

INSTRUCTIONS

The Emergency Solutions Grant (ESG) Program is designed to end homelessness and has six possible funding **components**:

- **Street Outreach**, which funds engagement with unsheltered homeless individuals and families,
- **Emergency Shelter**, which funds shelter operations, shelter renovation and shelter access,
- **Rapid Re-Housing**, which funds the rapid rehousing of homeless individuals and families,
- **Homelessness Prevention**, which helps prevent at-risk households from becoming homeless,
- **HMIS**, which pays the annual licensing fee for data collection and reporting software, and
- **Administration**, which pays for expenses associated with mandatory ESG training workshops.

Each component of ESG contains specific activities that **may** be eligible for reimbursement.

Applicants are strongly encouraged to review the Arkansas ESG Policy and Procedures Manual prior to applying for an ESG sub-grant to ensure that all proposed activities are ESG-eligible.

Please look at the sheet tabs along the bottom of the screen before proceeding.

Red	sheet (1) auto-completes and should NOT be completed manually.
Green	sheets (2-7) and (17-18) should be completed by ALL APPLICANTS .
Blue	sheets (8-9) should be completed by NONPROFIT APPLICANTS ONLY .
Orange	sheet (10) should be completed by LOCAL GOVERNMENT APPLICANTS ONLY .
Purple	sheets (11-16) should be completed as applicable.

After completing all green sheets, Non-Profit Organization applicants should complete the two blue sheets and unit of local government applicants should complete the single orange sheet.

The purple sheet(s) should then be completed for any component for which the applicant desires funding.

Upon completion, print all sheets **EXCEPT THIS ONE** and assemble them in a three-ring binder with labeled dividers corresponding to each sheet.

Mail the original, signed in blue ink, to:

The Arkansas Department of Human Services
Division of County Operations / Office of Community Services
PO Box 1437, Slot S330
Little Rock, AR 72203-1437

E-mail this Excel file and a separate .pdf or .xps file of each attachment to

lorie.williams@dhs.arkansas.gov

Please request a read receipt as verification of e-mail delivery. If files are submitted in multiple emails, state the total number of emails being sent in each email.

The printed original must be **received** by the Office of Community Services no later than 4:30 PM May 30, 2017. This is NOT a "postmarked by" date! The Excel file and PDFs, which are being required in lieu of multiple paper copies, should also be received no later than this date.

Application will be screened for completeness and applicant eligibility prior to review.

Applications failing to meet minimum completion thresholds, or arriving after the published deadline, will be screened out and will not be reviewed.

Early submission is strongly recommended!

Timely, correctly completed applications from eligible applicants will be passed through for review, scoring and consideration for full or partial funding.

Applications meeting the minimum thresholds for completeness and eligibility will be scored according to the following criteria:

<u>Criterion</u>	<u>Maximum Score</u>
Geographic Need for the Project	15
Financial Controls [<i>Applicant's Financial Policies & Procedures</i>]	5
Project Viability [<i>Project Budget, Proposed Match, Cash Flow OR independent Audit</i>]	15
Project Delivery Capacity	10
Administrative Capacity	5
Project Narrative	30
Community Support	10
Monitoring and Performance History [<i>previous recipients only</i>]	10
Preparation for Program [<i>new applicants only</i>]	10

Please note that the US Department of Housing and Urban Development and the Arkansas Department of Human Services are transitioning to a "Housing First" approach to dealing with homelessness. Responses highlighting an applicant's Housing First or Low Barriers policy with regard to a specific question will be viewed favorably.

Arkansas Department of Human Services
Division of County Operations
Office of Community Services



Applicant Name: City of Jonesboro
Continuum of Care: AR Balance of State
City: Jonesboro
County: Craighead

ESG Grant Component	Funding Requested
Street Outreach (SO)	\$ -
Emergency Shelter (ES)	\$ -
Rapid Re-Housing (RRH)	\$ -
Homelessness Prevention (HP)	\$ 42,000.00
HMIS	\$ 1,000.00
Administration	\$ 500.00
TOTAL REQUESTED	\$ 43,500.00

2017 - 2018
Emergency Solutions Grant Application Packet

For assistance, contact : **Lorie Williams** (501) 682-8714
Assistant Director, OCS lorie.williams@dhs.arkansas.gov

Application Checklist (Three Pages)

Each item listed below (unless not applicable) must be included for the application to be considered complete.

**** INCOMPLETE APPLICATIONS MAY BE REJECTED !**

Applications must be received by the Office of Community Services no later than 4:30 PM, May 30, 2017.

**** APPLICATIONS ARRIVING AFTER THE DEADLINE WILL BE REJECTED !**

Submission Requirements:

- 1 Applicant must submit one original hard copy and an electronic copy of the application.
 - 2 The original must be submitted in a three-ring binder with labeled dividers corresponding to included worksheets to:

**The Arkansas Department of Human Services
Division of County Operations / Office of Community Services
PO Box 1437, Slot S330
Little Rock, AR 72203-1437**
 - 3 The electronic Excel version (.xlsx) of the application must be submitted as an email attachment to: lorie.williams@dhs.arkansas.gov
 - 4 External attachments must also be submitted electronically by submission of PDF attachments.
-

APPLICATION CHECKLIST

- | | | |
|---|--------------------------|--|
| 5 | <input type="checkbox"/> | Do you acknowledge that the application must be provided in a three-ring binder, with labeled dividers corresponding to submitted worksheets and with original signatures in blue ink? |
| 6 | <input type="checkbox"/> | Did you ensure that EVERY DOCUMENT REQUIRED FOR YOUR ORGANIZATION TYPE is included in the application? |
| 7 | <input type="checkbox"/> | Do you understand that you must email the Excel file to lorie.williams@dhs.arkansas.gov with a PDF attachment of all external documents required for your organization type, and that you must get an email acknowledging receipt of the email? |
| 8 | <input type="checkbox"/> | Do you acknowledge that the application must be received by DHS/DCO/OCS no later than 4:30 PM, May 30, 2017, that this is a "received by" date and not a "postmarked by" date, and that any application received after that date and time will not be considered for funding? |

