



# LEXINGTON

## LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT'S

EMERGENCY SOLUTIONS GRANT

APPLICATION

2020 ANNUAL ACTION PLAN FOR JULY 1, 2020 - JUNE 30, 2021



# APPLICATION INSTRUCTIONS

Lexington-Fayette Urban County Government (LFUCG) solicits applications from organizations requesting funds to carry out Consolidated Plan projects. The attached application is required if your organization is requesting funding from the Emergency Solutions Grant Program for the period July 1, 2020 through June 30, 2021.

Only one copy of the application is required. This copy should be on 8 ½ x 11” white paper and clipped in the upper left hand corner. *Do not staple pages or include paperclips.* An **ORIGINAL** signature is required. Applications must be submitted by the deadline of **5 pm on Friday, January 10, 2020**. The completed application and all supporting material should be sent to:

**Lexington-Fayette Urban County Government  
Grants and Special Programs  
200 East Main Street, 6<sup>th</sup> Floor  
Lexington, Kentucky 40507**

If you hand-deliver your application, please place it in a labeled envelope and leave it with the front desk on the 1<sup>st</sup> floor.

## **LATE OR INCOMPLETE APPLICATIONS MAY BE EXCLUDED FROM FUNDING CONSIDERATION!**

### **Available Funding**

Funding from the Emergency Solutions Grants Program is limited. Federal funding for Consolidated Plan Year 2019 for Emergency Solutions Grants Program was \$195,464, and 2020 funding is expected to be at a similar level.

The purpose of the Emergency Solutions Grant Program is for the rehabilitation or conversion of buildings for use as emergency shelter for the homeless, for the payment of certain expenses related to operating emergency shelters, for essential services related to emergency shelters and street outreach for the homeless, and for homelessness prevention and rapid re-housing assistance.

### **Review Process**

Applications will be reviewed by Grants and Special Programs staff and other LFUCG staff as necessary. Staff may have additional questions and may want to interview a representative of your organization before making a recommendation on funding for inclusion in the 2020 Annual Action Plan. Please note that the LFUCG administration may provide for an additional level of review.

Final funding decisions rest with the Urban County Council. Applicants are also advised that funds cannot be committed until after the federal government approves the LFUCG Annual Action Plan and that individual applicant agencies may not commit funds until specifically authorized by the LFUCG through an executed grant agreement.

Please check the LFUCG website (<https://www.lexingtonky.gov/grants>) for notices of the publication of the draft 2020 Annual Action Plan, the second public hearing, and Council meetings during which the 2020 Annual Action Plan is scheduled for discussion and/or action.

## **Evaluation Criteria**

The following is the basis that will be used for the 2020 Plan Year for recommending applications for funding under the Emergency Solutions Grants Program.

### ***Applicant capacity***

The application must demonstrate that the agency staff has adequate credentials and experience to carry out the proposed project. This means that the organization carrying out the project, its employees, or its partners, must have the necessary experience and qualifications to carry out the specific activities proposed.

Factors to be considered will include: prior agency experience and results in the type of work being proposed; suitable agency fiscal capacity and organizational infrastructure to implement the project; and employee experience and credentials in the area to be implemented. The LFUCG's monitoring records of previously funded projects will also be considered in determining applicant capacity.

Please note applicants with fiscal sponsors will not be considered.

### ***Project quality***

The proposed services/project must be appropriate to the needs of the persons to be served. The application must demonstrate a clear understanding of the needs of the clients, the services to be offered (if any), and the effectiveness of the services in meeting those client needs. All projects will be reviewed using performance data from the Homeless Management Information System (HMIS) and other data provided by the LFUCG Office of Homelessness Prevention & Intervention.

In addition, a project may be considered to be of good quality if:

1. The type and scale of housing, shelter and/or services proposed clearly fit the needs of the proposed participants.
2. The project is cost-effective and all costs are reasonable, and do not deviate substantially from the norm in Lexington.
3. The application shows evidence of collaboration with other existing programs and services; letters evidencing collaboration may be attached.
4. If applicable, the building proposed for use meets local codes, health, or safety standards.

