



Emergency Solutions Grant

Request for Proposals (RFP) Application

City of Pasadena Housing & Career Services Department
649 N Fair Oaks Avenue • Suite 202 • Pasadena, CA • 91103

COVER SHEET

2018-20 Emergency Solutions Grant (ESG) Application

Applicant Information

Project Name _____

Applicant Name _____

Address _____

Executive Director/CEO _____

Email Address _____

Telephone Number _____

Contact Person _____

Email Address _____

Telephone Number _____

Are you registered under the System of Awards Management (SAM)? Yes No

Please note: To be eligible to receive federal funds, applicants must be registered under the System of Awards (SAM). Visit www.sam.gov for more information. Proof of registration must be included with the application.

Summary of Funding Request

	Year 1 (7/1/18-6/30/19)	Year 2 (7/1/19-6/30/20)
ESG Component		
Homelessness Prevention (complete section 1)		
Rapid Rehousing (complete section 2)		
Street Outreach (complete section 3)		
Emergency Shelter (complete section 4)		
Total ESG Request		
Total Matching Funds (100% match requirement)		

Authorization

The above-named applicant hereby submits a proposal to receive funding from the City of Pasadena ESG Program pursuant to the request for proposal. The applicant warrants that all of the information in the proposal package is true and correct. The applicant further agrees to abide by all conditions and requirements in the request for proposal. The applicant also understands that this proposal is the applicant's entire proposal and cannot be amended after submission, except as provided for in the RFP.

Typed Name

Signature

Title

Date

OFFICE USE ONLY:

Date Received: _____ By: _____

APPLICATION CHECKLIST

Please review the following list of documentation requirements. The original must include the applicable Component Questionnaire along with all of the additional documents and attachments listed below (unless specified as optional). Applications that do not contain all of the following information will be considered ineligible.

Application Documents

- Cover Letter (optional)
- Application Cover Sheet
- Application Checklist
- Organizational Capacity and Experience
- Applicable Component Questionnaire(s)
 - 1 | Homelessness Prevention
 - 2 | Rapid Rehousing
 - 3 | Street Outreach
 - 4 | Emergency Shelter

Attachments for All Copies

- Attachment A: Timeline Form
- Attachment B: Staff Salary Worksheet

Appendices and Attachments for Original and Electronic Copy Only

- Appendix A: Authorizing Resolution from Board of Directors
- Appendix B: Taxpayer Disclosure
- Appendix C: Non-Collusion Declaration
- Appendix D: Assurances and Conditions of the Proposal
- Appendix E: Vendor List Questionnaire Form AA-1)
- Appendix F: Applicant Organization's Funding History
- Appendix G: W-9 Form
- Articles of Incorporation
- By-laws
- Non-profit documentation from IRS
- SAM Registration Confirmation
- Audited Financial Statement
- Accounting Procedures
- Proof of General Liability Insurance
- Proof of Automobile Insurance (if applicable)
- Proof of Worker's Compensation Insurance
- Job Descriptions and Resumes
- Memorandum of Understanding for All Collaborative Efforts
- Policies and procedures
- Code of Conduct

ORGANIZATIONAL CAPACITY

(Required)

All ESG funded programs must comply with the Pasadena ESG Written Standards available on our website at https://pasadenapartnership.org/wp-content/uploads/2015/10/ESG_Written-Standards.pdf

1. Organizational Capacity

Please describe the Organization's administrative capacity and qualifying experience to carry out the proposed project. Include a description of current programs and services, including housing, offered to clients who are homeless or at-risk of homelessness. Include length of time programs have been offered, staff experience, funding sources for current program/services offered, and any other pertinent information.

2. Experience Administering Federal Funding

Describe staff experience administering other Federal housing and/or homeless services grants.

3. HMIS Participation

Describe your agency's participation in the HMIS system – are all clients entered into the HMIS, how often is client data updated, what HMIS reports is your agency using?

ORGANIZATIONAL CAPACITY

(Required)

4. Collaboration

HUD strongly encourages applicants to maximize the utilization of all mainstream services available, and to save ESG funds for housing costs. Applicants are encouraged to proactively seek and provide information to applicants about other mainstream resources and funding opportunities.

Describe your collaborative activities for the proposed project. Please detail any mainstream resources that will be made available to clients and describe how other community partners will be engaged in order to address the needs of clients. If the proposed program provides services through a formal collaboration, please include an executed Memorandum of Understanding signed by both parties.

5. Homeless Participation

State how your organization will involve homeless persons in the operation of the proposed project. This involvement may include participation on the Board of Directors or other equivalent policymaking entity or employment/volunteering in program activities such as maintenance, general operation of facilities, or provision of services.

1 | HOMELESSNESS PREVENTION

(Include only if applying for Homelessness Prevention funds)

Please complete the following section if you are applying for Homelessness Prevention funding. In addition to the ESG Written Standards, all ESG funded Homelessness Prevention programs must comply with the Pasadena CoC Homelessness Prevention Written Standards available on our website at:

<https://pasadenapartnership.org/hp-written-standards/>. Please note that Homelessness Prevention programs may only serve at-risk families whose total household income is below 30 percent of the median family income for the area, as defined by HUD.

