



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

**CITY OF NIAGARA FALLS, NEW YORK
2023 ANNUAL ACTION PLAN & STRATEGY**

**FUNDING APPLICATION HANDBOOK FOR:
EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM**

Due Date: February 6, 2023

ROBERT M. RESTAINO, MAYOR

**CLIFFORD SCOTT, DIRECTOR
COMMUNITY DEVELOPMENT**

Niagara Falls Community Development Department
www.nf-cd.org www.niagarafallsusa.org
The Carnegie Building – 745 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 2023 ESG application is a separate document this year, it still follows the same timeline as the Community Development Block Grant and HOME Programs.

2023 – ANNUAL ACTION PLAN

Application Process

January 4, 2023 Applications Available to the Public
February 6, 2023 @ 4:00 p.m. Application Submission Deadline

Tentative 2023 Annual Action Plan Schedule

February 7th – February 14th Review Applications & Input from Meetings
March 1st 2023 Draft AAP Available for Review
April 3rd 30-Day Public Comment Period
April 10th Public Hearing, City Hall – Draft AAP
April 15th City Council Approval
May 1st 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

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

OR **Clifford.scott@niagarafallsny.gov**

APPLICATIONS MUST BE RECEIVED or POSTMARKED BY February 6, 2023 @ 4:00 P.M.

LATE APPLICATIONS WILL NOT BE ACCEPTED

**CITY OF NIAGARA FALLS, NEW YORK
COMMUNITY DEVELOPMENT DEPARTMENT
745 MAIN STREET - PO BOX 69
NIAGARA FALLS, NEW YORK 14302**

2023 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):

A. 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:

- a. individual or family that lacks a fixed, regular, and adequate nighttime residence; or
- b. 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:

- | | | | |
|--------------------------|--|----------|---|
| <input type="checkbox"/> | Cash Contribution | \$Amount | Click here to enter text. |
| <input type="checkbox"/> | In-Kind Services (attach list) | \$Amount | Click here to enter text. |
| <input type="checkbox"/> | Donations (attach list) | \$Amount | Click here to enter text. |
| <input type="checkbox"/> | 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

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 2021-2022. 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 2021-2022. 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 [Click here to enter text.](#) (Name of organization) Code of Federal Regulations.

[Click here to enter text.](#)
Name of Accounting Firm

Signature
Certified Public Accountant

[Click here to enter text.](#)
Date

APPLICANT CERTIFICATION
2023 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.](#)