

*Our budget starts with* ***YOU.***

**CITY OF NIAGARA FALLS, NEW YORK**

**2021 ANNUAL ACTION PLAN & STRATEGY**

**FUNDING APPLICATION HANDBOOK FOR:**

**EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM**

**Due Date: May 21, 2021**

**ROBERT M. RESTAINO, MAYOR**

**CLIFFORD SCOTT, DIRECTOR**

**COMMUNITY DEVELOPMENT**

Niagara Falls Community Development Department

[www.nf-cd.org](http://www.nf-cd.org) [www.facebook.com/NiagaraFallsCD](http://www.facebook.com/NiagaraFallsCD)

The Carnegie Building – 1022 Main Street, P.O. Box 69

Niagara Falls, New York 14302

ESG funds are available for five program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and data collection through the Homeless Management Information System or HMIS.

Below is a summary of the components and related eligible costs:

* **Street Outreach**: funds may cover costs related to essential services for unsheltered persons (including emergency health or mental health care, engagement, case management, and services for special populations).
* **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 (including case management, child care, education, employment assistance and job training, legal, mental health, substance abuse treatment, transportation, and services for special populations)
* **Homelessness Prevention and Rapid Re-Housing**: both components fund housing relocation and stabilization services (including rental application fees, security deposits, utility deposits or payments, last month’s rent and housing search and placement activities). 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.
* **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, or equipment, technical support, office space, salaries of operators, staff training costs, and participation fees).

Per HUD guidelines, no more than 60 percent of the City’s total ESG allocation can be used for emergency shelter and street outreach activities and 32.5 percent must be used for rapid re-housing assistance activities. Under the previous ESG, a larger percentage was available for transitional shelter programs. HUD cannot approve an ESG budget that does not adhere to these percentages. The Niagara Falls Community Development budget will reflect these new guidelines.

To learn more about the ESG Program, visit:

<http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless/programs/esg>

**APPLICATION TIMELINE**

Although the 2021 ESG application is a separate document this year, it still follows the same timeline as the Community Development Block Grant and HOME Programs.

**2021 – ANNUAL ACTION PLAN**

**Application Process**

May 1, 2021 Applications Available

May 21, 2021, 4:00 p.m. Application Submission Deadline

 **Tentative 2021 Annual Action Plan Schedule**

May 21 – June 5 Neighborhood Meetings

 June 6 – June 15 Review Applications & Input from Meetings

 June 20 2021 Draft CPS Available for Review

 June 25 Public Hearing, City Hall – Draft CPS

 June 26 – July 26: 30-Day Public Comment Period

 July 30 City Council Approval

August 5 Submit Annual Action Plan to HUD

**APPLICATION FORMS**

Submit one application for each project.

Non-profit applicants must submit:

* **Certificate of Incorporation**
* **Certification of Participation in Local Continuum of Care (attached)**
* **IRS 501C-3 Tax Exempt Determination Letter**
* **Board of Directors Membership List**
* **Certification of Compliance with 24CFR Part 84.21**
* **Most Recent Audited Financial Statement**
* **Board Minutes from Previous 3 Months**

*Please submit applications to*:

Department of Community Development

1022 Main Street - PO Box 69, Niagara Falls, NY 14302

**APPLICATIONS MUST BE RECEIVED or POSTMARKED BY MAY 21, 2021, 4:00 P.M.**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**CITY OF NIAGARA FALLS, NEW YORK**

**CITY OF NIAGARA FALLS, NEW YORK**

**COMMUNITY DEVELOPMENT DEPARTMENT**

**1022 MAIN STREET - PO BOX 69**

**NIAGARA FALLS, NEW YORK 14302**

 **2021 EMERGENCY SOLUTIONS GRANT APPLICATION**

**1. AGENCY NAME**

**2. ADDRESS**

**3. PHONE NO**.

**4. CONTACT PERSON**

**5**. **FEDERAL ID# 6. DUNS#**

**7. MEMBER OF CONTINUUM OF CARE** **[ ] Yes** **[ ] No**

**8**. **EMERGENCY SHELTER/SOLUTION/SERVICES PROVIDED BY YOUR ORGANIZATION**:

 **Current # of Beds and/or**

**Average # of Persons Served Daily**

**Average # of Persons Served Yearly**

 (count individuals once only)

 **Brief description of your agency’s present programs(s) to prevent homelessness and/or serve the homeless in the City of Niagara Falls. Include target population, services, housing, etc. (Mission Statement).**

 **9. Please check all applicable proposed program activities in accordance with 24 CFR 576.100-109 (this document is available at www.hud.gov):**

**\_\_\_\_\_RAPID RE-HOUSING-RENTAL ASSISTANCE**

**\_\_\_\_\_RAPID-RE-HOUSING-HOUSING RELOCATION AND STABILIZATION SERVICES**

**\_\_\_\_\_HOMELESSNESS PREVENTION-RENTAL ASSISTANCE**

**\_\_\_\_\_HOMELESSNESS PREVENTION- HOUSING RELOCATION AND STABILIZATION
 SERVICES**

**\_\_\_\_\_HMIS**

**\_\_\_\_\_EMERGENCY SHELTER-SHELTER**

**\_\_\_\_\_OPERATIONS**

**\_\_\_\_\_EMERGENCY SHELTER-ESSENTIAL SERVICES**

If funding for essential services or homeless prevention services is being sought, is the service a new service? \_\_\_\_\_YES \_\_\_\_\_\_ No \_\_\_\_\_\_ N/A

PERFORMANCE MEASURE – Please provide a description of the expected outcome of this activity. (e.g. 20 families will be re-housed).

