

**City of Pittsburgh**

**Allegheny County Department of Human Services (DHS)**

Emergency Solutions

Grants (ESG) Program

Rapid Re-Housing (RRH)

Applications are due:

**Thursday, July 18, 2024, at 3 p.m. Eastern Time**

Submit applications to:

[**Bonfire**](https://alleghenycountydhs.bonfirehub.com/)**/**[**RFP Opportunity Page**](https://alleghenycountydhs.bonfirehub.com/opportunities/141284)

### 2024 EMERGENCY SOLUTIONS GRANTS (ESG) PROGRAM

### APPLICATION CHECKLIST

**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 is due at the time of submission.**

**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; forward the final copy once approved.

**BUDGET WORKSHEET –** Attach provided Excel spreadsheets.

**BUDGET NARRATIVE** – Attach document.

**MATCHING FUNDS DOCUMENTATION** - A letter or supporting documentation must be submitted verifying this commitment.

**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 parties; specific language will be provided following award.

* General Liability:
  + Minimum Coverage Amount: $500,000
* Automobile Liability:
  + Minimum Coverage Amount: $500,000
* Worker’s Compensation
  + Minimum Coverage Amount:
    - Coverage A—Statutory Limit
    - Coverage B—$500,000 Employer’s Liability Minimum
* Fidelity Bond/Employee Dishonesty/Crime
  + Minimum Coverage Amount must be:
    - 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 more

**JOB DESCRIPTIONS** – Required for all staff working on a current or proposed ESG-funded project

**Program and Financial Policies** – For administration of services and administrative controls to ensure accurate spending and financial reporting

**APPLICATION FORM –** Completed Application Form. Please Note: If the Applicant has not been under contract with either Allegheny County or the City of Pittsburgh in the past 3 years, they must attach 501(c)3 documentation and Audit of Financial Statement.

### CITY OF PITTSBURGH / ALLEGHENY COUNTY

### EMERGENCY SOLUTIONS GRANTS PROGRAM

**2024 ESG FUNDING YEAR**

**Rapid Re-Housing 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.#

Unique Entity Identifier (UEI) #

The federal government has transitioned from using the Dun & Bradstreet data universal numbering system (DUNS) to the new Government-issued Unique Entity Identifier (UEI) as a means of entity identification for federal awards.  Entities must be registered in SAM.gov to qualify for federal awards and be eligible for reimbursement. To obtain a Unique Entity Identifier (UEI) go to <https://sam.gov/content/entity-registration>.

Project Name

|  |  |
| --- | --- |
|  | **2024 ESG Funding Requested** |
| **Category** | Rapid Re-Housing |
| Financial Assistance |  |
| Essential Services |  |
| Rental Assistance |  |
| Other |  |
| **TOTAL** |  |

### Part I - Program Description

1. Please complete the table below, indicating both committed and applied-for funding sources for this program; include Federal, State, County, local and private grants.

|  |  |
| --- | --- |
| **Source** | **Amount** |
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| **Total** |  |

1. Please complete the chart below with the projected number of people/households to be served.

|  |  |  |
| --- | --- | --- |
|  | Homeless Prevention | Rapid Re-Housing |
| Households with at least one adult and one child |  |  |
| People over age 24 |  |  |
| People ages 18 through 24 |  |  |
| Children under the age of 18 |  |  |
| Adult Households without children |  |  |
| People over age 24 |  |  |
| People ages 18 through 24 |  |  |
| Children under the age of 18 |  |  |

1. Is your program limited to any special population?

Intimate Partner Violence (IPV)/Domestic Violence (DV)

Youth

Veterans

Other: Specify

Please answer the questions below. For Questions 4-7, attach your organization’s written policies about the subject. If your organization does not have written policies, provide details about how each requirement will be addressed. Be sure to observe word limits.

