****3

**Emergency Solutions Grant**

**For**

**Homeless Services in**

**Kansas City, Ks Area**



**REQUEST FOR PROPOSAL GUIDELINES**

**&**

**APPLICATION**

**Proposal Deadline:**

August 16, 2021 (**12:00 P.M.)**

Grant awards are expected to be announced by September 24, 2021.

**Submission of Proposal:**

Attention: Yvette Miller, Community Development

701 North 7th Street Suite:823

Kansas City, Kansas 66101

(913) 573-5100

[ymiller@wycokck.org](mailto:ymiller@wycokck.org)

**Application Format:**

* Submit via email (**request a read receipt**)
* Deliver applications directly to Community Development Department.
* Handwritten applications will **not** be accepted.
* Faxed copies will **not** be accepted.
* Follow all instructions; formatted and other deviations may make the proposal ineligible. If you believe a particular instruction does not apply to your organization, request written permission from the contact person above.
* Electronic Signatures are accepted

Request for Proposal Grant Period: October 1, 2021-September 30, 2023

1. **introduction**

The Unified Government of Wyandotte County/Kansas City, Kansas (UG) is a recipient of Emergency Solutions Grant (ESG) funds from the Department of Housing and Urban Development (HUD) to prevent homelessness, provide services to those in the ***Kansas City, KS*** ***area*** that are homeless or to assist individuals and families to quickly regain stability in permanent housing after experiencing a housing crisis or homelessness.

Rather than expend awarded federal funds, the Unified Government of Wyandotte County/Kansas City, Kansas (UG) selects and contracts with eligible non-profit organizations to provide homeless services on its behalf. Sub recipients that want to operate homeless assistance and/or homelessness prevention projects must apply for funding directly through the local governmental recipient, not U.S. Department of Housing and Urban Development (HUD).

Approximately**$196,560.** in Emergency Solutions Grant (ESG) funds may be allocated to the Unified Government of Wyandotte County/Kansas City, Kansas (UG) from the U.S. Department of Housing and Urban Development (HUD).

1. **ELIGIBLE APPLICANTS**
2. Non-profit organizations that provide homeless services in **Kansas City, KS**
3. Continuum of Care (CoC)/Greater Kansas City Coalition on Ending Homelessness (GKCCEH) Kansas Participants

Grant Eligibility

Instructions: Click on the drop-down box, choose Yes, No, or Not Applicable for each question. If your answer is "No" to questions “A,” “B,” and/or “D”, your agency is not eligible, please do not submit an application.

1. The proposed non-profit service provider agrees not to discriminate in the provision of assistance based on sex, race, color, religion, national origin, age, handicap, or familial status.

Choose an item

1. The applicant agrees that Emergency Solutions Grant (ESG) funds will not be used to pay for acquiring a building or land, mortgages, any administrative costs for rehabilitation inspections services, loan processing or other similar professional services.

Choose an item

1. The emergency shelter building will meet local government safety, sanitation standards, and housing/ building codes after project completion (Answer N/A if not making improvement on a building with Emergency Solutions Grant (ESG) funds).

Choose an item

1. Homeless individuals will be given assistance obtaining permanent housing, medical mental health treatment, counseling, and other state and federal assistance.

Choose an item

1. Does rehabilitation, conversion, or renovation activities involve a building on the National Register of Historic Places, located in a Historical District, or immediately adjacent to a property listed on the National Register by the State Historic Preservation Officer? (Answer N/A if not making improvements on a building with Emergency Solutions Grant (ESG) funds).

Choose an item

1. Is the building to be improved owned by an organization with religious purposes stated in Bylaws, or Articles of Incorporation? (Answer N/A if not making improvements on the building with Emergency Solutions Grant (ESG) funds).

Choose an item

1. Will the estimated value of the improvements be less than 75% of the appraised value of the building before the improvements on the building with Emergency Solutions Grant (ESG) funds? (Answer N/A if not making improvements on the building with Emergency Solutions Grant (ESG) funds).

