

# STATE OF ILLINOIS

## Emergency Solutions Grants (ESG) Program

### 2014 Grant Funding Packet

Illinois Department of Commerce and Economic Opportunity  
500 E Monroe Street, R-2  
Springfield, Illinois 62701



Illinois Department of Human Services  
823 E Monroe Street  
Springfield, Illinois 62701



**2014 ESG Funding Packet**  
**Pages 3 - 7 to be Completed by the**  
**Continuum of Care**

**Return electronically by July 30, 2014 to:**

Stacey Difuccia  
Illinois Department of Commerce and Economic Opportunity  
500 E. Monroe Street, R2  
Springfield, Illinois 62701  
217/558-4104 (telephone)  
[stacey.difuccia@illinois.gov](mailto:stacey.difuccia@illinois.gov)

and

Mary Sue Cox  
Illinois Department of Human Services  
823 E Monroe Street  
Springfield, Illinois 62701  
217/557-9288 (telephone)  
[marysue.cox@illinois.gov](mailto:marysue.cox@illinois.gov)

**2014 EMERGENCY SOLUTIONS GRANT PROGRAM  
FUNDING PLAN PACKET**

**COVER SHEET**

Name of Continuum: \_\_\_\_\_

Continuum Contact Person: \_\_\_\_\_

Contact Person Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person E-mail Address: \_\_\_\_\_

Contact Person Telephone: \_\_\_\_\_

Contact Person Fax: \_\_\_\_\_

After Hours Emergency Contact Telephone Number: \_\_\_\_\_

Secondary Continuum Contact Person: \_\_\_\_\_

Secondary Contact Person Address: \_\_\_\_\_

Secondary Contact Person E-mail Address: \_\_\_\_\_

Secondary Contact Person E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Continuum Representative

Title

**Funding Recommendations completed by the CoC must be received in both the DCEO and the DHS Springfield Offices by 5:00 p.m. on July 30, 2014. Funding Recommendations completed by the CoC may be faxed or emailed. Please forward the completed recommended funding packet to:**

Stacey Difuccia  
Illinois Department of Commerce and Economic Opportunity  
500 E. Monroe Street, R2  
Springfield, Illinois 62701  
217/558-4104 (telephone)  
217/558-4107 (fax)  
[stacey.difuccia@illinois.gov](mailto:stacey.difuccia@illinois.gov)

and

Mary Sue Cox  
Illinois Department of Human Services  
823 E Monroe Street  
Springfield, Illinois 62701  
[217/557-9288 \(telephone\)](tel:2175579288)  
[217/524-5800 \(fax\)](tel:2175245800)  
[marysue.cox@illinois.gov](mailto:marysue.cox@illinois.gov)

## **2014 EMERGENCY SOLUTIONS GRANT PROGRAM FUNDING PLAN PACKET**

In order to process the 2014 ESG grants, we need information from the CoC level. Please respond to the questions found below that are specific to the CoC.

To be effective, a Continuum should strive to achieve the following performance measures:

- Reduce average length of time persons are homeless.
- Reduce returns to homelessness.
- Improve program coverage.
- Reduce number of families and individuals who are homeless.
- Improve employment rate and income amount of families and individuals who are homeless.
- Reduce number of families and individuals who become homeless for the first time

Please describe, as a CoC, how each of the measures will be accomplished, and develop performance indicators and targets for each (you can use the data you provided to HUD in the CoC application):

1. Describe specific efforts currently in place by the CoC to track length of time individuals and families remain homeless as well as how additional spells of homelessness are tracked within the CoC geographic area.
2. Describe efforts being made by the CoC to reduce the number of individuals and families returning to homelessness.
3. Describe efforts to expand/improve coverage of the CoC geographic area.
4. Describe efforts to reduce the number of families and individuals who are homeless.
5. Describe efforts to improve employment rate and income amount of families and individuals who are homeless.
6. Describe efforts to reduce the number of families and individuals who become homeless for the first time.

## 2014 EMERGENCY SOLUTIONS GRANT FUNDING PLAN PACKET

### Funding Recommendation Plan

For purposes of planning, the CoC should prepare a list prioritizing the provider agencies to be funded, and the amounts to be granted using the 2014 funding level (found on the 2014 allocation sheet). The minimum grant amount is \$25,000.00.

Recommendations for funding should be based on: the needs assessment conducted by the CoC; housing analysis; and, performance of the provider agency (based on HMIS and other factors). When providing the recommendations, please provide a narrative to explain how the CoC arrived at their recommendations.

**Providing a list of recommended projects does not guarantee that any or all provider agencies will be funded.** It is important that deliberate steps be taken to identify the providers based on regional need and the ability to operate the ESG funds. DCEO/DHS will make the final determination based on program performance including timely submission of required documents, accuracy of documents, etc.

The CoC must have on file written standards for providing assistance that must be used by all provider agencies receiving 2014 ESG funds from DCEO (per HUD guidance).

**2014 EMERGENCY SOLUTIONS GRANT  
FUNDING PLAN PACKET**

**Grant term: July 1, 2014 – June 30, 2015**

To be completed by the CoC. If combination request, enter letter followed by comma (ex. SO, ES/R, A)

SO – Street Outreach (60% of total budget or PY 2010 amount spent on homeless activities)

**ES/R – Emergency Shelter – Renovation will not be an allowable activity for 2014**

ES/O – Emergency Shelter – Operations (60% of total budget or PY 2010 amount spent on homeless activities)

ES/ES – Essential Services (60% of total budget or PY 2010 amount spent on homeless activities)

RR/HRSS – Rapid Re-housing – Housing Relocation and Stabilization Services

RR/TRA – Rapid Re-housing – Tenant-based Rental Assistance

RR/PRA – Rapid Re-housing – Project –based Rental Assistance

HP/HRSS – Homeless Prevention – Housing Relocation and Stabilization Services

HP/TRA – Homeless Prevention – Tenant-based Rental Assistance

HP/PRA – Homeless Prevention – Project-based Rental Assistance

HMIS – **(all agencies are required to report in HMIS)**

A – Administration

<u>Provider Agency Name</u>	<u>2014 Recommended Funding Amount</u>	<u>Type of Service</u>
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>TOTAL FUNDS RECOMMENDED</b>	\$	

Continuum of Care: \_\_\_\_\_

Continuum of Care Representative: \_\_\_\_\_

# 2014 ESG Provider Agency Funding Packet

## Following Pages to be Completed by Individual Provider Agencies

To be considered for funding, completed packets must be **postmarked or received** in both DCEO and DHS Springfield Offices **by 5:00 p.m. on August 29, 2014**. No exceptions will be made. Unless requested by DCEO or DHS, no additional information will be accepted from an applicant after August 29, 2014. The preferred method of submission is email but mailed applications will be accepted.

