

**NASSAU COUNTY OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
42nd PROGRAM YEAR ESG APPLICATION**

EDWARD P. MANGANO
COUNTY EXECUTIVE

JOHN R. SARCONI
EXECUTIVE DIRECTOR



NASSAU COUNTY
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
40 MAIN STREET – 1ST FLOOR
HEMPSTEAD, NY 11550
516-572-0852

**Federal Fiscal Year 2015 (42nd Program Year)
Emergency Solutions Grant (ESG) Program
ESG Funding Application**

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Please attach the following checklist and requested documents to the application.
The application will not be processed without the following documents.

REQUIRED ATTACHEMENTS TO INCLUDE WITH YOUR APPLICATION

CHECK LIST

- Articles of Incorporation and By-laws
- State and Federal Tax Esemption Determination letters
- Current List of Board of Directors
- Board of Directors' Designation of Authorized Official
- Organizational Chart
- Resume of Program Administrator
- Resume of Fiscal Officer
- Copy of Most Recent Audited Financial Statements
- Completed Environmental Review Information Form (Enclosed)
- Copy of Deed for all properties of Lease Agreements
- Copy of most recent Property Tax Bill
- Most Recent letters of 501c3 non-profit status determination
- Certificate of consistency with local continuum of care:

To obtain a certificate you must contact:

Greta Guarton, LMSW
Executive Director
Long Island Coalition for the Homeless, Inc.
38 Old Country Road
Garden City, NY 11530
(516) 742-7770 X13-Phone
(516) 873-0830-Fax

- **Homeless Management Information System (HMIS) Participation** - Need certification from The Long Island Coalition for the Homeless whether a grantee is currently participating or the date when participation will commence. ***All Grantees of the Emergency Solutions Grant are required by the U.S. Department of Housing and Urban Development (HUD) to enter all homeless client demographic information into the Homeless Management Information System (HMIS).***
- Shelters taking placements through the Nassau County Department of Social Services – ***Must have a Memorandum of Understanding (MOU) with the Office of Housing & Homeless Services.***

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1. General Organizational Information

- A. Applicant Organization: _____
- B. Address: _____
- C. Contact Person: _____
- D. Year(s) shelter has been functioning: _____
- E. Telephone Number: _____
- F. Fax Number: _____
- G. Email: _____
- H. Total Amount of ESG Dollars Requested: \$ _____
- I. Total Amount of ESG Dollars Awarded To Your
Organization by Nassau County in 2015: \$ _____

Application Deadline: **Friday, April 1, 2016.** Hard copies of applications must be submitted to:

John R. Sarcone, Director
Office of Housing and Community Development
40 Main Street, 1st Floor
Hempstead, NY 11550

CERTIFICATION: 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 Nassau County's HUD-financed program is true and complete to the best of the Applicant's knowledge and belief. Verification may be obtained from any source named herein.

Print Name: _____

Title: _____

Signature: _____

Date: _____

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11. Activity Information

A. Brief description of your agencies present program(s) to serve the homeless.

B. Include target population, services, housing and etc. (Your mission statement). Attach additional documentation if necessary.

C. Project Name _____

D. Specific Location (block/address) _____

- | | | |
|-------------------------|-----|----|
| 1. Owned (attach deed) | YES | NO |
| 2. Rented (attach deed) | YES | NO |

E. **Project Description and Anticipated Accomplishments during the Program Year:** Provide a detailed description of proposed Activity, including the number of persons expected to be served. If essential services are to be provided by another entity or at a separate location, please identify the entity and/or location. For rehabilitation work, please be as descriptive as possible.

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- F. Please circle all applicable proposed program activities in accordance with 24 CFR 576.101 and 24 CFR 576.107 and explain what measures your organization will undertake to carry out the activities. (See attached Guidelines for Eligible Activities)
Please note: at this time we will not be funding the Rapid Rehousing Component.

Street Outreach

Emergency Shelter

Homeless Prevention Activities

HMIS

G. Does the activities above (check all that apply):

- ☐ Support and promote integrated communities and improve integrated living patterns?
- ☐ Reduce racially and ethnically concentrated areas of poverty?
- ☐ Respond to identified disproportionate housing needs of persons protected under the Fair Housing Act?
- ☐ Foster and maintain compliance with civil rights and fair housing laws?
- ☐ Address disparities in access to key community assets which may provide greater mobility access to vital assets, including economic opportunities, employment, health, transportation quality education?