ALL APPLICANTS MUST SUBMIT:

- | | | |
|----|-------------------------------------|-----------------------------------|
| 9 | <input checked="" type="checkbox"/> | 1. Cover Sheet |
| 10 | <input checked="" type="checkbox"/> | 2. Checklist |
| 11 | <input checked="" type="checkbox"/> | 3. Applicant Information |
| 12 | <input checked="" type="checkbox"/> | 4. Project Information |
| 13 | <input checked="" type="checkbox"/> | 5. Cash Flow OR Independent Audit |
| 14 | <input checked="" type="checkbox"/> | 6. Project Budget |
| 15 | <input checked="" type="checkbox"/> | 7. Proposed Match |
| 16 | <input checked="" type="checkbox"/> | 17. Narrative |

NON-PROFIT ORGANIZATION (NPO) APPLICANTS ONLY

- | | | |
|----|--------------------------|-----------------------|
| 18 | <input type="checkbox"/> | 8. NPO Information |
| 19 | <input type="checkbox"/> | 9. Board of Directors |

CITY OR COUNTY APPLICANTS ONLY

- | | | |
|----|-------------------------------------|--|
| 20 | <input checked="" type="checkbox"/> | 10. Unit of Local Government Information |
|----|-------------------------------------|--|

SUBMIT AS NECESSARY

- | | | |
|----|-------------------------------------|---|
| 21 | <input type="checkbox"/> | 11. We are requesting Street Outreach (SO) funding |
| 22 | <input type="checkbox"/> | 12. We are requesting Emergency Shelter (ES) funding |
| 23 | <input type="checkbox"/> | 13. We are requesting Rapid Re-Housing (RRH) funding |
| 24 | <input checked="" type="checkbox"/> | 14. We are requesting Homelessness Prevention (HP) funding |
| 25 | <input checked="" type="checkbox"/> | 15. \$1,000 for HMIS (or comparable database) is now automatically included in funding |
| 26 | <input checked="" type="checkbox"/> | 16. \$500 for Administration Costs is now automatically included in funding |

EXTERNAL ATTACHMENTS

Please note that **ALL documents must be included to be considered for funding.**

- | | | |
|----|-------------------------------------|--|
| 27 | <input checked="" type="checkbox"/> | SF-424 [https://apply07.grants.gov/apply/forms/sample/SF424_2_1-V2.1.pdf] |
| 28 | <input checked="" type="checkbox"/> | State and Regional Development District Clearinghouse Letters |
| 29 | <input checked="" type="checkbox"/> | Verification of active/updated SAM registration [https://sam.gov] |
| 30 | <input checked="" type="checkbox"/> | Continuum of Care affiliation |
| 31 | <input checked="" type="checkbox"/> | Continuum of Care "Certificate of Good Standing" |
| 32 | <input checked="" type="checkbox"/> | Continuum of Care Coordinated Entry Form |
| 33 | <input checked="" type="checkbox"/> | Certification of Local Government Approval |

EXTERNAL ATTACHMENTS

(Continued)

- 34 Letters of Community Support
- 35 Homeless Participation Certification Form
- 36 Independent Audit [if submitting in lieu of Cash Flow spreadsheet (Tab 5)]
- 37 Financial Policies and Procedures relating to grants
- 38 Narrative of up to three pages (see Tab 17 for instructions)

Please note that Non Profit Organization applicants MUST include these documents in the application to be considered for funding.

- 39 IRS 501(c)(3) Determination Letter [NPOs only]
- 40 Organizational Chart [showing Staff involved with operation of the ESG program.]

Please note that units of local government applicants MUST include this document as an attachment to be considered for funding.

- 41 Organizational Chart [showing all Governmental Departments involved with operation of the ESG program.]

Applicant Information

1 Legal Name of Applicant: City of Jonesboro

2 Applicant's Physical Address: 300 South Church Street

3 City, State ZIP Code Jonesboro, AR 72401

4 Primary County Craighead

5 Mailing Address (if different) P.O. Box 1845

6 Mailing City, State ZIP Jonesboro, AR 72403-1845

7 Executive Director / CEO: Mayor Harold Perrin

8 ED / CEO Phone Number: 870-932-1052

9 ED / CEO E-Mail Address: hperrin@jonesboro.org

10 ESG Contact: Kimberly Marshall

11 ESG Contact Title: Grants Administrator

12 ESG Contact Phone Number: 870-336-7229

13 ESG Contact E-Mail Address: kmarshall@jonesboro.org

Authorizing Official

Printed Name: Harold Perrin

Title: Mayor

"I hereby acknowledge that the submission of this ESG request has been approved by me and, if necessary, the Board of Directors."

Signature: _____

[must be an original signature in **blue** ink]

14 Agency Fiscal Year (Month/Day): January 01 to December 31

15 Federal Tax Employer Identification Number: 71-6013749

16 DUNS Number [<http://fedgov.dnb.com/webform>]: 73540288

Project Information

1 Project Name: **Jonesboro Homelessness Prevention**

2 Continuum of Care: **AR Balance of State**

3 County/Countries to be Served by ESG Project:	Craighead	Poinsett
	Greene	

4 Funding Request

Please list the amount of funding your agency is requesting:		
Street Outreach (SO)	_____	
Emergency Shelter (ES)	_____	
Rapid Re-Housing (RRH)	_____	
Homelessness Prevention (HP)	\$ 42,000.00	
HMIS	\$ 1,000.00	<i>(\$1,000 maximum)</i>
Administration	\$ 500.00	<i>(\$500 maximum)</i>
TOTAL ESG REQUEST	\$ 43,500.00	

5 Match Waiver Request

The Office of Community Services may be able to waive a portion or all of the 100 percent match requirement for applicants who are least capable of providing matching contributions. If you are requesting such a waiver, please indicate the amount below.