Please submit electronically or if by mail, an original is required. Send to:

Illinois Department of Commerce and Economic Opportunity  
Office of Community Development  
Emergency Solutions Grant (ESG) Program  
Attn: Stacey DiFuccia  
500 E Monroe, R-2  
Springfield, Illinois 62701  
[stacey.difuccia@illinois.gov](mailto:stacey.difuccia@illinois.gov)

and

Illinois Department of Human Services  
Homeless Services  
Attn: Mary Sue Cox  
823 E Monroe Street  
Springfield, Illinois 62701  
[marysue.cox@illinois.gov](mailto:marysue.cox@illinois.gov)



## **PROGRAM DESCRIPTION**

### Available Funding

Funds will be awarded by the Department of Human Services (DHS) based on performance and a recommendation by the CoC, and completion of the funding packet. The department will be making funds available to units of local government on behalf of not-for-profit shelter/service providers or directly to not-for-profit shelter/service providers. **The minimum grant award will be \$25,000.00.** Funding will be subject to the availability of funds from the U.S. Department of Housing and Urban Development.

### Eligible Applicants

Any unit of local government on behalf of a shelter/service provider or a private not-for-profit, tax-exempt, shelter/service provider itself may apply for ESG funds if recommended by the CoC. A private not-for-profit organization is defined as a secular or religious organization described in Section 501 (c) of the Internal Revenue Code of 1954, making it exempt from taxation, assuring it has an accounting system and a voluntary governing board and practices non-discrimination in the provision of services. Applicants under this program are limited to shelter/service providers or units of local government providing shelter/service within the State of Illinois, but outside the corporate limits of the City of Chicago and Cook County except for the Village of Oak Park.

Successful applicants must be actively involved in a local Continuum of Care.

Because Illinoisans rely heavily on the services provided by charities, Attorney General Lisa Madigan encourages consumers to practice wise charitable giving. Under Illinois law, fundraisers and charitable organizations are required to register each year with the Attorney General's office. Potential donors may then access important information such as income, expenditures, programs and administration before giving to the charity. Therefore, all ESG grant recipients must be registered with the Illinois Attorney General's office. This information will be verified prior to funding being granted. For more information on filing requirements, please contact the Illinois Attorney General, Charitable Trust Bureau, 100 W. Randolph Street, 3<sup>rd</sup> Floor, Chicago, Illinois 60601, 312/814-2595 OR visit <http://illinoisattorneygeneral.gov/charities/disclaimer.html>.

### Eligible Activities

Emergency Solutions Grants Program funds may be used to implement one or more of the following activities:

#### **1. Street Outreach**

Essential Services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Eligible costs include engagement, case management, emergency health and mental health services, and transportation.

## 2. Emergency Shelter

Essential Services such as case management, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.

Shelter Operations, includes maintenance, rent, repair, security, fuel, equipment, insurance, utilities, food, supplies necessary for shelter operations and furnishings.

## 3. Prevention

Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from becoming homeless if:

- Annual income of the individual or family is below 30 percent of median family income
- Assistance is necessary to help program participants regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing.

Eligible costs include utilities, rental application fees, security deposits, last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, and credit repair.

## 4. Rapid Re-Housing

Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing. Eligible costs also include rental application fees, security deposits, last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, and credit repair.

## 5. Data Collection (HMIS)

Grant funds may be used for the costs of participating in an existing HMIS of the Continuum of Care where the project is located.

## 6. Administration

### Ineligible Activities

Emergency Solutions Grants Program funds may not be used for:

- Acquisition, including mortgage payments, or construction of an emergency shelter.
- Staff Development

## MATCHING FUNDS

Each grant recipient must supplement its Emergency Solutions Grant funds with an equal or greater amount of funds from other sources. **50% of the match must be cash.**

The amount available for matching fund purposes must be injected during the grant period. Funds spent prior to the term of the grant award cannot be considered in fulfillment of the match requirement. Potential sources of match may include, but are not limited to, Illinois Department of Human Services' Emergency Food and Shelter Program, Federal Emergency Management Agency (FEMA) funds, or private donations. A potential grant recipient may also include the value of any recently-donated material or building, the value of any lease on a building, any salary paid to staff in carrying out the emergency shelter program in addition to the time and services contributed by volunteers to operate the shelter.

The following provisions apply when determining the value of in-kind contributions:

Volunteer Services/Labor: Compute the total number of all volunteer hours. For purposes of this application, volunteer labor is to be calculated at **\$10.00 per hour**, except when volunteers perform duties that are professional in nature. In that case, the rate is the hourly rate that the person charges as a professional. For example: if an attorney volunteers his/her time to provide pro bono legal services to the agency and his/her billable rate is \$150/hour then the agency may claim \$150/hour for that volunteer.

Buildings/Facilities: Identify the value of any recently-donated building to be used as part of the project or lease on building, by submitting a copy of the appraisal with the application.

Staff: Identify the staff salary committed to carrying out activities related to the Emergency Solutions Grants Program during the grant period. Documentation should include a description of the ESG activities staff performs and the percentage of time spent in carrying out those activities.

Equipment/Supplies: Document current retail or fair market value of donated items. These items can include linens, furniture, food, supplies, appliances, etc.

Ineligible match sources include Department of Commerce and Economic Opportunity (DCEO) funds including **CSBG** and any other Emergency Solutions Grants Program funds.

Each funding source must be designated by name and specific amount. To document each matching contribution, a written letter of commitment or signed contract must be provided from each source. The letter/contract must contain:

- ^ language which indicates that funds or in-kind contributions have been committed by individuals or organizations empowered to award the amount.
- ^ a specific dollar amount.
- ^ for any in-kind contributions, an itemization of the contributions and a description of how the value was determined (e.g., number of volunteers, hours worked, etc.). For private donations, a bank statement verifying availability of those funds, or an audit verifying receipt of same must be included.
- ^ signature of an authorized official.

DCEO realizes that the timing of the ESG grant period does not coincide with the timing of many other grants which are potential match sources. Therefore, letters of commitment or contracts from the current matching grant will be considered as eligible match. The provider agency must provide verification of the new grant once it's received.

## ESG PROGRAM REQUIREMENTS

The Emergency Solutions Grants Program contains a number of program and federal requirements which may have an impact on the design or eligibility of a project. Therefore, it is important to be aware of the various limitations, assurances, and requirements associated with the program.

Environmental Considerations and Site Selection: The selection of emergency solutions activities should avoid or minimize adverse impact on the environment and should give preference to sites essentially free of hazards.

**Environmental documents must be submitted by the provider agency at the time of application in order to receive ESG funds regardless of the activities performed.** Environmentals must be completed prior to grants being issued.

### Use of Grant Funds by Primarily Religious Organizations:

Primarily religious organizations may carry out essential services and certain operational activities pursuant to conditions outlined in Attachment A. This assurance contains specific language acceptable to allow primarily religious organizations to participate in the Emergency Solutions Grants Program. This certification must be signed by any primarily religious organization which is selected as a recipient of ESG funds.

