

DAKOTA COUNTY

COMMUNITY DEVELOPMENT AGENCY (CDA)

**EMERGENCY SOLUTIONS GRANT (ESG)**

Emergency Shelters, Rapid Rehousing & Homeless Prevention

**Program Year 2025**

**APPLICATION**

**I. APPLICATION COVER SHEET AND CERTIFICATIONS**

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| **Project Title:** Click or tap here to enter text.  **Legal Name of Applicant:** Click or tap here to enter text.  **Mailing Address:** Click or tap here to enter text.  **Unique Entity Identifier:** Click or tap here to enter text. |
| **Primary Contact for Application:**  **Name:** Click or tap here to enter text.**Title:** Click or tap here to enter text.  **Phone:** Click or tap here to enter text. **Email:** Click or tap here to enter text.  **Tax identification number #**: Click or tap here to enter text. |
| **Project Location:** Click or tap here to enter text. |
| **Project Description:** Click or tap here to enter text. |
| |  |  | | --- | --- | | **Budget** | **PY 2025 Funding** | | ESG Funding Request: | $ **Click or tap here to enter text.** | | Other Project Funding: | $ Click or tap here to enter text. | | Total Match Funds: | $ Click or tap here to enter text. | | Total Project Budget: | $ Click or tap here to enter text. | | Total Agency Budget: | $ Click or tap here to enter text. | |

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| **Federal Suspension and Debarment Certification**:  Federal Executive Order 12549 prohibits federal, state, and local public agencies receiving grant funding from contracting with individuals, organizations, or companies who have been excluded from participating in federal contracts or grants. The purpose of this certification is for the contractor/vendor to advise DCCDA, in writing, of any current Federal Suspension and Debarment.  Debarment Certification. By signing and submitting a response to this competitive solicitation, I certify that this firm and its principals are not currently suspended or debarred by any Federal Department or Agency from participating in Federal Funded Contracts. | |
| **Authorized Signature of Applicant**: To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding. | |
| Signature of Authorized Representative:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Typed Name and Title: Click or tap here to enter text. | Date Signed: Click or tap here to enter text. |

**II. COMMUNITY NEED & BENEFIT (may not exceed 2 pages)**

1. **What community needs and gaps in services does this project address?**

Identify the current need in the community for the proposed project in the context of ESG priorities. Please use community and agency statistics and other narrative information that supports the identified need.

Click or tap here to enter text.

1. **What is the service location and target population of the project?**

Describe the location where the services will be delivered as compared to the need in the community. Identify the target population and their unique service needs. If this is an expansion of services, provide a detailed description of the proposed expansion.

Click or tap here to enter text.

1. **What other community services address the identified need?**

Identify other services in the community that fill or address the need identified above. Explain how the project’s scope will not exceed or overfill the existing service gap in the community, duplicate services, or supplant current project funding.

Click or tap here to enter text.

**III. PROJECT DESCRIPTION & SOUNDNESS (may not exceed 6 pages)**

1. **Project design**:  Emergency Shelter  Rapid Rehousing  Homelessness Prevention

Provide clear, detailed information to support that project design is (a) evidence-based or (b) introduces an innovation that substantially improves the services provided. Please refer to research, third-party program evaluations or other objective data that indicates the service-delivery model will achieve the desired results. Indicate whether the service-delivery model to be used is considered a best practice. Note the source(s) for the data.

Click or tap here to enter text.

1. **What specific services or activities will the project provide? What experience do you have in serving the target population with the type of services in the proposed project?**

Define and describe what services will be provided by this project (i.e. how they will be implemented, who will implement them, frequency and duration of services) and your agency’s experience serving the target population with the proposed services.

Click or tap here to enter text.

1. **What outreach methods will be used and how will clients access services?**

Describe how the proposed project will reach and be accessed by the target population. Describe any anticipated outreach barriers and how these barriers will be addressed. If the project prioritizes clients, describe how and why. If the project applies any exclusion criteria for potential clients, describe in detail how these criteria are supported by best practices (homeless housing projects should reference implementation of low-barrier policies and procedures). **If participation in the Coordinated Entry system is a requirement for this project**, please also describe the agency’s process for accepting referrals from the coordinated entry system and working with households that meet coordinated entry priorities for service.

Click or tap here to enter text.

1. **How will the project collaborate with other similar service agencies?**

Describe other services, projects, and agencies that will provide services and resources to your clients. Include how these services help meet client needs and promote self-sufficiency. Describe how your agency will collaborate with the other agencies and projects. Include any formal agreements and history of partnerships in the community and linkages to mainstream resources.

Click or tap here to enter text.

1. **For Rapid Rehousing and Homelessness Prevention Projects Only: Housing Search and Placement:** Describe the agency’s experience providing housing search and placement assistance, including assisting clients with barriers to housing placement. In addition, describe the agency’s experience in working with area landlords and/or property managers.

Click or tap here to enter text.

1. **Project Outputs**

The overall goal of the ESG Program is to rapidly move households to permanent housing and reduce the time spent being homeless or in shelters; the proposed outputs and outcomes must reflect these goals.

1. **Persons Served:** Indicate the number of unduplicated persons and households to be assisted in total for the year; unduplicated means that each person served by the project is counted only once during the program year.

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|  | **PY2025** | |
| **Projected Outputs** | **Households** | **Individuals** |
| Total Unduplicated Households/Individuals to be Assisted | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Shelter Projects Only:** How many units (or beds) are in your program:

Number: Click or tap here to enter text. Type: Click or tap here to enter text. (indicate units or beds)

1. **Project Outcomes**

Performance targets are listed below by intervention type; complete the section that is applicable to your project type.