What is your agency’s plan for involving homeless or formerly homeless persons in the program design and operation?

**10. PROPOSED BENEFICIARIES -** (Please indicate the number of individuals estimated to be assisted by race/ethnicity in 2020):

* + 1. **RACIAL/ETHNIC CHARACTERISTICS (Number Count)**

 # Total # Hispanic

 White

 Black/African American

Black/African. Amer& White

 Asian & White Asian

Amer Indian/Alaska Native & Black

 American Indian Native Hawaiian Amer Indian/Alaska Native & White

Other Multi-Racial **Total #**

**B. RESIDENTIAL SERVICES - yearly average (Number Count)**

 Unaccompanied Males

 Unaccompanied Females

Families with Children:

 Male Head

 Female Head

 Two Parent

**Total # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C. CLIENT CHARACTERISTICS - daily average: (Number Count)**

 Runaway/Throwaway Youth:

 Chronically Mentally Ill:

 Developmentally Disabled:

 HIV/AIDS:

 Alcohol Dependent Individuals:

 Drug Dependent Individuals:

 Elderly:

 Veterans:

 Physically Disabled:

 Other:

**D. FACILITY TYPE: (check all that apply)**

[ ] barracks/dormitory [ ] group home/large home [ ]  scattered site apartments

[ ] single-family house [ ] single room occupancy [ ] congregate housing

[ ] single site apartment [ ] hotel/motel accommodations

**11. STATEMENT OF NEED**:

**Identify homeless groups and "at risk" of becoming homeless that your agency serves**

**Note: To receive funding under the ESG Program, you must provide shelter or services to the homeless. HUD’s definition of homeless is:**

1. individual or family that lacks a fixed, regular, and adequate nighttime residence; or
2. an individual or family that has a primary nighttime residence that is
	1. a supervised publicly or privately operated shelter designed to provide temporary living accommodations ( including welfare hotels, congregate shelters, and transitional housing for persons with mental illness
	2. an institution that provides temporary residence for individuals intended to be institutionalized; or
	3. a public or private place not designed for, or ordinarily used as regular sleeping accommodations

**12. SERVICE DELIVERY**:

(How does your agency address the needs that you have cited?)

**13. PROJECT BUDGET**

**Please complete the budget plan below, specifying the type of approved ESG activity and the specific services in sections A and B.**

|  |
| --- |
| **A. PERSONAL SERVICES**1. Personnel
2. Fringe Benefits
3. Total (1+2)
 |
| **B. NON-PERSONAL SERVICES**4. Consultant5. Travel6. Equipment7. Office supplies8. Contractual Services9. Other Non-Personal |

****

**14. MATCHING FUNDS**:

[ ]  Cash Contribution $Amount

[ ]  In-Kind Services (attach list) $Amount

[ ]  Donations (attach list) $Amount

[ ]  Volunteer Labor @ $5 hr (attach list) $Amount

**CERTIFICATION OF PARTICIPATION IN CONTINUUM OF CARE**

**ATTENDANCE AND PARTICIPATION FORM**

All ESG applicants must submit this Form, completed by the chairperson of their Continuum of

Care, with their Emergency Solutions Grant Application.

Attention CoC Leaders: Please complete the information below and check the appropriate level

of participation. Funding consideration will be based in part on the extent of the applicant’s

participation in the local CoC.

Robyn Krueger
Niagara Falls/Niagara County CoC
1570 Buffalo Avenue
Niagara Falls, NY 14303
Phone: 716-285-3403 Ext: 2238
E-mail: RKrueger@communitymissions.org

To Be Completed by Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Applying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency applying for ESG funding in: City of Niagara Falls

To Be Completed By CoC Lead Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CoC Leader Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CoC Leader Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES, the above agency has been an active participant in the Local Continuum of

Care meetings in 2020. We have had meetings and they have attended

of the meetings. (75% or more)

NO, the above agency has not been an active participant in the Local Continuum

of Care meetings in 2020. We have had meetings and they have attended

of the meetings. (Less than 75%) At this time, they have not been a consistent active member.

**CERTIFICATION OF CONFORMITY TO ACCOUNTABILITY STANDARDS OF 24 CFR 84.21, “STANDARDS FOR FINANCIAL MANAGEMENT SYSTEMS”**

I have reviewed the Title 24 CFR 84.21 Uniform Administrative Requirements for Grants and

Agreements and I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of organization)

meets the standards set forth in this section of the Code of Federal Regulations.

 Name of Accounting Firm

 Signature Date Certified Public Accountant

**APPLICANT CERTIFICATION**

**2021 CITY OF NIAGARA FALLS ESG PROGRAM APPLICATION**

**Please read this entire page and then sign below**

The Applicant certifies that all information in this application and all information furnished in

support of this application, is given for the purpose of obtaining funding under the 2020 City of Niagara Falls ESG program is true and complete to the best of the Applicant’s knowledge and belief.

I understand that providing false or incomplete information will disqualify my organization for

consideration and/or represent a criminal offense in the ESG Program.

I understand that this is not an offer and that the terms and conditions of the ESG Program may be changed at any time by the U.S. Department of Housing and Urban Development (HUD) or Niagara Falls Community Development. I further understand that notices by the City may be made in such manner as

Niagara Falls Community Development may determine, including solely by advertisements.

Please note that the City of Niagara Falls is not responsible to any party for the loss of funding or any other damages which may arise as a result of the applicant’s failure to adhere to the terms of the City of Niagara Falls Emergency Solutions Grant Program Guidelines, as stated in this document.

PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_