Lead-based Paint Requirements – All recipients of ESG funds will be required to be in compliance with HUD’s lead-based paint regulations. The regulations appear within title 24 of the Code of Federal Regulations as part 35 (24 CFR 35). It can also be downloaded at

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/healthy\\_homes/healthyhomes/lead](http://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/healthyhomes/lead) .

Building Standards: Homeless shelter facilities must meet state and local requirements or standards relating to health and safety or receive waivers of such requirements from the responsible agency. **Documentation must be submitted verifying that the shelter facility has passed an inspection by a local or state fire department within the last 12 months.** Verification of a passed inspection by a local or state health department must be provided, as well, if meals are prepared by shelter staff. If a health inspection is not required, please so indicate.

Quality Services and Appropriate Referral Linkages: Homeless individuals must have access to assistance in obtaining appropriate support services. This includes permanent housing, medical and mental health treatment, counseling and similar services essential to achieve independent living. A referral system must be demonstrated to be in place, providing for quality services and aid (whether or not these services are to be provided with grant funds) and ensuring a coordinated approach to serving the homeless.

Certification of Approval: **All applications must be accompanied by a letter of transmittal signed by the authorized officer of the applicant**, whether it is the not-for-profit shelter/service provider or unit of local government. In addition, each application must contain a certification of approval/support (Attachment B) signed by the Mayor/Village President of the unit of local government in which the organization is located.

Program Certification: Under the Emergency Solutions Grants Program the applying organization must certify that the activities as outlined in the proposal are in compliance with the appropriate federal rules and regulations. The certification (Attachment C) assures conformity with equal opportunity and other federal and state provisions, and must be signed by the applicant and that signature witnessed.

## ADMINISTRATIVE REQUIREMENTS

The unit of local government and/or the not-for-profit shelter/service provider will be required to report fiscal and statistical data to the Department of Human Services. All financial, statistical, property, materials, supplies and supporting documentation must be retained for the greater of five years from the termination of the grant period and after an audit has been completed or the period specified below.

The following administrative requirements apply to the Emergency Solutions Grants Program:

Quarterly Reports: The Department will require the 2014 ESG Reports to be submitted quarterly.

The reports will include statistical and financial data. The client statistical data collected must use the six race categories below and one ethnicity category (Hispanic). "Hispanic" is an ethnicity category that cuts across all races. Those who are White, Black, Asian, American Indian, Pacific Islander or another race may also be counted as being Hispanic.

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Other race

Financial Management Standards: The grantee is accountable for all funds received under this program. The grantee must maintain accountability over all funds, equipment, property and other assets under the grant as required by the department. Records shall be kept which detail the expenditures of grant funds and accurately document such expenditures.

Compliance: The department will evaluate ESG provided agencies funded under this program on-site periodically throughout the grant period. The project will be evaluated for compliance with the terms and conditions of the grant document.

Audits: If the grantee is required to have an audit conducted pursuant to the Single Audit Act of 1984, as amended in 1996 ("Single Audit Act") and by the Office of Management and Budget Circular A-133 ("OMB Circular A-133"), then the audit shall be performed in accordance with these provisions. When the grantee has an audit conducted pursuant to the requirements of the Single Audit Act and OMB Circular A-133, and an audit report is produced pursuant to such federal requirements, the grantee shall provide the Department with a copy of such audit report. Any grantee determined to have misused grant funds (i.e., fraud and abuse, noncompliance with this program, noncompliance with terms and conditions of the grant document) as a result of an audit, shall be ineligible to apply for and receive funds under this program.

Additional Documentation: The department reserves the right to request additional documentation as necessary.

Each recipient of grant funds under the Emergency Solutions Grants program must meet the following requirements:

- Ensure that the shelter will administer, in good faith, a policy designed to ensure that the homeless facility is drug and alcohol free and that a good faith effort exists to ensure a safe environment in the homeless shelter.
- Assist homeless individuals in obtaining appropriate services essential for achieving independent living such as permanent housing, medical treatment, mental health treatment, counseling, and other federal, state and local assistance available for the homeless.
- Assist individuals or families with rental assistance in order to prevent homelessness in accordance with the housing relocation and stabilization services requirements.
- Assist individuals or families with housing relocation and stabilization services to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.
- Have written standards for providing assistance through the Emergency Solutions Grants program prepared and issued by the CoC.

- Have homeless participation either as a member of the board or a consultant or advocate group representing homeless individuals.

Costs to the applicant for preparation and submission of the application are not allowable under the Emergency Solutions Grants Program.

### **APPLICATION REVIEW AND INSTRUCTIONS**

The purpose of the application review is to assess the need and extent to which the proposed project will impact services to the homeless and/or at risk of homelessness. Since the Department of Human Services will conduct a thorough review of each application, recommended provider agencies must submit a complete funding packet. The review process will ensure that funds are awarded to units of local government and/or not-for-profit shelter/service providers that demonstrate a need for funds that address those needs and have the ability to utilize funds immediately.

The department will review each application using the following criteria:

- Demonstrated need for type of services in the community/county;
- Demonstrated capability of the not-for-profit organization to implement project activities. This criterion will include a review of past expenditure of ESG funds. The ESG grant period is 7/01/2014 – 6/30/2015.
- Extent of linkages with other housing and supportive service programs;
- The extent to which homeless persons and/or program participants are involved in the planning or development or management of the proposed activity;
- Commitment of other program funds or in-kind contributions;
- Solid implementation plan;
- Organization's track record, including the grantee's past performance in administering ESG grants, if applicable.

The attached funding packet contains the required forms and attachments which must be completed. These documents have been designed to collect the necessary information upon which the department will make its funding decisions. Applicants should fully explain their project.

## ESG SUBMISSION CHECKLIST

<b>Check "X" if Enclosed</b>	<b><u>The Following Documentation is Required For All 2014 ESG Applicants:</u></b>	<b><u>Page Number</u></b>
_____	Letter of Transmittal from Executive Director OR Authorized Official	_____
_____	Completed Submission Checklist (This Page)	_____
_____	One (1) emailed copy of the completed application	_____
_____	Provider Agency Cover Sheet	_____
_____	Organization Narrative (Instructions Enclosed)	_____
_____	Community Need Form (Enclosed)	_____
_____	2014 Homeless Consumer Participation Form (Enclosed)	_____
_____	2014 Operations	_____
_____	2014 Financial Management Form (Enclosed)	_____
_____	Proposed Use of Grant Funds (Instructions Enclosed)	_____
_____	Project Budget Form (Enclosed) ( <i>See Sample Project Budget Table</i> )	_____
_____	Environmental Factors Form (Enclosed)	_____
_____	Att. A --Certification of Primarily Religious Organization (If Applicable)	_____
_____	Att. B --Certification of Local Approval	_____
_____	Att. C --ESG Program Certifications	_____
_____	Att. D --Verification of Match Commitment	_____
_____	Att. E --IRS Letter of Not-For-Profit Status (If applicable-- See instructions on Page A-2 )	_____
_____	Att. F Fire Inspection (within last 12 months)	_____
_____	Att. G Health Inspection (within last 12 months); Applicable if organization provides congregate meals prepared by agency staff)	_____
_____	Att. H --Registration as Charitable Organization	_____
_____	Att. I --Networking Agreements	_____
_____	Att. J --Support Letters	_____
_____	Att. K --Non-Discrimination Policy	_____
_____	Att. L --Staff Grievance Policy	_____
_____	Att. M --Staff/Client Confidentiality Policy	_____
_____	Att. N --Client Intake/Assessment Forms	_____
_____	Att. O --Shelter Rules & Regulations (if applicable)	_____
_____	Att. P --Client Grievance Procedures	_____
_____	Att. Q --Client Termination Policy	_____
_____	Att. R --Board of Director Information	_____
_____	Att. S -- IRS W-9 form-Request for Taxpayer Identification Number & Certification	_____
_____	Att. T --Environmental Documents (forms attached)	_____

2014

**PROVIDER AGENCY FUNDING PLAN PACKET**

**PROVIDER AGENCY COVER SHEET**

Legal Name of Agency: \_\_\_\_\_

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

\_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

Agency FEIN Number \_\_\_\_\_

Agency Website: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Executive Director E-mail Address: \_\_\_\_\_

Executive Director Telephone:: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person E-mail Address: \_\_\_\_\_

Contact Person Telephone: \_\_\_\_\_

All Counties Served: \_\_\_\_\_

Facility Handicap Accessible? (Yes / No) \_\_\_\_\_

Faith-Based Organization? (Yes / No) \_\_\_\_\_

Type of Organization: Not-For-Profit  Unit or General Local Government

**AUTHORIZATION**

With my signature, I hereby affirm that I am duly authorized to submit proposals on behalf of the applicant organization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Illinois Department of Human Services**  
**Notification of Additional Authorized Designee**

**Grantee Name:** \_\_\_\_\_

**DHS Grant Number(s):** \_\_\_\_\_  
\_\_\_\_\_

**Authorized Signatory: Print Name** \_\_\_\_\_  
**Print Title** \_\_\_\_\_

**Date:** \_\_\_\_\_

Pursuant to the above referenced grant agreement(s), the Authorized Signatory may assign Authorized Designees to submit materials to the Department by submitting written notice. In processing the above referenced grant(s) and related documentation, the Department will only accept materials signed by the Authorized Signatory or Designee(s). By submitting this form, the Authorized Signatory of the above referenced grant(s) is providing notice that the following person(s) be named an Authorized Designee for the above referenced grant(s). The Authorized Signatory must approve each Authorized Designee separately by signing as indicated below.

Authorized Designee: \_\_\_\_\_  
Authorized Designee Title: \_\_\_\_\_  
Authorized Designee Phone: \_\_\_\_\_  
Authorized Designee E-mail: \_\_\_\_\_

Authorized Designee Signature: \_\_\_\_\_

Authorized Signatory Approval: \_\_\_\_\_

Authorized Designee: \_\_\_\_\_  
Authorized Designee Title: \_\_\_\_\_  
Authorized Designee Phone: \_\_\_\_\_  
Authorized Designee E-mail: \_\_\_\_\_

Authorized Designee Signature: \_\_\_\_\_

Authorized Signatory Approval: \_\_\_\_\_

Authorized Designee: \_\_\_\_\_  
Authorized Designee Title: \_\_\_\_\_  
Authorized Designee Phone: \_\_\_\_\_  
Authorized Designee E-mail: \_\_\_\_\_

Authorized Designee Signature: \_\_\_\_\_

Authorized Signatory Approval: \_\_\_\_\_

Note that the Department will continue to accept documentation submitted from all Authorized Designee(s) until notified to the contrary in writing signed by the Authorized Signatory.

## **ORGANIZATION NARRATIVE**

The narrative portion of the application must include all information requested, when applicable. All projects should be planned for a maximum of 12 months. Attach pages as necessary.

### Organization and Services Provided

1. Briefly describe your organization's history and mission. Include information on the current staff size (FTE) and the educational background and experience of key management staff.
2. Provide information about the board of directors and/or advisory council, such as the regularity of meetings, list of subcommittees and the regularity of their meetings and how the board has utilized recommendations from a homeless representative to change the organization's policies, practices, or services. How does the board relate to the CoC board?
3. Describe:
  - a. The type(s) of services currently provided, focus on services provided to the homeless or persons at risk of homelessness particularly as it relates to rapid re-housing.
  - b. The total number of persons served annually.
  - c. The target group(s) served.
  - d. The location of office(s) or shelter(s) providing assistance. Location includes the cities and/or counties to be served through the proposed ESG project.
  - e. Shelter capacity (bed space), if applicable.
4. If applicable, describe any formal or informal restrictions on services provided and the basis for these restrictions.

### Previous Funding (if applicable)

1. Describe how previous ESG funds improved or increased the services available from your organization.
2. Describe other sources of funds acquired during previous two years. Additionally, describe efforts made to develop other funding sources and provide information on new funding received from these efforts.

## COMMUNITY NEED

- This section of the proposal must address the COMMUNITY needs of the homeless population in your service area and describe the agency-specific needs and gaps in services that you will address if the ESG proposal is funded. This should factor in the CoCs needs assessment. Attach pages as necessary.

Provide a description of the specific community need(s) or gaps in services that your organization will address if the proposed ESG project is funded. Specify the services that will be provided and state whether the service is currently not provided in the community or is not being adequately provided by the existing service delivery system.

## Continuum of Care Participation

*Services provided through ESG funds are usually the early steps in a Continuum of Care (CoC) for persons who are homeless or at risk of homelessness. The CoC model uses a community-based process to envision, organize and plan a coordinated, systematic approach to address homelessness. The process should be as inclusive as possible, which means all agencies and organizations that provide services to homeless or at risk of homelessness persons should be involved regardless of whether they are requesting ESG funding. Homeless and/or formerly homeless persons should also be involved to the greatest extent possible.*

Is your organization an active, participating member in a local Continuum of Care? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please provide an explanation:

---

---

How often does the CoC meet annually? \_\_\_\_\_

How many of those meetings were attended by staff from your organization? \_\_\_\_\_

## 2014 HOMELESS CONSUMER PARTICIPATION

The interim rule revises the current homeless participation requirement so that if a recipient is unable to meet the participation of homeless individual's requirement, the recipient must develop a plan to consult with homeless or formerly homeless individuals in considering and making policies and decisions regarding any facilities, services, or other assistance that receive ESG funding. as per 24 CFR Part V, 576.56 (b) (1).

