EMERGENCY SHELTER

Emergency Shelters provide temporary shelter and/or services for households experiencing homelessness.For more information about eligible services, client populations, and ESG requirements, please see the DOA website.

# Eligible Activities

* **Shelter Services**
* **Shelter Operations**
* **Motel Vouchers**
* **Shelter Rehabilitation**
* A “Shelter Rehabilitation” funding request has significantly different requirements than other types of funding requests; applicants interested in applying under this category are required to contact the EHH Program Manager before applying.

# Part 1: Applicant Information

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| Agency Name |  |
| Project Name |  |
| Location of Project (city and county) |  |
|  |  |
| Primary Contact Name |  |
| Phone Number |  |
| E-Mail |  |
| Mailing Address |  |

# Part 2: Project Information

## Shelter Type

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| --- | --- | --- |
| Project Type | Shelter Facility  Motel Vouchers  Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |
| Facility Type | All-Day Shelter  Overnight-Only Shelter  Day-Only Shelter  Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |
| Populations Served | Households with children  Subpopulation  Households without children | |
| *If subpopulation*, type of subpopulation | | Single Men  Single Women  Victims of Domestic Violence  Youth  Veterans  Elderly  AODA  People with Mental Illness  Other *(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* |
| Availability | Year Round  Seasonal (*Dates Available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | |
| Staffing | 24 Hours a Day  Daytime Only  Nighttime Only | |

## Description

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| **Describe the project for which funding is being requested. Include project details, the need addressed by the project, and the populations to be served.** |
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## Project Design

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| **Does this project incorporate screening requirements to enter the shelter, such as income eligibility requirements, sobriety, background checks, or credit checks? If so, please describe the screening requirements, and explain why they are necessary.** |
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| **Describe the provision of case management and homeless and mainstream services to clients.** |
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| **Describe how the project complies with the Equal Access and Gender Identity Rule. If your program only serves persons of one gender, explain how your project is still compliant with the rule.** |
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# Part 3: Dane CoC EHH Supplemental Questionnaire

1. Describe the agency’s experience in administering this type of program. Describe the qualification of the staff assigned to the proposed program, including their knowledge and experience.
2. Was the program found not in compliance with the written standards for the proposed program by the funding administrator in the between July 1, 2020 and today? If yes, describe the nature of the issue and how the issue has been addressed.
3. Describe your agency’s efforts to improve service qualities and outcomes for the proposed program and other homeless programs. If it is a new program, describe your agency’s overall quality improvement efforts.
4. If the proposed program were recommended for a lower funding amount than what your agency requested, would your agency still accept the EHH funds? (YES/NO)

If yes, what is the lowest amount acceptable for this program to be functional at your agency?

Describe how receiving the lowest amount acceptable may change your program operation (e.g., the program will be able to serve 10 fewer households).

1. Is your agency proposing to use Homelessness Prevention Program (HPP) or Housing Assistance Program (HAP) funds to match Emergency Solutions Grant (ESG) funds? If yes, describe how you will meet the ESG match requirement if HPP or HAP funds were not approved for the program.

**ADDITIONAL QUESTIONS FOR EXISTING PROGRAMS CURRENTLY NOT FUNDED WITH EHH FUNDS\***

1. If this is an expansion of an existing program:
   1. What was the programs budget in the past program year?
   2. How many people were served in the past program year?
   3. What were the project outcomes in the past program year?
   4. How would the EHH funds change the program (e.g. number of people served, staff to client ratio, etc.)?

\*Please note that existing programs that are not currently funded with EHH but have performance outcomes reported in HMIS need to report the performance outcomes. Please contact Sarah Lim to receive instructions. If reporting outcomes, you do not have to complete the EHH New Project Application.

# Part 4: EHH Funding Request

Instruction: Provide a funding request for a full program year of 12 months.

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| --- | --- | --- |
| **Eligible Expenses** | **ESG Request** | **Budget Narrative** (e.g. 0.5 FTE case manager, bus tickets for clients) |
| **EMERGENCY SHELTER** | | |
| **Services** |  |  |
| Case Management |  |  |
| Employment Assistance |  |  |
| Outpatient Health Services |  |  |
| Life Skills Training |  |  |
| Mental Health Services |  |  |
| Substance Abuse Treatment |  |  |
| Transportation |  |  |
| **Operations** |  |  |
| Insurance |  |  |
| Utilities |  |  |
| Food |  |  |
| Furnishings & Supplies |  |  |
| Maintenance |  |  |
| Security |  |  |
| Hotel or Motel Voucher |  |  |
| **Shelter Rehabilitation\*** |  |  |
| **TOTAL REQUEST** |  |  |

\*An additional form is required for shelter rehabilitation. Contact Sarah Lim at [slim@cityofmadison.com](mailto:slim@cityofmadison.com).

# Part 5: ESG Match

ESG requires a one hundred percent match commitment ($1 of match for every $1 of ESG funds granted). Documentation of match must be submitted with the application forms. See the EHH Request for Proposal for details.

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| --- | --- |
| Match Amount |  |
| Match Source (Check all that apply) | Other Non-ESG HUD Funds  Other Federal Grants  State Government  Local Governments  Private Funds  Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |