



SAN JOAQUIN COUNTY
Health Care Services Agency
Neighborhood Preservation Division
16988 S. Harlan Rd.
Lathrop, CA 95330

**2023 STATE EMERGENCY SOLUTIONS
GRANTS PROGRAM APPLICATION**

APPLICATIONS ARE DUE BY
4:00 PM, Friday, March 31, 2023

Submit to:
SAN JOAQUIN COUNTY
Health Care Services Agency
Neighborhood Preservation Division
16988 S. Harlan Rd.
Lathrop, CA 95330

Completed applications must be submitted by March 31, 2023, no later than 4 p.m. at the above address or by mail received by the due date. 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:

<https://www.sjgov.org/department/hcs/departments/neighborhood-preservation>



**SAN JOAQUIN COUNTY
2023 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

<p>Self Certification. Clients independently "self-certify" on an intake form, membership form, etc. If you use this method, please attach a blank intake form.</p>	
<p>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.</p>	
<p>Presumed Beneficiaries. Clients served are <u>primarily and specifically</u> 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.</p>	
<p>Other. Survey, other documentation (required documentation for other governmental programs, etc. Please explain.</p>	

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 ¹

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: _____

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

Note: The completed sample worksheet is intended to show the level of detail the County is seeking for the budget only and does not necessarily reflect appropriate project cost effectiveness, leveraging ratios, or other application criteria.

Applicant: VERY BEST ORGANIZATION	Activity Cost		
Activity: OUTSTANDING PUBLIC SERVICE ACTIVITY			
Program Implementation (Direct Program Cost)	ESG Only	Other Sources	Total
Task 1: Develop workshop training materials	\$10,000	\$5,000	\$15,000
Task 2: Newspaper ads for workshop (12 @ \$125 ea)	\$1,000	\$500	\$1,500
Task 3: TV and radio ads (6 @ \$350 ave. ea)	\$10,000	\$1,100	\$2,100
Workshop supplies (pencils, chalk, paper supplies, pens, etc.) @ \$5/student, 300 students per year	\$0	\$1,500	\$1,500
Workshop classroom rent, including utilities: 8 hrs./mo. @ \$ 25/hr for 4 months	\$800	\$0	\$800
TOTAL Program Implementation	\$12,800	\$8,100	\$20,900
Personnel/Other Costs (Program Administration)			
Workshop Coordinator: 1,000 hours @ \$25/hr., including benefits (developing and conducting workshops	\$25,000	\$0	\$25,000
Workshop Clerical Support: 240 hours @ \$11.50/hr., no benefits (typing workshop materials, program accounting)	\$2,760	\$0	\$2,760
Workshop Manager: 48 hours @ \$55/hr., including benefits (general grant administration)	\$2,640	\$0	\$2,640
Workshop staff travel expenses, 120 miles round trip @ .30 per mile	\$360	\$0	\$360
Annual subscription to "Workshop Times" magazine	\$0	\$25	\$25
1-day seminar "Workshop Techniques for the 21st Century" in Sacramento, August 2014, for 2 staff persons @ \$500 each (includes seminar fee, travel, lodging, and meals	\$0	\$1,000	\$1,000
TOTAL Personnel/Other Costs	\$30,760	\$1,025	\$31,785
TOTAL ESG REQUEST	\$43,560		
TOTAL ACTIVITY COST - ALL SOURCES		\$9,124	
COMBINED TOTAL			\$52,685



Emergency Solutions Grant (ESG) Scoring Sheet

Project Name: _____

Year: _____

	MAXIMUM POINTS	SCORE
I DEMONSTRATION OF NEED	15	
Meets ESG program objectives: 1) Street Outreach; 2) Emergency Shelter; 3) Homeless Prevention; 4) Rapid Re-Housing or 5) HMIS	Pass/Fail	
Proposed Activity: Describes the need and area which services will be provided.	5	
Aligns with Board of Supervisors and Continuum of Care Goals and Priorities	10	
Total No. of Demonstration of Need Points:		0
II PROJECT DESCRIPTION & APPROACH - Completeness and thoroughness of Application	35	
Based on the project description, does the applicant describe the activities to address the need?	10	
Was the applicant specific about day and time of services, frequency and duration of services received by the average client or participation?	5	
Does the applicant have the organizational capacity and experience to comply with applicable Federal reporting and documentation requirements?	10	
Based on your reading of the activity description and the applicant's experience administering grants, can the activity be successful?	5	
Does applicant describe how County funds will be used, a reasonable work plan for how the activity/project will be implemented?	5	
Total No. of Project Description Points:		0
III OUTCOMES	40	
HUD grantees and subrecipients are required to report measurable outcomes for all activities funded. Does the applicant clearly identify and describe measurable project outcomes that are consistent with the approach and identified needs, goals and objectives.	10	
Applicant Expended prior fiscal year(s) of allocated funds and met Past Performance Goals	10	
Applicant describes strategies or objectives that will be used to track progress of meeting project outcomes and to comply with timely reporting to the COUNTY.	10	
Readiness (Site control, all project funding in place)	10	
Total No. of Outcome Points:		0
IV FUNDING REQUEST & PROJECT BUDGET	10	
Is the ESG the primary source of cash funding for the proposed activity? Yes = 0 No= 5	5	
How does the applicant leverage resources by coordinating their service with other community organizations?	5	
Meets match requirement.	Pass/ Fail	
Total No. of Funding Request Points:		0

Total Points Possible: **100** **0**