Name of Organization: \_\_\_\_\_

1. Does the organization have representation of a Homeless or Formerly Homeless member on the Board of Directors or other equivalent Policymaking Entity?

- Yes, homeless representative serves on the Board of Directors.  
 Yes, homeless representative serves on a Policymaking Entity.  
 No

Explain how this requirement is being met?

2. The number of homeless representatives on the Board of Directors or policymaking entity: \_\_\_\_\_

3. The name of the Policymaking Entity is: \_\_\_\_\_

4. a. Does the Policymaking Entity consider and make policies and decisions regarding any facility, service, or other assistance provided by your organization?

- Yes  
 No

b. If yes, explain the types of policies and decisions regarding the facility, services, or other assistance which are made by the Policymaking Entity and how policies and decisions made by the Policymaking Entity are forwarded to the Board of Directors and what happens after.

## 2014 OPERATIONS

Number of beds, excluding cribs: \_\_\_\_\_

Hours of Operation (check all that apply): \_\_\_\_\_ Year round \_\_\_\_\_ 7 days/week \_\_\_\_\_ 24 hours/day

If hours of operation are other than the above, explain:

\_\_\_\_\_  
\_\_\_\_\_.

24-hour on-site supervision: \_\_\_\_\_ Yes \_\_\_\_\_ No

## 2014 FINANCIAL MANAGEMENT

	YES	NO	N/A
1. Do the accounting records for the organization (or agency) identify the source and use of all funds, including information on: A. all grant awards received B. authorizations or obligations of the awards received C. un-obligated balances D. assets and liabilities E. program income F. total actual outlays or expenditures to date .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the accounting records of the agency supported by adequate source documentation such that the combination of source documentation and accounting records could provide a complete audit trail, documenting when a purchase was requested and by whom, how it was formally approved, what funds were used to pay for it, when it was paid and for how much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your agency use certifications of time spent, cost allocation plans or employee timesheets that allow grant funded time spent on ESG-related activities to be tracked separately from time spent and funded from other resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the agency have a system in place for maintaining its financial records for four years or until any litigation, claim, audit, or other action involving the records has been resolved, whichever comes later?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the agency have a current financial policy and procedure manual that covers basic accounting procedures such as those for recording financial transactions, for maintaining accounting records, and for approving grant funded expenditures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2014 EMERGENCY SOLUTIONS GRANT PROGRAMS  
PROVIDER AGENCY FUNDING PLAN PACKET**

**PROPOSED USE OF GRANT FUNDS**

A detailed description of the project for which you are requesting funding for 2014 funds. Include the following information in the description. Attach pages as necessary.

1. Define the population being served. Include demographic information on the population that will benefit from ESG funding.
2. How many persons do you plan to assist with ESG services?
3. Based on the proposed ESG budget, provide a detailed list and description of eligible activities and services funded under each budgeted cost category/line item.  
(Example: Street Outreach/Engagement – Provision of blankets, clothes, meals for unsheltered homeless individuals; ES/Operations – Shelter insurance, ES/Essential Services – Case Management, ES/URA – Moving costs; RR/HRSS – Utility & security deposits). Include the name and title of staff whose salary will be paid, in whole or in part, with ESG funds. This information will be used to develop your detailed budget, be specific. Following are allowable cost categories and line items. **(Applicant should refer to Federal Register December 5, 2011 Interim ESG rules and regulations for further details of eligible activities and definitions)**
  - A. ***Street Outreach- Essential Services Only***
  - B. ***Emergency Shelter (ES)***
    - a. *Operations*
    - b. *Essential Services*
    - c. *Uniform Relocation Assistance(URA)*
  - C. ***Rapid Re-housing(RR)***
    - a. *Housing Relocation and Stabilization Services (RR/HRSS)*
    - b. *Tenant-based Rental Assistance (RR/TRA)*
    - c. *Project-based Rental Assistance (RR/PRA)*
  - D. ***Homelessness Prevention (HP)***
    - a. *Housing Relocation and Stabilization Services (HP/HRSS)*
    - b. *Tenant-based Rental Assistance (HP/TRA)*
    - c. *Project-based Rental Assistance (HP/PRA)*
  - E. ***HMIS***
  - F. ***Administration***
4. Describe how your organization will involve homeless families and individuals in maintaining, operating and rehabilitating the shelter or other facilities, and/or providing services.

## Emergency Solutions Grants Program - Activity Definitions

The ESG program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families and individuals from becoming homeless.

### EMERGENCY SHELTER:

- **ESSENTIAL SERVICES:** Essential Services such as case management, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.
- **OPERATIONS:** Shelter Operations, including maintenance, rent, repair, security, fuel, equipment, insurance, utilities, relocation, and furnishings.
- **UNIFORM RELOCATION ASSISTANCE:** Eligible costs are the costs of providing URA assistance including relocation payments and other assistance to persons displaced by a project assisted with ESG funds.

### STREET OUTREACH:

- Essential Services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Eligible costs include engagement, case management, emergency health and mental health services, and transportation.

### HMIS:

- Eligible costs are reasonable costs for collecting and reporting data through HMIS software and hardware costs, connectivity costs, training, warehousing, etc.

**RAPID REHOUSING** - Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing.

- **HOUSING RELOCATION AND STABILIZATION SERVICES:** Eligible costs include utilities, rent fees, security deposits, last month's rent, utility deposits, case management, etc.
- **TENANT-BASED RENTAL ASSISTANCE:** Eligible costs are rental assistance and payment of rental arrearages, or any combination of this assistance. An ESG participant who receives tenant-based rental assistance may select a housing unit in which to live.
- **PROJECT-BASED RENTAL ASSISTANCE:** An ESG participant identifies a permanent housing unit that meets ESG requirements and becomes available before a participant is identified. It is the unit that is approved for project-based.

**HOMELESS PREVENTION** - Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from becoming homeless if the annual income of the individual or family is below 30 percent of median family income and assistance is necessary to help program participants regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing.

- **HOUSING RELOCATION AND STABILIZATION SERVICES:** Eligible costs include utilities, rent fees, security deposits, last month's rent, utility deposits, and case management.
- **TENANT-BASED RENTAL ASSISTANCE:** Eligible costs are rental assistance and payment of rental arrearages, or any combination of this assistance.

- **PROJECT-BASED RENTAL ASSISTANCE:** An ESG participant identifies a permanent housing unit that meets ESG requirements and becomes available before a participant is identified. It is the unit that is approved for project-based.

**ADMINISTRATION:**

- Costs associated with the planning and execution of ESG activities including: salaries, wages and related costs such as general management, oversight and coordination, monitoring, and evaluation. Other costs: rent, purchase of equipment, insurance, etc.

**MATCH:**

The subrecipient must make matching contributions to supplement the subrecipient's ESG program in an amount that equals the amount of ESG funds provided by DHS in any combination of activities. 50% of the match funds must be cash, the balance may be in-kind sources including volunteer time, donation of materials and buildings or the value of any lease on a building.



