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| **Emergency Solutions Grant Proposal**   |  | | --- | | **2024 Proposal Form** |   **Department of Metropolitan Development**  **City of Evansville, Indiana** |
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| **General Information** |

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| **1.**  **Applying Organization Information:** | | | | | |
|  | | | | | |
| Organization Name | | | | | |
|  | |  | |  | |
| Organization Address | | Phone Number | | E-Mail | |
| City |  | State |  | Zip +4 |  |

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| **2.** Contact Person Information: (This person will receive all notices concerning ESG funds and must be able to answer questions regarding this proposal). | | | |
| Name (last, first) |  | Title |  |
| Mailing Address |  | Phone # |  |
| City |  | E-mail |  |
| State |  | DUNS# |  |
| Zip+4 |  | EIN# |  |

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| **3.** Is the applicant organization a 501(c) (3) or 501(c) (4)? **If YES**, **submit IRS Determination Letter and Federal I.D. Number, and the State Entity Annual Report stating the applicant is currently a 501(c) (3) or (4).** | | | | | |
| **Yes** |  | **No** |  | **Pending** |  |
| **3 a.** Does your agency attend the Homeless Services Council of Southwest Indiana meetings at least 75% of the time?  **If NO**, please explain below | | | | | |
| **Yes** |  | **No** |  | | |
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| **4.** Is your agency currently registered with System for Award Management (SAM)?  **Provide proof of current status with SAM** | | | |
| **Yes/UEI#** |  | **No** |  |

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| **5.** Program Name: |  |

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| **6.** ESG Amount Requested for this project | $ |
| **6 a.** ESG Percentage of total program costs | % |

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| FOR ADMIN USE ONLY |
|  |
| PERFORMANCE OBJECTIVE: |
| PERFORMANCE OUTCOME: |

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| **Project Information** |

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| **7.** How many years has this **organization** been in existence? |  |
| **7 a.** How many years has this **program** been in existence? |  |

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| **8.** Specific Use of Funds for ESG Eligible Activities: (i.e. program operating costs, rent payments, etc.) |
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| **9.** ESG Priority Need and Level - Indicate the need (check one) | | | | | | |
| **Priority Needs** | **Priority Level - High** | | | | |
|  | Homeless Assistance | | | | |
|  | Rapid Re-housing | | | | |
| **9 a.** Is this program currently in HMIS? | | **Yes** |  | **No** |  | |

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| **10.** Program Summary - **Briefly** describe the proposed program: |
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| **10-a** How is homeless verification determined to qualify for participation in the program? |
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| **Project Information continued** |

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| **11.** In the table below list the **PROJECTED** outputs (accomplishments) and ESG expenditures per month for this program for 2024-25. Include the unduplicated number of homeless persons projected to benefit, if applicable. | | | |
| **ESG Expected Outputs (Accomplishments)** | |  | **ESG Anticipated Expenditures** |
| **July 2024** |  |  |  |
| **August 2024** |  |  |  |
| **September 2024** |  |  |  |
| **October 2024** |  |  |  |
| **November 2024** |  |  |  |
| **December 2024** |  |  |  |
| **January 2025** |  |  |  |
| **February 2025** |  |  |  |
| **March 2025** |  |  |  |
| **April 2025** |  |  |  |
| **May 2025** |  |  |  |
| **June 2025** |  |  |  |
| ***ESG*** *Total Outputs*  *(Accomplishments)* |  | ***ESG*** *Total Expenditures* |  |

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| **Financial** |

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| **12.** Describe what financial system your organization uses to track program activity and grant usage. |
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| **13.** Is your organization required to retain or maintain any professional certifications to operate? | | | | |
| If **yes**, explain in detail the required licensing: | **Yes** |  | **No** |  |
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| **14.** Will your organization spend more than $750,000 of Federal Funds in 2024? This information is required to maintain grant funding with the Indiana State Board of Accounts and the City of Evansville. | | | |
| **Yes** |  | **No** |  |

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| **Financial continued** |

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| **15.** What was the date of the organization’s last audit? **Please provide a copy of the most recent full audit report**. |  | | | |
| Were there any material defects? | **Yes** |  | **No** |  |
| If **yes**, please explain: | | | | |
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| **16.** How many years has your organization been receiving ESG funds? |  |

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| **17.** Has your agency received ESG funds for this specific program in the past? | | | |
| **Yes** |  | **No** |  |

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| **18.** Provide the 2024 total budget for this **program** from all sources | | | | | $ |
| List all funds for this program (regardless of funding year) which are still open. | | | | | |
| **Project** | **Year Received** | **Source of Funds** | **Amount Received** | **Outcome/**  **Project Status** | **$ Funds Remaining** |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
| **18 a.** Provide the 2024 total budget for this **organization** from all sources | | | | | $ |

