

**SAN JOAQUIN COUNTY**

**Health Care Services Agency**

**Neighborhood Preservation Division**

**1810 E. Hazelton Avenue**

**Stockton, CA 95205**

**2021 STATE EMERGENCY SOLUTIONS GRANTS PROGRAM APPLICATION**

**APPLICATIONS ARE DUE BY**

**4:00 PM, Friday, June 30, 2021**

Submit to:

**SAN JOAQUIN COUNTY**

**Health Care Services Agency**

**Neighborhood Preservation Division**

**1810 E. Hazelton Avenue**

**Stockton, CA 95205**

Completed applications must be submitted by June 30, 2021, no later than 4 p.m. at the above address, or by email at neighborhood@sjgov.org. Faxed copies will not be accepted. Proposals received after the deadline, regardless of postmarked date, will not be accepted. Applications submitted without the required attachments will not be accepted.

**GRANT APPLICATIONS CAN BE FOUND AT:** [**www.sjgov.org/commdev**](http://www.sjgov.org/commdev)

**SAN JOAQUIN COUNTY**

**2021 STATE FUNDING APPLICATION FOR**

**EMERGENCY SOLUTIONS GRANTS (ESG) PROGRAM**

**The Scoring Criteria for this application, will be as follows:**

|  |  |
| --- | --- |
| **Scoring Criteria** | **Percentage** |
| **Demonstration of Need**  | **15%** |
| **Project Description and Approach** | **35%** |
| **Outcomes**  | **40%** |
| **Funding Request and Project Budget** | **10%** |
| **Total** | **100%** |

# SECTION I. GENERAL INFORMATION

1. Name of Entity or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Mailing Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Executive Director/CEO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Organization’s Annual Financial Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Organization DUNS No. **(Mandatory**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Office of Management and Budget (OMB) has issued a directive that applicants applying

 for Federal grant funds are required to provide a Dun and Bradstreet (D&B) Data Universal

 Numbering System (DUNS) number. To request a DUNS number, which is free of charge,

 **call D&B at 866-705-5711.**

Amount of Grant Funds Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Project Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT NOTICE FOR APPLICANTS:** These funds, if awarded, are **NOT** an on-going source of support. If you receive funding this year, there is no guarantee that approved projects will receive funding in subsequent years.

Title of Proposed Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Site Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II. PROJECT INFORMATION**

Check the eligible activity that will be addressed by the proposed project/program.

\_\_\_\_\_\_\_\_ Rapid re-housing (ESG regulations require a minimum of 40% of

 available funds must be used for this category)

\_\_\_\_\_\_\_\_ Emergency shelter maintenance and operations

\_\_\_\_\_\_\_\_ Street outreach efforts to identify unsheltered homeless and link them to available services

\_\_\_\_\_\_\_\_ Underwriting the costs of administering the HMIS with the goal of reducing or eliminating

 costs to individual HMIS participating agencies throughout the CoC

**A. PROJECT NARRATIVE**

1. Project Description. Provide a concise description of the proposed project (work to be performed;

project to be undertaken or services to be provided). Services should include day and time provided, frequency and duration.

2. Needs Statement. Identify and document the deficiency to be addressed by the proposed project.

3. Objectives, Outcomes and Indicators. Identify how the proposed project will resolve the

 deficiency(s) identified in the needs statement and clearly establish measurable benchmarks and

 activities for success.

4. Internal Performance Measurement. Describe the system or systems that are in place or that will

 be utilized to determine whether or not the proposed project is achieving the established outcomes.

 How will you measure your successes or failures? How will you determine the overall success of the

 proposed project? Describe, in **quantifiable** terms.

5. Activities & Methodology. Specify tasks/activities to be undertaken to accomplish the objectives

 and explain how the activities will be implemented. Narrative should address only those activities

 necessary to implement the proposed objectives requested in this application and should establish

 a clear correlation between your stated objectives and the organizations program goals.

