hiring policies and practices. Relevant information includes recruitment/advertising methods and length of time it takes to hire/on-board a new staff position into your organization. Word Limit: 300 Words.

Part III – Project Management/Financial Controls/Oversight

1. Describe internal administrative controls to be used, including financial record keeping procedures and management control. Include copy of financial policies. Word Limit: 300 Words.

2. Describe the record keeping system to be used to maintain program data and program financial systems. Word Limit: 250 Words.

3. Describe the mechanism to be used to fulfill responsibilities regarding non-discrimination, equal employment opportunities and other relevant local, State and Federal requirements. Word Limit: 250 Words

4. ESG sub-recipients are required to collect and enter unduplicated client data in the Homeless Management Information System (HMIS). Is your agency already entering data into HMIS?
Yes _____ No _____

Describe your organization's data collection/entry methodology and identify the contact person who will be responsible for ensuring that data for persons assisted with ESG is accurate and complete.

If your agency is a domestic violence services provider, are you using a comparable database to HMIS?
Yes _____ No _____. If yes, what comparable system is used?

If your agency is a domestic violence services provider: HUD requires DV agencies to provide their client data from uploads from their comparable database. Is your comparable database able to upload client data for renewal application scoring and annual CAPER reports?
Yes _____ No _____

PROPOSAL CERTIFICATION

THIS SECTION MUST BE SIGNED BY AN AUTHORIZED OFFICIAL

Project Name: _____

Amount Requested: _____

Applicant Agency's Legal Name: _____

I certify that the statements and application requirements in this official proposal are correct and that this proposal contains no misrepresentation or falsification, omission or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief, and that no bids have been awarded, contracts executed on the proposed project.

The undersigned hereby certifies that the above-named agency is authorized to submit an ESG application for the above-named project. The application is complete and accurate to the best of my knowledge.

Name/Title

Signature

Date

Representative must be Executive Director, CEO, or Board Chairperson