



City of Arlington
Community Development and Planning
Program Year 2017 CDBG & ESG Grant Application
12/2/2016 deadline

RFP Workshop ESG Example

\$ 50,000.00 Requested

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SAM Expires 12/31/2017

Application Summary

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. This application may be used to apply for either Community Development Block Grants (CDBG) funds or Emergency Solutions Grants (ESG) funds. Please identify what funds (Please select one).

- CDBG
- ESG

2. Type of Organization

- Non-profit
- Government
- Faith-based organization
- For-profit/private

3. Program Request Summary

50000	Amount ESG Requested
450000	Other Program Funding
500,000.00	TOTAL

4. Program Request Summary

-answer not presented because of the answer to #1-

5. Has the program been funded before?

- Yes
- No

6. Briefly describe the purpose and goals of this program, the population to be served; include # of unduplicated adults and children you will serve.

Describe the purpose & goal of the program for which your agency is requesting funds.

Indicate the population that this program will serve and the total number of unduplicated clients that this program plan to serve.

Character limit: 3,000.

7. What will proposed ESG funds be used for? Be as specific as possible (ex: Salaries: .25 FTE case manager or .10 FTE program director).

Please indicate what ESG funds will be used for and be as specific as possible. Example: ESG funds will be used for .10 FTE salary of a case manager and shelter repair/maintenance.

Character limit: 65,000.

8. What will proposed CDBG funds be used for? Be as specific as possible (ex: Salaries: .25 FTE case manager or .10 FTE program director).

-answer not presented because of the answer to #1-

9. I certify that the information contained in this Application is TRUE and CORRECT and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts.

I further certify that no contracts have been awarded, funds committed, or construction begun on the proposed program and that none will be done prior to issuance of a release of funds by the City of Arlington.

- Agree
- Disagree

Application Questions

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. This application may be used to apply for either Community Development Block Grants (CDBG) funds or Emergency Solutions Grants (ESG) funds. Please identify what funds (Please select one).

- CDBG
- ESG

Organization Capacity and Experience

2. Provide an organizational overview of your agency, including: a description of the history, mission, and services of the organization; description of staff experience with program; and federal grant management experience.

Describe the history of your agency.

State the mission of your organization.

List and describe the services offered by your agency.

Describe your staff experience with the program for which you are requesting funds.

Detail your staff/agency experience with federal grant management.

Character limit: 65,000.

3. Year of Incorporation.

Character limit: 255.

4. Years of direct experience with program

Character limit: 255.

5. Has your organization carried out or attempted the CDBG or ESG program before? If yes, please describe the program.

Answer YES or NO.

If yes, describe the ESG program that has been attempted or carried out by your organization.

Character limit: 65,000.

6. Has your organization carried out or attempted a similar project before? If yes, Please describe the program. If you do not have specific information, please provide estimates.

Answer YES or NO.

Provide details about a project similar to the one you are requesting ESG funding that your agency has carried out or attempted.

Character limit: 65,000.

7. Has this program received City of Arlington funding before? If yes, for how many years?

Character limit: 255.

8. What was the funding amount, planned number served and actual number served for the last complete year?

Funding amount. Planned number served. Actual number served. Example: \$50,000.00. Plan to serve 100 homeless adults. Served 108 homeless adults.

9. If you did not meet your planned number to be served, please provide an explanation below.

If not applicable, please input N/A in the box below

If the number of unduplicated number of clients planned to be served was not met, provide an explanation.

Character limit: 65,000.

10. Are you a current or past sub-recipient?

Yes

No

11. If yes, when was your last monitoring visit by the City of Arlington? Were there any findings and/or concerns in your last monitoring visit? If yes, indicate the findings and/or concerns.

If not applicable, please input N/A in the box below.

Provide the date of your organization last monitoring by the City of Arlington.

If there were any finding or concern, describe them.

Character limit: 65,000.

12. Did your organization complete any mandated corrective actions outlined by the City of Arlington?

Yes

No

13. If yes, Please explain any actions taken or not taken.

Otherwise please input N/A below.

Describe any action taken by your organization to correct any concern or finding from the last City of Arlington monitoring visit.

Character limit: 65,000.

14. In your previous experience with Federal projects, was your organization required to pay back funds, in violation of regulations, etc?

Yes

No

15. If yes, please describe the amount repaid and reason for the required repayment.

If not applicable, please input N/A in the box below.