Project Category

- New Project Existing Project Expansion / Modification of an Existing Project

Project Service Area

- Citywide Specific geographic area w/in City (specify boundaries & census tracts):

Target Population

Indicate the target population of individuals who will primarily benefit from your project. Please check all that apply to the proposed project.

- Chronically homeless Veterans
 Homeless families with children Unaccompanied homeless youth (18-24)

Project Description

Describe how the proposed project applicant will engage households at-risk of homelessness and prioritize the most vulnerable households first. Summarize efforts to help households served avoid becoming homeless again.

1 | HOMELESSNESS PREVENTION

(Include only if applying for Homelessness Prevention funds)

Performance Measures

Please complete the following table with regards to past performance and anticipated outcomes.

	Past Performance 7/1/16-6/30/17	Year 1 7/1/18-6/30/19	Year 2 7/1/19-6/30/20
Persons Served			
Number of persons served			
Number of families/households served			
Housing Measures			
% of persons who exit to permanent housing (PH)			
% who maintain PH for ≥ 6 months after exit			
% who maintain PH for ≥ 12 months after exit			
% who maintain PH for ≥ 36 months after exit			
Income Measures (adults only)			
% who increase earned income			
% who increase non-employment cash income			
% who increase total income			

Schedule of Milestones

Use attached *Attachment A: Timeline Form* to document schedule of milestones.

Homelessness Prevention Component Budget

Please complete the budget below as well as *Attachment B: Staff Salary Worksheet*

	Year 1 (7/1/18-6/30/19)			Year 2 (7/1/19-6/30/20)		
	Request	Match	Total	Request	Match	Total
Rental Assistance						
Short-term (1-3 months)						
Medium-term (4-24 months)						
Financial Assistance						
Rental application fees						
Security deposits (≤ 2 month's rent)						
Last month's rent (≤ 1 month's rent)						
Utility deposit						
Utility payments (≤ 24 m)						
Moving costs						
Supportive Services						
Housing search and placement						
Housing stability and case mgmt						
Mediation						
Legal services						
Credit repair						
Total HP Request						

2 | RAPID REHOUSING

(Include only if applying for Rapid Rehousing funds)

Please complete the following section if you are applying for Rapid Rehousing funding. In addition to the ESG Written Standards, all ESG funded Rapid Rehousing programs must comply with the Pasadena CoC Rapid Rehousing Written Standards available on our website at: <https://pasadenapartnership.org/rrh-written-standards/>

Project Category

New Project Existing Project Expansion / Modification of an Existing Project

Project Service Area

Citywide Specific geographic area w/in City (specify boundaries & census tracts):

Target Population

Indicate the target population of individuals who will primarily benefit from your project. Please check all that apply to the proposed project.

- | | |
|--|---|
| <input type="checkbox"/> Chronically homeless | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Homeless families with children | <input type="checkbox"/> Unaccompanied homeless youth (18-24) |

Project Description

Summarize how the proposed project will help homeless persons access affordable housing units, including steps which will help prevent individuals and families who were recently homeless from becoming homeless again. Describe collaborations that will occur with Pasadena's Coordinated Entry System to ensure those homeless will have access to housing and supportive services offered by the applicant.

2 | RAPID REHOUSING

(Include only if applying for Rapid Rehousing funds)

Performance Measures

Please complete the following table with regards to past performance and anticipated outcomes.

	Past Performance 7/1/16-6/30/17	Year 1 7/1/18-6/30/19	Year 2 7/1/19-6/30/20
Persons Served			
Number of persons served			
Number of families/households served			
Housing Measures			
% of persons who exit to permanent housing (PH)			
% who maintain PH for ≥ 6 months after exit			
% who maintain PH for ≥ 12 months after exit			
% who maintain PH for ≥ 36 months after exit			
Income Measures (adults only)			
% who increase earned income			
% who increase non-employment cash income			
% who increase total income			

Schedule of Milestones

Use attached *Attachment A: Timeline Form* to document schedule of milestones.

Rapid Rehousing Component Budget

Please complete the budget below as well as *Attachment B: Staff Salary Worksheet*

	Year 1 (7/1/18-6/30/19)			Year 2 (7/1/19-6/30/20)		
	Request	Match	Total	Request	Match	Total
Rental Assistance						
Short-term (1-3 months)						
Medium-term (4-24 months)						
Financial Assistance						
Rental application fees						
Security deposits (≤ 2 month's rent)						
Last month's rent (≤ 1 month's rent)						
Utility deposit						
Utility payments (≤ 24 m)						
Moving costs						
Supportive Services						
Housing search and placement						
Housing stability and case mgmt						
Mediation						
Legal services						
Credit repair						
Total RRH Request						

3 | STREET OUTREACH

(Include only if applying for Street Outreach funds)

Please complete the following section if you are applying for Street Outreach funding. In addition to the ESG Written Standards, all ESG funded Street Outreach programs must comply with the Pasadena CoC Street Outreach Written Standards available on our website at: <https://pasadenapartnership.org/street-outreach/>

Project Category

- New Project Existing Project Expansion / Modification of an Existing Project

Project Service Area

- Citywide Specific geographic area w/in City (specify boundaries & census tracts):
-
-

Target Population

Indicate the target population of individuals who will primarily benefit from your project. Please check all that apply to the proposed project.