Choose an item

1. If you answer YES to “G”, will your organization provide assurances that the building will remain an emergency shelter for the next three years? (Answer N/A if not making improvements on building with Emergency Solutions Grant (ESG) funds).

Choose an item

1. Will the applicant provide assurances that any building or rehabilitation or remodeling project is in compliance with Environmental Review Responsibilities of 24 CFR 576.407(d) and 24 CFR Part 58? (Answer N/A if not making improvements on building with Emergency Solutions Grant (ESG) funds).

Choose an item

1. **ELIGIBLE COMPONENTS/ACTIVITIES**

Emergency Solutions Grant (ESG) funds are available for the following program components: Street Outreach, Emergency Shelter, Homelessness Prevention, Rapid Re-housing Assistance, and Homeless Management Information System (HMIS) for data collection.

*All Eligible activities are subject to HUD’s expenditure caps &* **for Kansas City, KS area Only.**

1. **Street Outreach:** Funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless individuals/families; connect them with emergency shelter, housing, or critical services.
2. **Emergency Shelter**: Funds may be used for renovation of emergency shelter facilities and the operation of those facilities, as well as services for the residents. Other eligible activities include case management, child care, education, employment assistance and job training, legal assistance, mental health, substance abuse treatment, transportation, and other services.

The recipient or subrecipient, or any contractor of the recipient or subrecipient, may not acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project under this part, or commit or expend HUD or local funds for eligible activities under this part, until HUD has performed an environmental review under 24 CFR part 50 and the recipient has received HUD approval of the property.

1. **Homelessness Prevention and Rapid Re-Housing**: Both components fund housing relocation and stabilization services. Eligible activities include rental application fees, security deposits, utility deposits or payments, last month’s rent and housing search. Funds may also be used for short- or medium-term rental assistance for those who are at-risk of becoming homeless or transitioning to stable housing.
2. **Homeless Management Information System (HMIS)**: Funds may be used to pay the costs for contributing data to the HMIS designated by the Continuum of Care for the area. Eligible activities include computer hardware, software, technical support, office space, salaries of operators, staff training costs, and participation fees.

* **Priority will be given to organizations providing Rapid Re-housing and Prevention.**

1. **Definitions**
2. **Conversion:** If the cost to convert a building into an emergency shelter exceeds 75 percent of the value of the building after conversion, the minimum period of use is 10 years.
3. *Minimum period of use*. (1) Renovated buildings. Each building renovated with Emergency Solutions Grant (ESG) funds must be maintained as a shelter for homeless individuals and families for not less than a period of 3 or 10 years, depending on the type of renovation and the value of the building. The “value of the building” is the reasonable monetary value assigned to the building, such as the value assigned by an independent real estate appraiser. The minimum use period must begin on the date the building is first occupied by a homeless individual or family after the completed renovation. A minimum period of use of 10 years, required for major rehabilitation and conversion, must be enforced by a recorded deed or use restriction.
4. **Emergency Shelter:** Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements. Any project funded as an emergency shelter under a Fiscal Year 2010 Emergency Solutions Grant (ESG) may continue to be funded under ESG.
5. **Environmental Review-** An environmental review assesses the potential environmental impacts of a project to determine whether it meets federal, state, and local environmental standards. Every HUD-assisted project must be examined to ensure that it does not negatively impact the surrounding environment and that the site itself will not have adverse effect on end users. The extent of the examination varies, but every project must be in compliance with the National Environmental Protection Act (NEPA) and other related Federal and state environmental laws.
6. **Essential Services:** Services concerned with employment, health, drug abuse and education may include (but are not limited to); (1) Assistance in obtaining permanent housing; (2) Medical and psychological counseling and supervision; (3) Employment Counseling; (4) Nutritional counseling; (5) Substance abuse treatment and counseling; (6) Assistance in obtaining other Federal, State, and Local assistance including mental health benefits; employment counseling; medical assistance; Veteran’s benefits; and income support assistance such as Supplemental Security Income benefits, Temporary Aid to Needy Families, General Assistance and Food Stamps; (7) other services such as child care, transportation, job placement and job training; (8) Staff Salaries that provide direct eligible services.
7. **Homeless Prevention Services:** Activities or programs designed to prevent the incidence of homelessness, including (but not limited to); (1) Short and /or Medium-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices; (2) Security Deposits or first month’s rent to permit a homeless family to move into its own apartment; (3) Mediation programs for landlord-tenant disputes; (4) Legal services programs for the representation of indigent tenants in eviction proceedings and; (5) other innovative programs designed to prevent the incidence of homelessness.
8. **Major Rehabilitation:** If the rehabilitation cost of an emergency shelter exceeds 75 percent of the value of the building before rehabilitation, the minimum period of use is 10 years.
9. **Matching Funds:** Funds that are set to be paid in equal amount to funds available from other sources.
10. **Operational Activities:** Expenses incurred to operate a facility with respect to the administration, maintenance, repairs, rent, security, utilities, insurance, food, furnishings and equipment.
11. **Renovation:** Eligible costs include labor, materials, tools, and other costs for renovation (including major rehabilitation of an emergency shelter or conversion of a building into an emergency shelter). The emergency shelter must be owned by a government entity or private nonprofit organization.