1. Briefly discuss the eligibility requirements for your program, including intake process, requirements for entering the program, etc. Word Limit: 250 words
2. Discuss the program’s procedures and requirements regarding maximum length of enrollment, requirements of participants upon entry, access for people with disabilities, service planning, supportive service requirements, reasons for dismissal, termination/eviction process and appeals procedures. Word Limit: 250 words
3. According to ESG regulations, “To the maximum extent practicable, the recipient or sub-recipient must involve homeless individuals and families in constructing, renovating, maintaining and operating facilities assisted under ESG, in providing services assisted under ESG and in providing services for occupants of facilities assisted under ESG. This involvement may include employment or volunteer services.” Describe your organization’s inclusion of homeless individuals/families in developing and carrying out this program. Word Limit: 250 words
4. Describe the supportive services that will be offered to clients (e.g., life skills, case management, mental health services, outpatient health services, housing and job search services). Word Limit: 250 words
5. Please describe your ability to successfully implement this program. What will support this success? What barriers do you anticipate and how do you plan to effectively overcome those barriers? Word Limit: 500 words
6. Please describe your agency’s connection with the CoC. How will this connection allow for a person or family experiencing a crisis in housing to be re-housed quickly and stably? Word Limit: 250 words

### Part II – Organizational Capacity and Experience

1. Organizational Summary: If you are submitting a joint Application, please clearly list the roles and responsibilities of each organization and provide a brief summary of each organization’s involvement with ESG.

Word Limit:500 words.

1. List the Geographic area served by your organization and how long the organization has been serving the area. If there are areas in which your organization is prohibited from serving, please include that information as well.
2. Provide a detailed description of how your agency will carry out the responsibilities of a Rapid Re-Housing provider, as you understand them. Describe your agency’s experience in this area. Word Limit: 500 words.
3. Describe your agency’s Case Management experience and methods. Word Limit: 250 words
4. Does your organization subscribe to a Housing First approach? If so, how does your organization accomplish this goal? If not, how would your organization establish a Housing First model? Word Limit: 250 words
5. Organizational hiring policies: Please describe your organization’s 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: 250 Words.
6. Onboarding practices: Please describe your organization’s onboarding processes (including training) that would ensure that staff hired for this program are able to effectively perform essential duties. Word Limit: 250 words
7. Describe your agency’s experience administering HUD-funded programs. Word Limit: 250 words

ESG Staffing: Please fill out the Staffing Chart and attach Job Descriptions. Please ensure that new and existing staff needs are represented in the Budget Narrative.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Position** | **Existing or New Organizational Staff position? Affiliation\*** | | **Title** | **Hours per Week Devoted to ESG** | **Hourly Rate** | **Fringe Benefit Rate** | **Total Rate** |
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| \*Indicate if the staff member is employed by the Applicant or by another organization. If not the applicant organization, please list the organization and provide a brief description of the relationship between the two organizations. | | | | | | | |

### Part III – Project Management/Financial Controls/Oversight

* + 1. Describe internal administrative controls to ensure proper spend-down of the awarded allocation, including financial record-keeping procedures, management control and spending forecasting. Include copy of financial policies. Word Limit: 300 Words.
    2. ESG contracts will be reimbursement-based. Please describe how your agency will handle the implicit cash-flow issues. Word Limit: 250 Words
    3. Describe the record-keeping system used to maintain program data and program financial systems. Word Limit: 250 Words.
    4. Describe how the program will fulfill responsibilities regarding non-discrimination, equal employment opportunities, and other local, State and Federal requirements. Word Limit: 250 Words
    5. Describe your organization’s data collection and entry methodology and identify the contact person who will be responsible for ensuring that data are accurate and complete. In your response, please reference your existing use of HMIS. If you do not currently use HMIS, please demonstrate your agency’s ability to use new data-reporting systems. (ESG sub-recipients are required to collect and enter unduplicated client data in the HMIS. HUD requires IPV/DV agencies to provide client data from a comparable database that can upload data for renewal application scoring and annual CAPER reporting). Word Limit: 250 Words

### Part IV – Participation Agreement

If awarded ESG funds, please indicate your agreement to participate in the following:

HMIS Data Entry (comparable data system for IPV/DV agencies)

Data Monitoring

Program Monitoring

Communities of Practice (where applicable)

DHS-offered trainings

DHS Office of Community Services (OCS) Homeless & Housing Provider meetings

Coordinated Entry (where applicable)

#### APPLICATION 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 Application are correct and that this Application contains no misrepresentation or falsification, omission or concealment of material facts; that the information given is true and complete to the best of my knowledge and belief; and that no bids have been awarded or 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*