- | | |
|--|---|
| <input type="checkbox"/> Chronically homeless | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Homeless families with children | <input type="checkbox"/> Unaccompanied homeless youth (18-24) |

Project Description

Describe how the proposed outreach efforts will support persons experiencing homelessness in achieving some sort of permanent, sustainable housing. Include a summary of the assessment process (using a Vulnerability Index Service Prioritization Decision Assistance Tool, VI-SPDAT) and how clients will be connected with Pasadena's Coordinated Entry System (CES).

3 | STREET OUTREACH

(Include only if applying for Street Outreach funds)

Performance Measures

Please complete the following table with regards to past performance and anticipated outcomes.

	Past	Year 1	Year 2
	Performance		
	7/1/16-6/30/17	7/1/18-6/30/19	7/1/19-6/30/20
Persons Served			
Number of persons served			
Exits to Permanent Housing			
A. Number of persons who exit street outreach			
B. Number who exited to + temporary destinations*			
C. Number who exited to permanent housing			
% Successful exits (B+C) / A			

*B. Please see HUD's complete list of positive temporary outcomes for street outreach:

<https://www.hudexchange.info/resources/documents/System-Performance-Measure-7-Housing-Destination-Summary.pdf>

Schedule of Milestones

Use attached *Attachment A: Timeline Form* to document schedule of milestones.

Street Outreach Component Budget

Please complete the budget below as well as *Attachment B: Staff Salary Worksheet*

	Year 1			Year 2		
	(7/1/18-6/30/19)			(7/1/19-6/30/20)		
Street Outreach Component	Request	Match	Total	Request	Match	Total
Engagement						
Case management						
Emergency health services						
Emergency mental health services						
Transportation						
Services for special populations						
Total SO Request						

4 | EMERGENCY SHELTER

(Include only if applying for Emergency Shelter funds)

Please complete the following section if you are applying for Emergency Shelter funding. In addition to the ESG Written Standards, all ESG funded Emergency Shelter programs must comply with the Pasadena CoC Emergency Shelter Written Standards available on our website at:

<https://pasadenapartnership.org/emergency-shelter/>

Project Category

New Project Existing Project Expansion / Modification of an Existing Project

Project Service Area

Citywide Specific geographic area w/in City (specify boundaries & census tracts):

Target Population

Indicate the target population of individuals who will primarily benefit from your project. Please check all that apply to the proposed project.

Chronically homeless Veterans
 Homeless families with children Unaccompanied homeless youth (18-24)

Project Description

Describe programs or services offered that will address the emergency shelter needs of homeless persons. Describe collaborations that will occur with housing and supportive services providers and explain how clients will be referred to permanent housing programs. Finally describe any requirements of clients in order to access shelter and services.

4 | EMERGENCY SHELTER

(Include only if applying for Emergency Shelter funds)

Performance Measures

Please complete the following table with regards to past performance and anticipated outcomes.

	Past Performance 7/1/16-6/30/17	Year 1 7/1/18-6/30/19	Year 2 7/1/19-6/30/20
Persons Served			
Total number of persons served			

Schedule of Milestones

Use attached *Attachment A: Timeline Form* to document schedule of milestones.

Emergency Shelter Component Budget

Please complete the budget below as well as *Attachment B: Staff Salary Worksheet*

	Year 1 (7/1/18-6/30/19)			Year 2 (7/1/19-6/30/20)		
Essential Services	Request	Match	Total	Request	Match	Total
Case management						
Childcare and education						
Employment and life skills						
Outpatient health services						
Mental health services						
Legal services						
Substance abuse services						
Transportation						
Services for special populations						
Shelter Operations						
Maintenance and repairs						
Shelter rent						
Shelter security						
Fuel						
Insurance						
Shelter utilities						
Food						
Furnishings						
Equipment and supplies						
Hotel or motel vouchers*						
Total ES Request						

* Only when no other appropriate shelter is otherwise available

Attachment A: Timeline Form

(Required)

Please provide a detailed timeline outlining for completing this project within the two-year timeframe of 7/1/18-6/30/20.

	New Households Served	Total / Cumulative Households Served
Year 1 (7/1/17-6/30/19)		
Quarter 1 (Jul-Sep)		
Quarter 2 (Oct-Dec)		
Quarter 3 (Jan-Mar)		
Quarter 4 (Apr-Jun)		
Year 2 (7/1/17-6/30/19)		
Quarter 1 (Jul-Sep)		
Quarter 2 (Oct-Dec)		
Quarter 3 (Jan-Mar)		
Quarter 4 (Apr-Jun)		