If applicable, enter the amount. Describe the reason for the repayment. Character limit: 255.

16. How long was clients' average length of stay in the shelter for the last program year (July 1, 2015 to June 30, 2016)

Character limit: 255.

17. What steps is your organization taking to reduce the total average length of stay at the shelter, and ensure housing stability at program exit?

Describe any initiative or process in place at your organization in order to reduce the client average length of stay and facilitates client housing stability upon exiting the program.

Character limit: 65,000.

18. Board of Directors. Please address the following: Requirements to be a board member, process for determining the boards membership needs (including diversity of members) and process for recruitment, training and orientation of board members.

Describe the requirement to become a board member.

Describe the process used to determine board membership needs, including the diversity of its members.

Describe the process of recruitment, training and orientation for board members.

Character limit: 65,000.

Evidence of Need for Service

19. Program Priorities: Check the City of Arlington Consolidated Plan Objectives the proposed program will address.

-answer not presented because of the answer to #1-

20. Program Priorities: Check the City of Arlington Council Priorities related to HUD grant activities the proposed program will address.

-answer not presented because of the answer to #1-

21. Program Priorities: Check the United Way Assessment of Arlington Priority Issues the proposed program will address.

-answer not presented because of the answer to #1-

22. Describe the target population for the proposed service. What proportion of this target population will be served by the proposed CDBG funded program? Is the service directed at a particular geographic area or available community wide?

-answer not presented because of the answer to #1-

23. Provide current statistical data documenting the need for this service. Describe how the need for this service has changed in the past three to five years. Provide sources for your information.

Include as much local data as possible, as well as any relevant statistics collected by the applicant organization, such as the number of referral calls, number of clients on number of clients on waiting lists, time on waiting list, etc.

Provide statistical evidence for the need of the service provided by the program for which your organization is requesting ESG funds. Include as much data as possible to support your claim. Specify the source for data used.

Describe the changes that occurred regarding the need for your service in the past 3-5 years. Specify the source for data used.

Character limit: 65,000.

24. Are there other services or activities similar to your program provided by other organizations in the City of Arlington?

Yes

No

25. If yes, how is your proposed program different or unique from other program? Briefly explain in the space provided below.

If not applicable, please input N/A.

"Yes"; State how the program for which your organization is requesting ESG funds is different or unique in comparison with similar programs in the City of Arlington.

Character limit: 65,000.

26. Does the proposed program collaborate with other programs in the city of Arlington to provide this service?

Yes

No

27. If yes, briefly explain in the space below.

if not applicable, please input N/A.

If applicable, describe any existing collaboration between the program for which you agency is requesting ESG funds and other similar programs in the City of Arlington.

Character limit: 65,000.

28. Identify the eligible activities for which your program will request ESG funds. Choose from the following: Homeless Prevention, Emergency Shelter, Rapid Re-housing and HMIS

Include the amount requested and the proposed number served for each eligible activity.

State which eligible ESG category your program falls under: Homeless Prevention, Emergency Shelter, Rapid Re-housing and HMIS. Provide the amount of ESG funds requested and the total number of people planned to be served for the activity. Example:

- Emergency Shelter

Amount Requested: \$15,000.00

Proposed Number Served: 25

Character limit: 65,000.

29. Identify the homeless beneficiaries the program will serve by checking the appropriate category below:

Chronic Substance Abuse

Chronically Homeless

Elderly

Homeless Families w/ children

Single Homeless Individual

Persons with HIV/AIDS

Unaccompanied Youth

Veterans

Victims of Domestic Violence

Other Disabled

Other

30. Number of unduplicated adults and children to be served.

Indicated the number of unduplicated adults to be served

Indicate the number of unduplicated children to be served

31. If you are currently seeking or have commitments of funding from other sources to meet the match/leverage requirement for this program, please provide the status, date awarded and amount below.

If not applicable, input N/A.

Provide information about other sources of funding to meet the match requirements for the ESG program.

Example:

- Foundation A

Amount Requested: \$40,000.00

Status: Pending

Character limit: 65,000.

Statement of Work/Scope of Services

32. Develop a sound statement of work/work plan narrative that details the service activities the program will undertake. The information will be used to structure the scope of services portion of the agreements with the City.

-answer not presented because of the answer to #1-

33. Develop a sound statement of work/work plan narrative that details the service activities the program will undertake. The information will be used to structure the scope of services portion of the agreements with the City.