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| **19.** Are there any fees associated with any services under this project? If yes, explain: | | | |
| **Yes** |  | **No** |  |
| If **yes**, please explain: | | | |
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| **20.** List all positions and salaries for your program, regardless of funding source (include anyone employed by the agency that will be working on the program).  **Attach copies of resumes for employees working on program at time of submission.** | | | | |
| **Position Title** | **# of Positions** | **Duties/Responsibilities for Projects** | **Total Annual Salary** | **ESG Portion of Salary** |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
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| **Financial continued** |

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| **21. ESG Sources Statement** | | | | | | |
| **SOURCES** | | | | | | |
| **Source** | **2023 Amounts** | **2024 Amounts** | **Pending?** | **Date Applied** | **Secured** (yes or no) | **Date Secured** |
| **ESG** |  |  |  |  |  |  |
| **United Way** |  |  |  |  |  |  |
| **Membership Dues** |  |  |  |  |  |  |
| **State Government** |  |  |  |  |  |  |
| **Fund-Raising/Donations**  **Documentation required** |  |  |  |  |  |  |
| **Grants**  **Documentation required** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |
| **Total (s)** |  |  |  |  |  |  |

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| **22. ESG Uses Statement** | | | |
| **USES** | | | |
| **DO NOT CHANGE LISTED ITEMS BELOW**  **Added items must be approved by DMD** | **2023 ESG BUDGET** | **2024 ESG PROGRAM BUDGET REQUEST** | **2024 TOTAL PROGRAM BUDGET** |
| **Salaries Full Time / Part Time** |  |  |  |
| **FICA / Insurance / Benefits (employee)** |  |  |  |
| **Insurance (attach hard copy of policy)** |  |  |  |
| **Printing and Postage** |  |  |  |
| **Supplies and Materials** |  |  |  |
| **Rent** |  |  |  |
| **Utilities** |  |  |  |
| **Travel / Training** |  |  |  |
| **Mileage** |  |  |  |
| **Maintenance / Repair** |  |  |  |
| **Professional / Contractual Services** |  |  |  |
| **Direct Subsidy (requires DMD approval)** |  |  |  |
| **Developers Fee** |  |  |  |
| **Other Full Budget Expenses:** |  |  |  |
| **Total (s)** |  |  |  |

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| ***The ESG 2022 cell total on the SOURCES table should match the 2022 ESG Budget column total on the USES table. The ESG 2023 cell total on the SOURCES table should match the 2023 ESG Program Budget Request column total on the USES table. The 2023 cell total on the SOURCES table should match the 2023 Total Program Budget column total on the USES table.*** |

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| **Financial continued** |

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| **23.** Describe your plans to use other funds on this program. In this section only describe funds which are **secured.** Provide the source of funds, dollar amounts and how these funds will be used. | | |
| **Source of Funds** | **$ Amount** | **Use of Funds** |
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| **24.** Describe the agency’s plans to seek new funds to supplement ESG funding. Describe other funding sources which the agency will apply, the dollar amount sought, and the proposed use of those funds. | | | | | | |
| **Source of Funds** | **$ Amount** | **Use of Funds** | | | | |
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| **24.-a.** Are there other funding sources contingent upon the amount awarded through this proposal? | | | **Yes** |  | **No** |  |

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| **Board of Directors Information** |

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| **25.** List Fund-Raising and/or Capital Campaign activities your organization has engaged in for this program during the past twelve months. Describe the results and net proceeds amount. Explain the participation of the Board of Directors in these activities. |
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| **Board of Directors Information continued** |

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| **26.** List the Organizations Officers of the Board of Directors and their complete mailing and email addresses and phone numbers. Do not use the organization address. Occasionally, information is sent directly to the Board.  **Attach a separate list of Board Member names and positions at time of submission and a copy of the Policy and Procedures for Board Member participation.** | | | |
| **President** | | **Vice-President** | |
| Name |  | Name |  |
| Mailing Address |  | Mailing Address |  |
| Email |  | Email |  |
| Phone |  | Phone |  |

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| President Role |
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| Vice-President Role |
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| **Secretary** | | **Treasurer** | |
| Name |  | Name |  |
| Mailing Address |  | Mailing Address |  |
| Email |  | Email |  |
| Phone |  | Phone |  |

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| Secretary Role |
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| Treasurer Role |
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| **27.** Does your Board target any positions toward low-to-moderate income individuals? | **Yes** |  | **No** |  |

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| **28.** Does your Board contain any Homeless or formerly Homeless individuals? | **Yes** |  | **No** |  |
| If yes, what percentage? | % | | | |

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| **29.** Describe the role your Board has in directing your organization’s operation. Also describe Board attendance at meetings and percentage of Board monetary or in-kind contributions. |
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