Match Waiver Request: _____

Please note that match exemption requests are not guaranteed, and projects requesting a match exemption that cannot be granted will be deemed fiscally non-viable and will not be funded.

In the space provided below, concisely justify any requested match waiver:

ESG PROJECT TOTALS	ESG	Non-ESG HUD Funds	Non-HUD Federal Funds	State Gov't Funds	Local Gov't Funds	Private Donations	Other	Client Fees	Program Income	PROJECT TOTAL
	\$ 43,500.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 43,500.00

*HMIS and ADMIN funding is now automatically awarded with ESG sub-grants

Proposed Match

The Emergency Solutions Grant Program requires a 100% match for each grant dollar awarded. The match may be other Federal monies, State funds, local government funds, corporate gifts, proceeds from fund-raising events, private cash donations or in-kind contributions.

In-kind donated services are valued at the prevailing minimum wage for unskilled labor and \$10.00 per hour for skilled labor, except where the services are professional in nature.

In-kind professional services, such as waived attorney fees or medical/dental services, are valued at \$150.00 per hour.

Noncash contributions may also include the fair market value of any real property donated to the sub-grant recipient **after the date that HUD signs the grant agreement with the State.**

Funds pledged as match for ESG may not be pledged as match for any other grant, and they must not have been obtained by citing the ESG grant as a match.

Indicate the funding source(s) that you propose to use as a match below.

Source	Program Name	Cash Value
Other HUD Funds	CDBG	\$ 21,500.00
Non-HUD Federal Funds		
State Gov't Funds		
Local Gov't Funds		
Corporate Gifts		
United Way		
Private Contributions		
Fundraising Events		
Client Fees		
Earned Income		
In-Kind Donated Services	Volunteers	\$ 22,000.00
In-Kind Professional Services		
Total Pledged Match		\$ 43,500.00

City/County Applicant Information

Please limit the length of your responses to the areas provided to enable DHS to view and score the response.

- 1 Please describe the homeless assistance needs within your Jurisdiction, including the needs of sub-populations. Explain the methods you used to determine how to best address these needs with ESG Program funding. Please use only quantifiable data specific to your anticipated service area.

After performing the 2017 PIT Count in the tri-county area, we identified the following needs of our homeless population, 1) food, 2) medical assistance, 3) SSI and SSDI, 4) employment, 5) mental health and substance abuse counseling, 6) education, 7) transportation, and 8) shelter. In addition, the City has opened the HUB, a resource center for homeless and potential homeless in need of those services provided from the participating service partners. This HUB works as a "point of entry" through assessing the needs of the individuals and introducing them into the larger network of services offered throughout the City.

- 2 Please describe your jurisdiction's existing relationships with other homelessness prevention agencies. How do you plan to network services with other agencies to meet the needs of homeless and at-risk individuals and families. [See 24 CFR 576.400 (b) and (c) for a list of programs with which ESG-funded activities must be coordinated and integrated to maximum extent practicable.]

The City has developed a network of agencies and churches that work in unison to combat homelessness through the creation of the continuum of care system. These organizations have coordinated with the City are as follows: local shelters, transitional housing, local housing authority, local veterans affairs, local mental health institutions and workforce readiness agencies. These agencies provide their services through our one stop arena, called Helping Underserved Belong (HUB) to assist those individuals on the brink of losing their housing.

- 3 Please explain your involvement with your local Continuum of Care. Are you a member in good standing? How many CoC meetings have you attended in the previous 12 months?

The City has received Continuum of Care funding for the 2017 fiscal year. The City has been involved with the AR Balance of State and the Homeless Coalition for the last two years. The City has been in attendance of the monthly continuum of care meetings for the AR Balance of State.

Emergency Solutions Grant 2017 - 2018 Application
CITY/COUNTY INFORMATION

- 4 Describe your agency's involvement with implementation of your Continuum of Care's Coordinated Entry (CE) process. Please detail which staff are involved and their role in the CE.

The staff has recently established the Coordinated Entry process through the HUB. The HUB functions as a referral service utilized by the Mayor's Taskforce consisting of service providers, who volunteer on a weekly basis at the center. The Community Service Manager ensures the Taskforce have everything from communication access to bus passes that will assist those individuals that are in need. The manager coordinates the fundraising events that are required for payment of birth certificates and IDs for those that are homeless and near homeless. In addition to the manager's duties, the person recruits VISTAs to assist with the operations of the HUB and the Taskforce.

- 5 Please list the agencies or departments within your jurisdiction that will perform the work associated with this project. HUD requires jurisdictions funded with ESG to have at least one homeless or formerly homeless individual in a decision-making position within agencies or departments responsible for performing the work associated with the ESG project, or for those agencies or departments to actively solicit input from such persons prior to taking any action. Please describe how you meet this requirement, or how you WILL meet the requirement if funded.

The Mayor's Taskforce has been a driving force in the creation of the HUB, not only are they service providers but some of them have been homeless in the last ten years. In addition, the members work daily with the homeless and near homeless populations as part of their organization's mission or goal.

- 6 Please describe how your jurisdiction tracks data and how the data is used to set goals, monitor progress and measure outcomes. At a minimum, these goals and measured outcomes should include:
- Reducing the number of individuals and families who become homeless
 - Overall reduction in the number of homeless individuals and families
 - Shortening the length of time homeless individuals and families remain homeless
 - The extent to which individuals and families who leave homelessness remain housed.

The jurisdiction recently received a CoC grant to provide rapid rehousing for our homeless population. However, those funds have not been received, so the jurisdiction does not have a formal policy for tracking data. Goals for our homeless initiative are currently established based on our PIT Count data and information collected from HUB clients. The jurisdiction will implement the HMIS program to manage all homeless data. The data will be used to set our primary goals that would ultimately reduce the number of individuals and/or families becoming homeless by 20 households per year. This goal should cause an overall decline to our tri-county homeless population by 10% per year. If these funds were made available, we believe the number of households would not experience one day of homelessness, which would be a significant reduction. Furthermore, when local governments have funding available to specifically deter homelessness from undue housing and utility burdens then those individuals will most likely remain in housing for at least a year or longer.