Include: 1)service activity action plan 2)intake procedures and eligibility documentation 3)use of HMIS to track client information 4) program location and hours 5)recruitment/marketing plan 6)evaluation plan 7)procedures and guidelines

Provide the following information regarding the program for which you are requesting ESG funds:

- 1) the service activity action plan for your program;
- 2) the intake procedure and eligibility documentation for your program;
- 3) the way your agency will use HMIS to track client information;
- 4) the location and hours of provision of your program services;
- 5) the recruitment/marketing plan strategy for your program;
- 6) the process by which you will evaluate your program;
- 7) the procedures and guidelines specific to your program.

Character limit: 65,000.

34. State how your organization will involve at least one homeless or formerly homeless person(s) in a policy making function AND at least one homeless or formerly homeless person(s) in the operation of the ESG funded program.

This involvement includes the participant's employment or volunteering in program activities such as maintenance or general operation of facilities. Describe how at least one homeless or formerly homeless person will be involved in a policy making function of your organization.

Describe how your agency will involve at least one homeless or formerly homeless person in the operation of the program for which you are requesting ESG funds.

Character limit: 65,000.

35. Please identify the primary beneficiaries this program will serve. Be cognizant of the target population you name in the narrative portion of this proposal. Please check the appropriate categories below:

-answer not presented because of the answer to #1-

36. Presumed Benefit Clientele

-answer not presented because of the answer to #1-

37. Who are the program beneficiaries (target group) to be served? Please check all that apply.

-answer not presented because of the answer to #1-

38. Youth age range, 19 and under; what youth age range do you serve?

-answer not presented because of the answer to #1-

39. Tarrant County Homeless Coalition(TCHC) is the lead agency for the Tarrant County Continuum of Care(CoC). Please describe your organization's involvement with the CoC and how many TCHC meetings your organization attended last year.

How does your organization ensure your program meets the TCHC continuum performance measurement? The performance measurement is located in the Library section at the top of the page.

Describe how your organization is involved with the TCHC.

State how many TCHC meetings your agency attended last year.

Explain how your organization ensures that your program meets the TCHC continuum-wide performance measurement for ESG.

Character limit: 65,000.

Budget Information

40. Describe the organization's fiscal management, including: Financial reporting, Record keeping, Accounting systems, Payment procedures and audit requirements

Describe your agency fiscal management procedure:

- 1) Financial reporting;
- 2) Record keeping;
- 3) Accounting systems;
- 4) Payment procedures;
- 5) Audit requirements.

Character limit: 65,000.

Budget

Program Budget Revenue	PY 2015-2016 Actual Revenue	PY 2016-2017 Estimated Revenue	PY 2017 -2018 Anticipated Revenue
Cash Donations	\$ 80,000.00	\$ 90,000.00	\$ 100,000.00
Federal Grants	\$ 120,000.00	\$ 110,000.00	\$ 100,000.00
Foundation Grants	\$ 120,000.00	\$ 130,000.00	\$ 200,000.00
Other Grants	\$ 130,000.00	\$ 140,000.00	\$ 100,000.00
Total	\$ 450,000.00	\$ 470,000.00	\$ 500,000.00

Program Budget Expenses	Estimated CDBG/ESG Budget	Estimated Match/Leverage/Other Budget	Total Program Budget
Salaries	\$ 10,000.00	\$ 300,000.00	\$ 310,000.00
Shelter Repairs/Maintenance (Match)	\$ 35,000.00	\$ 100,000.00	\$ 135,000.00
Utilities	\$ 5,000.00	\$ 50,000.00	\$ 55,000.00
Total	\$ 50,000.00	\$ 450,000.00	\$ 500,000.00

Budget Narrative

Explain in detail the program budget and the total budget as described in the tables above. Example:

REPAIRS/MAINTENANCE (Operation/Maintenance)

- For building repairs needed to ensure a safe and clean facility. Routine painting, plumbing and electrical work are performed to maximize safety and efficiency. Calculated at \$135,000 annually.

- ESG FUNDS REQUEST: \$35,000.

Character limit: 65,000.

