



NASSAU COUNTY
OFFICE OF HOUSING and COMMUNITY DEVELOPMENT
40 MAIN STREET - 1st FLOOR
HEMPSTEAD, NY 11550

Emergency Solutions Grants (ESG) Program
Grant Application

Federal Fiscal Year 2018 (44th Program Year)

Name of Organization: _____

Date of Submission: _____

LAURA CURRAN
COUNTY EXECUTIVE



KEVIN J. CREAN
DIRECTOR



NASSAU COUNTY OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
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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 Eemption 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 - 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). Certification may be obtained from the Long Island Coalition for the Homeless indicating whether a grantee is currently participating in HMIS or the date when participation will commence. (See LICH contact information above)

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I. General Organizational Information

A. Organization Name: _____

B. Address: _____

C. Contact Person: _____

D. Year(s) shelter has been functioning: _____

E. Telephone Number: _____

F. Fax Number: _____

G. Email: _____

H. Charities Registration #: _____
(Obtained from NYS Attorney General)

I. Tax ID #: _____

J. DUNS Number (required): _____
If your organization does not have a DUNS number, apply online at
<https://eupdate.dnb.com/requestoptions.html> or call toll free at 1-866-705-5711.

K. Year(s) in Operation: _____

L. Total Amount of ESG Dollars Requested: \$ _____

M. Total ESG Dollars Awarded To Your Organization by Nassau County
in 2017: \$ _____

Funding available from the Nassau County Office of Housing and Community Development (NC OHCD) is received through an allocation from the U.S. Department of Housing and Urban Development (HUD). All requests for funding must thus comply with applicable requirements of the Emergency Solutions Grants (ESG) Program.

Funding requests should be project or program specific. General operating expenses of a non-profit organization will not be considered.

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Projects selected for funding will be included in the FY2018 Action Plan to be submitted to HUD for final approval. Nassau County's 2018 Program Year begins on September 1, 2018.

Application Deadline: **Monday, April 2, 2018.** Hard copies of applications must be submitted to:

Kevin J. Crean, Director
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, and 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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II. Shelter Information – List the locations of of all properties either owned or leased by your organization in Nassau County that are used to either house the homeless or provide services to the homeless.

ADDRESS	OWNED/ LEASED	END OF LEASE TERM	USE	# OF BEDS

III. Activity Information

A. Please provide a brief description of your agency’s present program(s) to serve the homeless. Note the target population, services provided, housing available etc. Attach additional documentation if necessary.

IV. Activity Funding Request

A. Project Name _____

B. Specific Location Street Address _____
 Section/Block/Lot _____

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1. Is property Owned? YES _____ (attach deed) NO _____
2. Is property Leased? YES _____ (attach lease) NO _____

C. Eligible Activity Type. (See attached Guidelines for Eligible Activities)

Activity Type	Funding Request
Emergency Shelter (24CFR 576.102)	\$ _____
Homeless Prevention Activities (24CFR 576.102)	\$ _____
Rapid Re-Housing (24CFR 576.102)	\$ _____
Street Outreach (24CFR 576.102)	\$ _____
HMIS (24CFR 576.102)	\$ _____

- D. Project Description and Anticipated Accomplishments during the Program Year:
Provide a detailed description of the 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 and provide any cost estimates obtained.

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E. Does the proposed activity(ies) (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?

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

YES NO

If no, describe your current activity, recent accomplishments and planned revisions should your funding request be approved.

G. Performance Measurement — Provide a description of the expected outcome of the proposed activity(ies). (Ex. 20 people now have 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.)

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H. Experience — Describe the experience of your organization in implementing the proposed activity(ies). Specifically, include the years of experience of staff and your organization.

I. Timeliness — What steps have been undertaken, or will be undertaken to ensure timely completion of proposed activity(ies)?

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J. Anticipated Project Start Date: _____

K. Anticipated Project Completion Date: _____

V. Operational 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.

Complete Program Budget		Funding Received	Funding Request
		43rd Year 2017-2018	44th Year 2018-2019
Amount requested from NC OHCD Emergency Solutions Grants (ESG) Program		\$	\$
Amount Anticipated from other sources:			
AGENCY	PROGRAM		
Other Federal (List)			
1.)			
2.)			
State			
1.)			
2.)			
County			
1.)DSS			
2.)			
3.)			
Local Gov't			
1.)			
Private			
1.)			
2.)			
Organization Contribution (List Source)			
1.)			
2.)			
3.)			
4.)			
Total Project Costs		\$	\$

If more space is needed, please attach separately.

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B. Please provide a summary of the past three (3) years of ESG funding received from Nassau County OHCD:

Program Year	Services	Rehabilitation	Operations	Total
FY2015 (9/15-8/16)	\$	\$	\$	\$
FY2016 (9/16-8/17)	\$	\$	\$	\$
FY2017 (9/16-8/17)	\$	\$	\$	\$

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Appendix A

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 at 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.
<i>Rapid re-housing assistance</i>	<i>Housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing</i>	Program participants must meet the criteria under paragraph (1) of the "homeless" definition in § 576.2 or the criteria under paragraph (4) of the "homeless" definition and live in an emergency shelter or other place described in paragraph (1) of the "homeless" definition. The rapid rehousing assistance must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105, the short- and medium term rental assistance requirements in § 576.106, and the written standards and procedures established under § 576.400.

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