- 7 List any office productivity software, especially Microsoft Excel, that your agency uses. Give details on the proficiency of any staff member who will be preparing ESG invoices or reports using the software.

[Empty response box for question 7]

Street Outreach (SO) Information (Three Pages)

This sheet should ONLY be completed if you are requesting SO funding!

1 Name of Project: **Jonesboro Homelessness Prevention**

2 Proposed ESG Street Outreach Program Budget:

*Total Proposed Budget:** \$ _____ - **Total will auto populate from amounts below*

	<u>Outreach Funds Requested</u>	<u>Eligible Activities you propose to provide</u>
<i>Engagement</i>	<input type="text"/>	<input type="text"/>
<i>Case Management</i>	<input type="text"/>	<input type="text"/>
<i>Emergency Health / Mental Health Services</i>	<input type="text"/>	<input type="text"/>
<i>Transportation</i>	<input type="text"/>	<input type="text"/>
<i>Services for Special Populations</i>	<input type="text"/>	<input type="text"/>

3 Numbers and Demographics to be served:

Please indicate the estimated unduplicated number anticipated to be served:

Number of unsheltered adults:

Number of unsheltered children:

Total number of unsheltered individuals: 0

Total number of unsheltered families:

Please indicate whether this program will specifically target any of the following populations:

- Chronically homeless
- Domestic Violence/Sexual Violence
- Unaccompanied youth
- Veterans
- None of the above

Please limit the length of your responses to the areas provided to enable DHS to view and score the response.

- 4 Please describe the specific needs that your Street Outreach project will address, including the goals of the project.

- 5 Cite specific, local evidence of the needs for the services proposed.

- 6 Describe how your agency will locate, identify and build relationships with unsheltered individuals and families for the purpose of engagement and services.

- 7 Where will these services be provided?

- 8 How will you integrate this project with other programs serving homeless persons and with mainstream resources?

Emergency Solutions Grant 2017 - 2018 Application
STREET OUTREACH

- 9 Please describe the referral process for how clients are referred to your project. Please explain how your project is connected to the Coordinated Entry process of your service area.

Emergency Shelter (ES) Information (Six Pages)

This sheet should ONLY be completed if you are requesting ES funding!

1 Name of Project: **Jonesboro Homelessness Prevention**

2 Proposed ESG Emergency Shelter Program Budget:

Total Proposed Budget:* **\$** - ***Total will auto populate from lines below**
Shelter Funds Requested *Eligible Activities you propose to provide*

ESSENTIAL SERVICES

<i>Case Management:</i>	<u> </u>	
<i>Child Care:</i>	<u> </u>	
<i>Education Services:</i>	<u> </u>	
<i>Employment Assistance and Job Training:</i>	<u> </u>	
<i>Outpatient Health Services</i>	<u> </u>	
<i>Legal Services</i>	<u> </u>	
<i>Life Skills Training</i>	<u> </u>	
<i>Mental Health Services</i>	<u> </u>	
<i>Substance Abuse Treatment Services:</i>	<u> </u>	
<i>Transportation:</i>	<u> </u>	
<i>Services for Special Populations</i>	<u> </u>	

Emergency Solutions Grant 2017 - 2018 Application
EMERGENCY SHELTER

SHELTER REHAB	<i>Shelter Funds Requested</i>	<i>Eligible Activities you propose to provide</i>
Shelter Rehab, Renovation or Conv		
SHELTER OPERATIONS		
<i>Maintenance</i>		
<i>Rent</i>		
<i>Security</i>		
<i>Fuel (propane, oil)</i>		
<i>Insurance</i>		
<i>Utilities</i>		
<i>Food</i>		
<i>Furnishings</i>		
<i>Equipment</i>		
<i>Supplies</i>		
<i>Hotel / Motel Vouchers</i>		

Emergency Solutions Grant 2017 - 2018 Application
EMERGENCY SHELTER

3 Numbers and Demographics to be served:

Please indicate the estimated unduplicated number anticipated to be served:

Number of homeless adults:

Number of homeless children:

Total number of homeless individuals: 0

Total number of homeless families:

Please indicate whether this program will specifically target any of the following populations:

- Chronically homeless
- Domestic Violence/Sexual Violence
- Unaccompanied youth
- Veterans
- None of the above

Please limit the length of your responses to the areas provided to enable DHS to view and score the response.

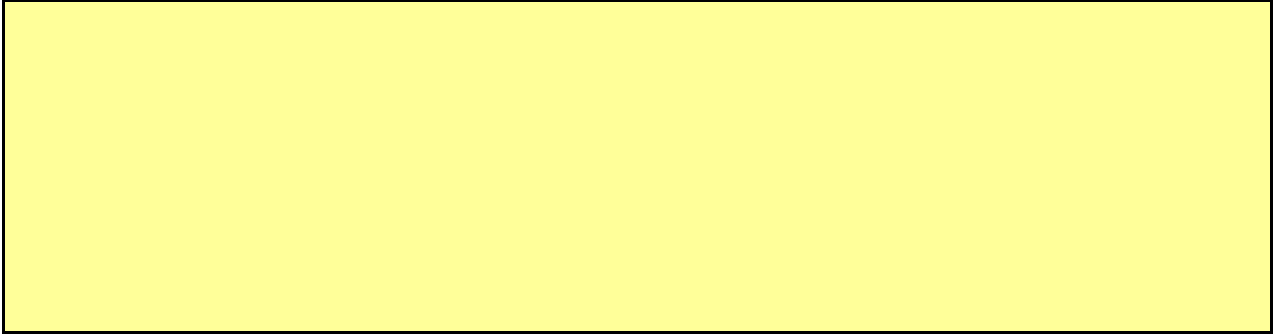
4 Describe the specific needs that your Emergency Shelter project will address, including the goals of the project.