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H. If funding for essential services or homeless prevention services is being sought, is the service a new service:

YES NO

I. Performance Measurement*

Please Provide a description of the expected outcome of this activity. (Ex. 200 people have no access to a shelter for the purpose of providing decent housing, or, rehabilitation of existing shelter has reduced the operating costs due to energy efficiency improvements.)

J. Experience: Describe the experience of your organization in implementing the activities that you have proposed in the application. Specifically, include the years of experience of staff and your organization.

[illegible]

M. Anticipated Project Completion Date: _____

Is the Primary Purpose of the activity to:	YES	NO
Help Prevent Homelessness?	_____	_____
Help the Homeless?	_____	_____
Help Those with HIV/AIDS?	_____	_____
Help Persons with Disabilities?	_____	_____

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111. Organizational Budget Information

A. Total Program Budget

Please provide a program budget listing all expected sources of funds. Attach copies of any funding commitment letters or requests for funding from all other sources.

Other Federal (List)		
1)		
2)		
3)		
State		
Nassau County DSS		
Local Government		
Private		
Organizational Contribution (List Sources)		
1)		
2)		
3)		
Total Project Cost:		

If more space is needed, please attach separately.

B. ESG Budget Details

Please Provide a detailed budget of the intended use of the requested Emergency Solutions Grant funding. (See attached **Appendix A** for definitions of terms)

Please Note: We will not be providing funding for the Rapid Re-Housing Assistance Component at this time.

ESGFunding Request Components	Budget Category	Emergency Shelter	HMIS	Street Outreach	Homelessness Prevention
B. Program Budget	Operations	\$(000's)	\$(000's)	\$(000's)	\$(000's)
	Essential Services				
	Renovation				
	HMIS				
Total Project Cost:					

C. Describe your Three-year Plan for Funding the Subject Activity

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Eligible Program Type	Purpose	Eligible Costs
<i>Street Outreach (Essential services)</i>	Reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care.	Engagement, case management, emergency health and mental health services, and transportation.
<i>Emergency Shelter</i>	Major rehabilitation, conversion, or renovation of a building to serve as a homeless shelter. Site must serve homeless persons for a least 3 to 10 years, depending on the cost.	Property acquisition and new construction are ineligible ESG activities.
<i>Emergency Shelter</i>	Essential services	Case management, childcare, education services, employment assistance and job training, outpatient health services, substance abuse treatment services, transportation, and services for special populations.
<i>Emergency Shelter</i>	Shelter operations	Maintenance, rent, repair, security, fuel, equipment, insurance, utilities, relocation, and furnishings.
<i>Homeless Prevention</i>	Housing relocation and stabilization services and short and/or medium-term rental assistance as necessary to prevent the individual or family from becoming homeless if: 1) Annual income of the family is below 30% of median family income. 2) Assistance is necessary to help program participants regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing.	Utilities, rental application fees, security deposits, last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, landlord-tenant legal services, and credit repair.

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ENVIRONMENTAL REVIEW INFORMATION FORM
CDBG ♦ HOME ♦ ESG

CONSORTIUM MEMBER: _____

- ☐ **Project Name:** _____

- ☐ **Project Description** – this should include the exact description of what the HUD funds are intended to be used for

- ☐ **Continuation Project** – Please indicate whether the activity to be carried out is a continuation of a previously funded project.

- ☐ **Project Location** – exact locations/ street addresses are REQUIRED. Without the accurate and exact location, the (ERR) cannot be completed.

- ☐ **Age of Dwelling(s)** – For the purposes of complying with the State Historic Preservation Organization (SHPO), the age/construction date of each dwelling must be provided. In the event that a dwelling is more than 50 years of age, a photograph of the property will also be required and SHPO must be contacted. The SHPO's response will determine the status of this factor. IF SHPO determines that there is historic relevance of the property, additional information will be required. This information is available at your local building department or at www.mynassauproperty.com

Questions or concerns regarding the environmental review process can be directed to:
Cherie Edmonston, Program Development Supervisor at: 516-572-0852 or
cedmonston@nassaucountyny.gov

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