*\*Federal Regulations 24 CFR 576 available here:* [*Emergency Solutions Grants Program*](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4b24fb0ea6acc732794ab350afae6252&ty=HTML&h=L&n=24y3.1.1.3.8&r=PART)

1. **ADDITIONAL REQUIREMENTS**
2. **Funding:** To be considered for an award of additional Emergency Solutions Grant (ESG) funding:
3. A minimum of 75**%** of a prior two-year grant term be expended and requested/approved.
4. All financial, annual performance reports and program reports have been submitted and approved by the UG.
5. If the UG recaptured funds from a prior two-year grant term, the grant (if approved) will be reduced by 50% of the recaptured amount.

*\*Note: Review ESG Recapture and Reallocation Policy and ESG Policy and Procedure Manual*

1. **Drug and Alcohol Free Facility:** The 1988 Drug-Free Workplace Act requires grantees, recipients and project sponsors authorized by Title IV of the McKinney Vento Act, to administer in good faith, a policy designed to ensure that the homeless facility is free from illegal use, possession or distribution of drugs or alcohol by its beneficiaries.
2. **Bi -Annual Certificate of Compliance:** Applying organizations’ must provide a Certificate of Compliance form. The form is provided by the Unified Government Contract Compliance Department located at 701 N 7th Street KCK 66101 Room 649 or you may apply online at <http://purchasing.wycokck.org/>   under “Contract Compliance” heading, click on “EEO Questionnaire.” This form MUST be submitted with the Request for Proposal Application (RFP)- Submit the certificate, not the application.
3. **System for Award Management (SAMS) Registration**: Before grant funds are awarded organizations are required to be registered with the federal government, this is to ensure that your organization is not disbarred from doing business with the government. You may go to [SAM System For Award Management](https://www.sam.gov/portal/SAM/?portal:componentId=06f420ca-06cd-41db-b94f-90fabad2270d&interactionstate=JBPNS_rO0ABXcwABBfanNmQnJpZGdlVmlld0lkAAAAAQAPL2pzZi9mb290ZXIuanNwAAdfX0VPRl9f&portal:type=action#content11) to check the status or register your organization.