## 2014 ESG BUDGET INFORMATION INSTRUCTIONS

The purpose of the budget is to clearly delineate costs to be expended with ESG and matching funds during the grant period. The budget should explain planned expenditures.

The following example details a complete budget projection as outlined in the budget page.

### 12 Month Project Budget (Example)

1. ESG-Eligible Activity	2. Total Cost	ESG Funding Request	3. Match Funds	4. Match Source
Emergency Shelter - Operations	\$5,000	\$2,500	\$2,500	Private Donations/IDHS
Emergency Shelter – Essential Services	\$1,000	\$500	\$500	IDHS
Rapid Re-housing- Housing Relocation and Stabilization Services	\$10,000	\$ 5,000	\$ 5,000	Private Donations
Rapid Re-Housing - Tenant-based Rental Assistance	\$ 3,000	\$ 1,000	\$ 2,000	IDHS
Rapid Re-Housing - Project-based Rental Assistance	\$ 2,000	\$ 1,000	\$ 1,000	FEMA
Homeless Prevention - Housing Relocation and Stabilization Services				
Homeless Prevention - Tenant-based Rental Assistance	\$ 5,000	\$ 3,000	\$2,000	United Way
Homeless Prevention - Project-based Rental Assistance				
<b>Total</b>	<b>\$26,000</b>	<b>\$13,000</b>	<b>\$13,000</b>	

**2014 ESG  
12 MONTH PROJECT BUDGET  
Grant Term: 7/01/2014 – 6/30/2015**

**Applicant Name :** \_\_\_\_\_

1. ESG-Eligible Activity	2. Total Cost	ESG Funding Request	3. Match Funds	4. Match Source
Street Outreach				
Emergency Shelter - Operations				
Emergency Shelter - Essential Services				
Emergency Shelter - URA Assistance				
Rapid Re-housing- Housing Relocation and Stabilization Services				
Rapid Re-Housing - Tenant-based Rental Assistance				
Rapid Re-Housing - Project-based Rental Assistance				
Homeless Prevention- Housing Relocation and Stabilization Services				

**2014 ESG  
12 MONTH PROJECT BUDGET (Continued)  
Grant Term: 7/01/2014 – 6/30/2015**

**Applicant Name :** \_\_\_\_\_

<b>1. ESG-Eligible Activity</b>	<b>2. Total Cost</b>	<b>ESG Funding Request</b>	<b>3. Match Funds</b>	<b>4. Match Source</b>
Homeless Prevention - Tenant-based Rental Assistance				
Homeless Prevention - Project-based Rental Assistance				
HMIS				
Administration				
<b>TOTAL</b>				

- NOTE:
1. Applicant should refer to December 5, 2011 interim rules and regulations for eligible activities and definitions.
  2. Attach formal letters of commitment detailing matching funds and/or value of donations.
  3. In-kind contributions must be supported by appropriate documentation, appraisals, etc.

**ATTACHMENTS A - T  
MUST BE INCLUDED IN THE  
2014 ESG FUNDING PACKET**

**ATTACHMENT A**

**CERTIFICATION OF PRIMARILY RELIGIOUS ORGANIZATIONS**

Contractual Provisions for Inclusion in ESG Agreements Between Grantees or State Recipients and Primarily Religious Organizations for the Provision of Essential Services and Payment for Operational Costs (Sub-Section 576.21(a)(2) and (3)).

In addition to, and not in substitution for, other provisions of this agreement regarding the provision of essential services and/or the payment of operational costs for emergency shelters pursuant to the Emergency Solutions Grants Program, the Provider, \_\_\_\_\_ (not-for-profit organization):

1. Represents that it is, or may be deemed to be, a religious or denominational institution or organization or an organization operated for religious purposes which is supervised or controlled by or in connection with a religious or denominational institution or organization; and
2. Agrees that, in connection with such essential services and operational costs:
  - a. It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference in employment to persons on the basis of religion;
  - b. It will not discriminate against any persons seeking emergency shelter and related services on the basis of religion and will not limit such services or give preference to persons on the basis of religion; and
  - c. It will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of services or the use of facilities or furnishings assisted in any way under this agreement.

---

Authorized Signature

---

Date

**ATTACHMENT B**

**CERTIFICATION OF LOCAL APPROVAL**

I, \_\_\_\_\_, **Mayor/Village President**, am duly authorized to act on behalf of the  
\_\_\_\_\_ (name of jurisdiction)

hereby approve the project(s) proposed by \_\_\_\_\_ (name of non-profit)

which is (are) to be located in \_\_\_\_\_ (name of jurisdiction).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**ATTACHMENT C**

**PROGRAM CERTIFICATIONS**

\_\_\_\_\_, a not-for-profit organization which is applying to the State of Illinois for funding through the Emergency Solutions Grants Program from the U.S. Department of Housing and Urban Development, hereby assures and certifies that:

It will conduct its Emergency Solutions Grant activities in conformity with non-discrimination and equal opportunity requirements and with other applicable federal and state regulations in the event that this application is selected for funding;

It shall agree to comply with all applicable federal and state regulations in regard to environmental impact of the project;

It shall agree to comply with all applicable federal and state regulations in regard to lead-based paint;

It will minimize displacement as a result of activities assisted with HUD Emergency Solutions Grants Program funds, and assist persons actually displaced as a result of such activities;

It will provide, or demonstrate an attempt to provide, the required matching supplemental funds;

It will ensure that any building for which Emergency Solutions Grant amounts are used for shelter operations and essential services must be used as a shelter for as long as federal assistance is received;

It will ensure compliance with Section 504 of the Rehabilitation Act of 1973, as amended, which provides that no otherwise qualified individual shall, solely by reason of his or her handicap, be excluded from participation (including employment); denied program benefits; or subjected to discrimination under any program or activity receiving federal funds.

It will ensure that procedures are in place to ensure the confidentiality of victims of family violence, if applicable;

It will ensure that homeless individuals will be given assistance in obtaining appropriate supportive services and other federal, state, local and private assistance available for such individuals in the community;

It will ensure that the shelter will administer, in good faith, a policy designed to ensure that the homeless facility is drug and alcohol-free and that a good faith effort exists to ensure a safe environment in the homeless shelter;

It will ensure that it will involve, to the maximum extent practicable, homeless individuals and families in maintaining, and operating facilities assisted under the program; and,

It will ensure the cooperation of staff and availability of all records to the Department of Human Services.

\_\_\_\_\_(Name of Authorized Official),  
\_\_\_\_\_(title), is authorized to submit this application to the State of Illinois on behalf of  
\_\_\_\_\_(name of organization) and that \_\_\_\_\_  
(name of organization) possess the legal authority to carry out Emergency Solutions Grant activities in accordance with the provisions described in this part.