5 Cite specific, local evidence of the needs for the services proposed.

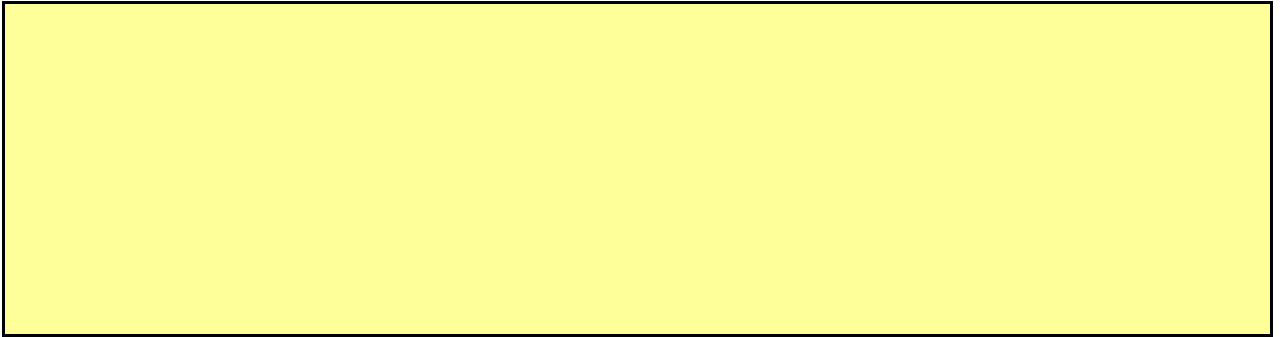
6 Briefly describe the requirements for client entry into your program. Explain any requirements clients must meet to remain in your project.

Emergency Solutions Grant 2017 - 2018 Application
EMERGENCY SHELTER

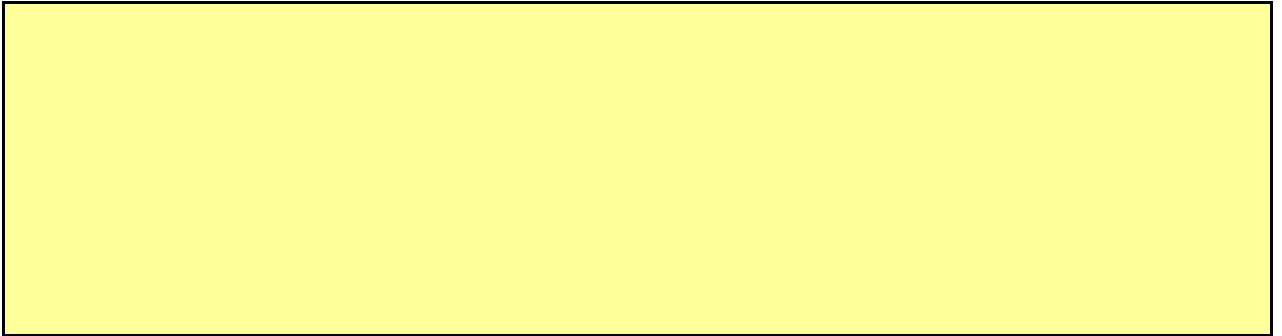
7 Describe your agency's process for assisting clients to obtain and remain in permanent housing.



8 Explain your agency's strategy for ensuring that clients receive individualized assistance to best meet their needs for housing stability. Please describe the types and frequency of services provided.



9 Please explain your agency's methods for reducing the length of stay within your shelter. Please describe the strategies your agency uses to reduce the length of time client's remain in homelessness. Please include the average length of stay of your project during the most recent calendar year.

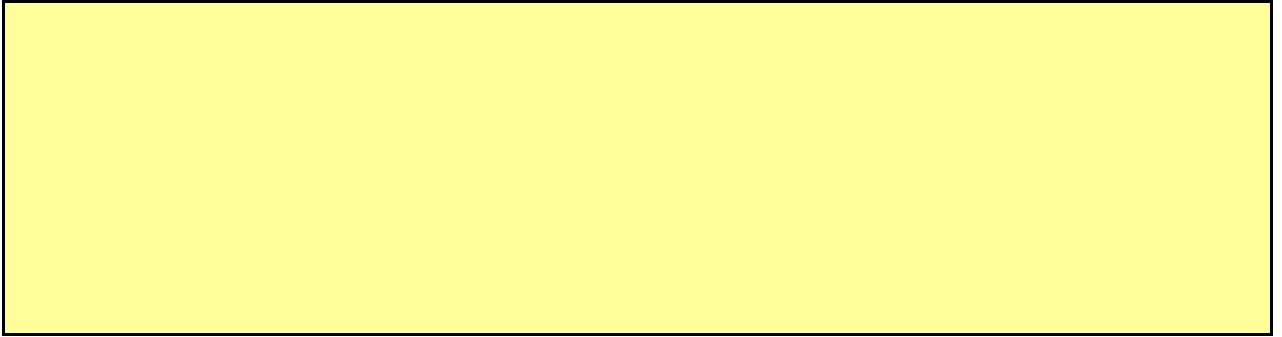


10 Discuss any diversion methods your agency utilizes during the initial intake process with clients.



Emergency Solutions Grant 2017 - 2018 Application
EMERGENCY SHELTER

- 11** Explain your agency's strategy for addressing client recidivism.
Describe the methods used to identify clients who have returned to homelessness and the services provided to those clients.



