

CITY OF BUFFALO ESG (EMERGENCY SOLUTIONS GRANT) APPLICATION



Agency: _____

Requested Award Amount: _____

Did your program receive ESG funding last year? Yes No*

Application Contact

Name: _____

Title: _____

Phone: _____

Email: _____

If you have any questions or issues with completing this application, you may reach out to:
Sue Lumadue (716) 851-5531, slumadue@city-buffalo.com (General)
Sean Tulumello (716) 851-4017, stulumello@city-buffalo.com (General and Technical)

Select **one** program that you currently or plan on running and include funding amount. A separate application is required for each type of funding you are requesting:

- | | |
|--|--|
| <input type="checkbox"/> Street Outreach | <input type="checkbox"/> Street Outreach/Coordinated Entry |
| <input type="checkbox"/> Homelessness Prevention | <input type="checkbox"/> HMIS |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Code Blue/Red/COVID-19 Shelter |
| <input type="checkbox"/> Rapid Re-Housing | |

For internal use only:

Received by: _____

Date: _____

I. AGENCY INFORMATION

Agency Legal Entity Name:	
Main Office Address:	City, State, Zip:
Phone:	Fax:
Agency Website:	
DUNS #	
Tax ID #	
City of Buffalo Vendor ID #	

II. CONTACT INFORMATION

CEO/Executive Director:
Email:
Phone:
Mailing Address:
CFO/Fiscal Officer:
Email:
Phone:
Mailing Address:
Board President:
Email:
Phone:
Mailing Address:
Program Contact:
Position:
Email:
Phone:
Mailing Address:
Finance Contact:
Position:
Email:
Phone:
Mailing Address:
Emergency Contact:
Email:
Phone:
Mailing Address:

III. PROGRAM INFORMATION

1. List the address(es) where this program will take place:

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2. How long will this activity run?

This activity will run for the entire contract year (October 1, 2020 to September 30, 2021)

If not, please indicate the dates in which this program(s) will run. If this will be done in sessions, list all dates:

3. Please describe the Program(s) you are seeking funding for:

Character Limit 250

Questions 4-10 cover elements that are required for all ESG contracts.

4. Are you currently using HMIS for your data? Yes No

5. Are you aware of Coordinated Entry requirements? Yes No

6. Does your program use a housing first approach? * Yes No N/A

By clicking **yes, you also agree the performance reports HAWNY prepared accurately reflect your program performance.*

7. Does your program quickly move participants into permanent housing? Yes No N/A

8. Does the program ensure participants are not screened out based on the following? Yes No

- Little to no income
- A criminal record with exceptions for state-mandated restrictions
- Active or history of substance use
- History of domestic violence

8. Does the program ensure participants are not terminated from the program based on the following? Yes No

- Failure to participate in supportive service plan
- Failure to make progress on supportive service plan
- Loss of income or failure to improve income
- Being a victim of domestic violence
- Any other activity not covered in a lease agreement

9. Are the program policies and practices consistent with the laws related to providing education services to individuals and families? Yes No N/A

10. Will the program have a designated staff person who ensures children are enrolled in school and received educational services, if needed? Yes No N/A

11. Describe the specific need(s) that will be addressed by this program.

Character Limit 250

12. Indicate how you use coordinated entry and/or identify clients for this program, and describe them in general terms of age, gender, ethnicity, income level, disability, or other characteristics.

Character Limit 250

13. Describe how this program will address the identified need. Depending on program type, this should include information on how you will transition homeless individuals to permanent housing and independent living, how you will address the emergency shelter and transitional housing needs of homeless persons and/or how your work will help low income families and individuals avoid becoming homeless.