1. **Insurance Requirement:** Provide a copy of the organization’s liability insurance certificate that includes the Unified Government as an additional insured with a cancellation notice of at least 30 days.
2. General accident liability insurance including completed operations and product liability coverage with minimum limits of $500,000 per occurrence to protect the Sub recipient against the claims or damage to property of others or for injury to or death of one or more than one person due to accidents which may occur or result from performance of the Sub recipient duties.
3. **Matching Funds Requirement:** All Emergency Solutions Grant (ESG) recipients must provide a 100% match for the total amount of Emergency Solutions Grant (ESG) funds awarded. The match may be provided in the form of cash, volunteer services, salaries paid to direct service staff that provides eligible program services, in-kind donations (MUST be ESG eligible donations to claim) or the value of the building lease.
4. **Participation of Homeless:** All Emergency Solutions Grant (ESG) recipients must provide for participation of not less than (1) homeless individual or former homeless individual on the board of directors or other equivalent policy making entity-24 CFR 576.405
5. **Reporting:** All Emergency Solutions Grant (ESG) recipients must participate in Homeless Management Information System (HMIS) designated by the Continuum of Care for the area. Emergency Solutions Grant (ESG) recipients must also provide an Annual Performance Report (APR) that is due by October 31st,the end of each fiscal year.
6. **Other Requirements:** Provide a copy of IRS letter of 501 (c)(3) status, Certificate of Good Standing or State of Kansas not-for-profit certificate, & complete, sign, submit Audit Requirements for Subrecipient Compliance Form
7. **New Applicants:** Provide a copy of documents from #10 (Other Requirements), in addition provide a copy of most recent agency audit and two (2) letters of support from other community organizations.

**APPLICATION**

Name of Agency: Click here to enter text.

Applicant Status: Choose an item.

Contact Person: Click here to enter text.

Agency Mailing Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Phone Number: Click here to enter text. Fax Number: Click here to enter text.

Contact Person Email Address: Click here to enter text.

Agency Director: Click here to enter text.

Agency Director Email Address: Click here to enter text.

Federal ID Number: Click here to enter text.

DUNS Number: Click here to enter text.

Amount of Request: Click here to enter text.

*\*Refer to 24 CFR 576.201* [*Emergency Solutions Grants Program*](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4b24fb0ea6acc732794ab350afae6252&ty=HTML&h=L&n=24y3.1.1.3.8&r=PART#se24.3.576_1201)*: Match cannot be from a prior ESG award or previously used.*

**Check all program components/activities that apply to your request**

**Street Outreach**

The costs of activities to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs. These activities consist of making an initial assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; and actively connecting and providing information and referrals to programs targeted to homeless people and mainstream social services and housing programs, including emergency shelter, transitional housing, community-based services, permanent supportive housing, and rapid re-housing programs.

Other eligible costs include case management, emergency health and mental services.

**Emergency Shelter**

Major Rehabilitation, Conversion, or Renovation:

Site must service homeless participants for at least 3 or 10 years, depending on the type of renovation and the value of the building.

The recipient or subrecipient, or any contractor of the recipient or subrecipient, may not acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project under this part, or commit or expend HUD or local funds for eligible activities under this part, until HUD has performed an environmental review under 24 CFR part 50 and the recipient has received HUD approval of the property.

*Note*: Property acquisition and new construction are ineligible Emergency Solutions Grant (ESG) activities.

Essential Services:

Eligible cost include 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:

Eligible costs are maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter.

**Prevention**

Program participants must have an annual income below 30 percent of median family income for the area, as determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing and achieve stability in that housing. Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in §576.105, the short-term and medium-term rental assistance requirements in §576.106, and the written standards and procedures established under §576.400.

**Rapid Re-Housing**

Funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. The rapid re-housing assistance must be provided in accordance with the housing relocation and stabilization services requirements in §576.105, the short- and medium-term rental assistance requirements in §576.106, and the written standards and procedures established under §576.400.

**Homeless Management Information System (HMIS)-Data Collections**

Funds may be used to pay the costs for contributing data to the HMIS designated by the Continuum of Care for the area. Eligible activities include computer hardware, software, technical support, office space, salaries of operators, staff training costs, and participation fees.

Program Background/Scope of Services

*Provide a brief summary for each of the following*

1. Agency History: Describe the history of the agency and its experience in providing homeless services.

Click here to enter text.

1. Project Description: Describe activities, facility, and program capacity (description should include number of units and beds if applicable).