### ***Need for Project***

Applications must describe the need for the specific project regarding existing services or resources. The project may be judged to adequately describe the need if it addresses the following points:

1. The need for the project is documented by use of waiting lists, references to similar programs, etc.
2. The project is consistent with the priorities identified for the five-year Strategic Plan in the LFUCG'S 2020-2024 Consolidated Plan;
3. The project does not unnecessarily duplicate existing programs and services for the same clients.

### *Operational Feasibility*

The application must include:

1. Clear and complete plans for implementing and completing the project;
2. Adequate committed funding to implement the project. Include letters of commitment;
3. An adequate strategy for securing additional support and commitment;
4. Adequate number of qualified staff to carry out the proposed project; and
5. Indicators that demonstrate that the project is ready to be implemented.

LFUCG reserves the right to adjust funding amounts.

You may direct questions about the application to Celia Moore, Grants Manager, at (859) 258-3072 or [cmoore@lexingtonky.gov](mailto:cmoore@lexingtonky.gov).

**WHILE NO PAGE LIMIT IS IMPOSED, PLEASE TRY TO LIMIT RESPONSES TO THE SPACE PROVIDED IN THE APPLICATION**

**Lexington-Fayette Urban County Government  
Grants and Special Programs**

Lexington-Fayette Urban County Government  
200 East Main St., 6<sup>th</sup> Floor, Lexington, KY 40507  
Ph (859) 258-3070 Fax (859) 258-3081



**LEXINGTON**

**Emergency Solutions Grant Program Application  
2020 Annual Action Plan  
July 1, 2020 through June 30, 2021**

**1. Project Information**

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

Project Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Project Census Tract(s): \_\_\_\_\_

**2. Applicant Information**

Legal Name of Agency Requesting Funding: \_\_\_\_\_

Mailing Address of Agency: \_\_\_\_\_ Zip: \_\_\_\_\_

Year incorporated: \_\_\_\_\_ 501c(3)? Yes \_\_\_ No \_\_\_ Other \_\_\_\_\_

Taxpayer Identification Number: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Registered with KY Secretary of State? Yes \_\_\_ No \_\_\_

Major Sources of Agency Funding: \_\_\_\_\_

**3. Project Contact Person** (This is who will correspond with the Grants Manager.)

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

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

**4. Agency's Authorized Signee and Signature** (This is the person who has legal authority to sign the application such as the President of the organization.)

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**5. Amount of Funds Requested** (Please round numbers to the nearest dollar. Note that ESG requires a 1:1 match.)

LFUCG ESG Grant Request: \_\_\_\_\_ MATCH: \_\_\_\_\_ TOTAL: \_\_\_\_\_

**6. Timeline**

Projected Starting Date: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_

Remember that Urban County Council must approve applications and a contract must be signed by the applicant **and the Mayor** before the project can begin. Projects should not anticipate a start date prior to October 1, 2020, and possibly later.

**7. Population Served** – Select which population your project will be serving.

Men                  Women                  Families                  Youth (under 25)                  Children

**8. Emergency Shelter Facilities** Not Applicable

Shelter Address: \_\_\_\_\_

Maximum Bed Capacity per night: \_\_\_\_\_ Average Length of Stay: \_\_\_\_\_

Annually, how many individuals do you expect to serve in the Emergency Shelter using ESG funds? \_\_\_\_\_

**9. Transitional Housing** Not Applicable

Shelter Address: \_\_\_\_\_

Total Number of Units: \_\_\_\_\_ Average Length of Stay: \_\_\_\_\_

Annually, how many individuals do you expect to serve in the Transitional Housing using ESG funds? \_\_\_\_\_

**10. Homelessness Prevention** Not Applicable

Annually, how many individuals do you expect to serve with ESG Homelessness Prevention Funds? \_\_\_\_\_

**11. Rapid Re-Housing Programs** Not Applicable

Annually, how many individuals do you expect to serve with ESG Rapid Re-Housing Funds?  
\_\_\_\_\_

**12. Eligible Project Activities** - Check the eligible activity(ies) to be undertaken by this project:

**Street Outreach Component** —ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

**Emergency Shelter Component**—ESG funds may be used for costs of providing essential services to homeless families and individuals in emergency shelters, renovating buildings to be used as emergency shelter for homeless families and individuals, and operating emergency shelters.