6. Schedule. Provide a realistic time frame for each identified activity with estimated completion

 dates.

7. Continuation Plan. Explain how the proposed project will continue after the requested funding

 ends. What are the proposed long term changes or benefits? Will the activity be monitored after

 completion?

**B. PROJECT CHARACTERISTICS**

1.Name and address of the project site or facility:

2. Legal property owner:

3. Is this a new program/service or an expansion of an existing program/service? Please explain.

4. Describe the geographic boundaries of the neighborhood, community, or region to be served by the project. This description should include service area boundaries if land acquisition or if structural improvements are proposed. (Attach a map).

5. Explain how this program differs from other programs providing similar services in Stockton/San

 Joaquin County. If this is a collaborative project, name the organizations involved and explain their

 involvement. Provide letters of intent from each participating agency specifying the agency’s role

 and contribution to the project.

6. Provide further information on building which maintenance and minor repairs are being

 proposed. Indicate whether it is owned or rented; if rented, provide conditions and terms of

 lease.

7. Are there environmental issues, such as flooding, hazardous materials, lead-based paint, or

 historic preservation that will need to be considered? If yes, please explain.

( ) Yes ( ) No

**C. BENEFICIARY INFORMATION**

1. How does (will) your organization verify income eligibility of your clients?

 **Yes or No**

|  |  |
| --- | --- |
| **Self Certification**. Clients independently “self-certify” on an intake form, membership form, etc. If you use this method, **please attach a blank intake form**. |  |
| **Client Document Review**. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, **please attach a blank worksheet**. |  |
| **Presumed Beneficiaries**. Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), special needs/disabled persons, migrant farm workers, handicapped individuals, homeless persons.  **If you use this method, please indicate which group.** |  |
| **Other**. Survey, other documentation (required documentation for other governmental programs, etc. Please explain. |  |

2. Provide the number of people or households that will directly benefit from your program daily

 and annually. Indicate how these numbers were obtained or derived. (History of program,

 Census data).

3. Describe the method used to gather demographic and other statistics for reporting purposes.

 (Include the name of software, if applicable.)

**D. Demographic Information** (Numbers provided should be based upon historic levels or

supportable projections.)

1. Indicate the number of residents, by jurisdiction, expected to benefit from the proposed activity.

 Stockton \_\_\_\_\_ Lodi \_\_\_\_\_

 Unincorporated San Joaquin County \_\_\_\_\_ Manteca \_\_\_\_\_ Escalon \_\_\_\_\_ Ripon \_\_\_\_\_

 Lathrop \_\_\_\_\_ Tracy \_\_\_\_\_

 **TOTAL \_\_\_\_\_\_\_\_\_\_**

2. Indicate the percentage of clients to be served by income level:

 Extremely Low Income \_\_\_\_\_% Very Low Income \_\_\_\_\_% Low Income \_\_\_\_\_%

 (< 30% Median) (31-50% Median) (51-80% Median)

3. Indicate the percentage (%) of Clients by sex to be served: Male \_\_\_\_\_% Female \_\_\_\_\_%

4. Indicate the percentage (%) of clients to be served by age group:

 0-5 \_\_\_%, 6-17 \_\_\_%, 18-61 \_\_\_\_%, Over 62 \_\_\_%

5. Ethnicity. Do you request information on whether your clients are of Hispanic ethnicity?

 ( ) Yes ( ) No

6. Race. Indicate the number and percentage of the clients to be served:

|  |  |  |
| --- | --- | --- |
|  | NUMBER | HISPANIC |
| American Indian or Alaska Native  |   |   |
| Asian |   |   |
| Black or African American |   |   |
| Native Hawaiian or Other Pacific Islander |   |   |
| White  |   |   |
| American Indian or Alaska Native and White  |   |   |
| Asian and White |   |   |
| Black or African American and White |   |   |
| American Indian or Alaska Native and Black or African American |   |   |
| **TOTALS:** |   |   |
| Handicapped |   |   |
| Female Head of Household |   |   |
|  |  |  |

7. What is the basis for the provided demographic information?

8. If your organization does not currently obtain ethnicity and race information on the clients to be

 served by the proposed project, please explain how this information will be obtained to meet this

 requirement.