Signed \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_  
Witness \_\_\_\_\_

**ADDITIONAL REQUIRED ATTACHMENTS**  
**(NO TEMPLATES PROVIDED FOR ATTACHMENTS D - S)**

**ATTACHMENT D - Documentation/Verification of Match Commitment**

**ATTACHMENT E - IRS Letter of Not-For-Profit Status (if applicable)**

**ATTACHMENT F - Shelter Fire Inspection Documentation (within last 12 months)**

**ATTACHMENT G - Shelter Health Inspection Documentation (within last 12 months)**  
(Attachment G is applicable if organization provides congregate meals prepared by agency staff)

**ATTACHMENT H - Verification of Registration as a Charitable Organization with the Office of the Illinois Attorney General**

**ATTACHMENT I - Current Networking Agreements (minimum of 3 and maximum of 6 entered into within last 12 months)**

**ATTACHMENT J - Current Local Support Letters (minimum of 3 and maximum of 6 written within last 12 months)**

**ATTACHMENT K - Written Organizational Non-Discrimination Policy**

**ATTACHMENT L - Written Staff Grievance Policy**

**ATTACHMENT M - Staff/Client Confidentially Policy**

**ATTACHMENT N - Client Intake/Assessment Forms**

**ATTACHMENT O - Written Shelter Rules & Regulations (if applicable)**

**ATTACHMENT P - Written Client Grievance Procedures**

**ATTACHMENT Q - Written Client Termination Policy, Including Appeal Process**

**ATTACHMENT R - List of Not-For-Profit Board of Directors, Including Addresses, Telephone Numbers, and Email Addresses. Indicate the homeless or formerly homeless member.**

**ATTACHMENT S - IRS W-9 Form-Request for Taxpayer Identification Number & Certification**

**ATTACHMENT T - Environmental Forms (forms attached below)**



## Compliance Documentation Checklist 24 CFR 58.6

Grant Recipient: \_\_\_\_\_ Project Name: \_\_\_\_\_  
Project Description (Include all actions which are either geographically or functionally related):  
\_\_\_\_\_

**Level of Environmental Review Determination:** Select One of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> (1) Exempt per 24 CFR 58.34, or                                      | <input type="checkbox"/> (3) Categorically Excluded subject to statutes per §58.35(a), or |
| <input type="checkbox"/> (2) Categorically Excluded not subject to statutes per §58.35(b), or | <input type="checkbox"/> (4) Environmental Assessment per §58.36, or                      |
|   | <input type="checkbox"/> (5) EIS per 40 CFR 1500  |

### STATUTES and REGULATIONS listed at 24 CFR 58.6

#### FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA-identified Special Flood Hazard?

- No; Cite Source Document: \_\_\_\_\_  
 Yes; Source Document: \_\_\_\_\_

2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?

Yes (Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file). (**Appendix I**)

No (**Federal assistance may not be used in the Special Flood Hazards Area**).

#### COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?

No; Cite Source Documentation: \_\_\_\_\_  
(This element is completed).

Yes - **Federal assistance may not be used in such an area**.

#### AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?

No; Source Documentation: \_\_\_\_\_  
Project complies with 24 CFR 51.303(a)(3).

Yes; **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record (**Appendix II**)

Prepared by (name and title, please print): \_\_\_\_\_, \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Certification of Categorical Exclusion (not subject to 58.5)

Determination of activities listed at 24 CFR 58.35(b)  
May be subject to provisions of Sec 58.6, as applicable

Grant Recipient: \_\_\_\_\_ Project Name: \_\_\_\_\_  
Project Description (Include all actions which are either geographically or functionally related): \_\_\_\_\_

Location: \_\_\_\_\_  
Funding Source: CDBG HOME ESG HOPWA EDI Capital Fund Operating Subsidy Hope VI Other  
Funding Amount: \_\_\_\_\_ Grant Number: \_\_\_\_\_

**I hereby certify that the abovementioned project has been reviewed and determined to be a Categorically Excluded activity (not subject to 58.5) per 24 CFR 58.35(b) as follows:**

	1. Tenant-based rental assistance;
	2. Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services;
	3. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs;
	4. Economic development activities, including but not limited to, equipment purchase, inventory financing, interest subsidy, operating expenses and similar costs not associated with construction or expansion of existing operations;
	5. Activities to assist homebuyers to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buydowns, and similar activities that result in the transfer of title.
	6. Affordable housing pre-development costs including legal, consulting, developer and other costs related to obtaining site options, project financing, administrative costs and fees for loan commitments, zoning approvals, and other related activities which do not have a physical impact.
	7. Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under this part, if the approval is made by the same responsible entity that conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under Sec. 58.47.

If your project falls into any of the above categories, no Request for Release of Funds (RROF) is required, and no further environmental approval from HUD will be needed by the recipient for the draw-down of funds to carry out Categorical Exclusion (not subject to 58.5) activities and projects. The responsible entity must maintain this document as a written record of the environmental review undertaken under this part for each project.

By signing below the Responsible Entity certifies in writing that each activity or project is Categorical Excluded (not subject to 58.5) and meets the conditions specified for such determination per section 24 CFR 58.35(b). Please keep a copy of this determination in your project files.

\_\_\_\_\_  
Responsible Entity Certifying Official Name & Title (please print)

\_\_\_\_\_  
Responsible Entity Certifying Official Signature

\_\_\_\_\_  
Date



### Certification of Exemption for HUD funded projects

Determination of activities not subject to 24 CFR 58.34(a)  
May be subject to provisions of Sec 58.6, as applicable

Project Name: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Funding Source: CDBG HOME ESG HOPWA EDI Other \_\_\_\_\_  
 Funding Amount: \_\_\_\_\_  
 Grant Number: \_\_\_\_\_

I hereby certify that the abovementioned project has been reviewed and determined an Exempt activity per 24 CFR 58.34(a) as follows:

	1. Environmental and other studies, resource identification and the development of plans and strategies;
	2. Information and financial services;
	3. Administrative and management activities;
	4. Public services that will not have a physical impact or result in any physical changes, including but not limited to services concerned with employment, crime prevention, child care, health, drug abuse, education, counseling, energy conservation and welfare or recreational needs;
	5. Inspections and testing of properties for hazards or defects;
	6. Purchase of insurance;
	7. Purchase of tools;
	8. Engineering or design costs;
	9. Technical assistance and training;
	10. Assistance for temporary or permanent improvements that do not alter environmental conditions and are limited to protection, repair, or restoration activities necessary only to control or arrest the effects from disasters or imminent threats to public safety including those resulting from physical deterioration;
	11. Payment of principal and interest on loans made or obligations guaranteed by HUD;
	12. Any of the categorical exclusions listed in Sec. 58.35(a) provided that there are no circumstances that require compliance with any other Federal laws and authorities cited in Sec. 58.5.