Click here to enter text.

1. Scope of Services: Describe how you will provide new services or expand existing services.

Click here to enter text.

1. Need for Project: Describe community need for the project and how the project will fill a gap in the Continuum of Care (CoC) for homeless services in Kansas City, KS.

Click here to enter text.

1. Target Population: Describe the number for persons to be served and characteristics (i.e. 50 families at risk of homelessness, 25 homeless single adult females with children, etc.).

Click here to enter text.

1. Projected Households to be Served: Click here to enter text.
2. Projected Individuals to be Served: Click here to enter text.

Budget Request Form

Instructions: Complete the table for each line item you are applying, include a detailed budget, match amount and source of match. Be specific as possible in your request for funding (i.e. personnel costs, essential services, operating, etc.). Refer back to page 9 for matching funds requirement. *Funds are for Kansas City, KS service area*

|  |  |  |  |
| --- | --- | --- | --- |
| Line Items | Amount Requested | Match Amount | Match Source |
| Street Outreach | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Emergency Shelter | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Prevention | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Rapid Re-housing | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| HMIS | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Total | Click here to enter text. | Click here to enter text. | Click here to enter text. |

*\*Review an Example Budget Request Form on next page*

**Example Budget Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Items** | **Amount Requested per Eligible Cost** | **Match Amount** | **Source** |
| Street Outreach | $0.00 | $0.00 |  |
| Emergency Shelter | Shelter Operation:  $231 X 12 months X 2 years  **Example Budget** | $5,545.00 | United Way  State Grant  In- Kind Donations (must be ESG eligible)  Volunteer Hours (keep track of volunteer hrs.) |
| Prevention | Short and\or Medium-term assistance  First Month Rent $200 x 2 years = $1,200  Rental Security deposit $50 x 2 years = $500  Moving Cost $150 x 2 years = $600  Application fees $50 x 2 years = $300  Utilities fee $200 x 2 years = $2,400 | $5,000.00 | United Way  State Grant  In- Kind Donations (must be ESG eligible)  Volunteer Hours (keep track of volunteer hrs.) |
| Rapid Re-housing | Short and\or Medium-term assistance  Rental Assistance $400 x 2 years = $6,400  Rental Security deposit $200 x 2 years = $4,000  Moving Cost $150 x 2 years = $2,400  Application fees $50 x 2 years = $800  Utilities fee $300 x 2 years = $6,000 | $19,600.00 | United Way  State Grant  In- Kind Donations (must be ESG eligible)  Volunteer Hours (keep track of volunteer hrs.) |
| HMIS | $0.00 | $0.00 |  |
| **Total** | **$30,145.00** | **$30,145.00** |  |

**Support and Revenue Statement**

Instructions: Complete the table below with the organization’s actual income information, delete or add income categories as necessary; this can include financial information from your balance sheet, statement of financial position or income statement.

The information provided will help determine if the organization is financially capable of implementing the Emergency Solutions Grant (ESG) program.

*\*Any information disclosed is subject to verification.*

|  |  |  |  |
| --- | --- | --- | --- |
| Income | Actual | Budget | Variance |
| Contributions | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Grants | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Sales | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Total | Click here to enter text. | Click here to enter text. | Click here to enter text. |

CERTIFICATION

To the best of my knowledge and belief, the data in this application is true and correct. The governing body of the applicant has duly authorized this document. The applicant will comply with Federal and State Regulations if Emergency Solutions Grant (ESG) funds are awarded.

**Warning**: If you knowingly make a false statement on this form, you may be subject to civil penalties under Section 1001 of Title 18 of United States Code. In addition, any person who knowingly and materially violates any required disclosures of information is subject to civil penalty not to exceed $10,000 for each offense.

I certify that I have read and understand all the instructions related to this application and the information provided is true and correct.

Click here to enter text. Click here to enter a date.

Signature of Executive Director Date

Click here to enter text. Click here to enter a date.

