

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

**CITY OF NIAGARA FALLS, NEW YORK**

**2022 ANNUAL ACTION PLAN & STRATEGY**

**FUNDING APPLICATION HANDBOOK FOR:**

**EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM**

**Due Date: March 21, 2022**

**ROBERT M. RESTAINO, MAYOR**

**CLIFFORD SCOTT, DIRECTOR**

**COMMUNITY DEVELOPMENT**

Niagara Falls Community Development Department

[www.nf-cd.org](http://www.nf-cd.org) www.niagarafallsusa.org

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 2022 ESG application is a separate document this year, it still follows the same timeline as the Community Development Block Grant and HOME Programs.

**2022 – ANNUAL ACTON PLAN**

**Application Process**

February 22, 2022 Applications Available to the Public

March 22, 2022, 4:00 p.m. Application Submission Deadline

**Tentative 2022 Annual Action Plan Schedule**

March 25th – April 1st Review Applications & Input from Meetings

April 15th 2022 Draft AAP Available for Review

April 17th 30-Day Public Comment Period

May 17th Public Hearing, City Hall – Draft AAP

May 30th City Council Approval

First Week of June 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 MARCH 22, 2022, 4:00 P.M.**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**CITY OF NIAGARA FALLS, NEW YORK**

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**COMMUNITY DEVELOPMENT DEPARTMENT**

**1022 MAIN STREET - PO BOX 69**

**NIAGARA FALLS, NEW YORK 14302**

**2022 EMERGENCY SOLUTIONS GRANT APPLICATION**

**1. AGENCY NAME** Click here to enter text.

**2. ADDRESS** Click here to enter text.

**3. PHONE NO**. Click here to enter text.

**4. CONTACT PERSON** Click here to enter text.

**5**. **FEDERAL ID#** Click here to enter text. **6. DUNS#** Click here to enter text.

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

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

**Current # of Beds and/or** Click here to enter text.

**Average # of Persons Served Daily** Click here to enter text.

**Average # of Persons Served Yearly** Click here to enter text.

(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:**

Senior Citizen Resources and Education

Mental Health Awareness

Purchasing and Distribution of PPE

Reducing Health Disparities in Underserved Census Tracts

Homelessness Intervention using Rapid Rehousing

Homelessness Counseling using Rapid Rehousing

Rental Assistance for Income Eligible Households (3 Month max grant per household)

Utility Payment Assistance for Income Eligible Households (Renters and/or Owners)

Currently Assisted Housing Participation programs

Mortgage payment assistance for Income Eligible Households

**OTHER (specify):** Click here to enter text.

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). Click here to enter text.

What is your agency’s plan for involving homeless or formerly homeless persons in the program design and operation? Click here to enter text.

**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 Click here to enter text. Click here to enter text.

Black/African American Click here to enter text. Click here to enter text.

Black/African. Amer& White Click here to enter text. Click here to enter text.

Asian & White Asian Click here to enter text. Click here to enter text.

Amer Indian/Alaska Native & Black Click here to enter text. Click here to enter text.

American Indian Click here to enter text. Click here to enter text.

Native Hawaiian Click here to enter text. Click here to enter text.

Amer Indian/Alaska Native & White Click here to enter text. Click here to enter text.

Other Multi-Racial Click here to enter text. Click here to enter text.

**Total #** Click here to enter text.Click here to enter text.

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

Unaccompanied Males Click here to enter text.

Unaccompanied Females Click here to enter text.

Families with Children: Click here to enter text.

Male Head Click here to enter text.

Female Head Click here to enter text.

Two Parent Click here to enter text.

**Total #** Click here to enter text.

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

Runaway/Throwaway Youth: Click here to enter text.

Chronically Mentally Ill: Click here to enter text.

Developmentally Disabled: Click here to enter text.

HIV/AIDS: Click here to enter text.

Alcohol Dependent Individuals: Click here to enter text.

Drug Dependent Individuals: Click here to enter text.

Elderly: Click here to enter text.

Veterans: Click here to enter text.

Physically Disabled: Click here to enter text.

Other: Click here to enter text.

**Total #** Click here to enter text.

**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. If applying for assistance that will address other needs besides homelessness, briefly describe the need to be served and the manner in which the proposed activity will address the CDBG statutory objectives of low-and moderate-income benefit, prevention or elimination of slums or blight, or community development needs having a particular urgency. Please provide a detailed description of the activities:**

Click here to enter text.

**13. SERVICE DELIVERY:**

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

Click here to enter text.

**14. PROJECT BUDGET**

**Please provide a detailed description of the expected expenditures for your program:**

Click here to enter text.

**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 Click here to enter text. 2. Fringe Benefits Click here to enter text. 3. Total (1+2) Click here to enter text. |
| **B. NON-PERSONAL SERVICES**  4. Consultant Click here to enter text.  5. Travel Click here to enter text.  6. Equipment Click here to enter text.  7. Office supplies Click here to enter text.  8. Contractual Services Click here to enter text.  9. Other Non-Personal Click here to enter text.  10. Sub-Total (4+9) Click here to enter text.  11. Grand Total (3+10) Click here to enter text. |

**15. MATCHING FUNDS**:

Cash Contribution $Amount Click here to enter text.

In-Kind Services (attach list) $Amount Click here to enter text.

Donations (attach list) $Amount Click here to enter text.

Volunteer Labor @ $5 hr (attach list) $Amount Click here to enter text.

**CERTIFICATION OF PARTICIPATION IN CONTINUUM OF CARE**

**ATTENDANCE AND PARTICIPATION FORM (For ESG Applicants Only)**

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](mailto:RKrueger@communitymissions.org)

**To Be Completed by Applicant:**

Date: Click here to enter text.

Agency Applying: Click here to enter text.

Agency applying for ESG funding in: City of Niagara Falls

**To Be Completed By CoC Lead Agency**:

CoC Leader Print Name: Click here to enter text.

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

Phone: Click here to enter text.

Email: Click here to enter text.

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

Care meetings in 2020-2021. 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 2020-2021. 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**

**2 CFR 200.302, "FINANCIAL MANAGEMENT"**

I have reviewed Section 2 CFR 200.302 of Title 2 PART 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and I hereby certify that Click here to enter text. meets the standards set forth in this section of the

(Name of organization)

Code of Federal Regulations.

Click here to enter text.

Name of Accounting Firm

Click here to enter text.

Signature Date

Certified Public Accountant

**APPLICANT CERTIFICATION**

**2022 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 CARES Act Funding 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 and CDBG Program.

I understand that this is not an offer and that the terms and conditions of the ESG and CDBG 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 and Community Development Block Grant Program Guidelines, as stated in this document.

PRINT NAME: Click here to enter text.

Title: Click here to enter text.

Organization: Click here to enter text.

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

Date: Click here to enter text.