1. **Emergency Shelter** projects have the following performance targets - at least 60 percent of clients exit to Permanent Housing and an average length of stay of less than 90 days.
2. Exits to Permanent Housing: Describe your action plan for exiting at least 60 percent households to permanent housing.

Click or tap here to enter text.

1. Length of Stay: Describe your action plan for progressing towards the performance target of an average length of stay of less than 90 days.

Click or tap here to enter text.

1. **Rapid Rehousing** projects have the following performance targets; at least 80 percent of clients exit to permanent housing, an average length of time from enrollment to move-in of 30 days or less, and less than 5 percent of clients returning to homelessness within 12 months.
2. Exits to Permanent Housing:Describe your action plan for exiting at least 80 percent of households to permanent housing.

Click or tap here to enter text.

1. Length of Stay: Describe your action plan for progressing towards the performance target of an average length of time of enrollment to move-in of 60 days or less.

Click or tap here to enter text.

1. **Homelessness Prevention** projects have the following performance targets; at least 80 percent of the clients stay in permanent housing, an average of 30 days or less to reach housing stability.
2. Stay in Permanent Housing: Describe your action plan for ensuring at least 80 percent of the clients stay in permanent housing.

Click or tap here to enter text.

(2) Length of Time to Reach Housing Stabilization: Describe your action plan for progressing towards the performance target of reaching housing stability in 30 days or less.

Click or tap here to enter text.

1. **How will you overcome potential barriers to achieving project outputs and outcomes?**

Describe any potential barriers to achieving the projected outputs and outcomes and the strategies for overcoming these barriers in order to meet the proposed performance targets.

Click or tap here to enter text.

1. **How will you monitor progress towards achieving projected output and outcome goals?**

Describe the plan for project oversight as it relates to measuring and evaluating project outputs and outcomes. Also indicate the titles of the persons responsible for tracking/compiling/measuring information and the frequency for doing so, the title of the persons responsible for monitoring/evaluating progress and the frequency for doing so, the methods used for measurement/evaluation, and how project oversight will improve outputs/outcomes.

Click or tap here to enter text.

**IV. ORGANIZATIONAL CAPACITY (may not exceed 4 pages)**

1. **What is your organization’s experience in managing publicly funded projects?**
2. Describe any specific experience your agency has administering public funds (federal, state and/or local) and successfully managing publicly funded projects. If your agency does not have experience as an organization, then the relevant experience of board members or staff may be used.
3. Describe whether your organization has a written personnel policy manual that includes procedures for personnel and financial management, a process for grievance, and a plan for affirmative action.

Click or tap here to enter text.

1. **List funders for the last two years and describe type and frequency of monitoring (if any), as well as any findings, and the resolution of those findings.**

Click or tap here to enter text.

1. **What are the qualifications of the staff members involved in the project?**

Describe the staffing plan and qualifications (e.g., education, training, experience) of the specific staff members who will manage the project and provide services.

Click or tap here to enter text.

1. **How will the service delivery model assure access to underserved communities, and provide services in a culturally competent and linguistically accessible manner?**

Explain how the agency’s engagement and service delivery model assures access to communities that are underserved and disproportionately impacted by homelessness, including racial and ethnic minorities, individuals with disabilities, immigrants, and/or refugees.

Click or tap here to enter text.

1. **How will the agency comply with HMIS and reporting requirements?**

Describe the data that will be entered into HMIS and who is responsible for the reporting. Unless explicitly exempted, projects serving individuals/households experiencing homelessness should include a description of how the required HMIS participation will be implemented.

Click or tap here to enter text.

1. **How does your program collaborate with the Suburban Metro Area Continuum of Care (SMAC)? How does your program collaborate with the Dakota County Affordable Housing Coalition?**

Click or tap here to enter text.

**V. FINANCIAL FEASIBILITY (may not exceed 3 pages)**

1. **Budget.** Complete and attach the Budget for Program Year 2025. Please complete all four (4) tabs for your project in the Excel spreadsheet titled “DCCDA PY 2025 ESG Application\_Budget Attachments.xlsx”. Instructions can be found in Appendix C of the NOFA.

Explain in narrative form how ESG funds will be used as shown in the proposed budget (e.g. specific positions, type of communication costs, type of supplies, and description of equipment items in support of direct services). If your program generates program fees or program income, explain how these dollars are generated (e.g. late fees, counseling fees, transitional housing rent, etc.). DCCDA policy is not to reimburse agency administrative costs such as a director’s salary when not providing direct service to clients.

Click or tap here to enter text.

1. **If the proposed project is funded at a level lower than requested, at what amount of funding can the sponsoring agency still deliver meaningful service?**

Due to the limited availability of resources, it is often necessary to fund proposed projects at levels below the levels requested. Describe how the project will be scaled up or down depending on the availability of funding and whether and how the project will continue to be effective and operate in compliance with applicable rules and regulations and NOFA requirements.

Click or tap here to enter text.

1. **Financial Planning for Project Sustainability**

Describe efforts by the agency to develop:

1. Alternative future sources of funding to support the proposed project, and
2. A financial contingency plan in preparation for possible funding reductions.

Click or tap here to enter text.

1. **Financial Management Capability**

Provide a narrative of your agency’s financial management capacity, including, but not limited to, financial reporting, record keeping, and account systems. Include information on the most recent financial audits completed for your agency; describe type, frequency, findings, and resolution to findings.

Click or tap here to enter text.