Tables

ESG ONLY: Cost per Persons Served

Amount ESG Requested	Total Program Budget	Total Organization Budget	Unduplicated # to be Served	Amount of Source(s) Matching Funds	% of ESG Program Budget	% of ESG Organization Budget	Total program Cost per Client	ESG Cost per Client
\$ 50,000	\$ 500,000	\$ 1,000,000	100	\$ 100,000 Charity Foundation	10 %	5 %	\$ 5,000	\$ 500

CDBG ONLY: Cost per Persons Served

Amount CDBG Requested	Total Program Budget	Total Organization Budget	Unduplicated # to be Served	% of CDBG Program Budget	% of CDBG Organization Budget	Total program Cost per Client	CDBG Cost per Client
\$	\$	\$		Error Occured: 13 - Type mismatch	Error Occured: 13 - Type mismatch	\$ Error Occured: 13 - Type mismatch	\$ Error Occured: 13 - Type mismatch

Time Table and Service Activities

Quarter	New Clients Served	Activities
Qtr 1: July -Sept	25	Provide shelter services and cases management to 25 clients.
Qtr 2: Oct-Dec	25	Provide shelter services and cases management to 25 clients.
Qtr 3: Jan-March	25	Provide shelter services and cases management to 25 clients.
Qtr 4: Apr-June	25	Provide shelter services and cases management to 25 clients.
Total	100	

CDBG ONLY: Service Activity Table

Description	Type	Unit Definition	Units	Cost	Total
				\$	\$ 0
				\$	\$ 0
				\$	\$ 0
				\$	\$ 0
				\$	\$ 0
				\$	\$ 0
				\$	\$ 0
				\$	\$ 0
				\$	\$ 0
Total			0	\$ 0	\$0

Performance Measurement System

Activity	Goals	Inputs	Activities	Outputs	Outcomes	Measurement
Activity #1	Describe the goal of the 1st activity of your program	Describe the inputs to run activity #1 of your program	Describe the activities of activity #1 of your program	Describe the outputs of activity #1 of the program	Describe the planned outcome of activity #1 of the program	Explain the measurement tools to measure the effectiveness of activity #1 of your program
Activity #2	Describe the goal of the 2nd activity of your program	Describe the inputs to run activity #2 of your program	Describe the activities of activity #2 of your program	Describe the outputs of activity #2 of the program	Describe the planned outcome of activity #2 of the program	Explain the measurement tools to measure the effectiveness of activity #2 of your program
Activity #3						
Activity #4						
Activity #5						

Documents

Documents Requested *	Required?	Attached Documents *
Cover Letter (optional)		ESG Example-Cover Letter
Job Descriptions and Resumes of Key Personnel	✓	ESG Example-Job Descr & Resume
Program-Specific Organizational Chart. Include all employees that contribute time toward this program, whether funded by CDBG or other sources. Identify staff that are funded by CDBG. Include name of staff, title, and years of experience with CDBG.	✓	ESG Example-Program Chart
Client Intake Form	✓	ESG Example-Client Intake Form
Performance Measurement Tools and Results (e.g., client evaluation forms and results from prior years, pre- and post-tests or typical results)	✓	ESG Example-Performance Measurement

Non-Profit Documentation from the IRS	✓	ESG Example-IRS Documentation
Minutes Authorizing Submittal of Proposal	✓	ESG Example-Minutes Authorization
Articles of Incorporation	✓	ESG Example-Articles of Incorporation
By-laws	✓	ESG Example-Bylaws
Organization Chart (not program specific)	✓	ESG Example-Org Chart
Financial Audit/Certified Financial Statement	✓	ESG Example-Audit & Financial Statement
Director's and Officers' Liability and Errors and Omissions Insurance	✓	ESG Example-Insurance
Policies and Procedures for Employees	✓	ESG Example-Policies & Procedures
Internal Control Policies and Procedures (if not included in one of the documents listed above attachments)	✓	ESG Example-Internal control Policies
Code of Conduct Listing Prohibited Behavior for Board and Employees	✓	ESG Example-Code of Conduct
Innovative Collaborative Initiative Documents (optional)		ESG Example-Innovative Collaboration
Board Members. The name, whether they live in Arlington, company affiliation, job title, current board term, length of service, sex, race , homeless/formerly homeless (ESG only), ethnicity and the board president must be identified.	✓	ESG Example-Board Members
Certification Form (Upload the document and mail/drop off the original form to 101 W. Abram St. Arlington, TX 76010 MS 01-0330) download template	✓	ESG Example-Certification Form
Other documents		ESG Example-Additional Info

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