Character Limit 250

IV. PROGRAM REPORTING

1. Estimate the number of unduplicated persons to be assisted:

	<i>Single Adults</i>	<i>Families w/Children</i>	<i>Households</i>	<i>Total # Contracted Beds</i>
Street Outreach				
Code Blue/Red Shelter				
Emergency Shelter				

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Emergency Response Shelter (i.e. COVID-19)				
Rapid Re-Housing				
Homeless Prevention				
Total				

2. In addition to Question #1, estimate the number of persons in special populations to be assisted:

	<i>Street Outreach</i>	<i>Emergency Shelter</i>	<i>Prevention</i>
Veterans			
Victims of Domestic Violence			
Elderly			
HIV/AIDS			
Chronically Homeless			
Severely Mentally Ill			
Chronic Substance Abuse			
Other Disability			
Total			

V. PROGRAM BUDGET AND FINANCE

1. Explain why the costs for this program are reasonable:

Character Limit 250

2. Describe the use of donated goods and in-kind services and estimate their value. ESG requires a \$1 for \$1 in-kind or monetary match:

Source of Funds, Types of In-Kind, or Donations	Amount	Status (Secured, Pending, etc.)

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3. Contract Budget: Use the ESG Contract Budget spreadsheet in order to complete this section. The budget must total amount entered on Page 1.

VI. ATTACHMENTS

Please check each box and include copies of all applicable items:

Provide one copy each:

- Organizational Chart: Indicate which staff are funded by the program
- List of Board Members: Names, positions, and organizations/businesses/etc./ represented
- Board Meeting Attendance: List of member’s attendance for the past 12 months
- Board Authorization to request funds

Provide three copies each:

- ESG Application Year 46
- Budget Request Detail (spreadsheet attached): Fill out all three columns. The first column is for the amount of funding you’re requesting for this program, the second column is for the additional funding resources you have secured for this program, and the third column is for the total amount of funding being used for this program.

VII. SIGNATURES

To the best of my knowledge and belief, the information in this application is true and correct, and its submission has been duly authorized by the governing body of the applicant. With this submission, we agree to follow all rules and regulations that govern federal entitlement funding.

We also agree to participate in any technical assistance training or seminars for staff and board members that the City of Buffalo offers during the program year; and understand that failure to attend this training may result in the loss of eligibility for future funding.

Finally, the person listed below as the “Authorized Contact” has been authorized by the governing body of the applicant to negotiate on behalf of the organization.

Applicant

Authorized Contact (if different from Applicant)

Signature

Signature

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Name and Title

Name and Title

Date

Date

VIII. ~~ADDITIONAL FUNDING FORM~~

PLEASE NOTE: This additional page is only required if you're an existing ESG funded program seeking additional funds over the amount awarded from the previous year. These requests cannot be guaranteed due to ESG Entitlement Fund limitations.

What is the total increase amount of ESG funding you are seeking for this year? _____

Is this a one-time request? Yes No

How will this additional funding be used?

More Clients New Initiative Improve Existing Program Additional Staff Other

Please explain in detail:

How will this funding help you better meet the needs of homeless or at-risk of homeless in the community? How do you know this need exists?

Please indicate the compelling reasons you are seeking this increase:

ATTACHMENTS

Please check box and include copies of:

Additional Budget Request Details: Separate budget sheet for **only** the additional funding you are seeking. If approved, you will need to provide a revised budget with all funding.

ix. NEW APPLICANT QUESTIONS

PLEASE NOTE: This additional page is only required if you are a new applicant applying for ESG funding this year. If you currently receive ESG funding from the City of Buffalo, please disregard the below questions and attachments.

Describe the mission/primary purpose of the organization and type of services it provides:

Describe your experience with delivering federal and/or other grant funded programs:

Describe the financial management procedures that your organization currently has in place (staff, systems, separation of duties, etc.):

ATTACHMENTS

Please check boxes and include copies of:

- Audited financial statements or most recent audit
- Most recent 990 and CHAR 500 (no earlier than 2017, or copy of extension request)
- Résumés of Key Staff: Applies to staff funded by program and the Executive Director
- Copy of Internal Controls Policy