**Homelessness Prevention Component**-- ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place

**Rapid Re-Housing Assistance Component**--ESG funds may be used to provide 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.

**HMIS Component**-- ESG funds may be used to pay the costs of contributing data to the HMIS designated by the Continuum of Care for the area. **All applicants for ESG funds must be licensed and correctly inputting client data into the KYHMIS system.**

**13. Services** — Describe the essential services that will be offered if this application is funded.

**14. Need and Relationship to the 2020-2024 five-year strategic plan** - Describe how your agency determined the local needs your program will address. Include local data substantiating your decision to serve the population you are serving and explain how this project meets a need that should be a priority in the 2020-2024 Strategic Plan. The previous five-year Consolidated Plan is located at: [https://www.lexingtonky.gov/sites/default/files/2016-09/Final%20Consolidated%20Plan%202015%20%209.9.16\\_1.pdf](https://www.lexingtonky.gov/sites/default/files/2016-09/Final%20Consolidated%20Plan%202015%20%209.9.16_1.pdf)

**Examples of priorities include:** Youth Services, Homelessness Prevention, Rapid Re-Housing, etc.

**15. Target Population** - Describe the client target population for the project.

Provide a brief history of your agency's experience in serving this target population.

**Target Population** – continued. Explain how you will identify/admit clients and how you will document their eligibility.

What will your project accomplish to address the needs of homeless persons in your community?

**Target Population** – continued. How will your project help individuals and/or families exit homelessness to permanent housing?

**16. Project Outcomes/Performance Objectives** - Define the project in measurable outcomes and performance objectives. This should not be a description of services provided, but rather, the beneficial effect on those being served.

***EXAMPLE:** Rapid rehousing program for youth, ages 18-24.*

***Performance objective:** 80% of the participants will be permanently housed.*

**17. Capacity and Experience** - Using the chart below, please name all other grant and/or housing programs your agency has successfully implemented within the past three years, and identify the number of times your agency has received that type of funding during that time.

<b>Activity</b>	<b>Funding Source</b>	<b># of Allocations in past 3 years</b>	<b>Type(s) of Funding</b> (identify program name and avoid using just acronyms when possible)
<b>Shelter Operations</b>			
<b>Rental Assistance</b>			
<b>Case Management/ Services</b>			
<b>HMIS (OR similar)</b>			
<b>Other:</b>			

Please complete this table to identify all staff at your agency who will be involved with the program for which you are requesting ESG funds.

<b>Position</b>	<b>Name(s)</b>	<b>Start date with agency (mo/year)</b>	<b>List Federal housing programs name - administered in last 2 years – even if administered at a different agency</b>
<b>Exec. Dir./CEO</b>			
<b>Program Manager or Other Key Leadership Position</b>			
<b>ESG Program Finance Staff</b>			
<b>Case Manager or Other Key Program Staff Position</b>			
<b>Lead HMIS or Data Collection Staff</b>			

Please complete the following table.

Experience and Capacity	Response	Explanation
Has your organization or one of its staff persons administered one or more federally funded programs in the last 3 years?		
Has there been staff turnover or reorganization that has negatively or positively impacted your capacity?		
Does your organization have effective procedures and controls for program/project management?		
Have your audits identified any issues in the last 3 years?		
If previously funded by LFUCG, have you been timely in your spending?		
Does your organization have a system in place to accurately track receipts, expenditures, and budgets? Please note that applicants must have capacity on their own without the use of a fiscal agent.		

**18. Previously Funded** – If you have previously received federal funding from LFUCG, please describe the status of your most recently funded project and whether or not you have expended all of your funding.