Signature of Board President Date

*\*Electronic signatures are acceptable*

Application Checklist

*Submit the following documents; failure to submit the required documents may cause a delay in application processing.*

1. **Insurance:** Provide a copy of the organization’s liability insurance certificate that includes the Unified Government as an additional insured with a cancellation notice of at least 30 days.
2. **Bi -Annual Certificate of Compliance:** Applying organizations’ must provide a Certificate of Compliance form. The form is provided by the Unified Government Contract Compliance Department located at 701 N 7th Street KCK 66101 Room 649 or you may apply online at <http://purchasing.wycokck.org/>   under “Contract Compliance” heading, click on “EEO Questionnaire.” This form MUST be submitted with the Request for Proposal Application (RFP)- Submit the actual certificate, not the form.
3. **Other Requirements:**
4. Certificate of Good Standing or State of Kansas not-for-profit certificate
5. IRS 501 (c)(3)
6. Complete, sign & submit Audit Requirements for Subrecipient Compliance Form.
7. Copy of most recent agency audit (New Applicants Only)
8. Two (2) letters of support from other community organizations(New Applicants Only)

**What to Expect**

* Applications will be reviewed and scored by a ranking and review committee.
* Approval or denial letters will be sent via mail within 90 days after application deadline.
* If approved, new contracts will begin October 1st.
* If approved, the Unified Government of Wyandotte County/Kansas City, KS will schedule an onsite sight visit before contracts are designated (New Applicants Only).
* A delegated individual nominated by the Board of Directors, normally the Executive Director, must sign contracts. An updated authorization letter from the Board must be on file or you may submit a letter before contracts are designated.
* Emergency Solutions Grant (ESG) program updates will be communicated to the Continuum of Care membership.
* You may review the UG ESG Policy and Procedure Manual and ESG Recapture and Reallocation Policy online at [www.wycokck.org](http://www.wycokck.org).

**Unified Administrative and Audit Requirements for Subrecipient Compliance Monitoring Title 2 CFR Part 200**

*As a HUD Community Planning and Development (CPD) Entitlement Grantee, the Unified Government of Wyandotte County/KCK (UG) has the responsibility to monitor subrecipients’ compliance with Title 2 CFR Part 200 pertaining to audit requirements. All subrecipients with a total expenditure of $750,000.00 or more of Federal awards/subawards during the subrecipients’ fiscal year are required to have a Single Audit or Program-specific audit completed within nine (9) months of the subrecipients’ audit period. The Audit Report and Financial Statements, if required per Title 2 CFR Part 200 regulations, must be submitted to the UG for review and documentation immediately after the audit is completed. In case the subrecipient’s Audit Report includes findings associated with the federal entitlement funds the UG provided, the UG shall issue management decisions on these findings within six (6) months after receipt of the Audit Report to ensure that the subrecipient takes timely and appropriate corrective actions to address these findings.*

*Please complete the following certification and submit it with the agency’s most recent Audit Report and Financial Statements, if required.*

**Subrecipient Certification for FY\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subrecipient Name** | \_ \_ | | | **Documentation Required** |
| **Subrecipient Fiscal Year** | **Starting Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Ending Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  |
| **Total Federal Funds Awarded in FY (include CDBG, HOME, ESG)** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **(Please use the date of the award letter when determining the awards)** | **Award Letters** |
| **Total Federal Funds Expended in FY (Include CDBG, HOME, ESG)** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **If $750,000.00 or greater, submit Audit Report and Financial Statements to the UG** |
| **Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **By signing my name above, I hereby certify that the information provided above is true and accurate to the best of my knowledge.** | | | | |
| **Audit Report and Financial Statements** | | **Not Required\_\_\_\_\_\_ Attached\_\_\_\_\_\_ Will be Completed on\_\_\_\_\_\_\_\_\_\_** | | |
| **Notes:** | |  | | |

**For UG Use Only:**

**Subrecipient Audit Report Submitted on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Findings and Concerns in Report? \_\_\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Management Decision Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_