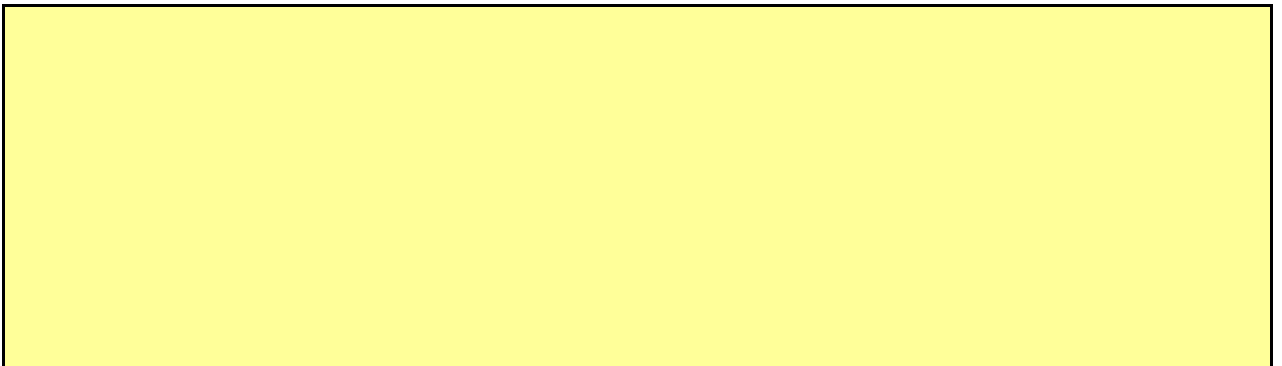
- 12** Describe your strategies for coordinating and integrating this project with other Homelessness Prevention programs and with mainstream resources.



- 13** Please describe the referral process for how clients are referred to your project. Please explain how your project is connected to the Coordinated Entry process of your service area.



- 14** Explain the steps your program takes to ensure that families seeking assistance are not separated or denied admission.



Emergency Solutions Grant 2017 - 2018 Application
EMERGENCY SHELTER

14 Has your shelter recently passed an ESG Minimum Habitability Standards for Emergency Shelters Inspection?

If "YES," include the certified checklist with this application.

If "NO," obtain certified inspection prior to submitting this application (unless applying for Shelter Re-Hab).

Rapid Re-Housing (RRH) Information (Four Pages)

This sheet should ONLY be completed if you are requesting RRH funding!

1 Name of Project: **Jonesboro Homelessness Prevention**

2 Proposed ESG Rapid Re-Housing Program Budget:

Total Proposed Budget:* \$ _____ - **Total will auto populate from amounts below*

ESG Funds Requested

Eligible Activities proposed to provide

FINANCIAL ASSISTANCE

Application Fees:

Last Month's Rent:

Moving Costs:

Security Deposits:

Utility Deposits:

Utility Payments:

SERVICES

Credit Repair:

Housing Search and Placement:

Housing Stability Case Management:

Rapid Re-Housing Information

<i>Legal Services:</i>	<input type="text"/>	<input type="text"/>
<i>Mediation:</i>	<input type="text"/>	<input type="text"/>

RENTAL ASSISTANCE

<i>Short-Term Rental Assistance</i>	<input type="text"/>	<input type="text"/>
<i>Medium-Term Rental Assistance</i>	<input type="text"/>	<input type="text"/>

3 Numbers and Demographics to be served:

Please indicate the estimated unduplicated number anticipated to be served:

Number of homeless adults:	<input type="text"/>
Number of homeless children:	<input type="text"/>
Total number of homeless individuals:	<input type="text"/>
Total number of homeless families:	<input type="text"/>

Please indicate whether this program will specifically target any of the following populations:

- Chronically homeless
- Domestic Violence/Sexual Violence
- Unaccompanied youth
- Veterans
- None of the above

Please limit the length of your responses to the areas provided to enable DHS to view and score the response.

4 Please describe the specific needs that your Rapid Re-Housing project will address, including the goals of the project.

Rapid Re-Housing Information

- 5 Please provide evidence of the needs for the services proposed. Use local data.

- 6 Please describe the referral process for how clients are referred to your project. Please explain how your project is connected to the Coordinated Entry process of your service area.

- 7 Please explain any requirements clients must meet for project entry. Please explain any requirements clients must meet to remain in your project.

- 8 Please explain the strategy for targeting funds to those most at need within your service area. Explain the methods of outreach your agency will use to engage with these individuals or families.

Rapid Re-Housing Information

- 9 Please explain your agency's strategy for ensuring that clients receive individualized assistance to best meet their needs for housing stability. Please describe the types and frequency of services provided.

- 10 Please explain any limitations your agency has within the program, specifically addressing the length of time client can remain in the project and amount of assistance clients are able to receive.

- 11 Please describe your strategies for coordinating and integrating this project with other programs targeted to serving homeless persons and with mainstream resources for which program participants may be eligible.

Homelessness Prevention (HP) Information (Four Pages)

1 Name of Project: **Jonesboro Homelessness Prevention**

2 Proposed ESG Homelessness Prevention Program Budget:

Total Proposed Budget:* \$ **42,000.00** **Total will auto populate from amounts below*

ESG Funds Requested *Eligible Activities proposed to provide*

FINANCIAL ASSISTANCE			
<i>Application Fees:</i>	\$	500.00	In cases where individuals are not able to stay in their current housing, these application fees are made available to assist 20 individuals to begin the search of housing required by landlords.
<i>Last Month's Rent:</i>	\$	10,000.00	The City will provide up to \$500.00 payments for 20 people that are moving into a new home. These funds will provide financial relief when moving to another home if staying in current housing is not an option.
<i>Moving Costs:</i>	\$	-	
<i>Security Deposits:</i>	\$	2,500.00	Many individuals and families are required to pay additional security deposits on the housing to ensure the landlords received their compensation of rent. The City will provide 10 applicants security deposits to remain in housing or to get new housing.
<i>Utility Deposits:</i>	\$	5,000.00	Some individuals or families may not be able to pay their electric, water or gas due to unforeseen circumstances. Many utility companies may require additional deposits for individuals or moving into new housing. The City will fund 20 individuals or families up to \$250.00.
<i>Utility Payments:</i>	\$	3,000.00	The City would provide 20 families or individuals utility payments up to \$150 if they are in danger of having their services disrupted due to non-payment.
SERVICES			
<i>Credit Repair:</i>	\$	1,000.00	This cost would cover any materials or travel cost associated in the delivery of the credit repair courses provided for program qualified individuals or families.
<i>Housing Search and Placement:</i>	\$	-	
<i>Housing Stability Case Management:</i>	\$	10,000.00	These funds will be used to ensure the individuals or families are monitored monthly after receiving services through this program provided by the City up to 12 months.