**19. Sustainability** - Describe budgetary plans for future needs (three years). Describe your operating plan if ESG funds are not available. Please list your efforts to secure other funds. If this project is approved for funding, only one year of funding can be guaranteed.

**20. Collaboration with Other Agencies** - Describe your agency's relationship and collaboration with other community partners. You **may** attach letters. Label them as **Attachment 7 – Collaboration Letters**.

## 21. Project Budget

Essential Services (in shelters)	ESG Request	Match	Match Source	Total
Case Management				
Other				
<b>SUBTOTALS</b>				
Shelter Operations	ESG Request	Match	Match Source	Total
Maintenance				
Rent				
Security				
Equipment (greater than \$1,000)				
Insurance				
Utilities				
Food				
Supplies				
<b>SUBTOTALS</b>				
Housing Relocation & Stabilization Services	ESG Request	Match	Match Source	Total
Security Deposits				
Utility Deposits				
Utility Payments				
Case Management				
Utility Arrears				
Other (explain)				
<b>SUBTOTALS</b>				
Medium-Term Rental Assistance	ESG Request	Match	Match Source	Total
Medium-Term Rental Assistance				
Payment of Rental Arrears				
<b>SUBTOTALS</b>				
HMIS	ESG Request	Match	Match Source	Total
HMIS Participation Fees				
<b>SUBTOTALS</b>				
<b>TOTAL:</b>				

ESG requires a 100% cash or in-kind match. A 100% match is the amount equal to the federal funding requested. Please go to <https://www.lexingtonky.gov/consolidated-plan> to review the “Standards for providing ESG assistance” to determine which costs are allowable. Administrative costs and indirect costs will not be supported with ESG funding.

**22. Budget Narrative** – Please itemize costs for each category indicated on the budget.

- For personnel costs, indicate the position title (s), the name of the staff member(s), hourly wage, and number of hours per week on the proposed activity. For Fringe Benefits, identify all benefits and how they were calculated.
- Supplies and Equipment should be itemized and need should be justified.
- Itemize and justify all travel.
- If proposing renovation activities (including rehabilitation or conversion), describe the renovations to be completed and the rationale for undertaking these activities at this time. For example, if you are proposing to replace a roof, identify the age and condition of the current roof.)
- Explain anything included in “other.”
- Attach pages as necessary and **Label as Attachment 8 – Budget Narrative.**

### 23. Source of Other Funds

To complete the chart, list all sources of project funds below. Indicate whether they are firmly committed or tentative. All non-ESG project funds require written verification submitted with the proposal. Unverified sources will not be counted as committed.

The total ESG funds and non-ESG funds must be adequate, as determined by LFUCG staff to complete the project. Projects that are financially infeasible will not be considered for funding. Attach the letters of financial commitment to the proposal and label as **Attachment 9 - Commitment Letters**.

Source	Cash Resources	In-Kind Contribution	Status of Commitments	Date Available
<b>TOTAL</b>				

**Emergency Solutions Grants Program funds represent \_\_\_\_\_% of the total project**

Provide explanation of tentative commitments. EXAMPLE: You have made application for additional funds from an additional source, but have not been informed of approval of funds.

## **ESG APPLICATION CHECKLIST**

The following items must be included in this application for funding unless noted otherwise.

<u>ITEM</u>	<u>ATTACHED</u>	<u>NOT APPLICABLE</u>
<b>Attachment 1:</b> Organization’s most recent financial audit		
<b>Attachment 2:</b> Articles of Incorporation & Bylaws		
<b>Attachment 3:</b> Kentucky Secretary of State - proof of current active status		
<b>Attachment 4:</b> IRS 501c (3) letter		
<b>Attachment 5:</b> Organizational Chart and List of Board of Directors		
<b>Attachment 6:</b> Track Record, if applicable		
<b>Attachment 7:</b> Collaboration Letters, if applicable		
<b>Attachment 8:</b> Budget Narrative, if applicable		
<b>Attachment 9:</b> Commitment Letters		
<b>Other:</b>		