



**HomeOKC**

**OKLAHOMA CITY  
HOMELESS SERVICES**

**2020-2021  
Emergency  
Solutions Grant  
(ESG)  
Application**

## **CHECKLIST OF REQUIRED DOCUMENTS**

Documentation of active SAM registration with current agency information

Documentation the organization's Code of Conduct complies with 2 CFR part 200 and is on file with HUD. [www.hud.gov/program\\_offices/spm/gmomgmt/grantsinfo/conduct](http://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/conduct) If not, attach Code of Conduct.

HMIS Generated APR (July 1, 2018-June 30, 2019) - renewing projects only

### **NEW PROJECTS ONLY**

Documentation of 501(c)(3) status from US Internal Revenue Services

Organizational Chart

Current list of Board of Directors

Most recent Fiscal Year Audit, if applicable

Minutes from the past two board meetings



Agency: \_\_\_\_\_ DUNS Numbers: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

1. Brief Project Description (ONE paragraph for contract narrative, if awarded):

2. Proposed Activities/Budget: (Select ALL that apply)

Street Outreach

Prevention/TBRA/Services

Emergency Shelter

Rapid re-housing/TBRA/Services

3. Please identify the primary beneficiaries of your ESG program (Select ALL that apply)

Chronically Homeless

Elderly

Unaccompanied Youth

Veterans

Victims of Domestic Violence

Persons exiting jail/prison

Persons with HIV/AIDS

Persons with severe mental illness

4. Total to be served

Indicate the number of unduplicated adults (18+) to be served

Indicate the number of unduplicated children (<18) to be served

Indicate the number of households to be served



5. Describe how your agency will ensure that program participants are assisted in obtaining services including access to mainstream resources, education, employment, youth programs, etc.
  
  
  
  
  
  
  
  
  
  
6. Describe how your agency will involve homeless consumers in the operating of the ESG funded project. Include if your agency has a homeless or persons on the Board of Directors. Describe any program changes that have been made as a result of participant feedback.
  
  
  
  
  
  
  
  
  
  
7. Describe your agency's process for ensuring project-level and agency-wide data quality in HMIS, or if a victim service provider, the comparable database. Identify which staff person(s) is responsible for monitoring data quality at your agency.

8. Project Performance – Using the APR data complete the table below. If your project has both prevention and RRH, take the percentages/numbers from both APRs and enter the average.

**(NEW/FIRST YEAR PROJECTS)** On a separate document include a narrative response on how your project will address housing stability and increasing the non-cash benefits of your consumers)

a. Housing Stability	1. Enter the Percentage from the Total Column on Q23c.	
b. Increase Non-Cash Benefits	1. Enter the number of persons who had any source of non-cash benefit at start in Q20a.	
	2. Enter the number of persons who had any source of non-cash benefit at latest annual assessment in Q20a.	
	3. Enter the number of persons who had any source of non-cash benefit at exit in Q20a.	
	4. Add lines 2 + 3 together and then subtract line 1.	
	5. Enter the <b>“Number of Persons Served”</b> from line 1 of Q5a.	
	6. Divide Line 4 by Line 5 and covert to percentage	
c. Number Served	1. Is the <b>“Number of Persons Served”</b> from line 1 of Q5a consistent with the number proposed in the application?	
	If not, please explain	

9. Housing First/Low Barrier

	Yes	No
Does the project require a background screening prior to project entry?		
Does the project prohibit persons with certain criminal convictions from entering the project?		
Does the project require participants to be clean and sober prior to project entry or during project stay?		
Does the project require participants to take alcohol/drug tests?		
Does a positive alcohol/drug test result in termination from the project or require participant to participate in substance abuse treatment and/or detox to resume project services?		
Does the project require participants to have a mental health evaluation prior to project entry?		
Does the project require project participants who demonstrate mental health symptoms to participate in mental health services and/or medication compliance as a condition of participation?		
Does the project require participants to have an income at time of project entry?		
Does the project require participants to obtain income as a condition of remaining in the project?		
Does the project require participants to participate in supportive services as a condition of continued services?		
Does the project require participants to be “progressing” in their goals to remain in the project?		
Does the project exclude or refuse project entry based on race, color, religion, national origin, disability, sex, sexual orientation, gender identity and/or gender expression?		
Does the project include any requirements, outside of those typically found in a lease agreement or in “community living” conduct rules?		
Do project participants have to travel to the agency’s office(s) to receive the majority of their services, including case management, after they are housed?		
Does the project prohibit any member of a household, based on age, gender, biological relationship and/or marital status, from residing together at the project?		
Enter the Total # of “Yes” and “No” responses		



10. HMIS Data Quality - Using the APR data complete the table below. If your project has both prevention and RRH, take the percentages/numbers from both APRs and enter the average.

**(NEW/FIRST YEAR PROJECTS)** On a separate document include a narrative response on how your project will meet the data standards of the CoC)

Identifiable Information Data Quality	Enter <b>“Overall Score”</b> from Q6a.				
Timeliness Data Quality	Enter Values from <b>“Q6e – Data Quality: Timeliness”</b>				
		Project Entry	Project Exit	Total	
	0 Days				
	1-3 Days				
	4-6 Days				
	7-10 Days				
	11+ Days				
	Total Number of Entries				
	Add Totals from <b>“0 Days”</b> and <b>“1-3”</b> Days and Divide by the Total Number of Entries to determine the % of entries entered within 72 hours.				

17. Financial and Monitoring **(NEW/FIRST YEAR PROJECTS)** On a separate document include a narrative response on how your project will expend funds, include your agency’s plan for providing services on a reimbursement basis.)

In the projects most recently ended grant year, what percentage of funds were expended?	
Percentage of funds used for Supportive Services	



Did the project submit all reimbursement requests at least quarterly during the most recently ended grant term?	
Did the project provide documentation for the match required per ESG regulations?	
Did the project have any findings or concerns in the most recent monitoring?	
In the projects most recently ended grant year, what was the cost per person served?	

18. Collaboration

The agency is an active member of the Coalition to End Poverty and has consistent representation at CCMS, Veterans CCM, Family CCM or Youth CCM.	
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19. Proposed Project Budget

Type	Description	Amount	Match (Y/N)
Example			
<i>Case Management</i>	<i>2 FTE</i>	<i>\$70,000</i>	<i>N</i>
Case Management			
Case Management			
Outreach Advocate			
Transportation/Travel			
Education Services			
Employment Assistance			
Shelter Utilities			
Shelter Insurance			
Shelter Lease Rent			
Shelter Maintenance			
Shelter Repairs			
Security			
Identification/Documents			
Moving Costs			
Rental Assistance			
Security Deposit			
Utility Arrearage and/or Deposit			
<b>PROJECT TOTAL</b>			