**E. MATCH REQUIREMENTS**

 Applicants must make matching contributions in an amount that equals the amount of ESG funds awarded. The County will request documentation as part of its monitoring to determine the sources and amounts used to meet the ESG matching requirement.

**F. PROJECT PHASING**

 It is helpful to know if your project will span over multiple years, and if you intend to apply for future ESG funds. This information is not considered a disadvantage during the review of the application.

1. Can the proposed project be divided into smaller projects, if necessary?

 ( ) Yes ( ) No

2. Is the proposed project part of a larger project involving more than one phase?

 ( ) Yes ( ) No

3. Please attach a description and map of the overall project area for environmental assessment purposes.

 ( ) Attached ( ) Previously Provided

**SECTION III. ORGANIZATION INFORMATION**

**A. BACKGROUND**

 Please check all that apply:

 ( ) Non-Profit Organization ( ) Community Development Housing Organization (CHDO)

 ( ) Public Agency ( ) For-Profit Organization

( ) Faith-Based Organization

1Generally, a faith-based organization was founded or is inspired by faith or religion. Such organizations often choose to demonstrate that faith by carrying out one or more activities that assist persons who are less fortunate.

1. Describe the specific types of services/activities/projects that your organization provides,

 specifically as they relate to benefiting low and moderate income persons.

 2. Longevity:

a) Number of year’s organization has been in business \_\_\_\_\_

b) Number of year’s organization has operated as a 501 (c) (3) \_\_\_\_\_

 c) Has this organization operated under another name? ( ) Yes ( ) No

 If yes, list all previous names:

 d) Number of year’s organization has conducted the program for which funding is

 requested: \_\_\_\_\_

**B. QUALIFICATIONS**

 1. Please describe your organization’s history and experience in providing services to the

 community.

2. Discuss the agency's capability to develop, implement and administer the proposed

 project.

3. Describe the organization’s outreach and service delivery methods.

4. If this is a new project, please describe your history of meeting past performance goals.

**SECTION IV. FUNDING NARRATIVES**

1. Has your organization previously received ESG funding?

( ) Yes ( ) No

 a. If yes, when?

b. How much? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Describe the specific use of that funding to date.

2. What other sources of funding are budgeted for the proposed activity? Please list all committed

 and proposed sources of funding for this project and indicate the status of each source. Attach

 copies of any commitment letters you may have.

3. Describe your organizations plan to become self-sustaining, thereby eliminating the need for

 future ESG funds.

**SECTION V. FINANCIAL INFORMATION**

1. Provide a proposed line-item budget for this activity indicating the sources and uses of funds. The format for the budget should be four columns with the first column consisting of a line item description; the second column indicating, by line item, the proposed expense/revenue excluding proposed ESG assistance; the third column indicating the proposed ESG assistance in the appropriate line(s); and the fourth column totaling columns 2 and 3 and reflecting the agencies proposed fiscal year budget. (Sample line-item budget can be found on the last page of the application.)
2. Provide a copy of your organization's financial statement for the most recent completed fiscal year. Include a balance sheet and income and expenditure statement.
3. Provide a copy of letter or audit indicating review of most recent financial statement from certified and/or public accountant.
4. If non-profit, provide proof of non-profit status; copy of determination letter from State Franchise Tax Board or Federal Internal Revenue Service confirming non-profit status.

###### SECTION VI. AUTHORIZED SIGNATORY

I hereby certify that I have read this application and the exhibits thereto, and know the contents thereof, and that the statement therein are true, and that I have been authorized by the governing board to submit this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title

**SAMPLE BUDGET WORKSHEET**



Updated 6/10/21