Homelessness Prevention Information

<i>Legal Services:</i>	<u>\$ -</u>	
<i>Mediation:</i>	<u>\$ -</u>	

RENTAL ASSISTANCE

<i>Short-Term Rental Assistance</i>	<u>\$ 10,000.00</u>	These funds will provide up to \$900 for 3 months at a prorated rate with the first month at \$500, second month at \$250 and third month at \$150. The minimum assistance will be provided for 11 individuals and families.
<i>Medium-Term Rental Assistance</i>	<u>\$ -</u>	

3 Numbers and Demographics to be served:

Please indicate the estimated unduplicated number anticipated to be served:

Number of adults at-risk of homelessness:	<u>20</u>
Number of children at-risk of homelessness:	<u>40</u>
Total number of individuals at-risk of homelessness:	<u>60</u>
Total number of families at-risk of homelessness:	<u>20</u>

Please indicate whether this program will specifically target any of the following populations:

- Chronically homeless
- Domestic Violence/Sexual Violence
- Unaccompanied youth
- Veterans
- None of the above

Please limit the length of your responses to the areas provided to enable DHS to view and score the response.

4 Please describe specific needs that your Homelessness Prevention project will address, including the goals of the project.

The needs brought to the City's attention were many residents from the tri-county area had requested rental assistance, financial assistance to move into a new home when unforeseen circumstances had occurred that would cause homelessness to be the final result if funding was not available. Many individuals have had to make tough decisions between buying food, medicine or paying their utility bills. Quite often, the utilities were not paid thus causing greater need for this funding to ensure these individuals were not evicted because they did not have utilities connected at their residence.

Homelessness Prevention Information

- 5 Please provide evidence of the needs for the services proposed, including local data to the maximum extent possible.

According to local Census data provided in our CDBG Consolidated Plan, the vast majority of rental property is located in one of two low-income areas in Jonesboro. While the national standard for housing cost burden says that not more than 30% of income should be paid in housing cost, the 2010 American Fact Finder results show a direct correlation between income and percent of income paid in housing cost. For the 26.5% of Jonesboro families living on less than \$20,000 per year, 21.1% of them pay 38.6% of their income in housing costs. While 18.2% of our families earn between \$20,000 to \$34,999 annually, 8.5% of them pay more than 30% of their income in housing costs. According to the 2008-2012 CHAS data, 5,602 renters pay more than 30% of their income in housing cost, compared to 1,450 homeowners who pay more than 30% in housing cost. Additionally, 3,348 renter-households vs. 745-homeowners pay 50% or more of their income in housing cost. That's a total of 8950 renter-occupied households and 2,195 owner-occupied homes that are living with a housing cost burden.

Jonesboro also has 205 substandard renter-occupied units and 35 owner-occupied substandard units. Over 450 renter-occupied units are

- 6 Please describe the referral process for how clients are referred to your project. Please explain how your project is connected to the Coordinated Entry process of your service area.

The clients would come to the HUB to receive assistance based on the intake process during the initial stages of entry. Then staff members will "triage the client" recommending the proper course of action to address the need. After the coordinated entry assessment has been completed, the staff will gather the proper documentation for those individuals that qualify for rental and utility assistance.

- 7 Please explain any requirements clients must meet for project entry. Please explain any requirements clients must meet to remain in your project.

Client eligibility requirements would be based upon the HUD proof of income, eviction notices, utility shut off notices, or any unexpected expense that would cause the individual to lose their housing. These unanticipated expenses can be categorized as one time events (ie. car repairs, medicine, doctor's bills or between jobs) that would require assistance.

- 8 Please explain the strategy for targeting funds to those most at need within your service area. Explain the methods of outreach your agency will use to engage with these individuals or families.

Once eligibility requirements have been met, a caseworker will review the family/individual's monthly budget and identify the gaps to keep them in their existing homes. Because of our limited funding, the jurisdiction will focus on those individuals mostly likely to be saved from homelessness by receiving short-term assistance. Those individuals applying for the program will be assigned a caseworker to assist with budgeting, credit repair, ensuring housing affordable. The program will focus on individuals who have short episodes of 'potentially homelessness' versus those who have chronic episodes of 'potentially homelessness'. These individuals will be referred to other programs (within and/or outside) the jurisdiction's homeless initiative.

Homelessness Prevention Information

- 9 Please explain your agency's strategy for ensuring that clients receive individualized assistance to best meet their needs for housing stability. Please describe the types and frequency of services provided.

The caseworker-approach will ensure all clients receive the individualized assistance that best meets their needs. The caseworker will review the family/individual's monthly budget and identify the gaps that must be closed to keep them in their existing homes. Due to limited funding dollars, financial assistance will be limited to a total of three months over a 12 month period; however, caseworker management and assistance will be available up to twelve months or longer as needed. This extended time is to ensure that clients are better equipped to manage budgets, pay rent in a timely manner, and save fund for emergencies.

- 10 Please explain any limitations your agency has within the program, specifically addressing the length of time client can remain in the project and amount of assistance clients are able to receive.

The major limitation for the City of Jonesboro is the limited funding available for this program. Even through the City has the Continuum of Care and CDBG programs through HUD; we still struggle with limited amount of funds available for this program. In our proposed funding request, the client would receive three months of financial assistance and twelve months of services through case management. The financial assistance could be used consecutively or in three one-month increments within a one-year period. Regarding the case management component, the client would receive monthly services of credit repair and household budgeting practices to ensure the client have housing stability for a year.

