

**Hudson County**  
Division of Housing and  
Community Development



**Emergency Shelter Grant  
(ESG Program)**

**REQUEST FOR FUNDING  
APPLICATION**

**Project Name:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_



**Section 1: Application**

(1) Name of Organization: \_\_\_\_\_

(2) Address: \_\_\_\_\_  
\_\_\_\_\_

(3) Contact Person: \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

(4) Federal ID Number: \_\_\_\_\_

(5) Proposed Activity (check applicable box)

- Soup Kitchen / Meals       Mental Health       Emergency Shelter, Families
- Drop-in Center       Alcohol/Drug Program       Transitional Housing
- Food Pantry       Child Care Services       Vouchers for Shelter
- Outreach       Healthcare       AIDS/HIV Services
- Employment       Homeless Prevention       Other (Explain)

(6) Requested ESG Funds: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

(7) Name of Proposal: \_\_\_\_\_

Primary address of proposed activity:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(8) Number of Beds in Facility (*shelters only*): \_\_\_\_\_

(9) Has this project received ESG funding in the past?    Yes    No

(10) Briefly describe the facility and Location:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Suggestions for Choosing an Objective and Outcome: Emergency Shelter Grant (ESG)**

For homeless and special needs housing and support activities, the objective will usually be either Suitable Living Environment or Decent Housing.

	<b>Availability/Accessibility</b>	<b>Affordability</b>	<b>Sustainability</b>
<b>Suitable Living Environment</b>	<p>Activities that increase access or availability to shelter or a service that will improve the beneficiary’s living environment.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>• <i>Emergency Shelter;</i></li> <li>• <i>Transitional Housing program (i.e., a substance abuse treatment facility for homeless persons);</i></li> <li>• <i>Street outreach to chronically homeless persons; or</i></li> <li>• <i>Essential services (mental health counseling, substance abuse treatment, etc.)</i></li> </ul>		
<b>Decent Housing</b>	<p>Housing activities focused primarily on improving the quality of, or access to, housing (rather than affordability).</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>• <i>Construction or rehabilitation of rental units earmarked for homeless persons with mental illness.</i></li> </ul>	<p>Housing activities focused primarily on making the housing units affordable.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>• <i>Homeless prevention assistance; or</i></li> <li>• <i>Deeply subsidized rehabilitation of rental units designed to lower rental payments for extremely low-income persons</i></li> </ul>	
<b>Economic Opportunity</b>			



**Section 4: Service Goals**

Please answer each of the questions below. **One** additional sheet may be added if necessary.

- 1. Following the guidelines below, establish quantitative and qualitative goals that can be used to judge the effectiveness of the proposed activity.
  - a. Estimate the number of Homeless persons that will benefit from this proposal, provide a description of the role ESG funds play in service delivery.
  - b. Will ESG funds support and increased Service level?  Yes  No  
Describe the organizations anticipated program accomplishments, and illustrate how the contribution of ESG funds will assist in the delivery and expansion of services.
  - c. What other services/programs does your organization offer, is your organization able to expand services offered.
  - d. Describe the Operations of your facility/program.
  - e. Provide copies of your organizational Financial and Record Keeping policies. (attach as Sect. 4 Part e)

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**Section 5: Beneficiaries**

**(a) Annual Number Served** *(Residential and Non-Residential Clients)*

*Please provide numbers, NOT PERCENTAGES*

<b><u>Ethnicity</u></b>	<b><u># Total</u></b>	<b><u>Hispanic or Latino</u></b>
White		
Black / African American		
Native Hawaiian / Other Pacific Islander		
American Indian / Alaskan Native & White		
Asian		
American Indian / Alaskan Native		
Asian & White		
Black / African American & White		
American Indian / Alaskan Native & Black / African American		
Other Multi-Racial		
<b>Total</b>		

*\* Provide your best estimates. This information is mandated for purposes of project set-up with HUD.*

**(b) Residential (Emergency / Transitional Shelters)**

Annual Number of Adults Served: \_\_\_\_\_

Annual Number of Children Served: \_\_\_\_\_

Total: \_\_\_\_\_

**(c) Non-Residential Services**

Annual Number of Adults Served: \_\_\_\_\_

Annual Number of Children Served: \_\_\_\_\_

Total: \_\_\_\_\_

**Section 5: Beneficiaries, Cont'd**

*Emergency / Transitional Shelters Only*

**(d) Annual Number of Individuals Served**

	Male	Female	Total
<b>Unaccompanied 18 and over</b>	_____	_____	_____
<b>Unaccompanied Under 18</b>	_____	_____	_____
<b>Totals</b>	_____	_____	_____

**(e) Annual Number of Family Households Served**

	Single 18 and Over	Single Under 18	Two Parent 18 and Over	Two Parents Under 18
<b>Male Head of Household</b>	_____	_____	_____	_____
<b>Female Head of Household</b>	_____	_____	_____	_____
<b>Family Total</b>	_____	_____	_____	_____
<b>Totals</b>	_____	_____	_____	_____