If your project falls into any of the above categories, you do not have to submit a Request for Release of Funds (RROF), and no further approval from HUD will be needed by the recipient for the draw-down of funds to carry out exempt activities and projects. However, the responsible entity must still document in writing its compliance with and/or applicability of "other requirements" per 24CFR58.6 (included with this document).

By signing below the Responsible Entity certifies in writing that each activity or project is exempt and meets the conditions specified for such exemption under section 24 CFR 58.34(a). Please keep a copy of this determination in your project files.

\_\_\_\_\_  
Responsible Entity Certifying Official Name & Title (please print)

\_\_\_\_\_  
Responsible Entity Certifying Official Signature

\_\_\_\_\_  
Date



### Certification of Categorical Exclusion (subject to 58.5)

Determination of activities listed at 24 CFR 58.35(a)  
May be subject to provisions of Sec 58.6, as applicable

Grant Recipient: \_\_\_\_\_ Project Name: \_\_\_\_\_  
Project Description (Include all actions which are either geographically or functionally related):  
\_\_\_\_\_

Location: \_\_\_\_\_  
Funding Source: CDBG HOME ESG HOPWA EDI Capital Fund Operating Subsidy Hope VI Other  
Funding Amount: \_\_\_\_\_ Grant Number: \_\_\_\_\_

I hereby certify that the abovementioned project has been reviewed and determined to be a Categorically Excluded activity (subject to 58.5) per 24 CFR 58.35(a) as follows:

	1. Acquisition, repair, improvement, reconstruction, or rehabilitation of public facilities and improvements (other than buildings) when the facilities and improvements are in place and will be retained in the same use without change in size or capacity of more than 20 percent (e.g., replacement of water or sewer lines, reconstruction of curbs and sidewalks, repaving of streets);
	2. Special projects directed to the removal of material and architectural barriers that restrict the mobility of and accessibility to elderly and handicapped persons;
	3. Rehabilitation of buildings and improvements when the following conditions are met: i. In the case of a building for residential use (with one to four units), the density is not increased beyond four units, the land use is not changed, and the footprint of the building is not increased in a floodplain or in a wetland; ii. In the case of multifamily residential buildings: (A) Unit density is not changed more than 20 percent; (B) The project does not involve changes in land use from residential to non-residential; and (C) The estimated cost of rehabilitation is less than 75 percent of the total estimated cost of replacement after rehabilitation. iii. In the case of non-residential structures, including commercial, industrial, and public buildings: (A) The facilities and improvements are in place and will not be changed in size or capacity by more than 20 percent; and (B) The activity does not involve a change in land use, such as from non-residential to residential, commercial to industrial, or from one industrial use to another.
	4. (i) An individual action on up to four dwelling units where there is a maximum of four units on any one site. The units can be four one-unit buildings or one four-unit building or any combination in between; or (ii) An individual action on a project of five or more housing units developed on scattered sites when the sites are more than 2,000 feet apart and there are not more than four housing units on any one site. (iii) Paragraphs (a)(4)(i) and (ii) of this section do not apply to rehabilitation of a building for residential use (with one to four units) (see paragraph (a)(3)(i) of this section).
	5. Acquisition (including leasing) or disposition of, or equity loans on an existing structure, or acquisition (including leasing) of vacant land provided that the structure or land acquired, financed, or disposed of will be retained for the same use.
	6. Combinations of the above activities.

The responsible entity must also complete and attach a **Statutory Checklist**. By signing below the Responsible Entity certifies in writing that each activity or project is Categorical Excluded (subject to 58.5) and meets the conditions specified for such exemption under section 24 CFR 58.35(a). Please keep a copy of this determination in your project files.

\_\_\_\_\_  
Responsible Entity Certifying Official Name

\_\_\_\_\_  
Title (please print)

\_\_\_\_\_  
Responsible Entity Certifying Official Signature

\_\_\_\_\_  
Date



## STATUTORY WORKSHEET

Use this worksheet only for projects which are Categorically Excluded per 24 CFR Section 58.35(a).

### 24 CFR §58.5 STATUTES, EXECUTIVE ORDERS & REGULATIONS

**PROJECT NAME and DESCRIPTION** - Include all contemplated actions which logically are either geographically or functionally part of the project:

Funding Source: \_\_\_\_\_

Funding Amount: \_\_\_\_\_ Grant Number: \_\_\_\_\_

This project is determined to be **Categorically Excluded** according to: [Cite section(s)] \_\_\_\_\_

**DIRECTIONS** - Write "A" in the Status Column when the project, by its nature, does not affect the resources under consideration; OR write "B" if the project triggers formal compliance consultation procedures with the oversight agency, or requires mitigation (see Statutory Worksheet Instructions). Compliance documentation must contain verifiable source documents and relevant base data.

**Compliance Factors:**

Statutes, Executive Orders, and Regulations listed at 24 CFR §58.5	Status A/B	Compliance Documentation
Historic Preservation [36 CFR Part 800]		
Floodplain Management [24 CFR 55, Executive Order 11988]		
Wetland Protection [Executive Order 11990]		
Coastal Zone Management Act [Sections 307(c), (d)]		
Sole Source Aquifers [40 CFR 149]		
Endangered Species Act [50 CFR 402]		
Wild and Scenic Rivers Act [Sections 7(b), and (c)]		

Clean Air Act - [Sections 176(c), (d), and 40 CFR 6, 51, 93]		
Farmland Protection Policy Act [7 CFR 658]		
Environmental Justice [Executive Order 12898]		
<b>HUD ENVIRONMENTAL STANDARDS</b> Noise Abatement and Control [24 CFR 51B]		
Explosive and Flammable Operations [24 CFR 51C]		
Toxic Chemicals and Radioactive Materials [24CFR Part 58.5(i)(2)]		
Airport Clear Zones and Accident Potential Zones [24 CFR 51D]		

**DETERMINATION:**

- This project converts to Exempt, per Section 58.34(a)(12), because it does not require any mitigation for compliance with any listed statutes or authorities, nor requires any formal permit or license (Status "A" has been determined in the status column for all authorities); Funds may be drawn down for this (now) EXEMPT project; OR
- This project cannot convert to Exempt because one or more statutes/authorities require consultation or mitigation. Complete consultation/mitigation requirements, publish NOI/ROF and obtain Authority to Use Grant Funds (HUD 7015.16) per Section 58.70 and 58.71 before drawing down funds; OR
- The unusual circumstances of this project may result in a significant environmental impact. This project requires preparation of an Environmental Assessment (EA). Prepare the EA according to 24 CFR Part 58 Subpart E.

PREPARER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PREPARER NAME & TITLE (please print): \_\_\_\_\_

RESPONSIBLE ENTITY OFFICIAL SIGNATURE: \_\_\_\_\_

NAME & TITLE (please print): \_\_\_\_\_ DATE: \_\_\_\_\_