- 11 Please describe your strategies for coordinating and integrating this project with other programs targeted to serving homeless persons and with mainstream resources for which program participants may be eligible.

The newly openend HUB (Helping Underserved Belong) will serve as resource and referral center. The HUB isw the vision of the Mayors Taskforce to End Homelessness in the Jonesboro Metropolitan area. The Taskforce/HUB is made up of agencies whose mission focuses on homelessness and homeless prevention. There are also a number of passionate volunteers who donate their time and resources to serving the homeless population in Northeast Arkansas. When a client enters the HUB, they generally have specific requests and/or needs (i.e. birth certificate or ID, assistance with SSI or SSDI, transportation etc) However, we go a few steps further to determine other needs or assistance that we may provide. Based on the data gathered, individuals may or may not be referred to counseling, dental/medical appointments, job training, etc. The great thing about our coordinated entry process, is that many of these agencies provide on-site staff, volunteers, and resources at the HUB location on a weekly basis providing those services without the individual having to leave the office. These clients are also provide resources and referrals for mainstream resources as needed (i.e. SNAP, Affordable Healthcare, Section 8, etc.). Free bus passes are available for those who need transportation to appointments.

Homeless Management Information System (or Comparable) Database (HMIS) (One Page)

\$1,000 in HMIS funding has automatically been applied to this project's budget!

1 Name of Project: **Jonesboro Homelessness Prevention**

2 Proposed ESG HMIS/Comparable Database Program Budget:

Total Proposed Budget* \$ 1,000.00 **There is a \$1,000 cap on this line!*

Please limit the length of your responses to the areas provided to enable DHS to view and score the response.

3 Please explain your current and projected data collection needs:

The current data collection performed at the HUB is captured in Microsoft Excel however once the City implements the Continuum of Care Program, we expect to transfer our data in the HMIS system. It is imperative for the City to have a formalized process in place that will capture all the clients information and track the funding for each person while ensuring no duplication of services have been performed. This will allow the City to streamline the processes while providing efficiency and transparency for HUD and DHS.

4 Please identify your current data collection system and the extent to which you use it:

As stated in question 3, the City is currently using Microsoft Excel to track the individuals coming into the HUB for service referrals. Again, we are aware of the need for a formalized program to monitor the clients' services and funds who are involved in our homeless programs. The HMIS program would be used on a weekly basis during the operation hours of the HUB.

5 Please explain how your agency ensures data quality and integrity:

In the Grants Department, the Community Service Manager would enter the data within the spreadsheet or software program for the clients services and funds utilized for the week. After the data is entered, the Grants Administrator will review the paper documentation with the software to ensure the data is accurate for the week.

6 Please explain your agency's policies for data collection and entering client data into an HMIS/Comparable Database.

The City adheres to all federal, state and local regulation as they pertains to data collection and entry into any database used for grant reporting purposes. The regulations require the staff are trained on the software prior to entering the data into the system. Once training has been completed, the requirements of the program are clearly defined to ensure eligible has been met for entrance into the program. Then the staff are tasked to ensure the clients records are secure via private network computer files or in a locked file cabinet. The client information will remain on file for five years after the grant has ended.

Administrative Costs Information (One Page)

\$500 in ADMIN funding has automatically been applied to this project's budget!

1 Name of Project: **Jonesboro Homelessness Prevention**

2 Proposed Administrative Budget:

Total Proposed Budget* \$ 500.00 **There is a \$500 cap on this line!*

Please limit the length of your responses to the areas provided to enable DHS to view and score the response.

3 Please explain your Administrative budget needs:

These funds will be used to cover any travel expenses for staff attending ESG and CoC meetings in Little Rock in accordance of the requirements prescribed by the granting agencies. In addition to the travel, these funds will cover any postage or office supplies for the delivery of the program's activities.

Project Narrative (Up to three pages)

1 Project Name: **Jonesboro Homelessness Prevention**

In your own words, please take this opportunity to tell us why the proposed project is needed in your community, why you feel that you are the best applicant to meet your community's needs, what experience your agency has in performing this type of project, and what will happen in your community if this project is not funded.

If you received ESG funding in a previous year, give concrete examples of outcomes achieved. You may take up to three pages to answer this question.

Please prepare your narrative as a separate typed or word-processed document.

Use Times New Roman, 12 font, to assist in readability for the reviewers/scorers, and do not exceed three single-sided pages.

Submit the Narrative as an external attachment to the printed application, and also electronically as an emailed PDF file with the other required PDF submissions.

YES
NO

YES
NO
N/A

YES
N/A

Arkansas
Ashley
Baxter
Benton
Boone
Bradley
Calhoun
Carroll
Chicot
Clark
Clay
Cleburne
Cleveland
Columbia
Conway
Craighead
Crawford
Crittenden
Cross
Dallas
Desha
Drew
Faulkner
Franklin
Fulton
Garland
Grant
Greene
Hempstead
Hot Spring
Howard
Independence
Izard
Jackson
Jefferson
Johnson
Lafayette
Lawrence
Lee
Lincoln
Little River
Logan
Lonoke
Madison
Marion
Miller

Mississippi
Monroe
Montgomery
Nevada
Newton
Ouachita
Perry
Phillips
Pike
Poinsett
Polk
Pope
Prairie
Pulaski
Randolph
Saline
Scott
Searcy
Sebastian
Sevier
Sharp
St. Francis
Stone
Union
Van Buren
Washington
White
Woodruff
Yell

Other Non-ESG HUD Funds
Other Federal Funds
State Government
Local Government
Private Funds
Other
Fees
Program Income

Central Arkansas Team Care for the Homeless (CATCH)
Fayetteville/Northwest Arkansas
Delta Hills CoC
SOAR
Old Fort Homeless Coalition
HOPE CoC
AR Balance of State