****

**Emergency Solutions Grant**

**COVID-19 (CARES Act)**

**ESG-CV For**

**Homeless Services**



**REQUEST FOR PROPOSAL**

**GUIDELINES**

**&**

**APPLICATION**

**Proposal Deadline:** June 8, 2020 (12:00 P.M.)

Grant awards are expected to be announced by July 22, 2020

**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: April 1, 2020 -December 31, 2020

1. **introduction**

The Unified Government of Wyandotte County/Kansas City, Kansas (UG) is a recipient of Coronavirus Aid, Relief and Economic Security Act (CARES Act), Public Law 116-136. These special ESG-CV funds from the Department of Housing and Urban Development (HUD) to prevent, prepare for and respond to the coronavirus pandemic (COVID-19) among individuals and families who are homeless or receiving homeless assistance; and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts of COVID-19.

Rather than expend awarded federal funds, 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**$683, 879** in Emergency Solutions Grant (ESG-CV) 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) (based on our 2016 allocation).

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

Grant Eligibility

Grant Eligibility remains the same, if you’re not a current subgrantee, please review the grant eligibility section in the regular ESG grant application before completing this application.

1. **ELIGIBLE COMPONENTS/ACTIVITIES**

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ESG-CV Funds may be used for individuals and families who are experiencing homelessness or at risk of becoming homeless as defined in 24 CFR 576. The six eligible components for funding are:

1.) Rapid Rehousing,

2.) Homelessness Prevention,

3.) Emergency Shelter,

4.) HMIS,

The CARES Act has removed the maximum percent allowable for shelter activities under the ESG-CV.

1. **Definitions**
2. **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.
3. **Homeless Management Information System (HMIS)** – A database used to confidentially aggregate data on homeless populations. The system allows for a record of client-level information about the characteristics and services needs of homeless persons
4. **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.
5. **Rapid Re-housing** – Financial assistance, rental assistance, and services provided to individuals and families who are literally homeless, meaning those who qualify under the Category 1 definition of homeless.
6. **ADDITIONAL REQUIREMENTS – If unfamiliar with requirements 2-5, please refer to the regular ESG 2020-2022 application for detailed description**
7. **Statement of Need -** Applicants must provide a need based and data-informed narrative that gives a detailed explanation of the homeless population in the community and impact of the coronavirus pandemic. Describe the nature of and impact of the pandemic in their homeless community and how the agency proposes to prevent, prepare for and respond to coronavirus among individuals and families who are homeless or receiving homeless assistance and support additional homeless assistance and homelessness prevention activities to mitigate the impact created by coronavirus.
8. **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
9. **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.
10. **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
11. **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.
12. 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.
13. **Matching Funds Requirement:** No Match Required
14. **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
15. **Reporting:** All Emergency Solutions Grant (ESG-CV recipients must participate in Homeless Management Information System (HMIS) designated by the Continuum of Care for the area. Emergency Solutions Grant (ESG-CV) recipients must also provide an Annual Performance Report (APR) that is due by October 31st,the end of each fiscal year.
16. **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
17. **New Applicants:** If you are not currently a subrecipient receiving regular ESG funds from us, please see page 11 – Application Checklist - C

**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.

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

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

**Emergency Shelter - No rehab with these funds**

Essential Services:

Shelter Operations:

**Prevention**

**Rapid Re-Housing**

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

Program Background/Scope of Services

*Provide a brief summary for each of the following*

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 Wyandotte County.

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.
3. **Statement of Need -** Applicants must provide a need based and data-informed narrative that gives a detailed explanation of the homeless population in the community and impact of the coronavirus pandemic. Describe the nature of and impact of the pandemic in their homeless community and how the agency proposes to prevent, prepare for and respond to coronavirus among individuals and families who are homeless or receiving homeless assistance and support additional homeless assistance and homelessness prevention activities to mitigate the impact created by coronavirus.

Budget Request Form

Instructions: Complete the table for each line item you are applying, include a detailed budget,. Be specific as possible in your request for funding (i.e. personnel costs, essential services, operating, etc.).

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

*\*****Review an Example Budget Request Form below***

**Example Budget Request Form**

|  |  |
| --- | --- |
| **Line Items** | **Amount Requested per Eligible Cost** |
| Emergency Shelter | Shelter Operation:  $231 X 12 months X 2 years = $5545.00  **Example Budget** |
| 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 |
| 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 |
| HMIS | $0.00 |
| **Total** | **$30,145.00** |

**Support and Revenue Statement**

Only Necessary if you’re not a current subrecipient

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-CV) 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. |
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| 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, 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.
* 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).
* If you’re not currently a subrecipient, please complete the Audit form below

**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\_\_\_2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_