**(f) Subpopulation Data**

*List the number of persons for each subpopulation you served. One person may fit in multiple categories*

- Chronically Homeless (ES Only): \_\_\_\_\_
- Severely Mentally Ill: \_\_\_\_\_
- Chronic Substance Abuse: \_\_\_\_\_
- Other Disability: \_\_\_\_\_
- Veterans: \_\_\_\_\_
- Persons with HIV/AIDS: \_\_\_\_\_
- Victims of Domestic Violence: \_\_\_\_\_
- Elderly: \_\_\_\_\_

**(g) ESG Housing by Type (annual total)**

Shelter Type	Number Housed	Shelter Type	Number Housed
Barracks	_____	Hotel/Motel	_____
Group/Large House	_____	Single Room Occupancy	_____
Scattered Site Apartments	_____	Mobile Home / Trailer	_____
Single Family Detached House	_____	Other:	_____
<b>Total</b>	_____	<b>Total</b>	_____

**Section 6: Funding Sources**

Activity Name: \_\_\_\_\_

**A. Project Finances and Leveraging**

BUDGET ITEMS	ESG	OTHER	OTHER	TOTAL BUDGET
<b>1. Capital Costs</b>	\$	\$	\$	\$
<b>2. Essential Services</b>				
(Identify)	\$	\$	\$	\$
(Identify)	\$	\$	\$	\$
	\$	\$	\$	\$
<b>4. Operating Costs</b>				
Personnel <sup>*, **</sup>	\$	\$	\$	\$
(Identify)	\$	\$	\$	\$
<b>5. Homeless Prevention</b>				
(Identify)	\$	\$	\$	\$
(Identify)	\$	\$	\$	\$
(Identify)	\$	\$	\$	\$
<b>6. Other (Specify)</b>				
(Identify)	\$	\$	\$	\$
(Identify)	\$	\$	\$	\$
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

*\* If 10% of grant is being used to fund staff positions, please provide the Division of Housing and Community Development with pertinent job descriptions.*

*\*\* For each staff position funded/partially funded with ESG funds, complete a Job Description Form (Attachment A)*

**Expenditure Projections – Amount Projected to be spent by:**

<b>September 30, 2010</b>	\$ _____
<b>December 31, 2010</b>	\$ _____
<b>March 31, 2011</b>	\$ _____
<b>June 30, 2011</b>	\$ _____

**Section 7: Match Documentation**

*The Department of Housing and Urban Development requires an exact match for all ESG funds allocated. Indicate the funding sources you will be using to match your requested ESG funds. (i.e., if your ESG request is \$30,000, you must demonstrate that you have secured \$30,000 in other funding sources for your next fiscal year).*

<b>Type of Funding</b>	<b>Source <i>Identify Source</i></b>	<b>Amount</b>	<b>Documentation Attached</b>
<b>Other Federal</b> <i>(list)</i>		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
<b>Local Government</b> <i>(list)</i>		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
<b>Private</b> <i>(list)</i>		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
<b>Fees</b> <i>(list)</i>		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
<b>Fundraising</b> <i>(list)</i>		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
<b>Other</b> <i>(list)</i>		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		<b>Total</b> \$	
		<b>ESG Request</b> \$	

*Documentation of this funding must be attached to this application.*

(Attachment B)

**Job Description**

•Please note, only 10% of ANY grant may be used for staff

Applicant: \_\_\_\_\_

Project Name: \_\_\_\_\_

**Basic Staff Description**

Total staff/personnel costs associated with Hudson County CDBG Funds: \$ \_\_\_\_\_

Individual's

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

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

Salary: \$ \_\_\_\_\_

Job Description: \_\_\_\_\_

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**Attachment Checklist**

Check all that have been included in your application

*Attachments and other documentation should be included at the end of the application, and noted in the applicable section.*

- Project/Program Location Map
- Letters of Funding Commitment /Interest
- Most Recent Audited Financial Statement
- Copies of Organizational recording keeping and financial procedures
- Current List of Board of Directors, Names, Titles, terms of office, sector represented, organizational affiliation
- Evidence of IRS 501(c)(3) Status
- Evidence of Site Control & Site Plan

**Application Certification**

I hereby certify that all of the above and attached information is accurate to the best of my knowledge and approve the submission of this application for Hudson County Community Development Block Grant Funds.

**Municipal applications must be executed by the Mayor of the Municipality.**

Typed Name	Title
Signature	Date

**Please submit one original and one copy of this application & attachments to:**  
 Hudson County Division of Housing and Community Development,  
 257 Cornelison Avenue, 2<sup>nd</sup> Floor  
 Jersey City, NJ 07302  
 If you have any questions concerning the application contact:  
 Susan Mearns, Division Chief, at (201) 369-4520.