



STAFF REPORT

Report To: Board of Supervisors **Meeting Date:** June 16, 2022

Staff Contact: Nicki Aaker, - Health and Human Services Director; Mary Jane Ostrander - Human Services Division Manager

Agenda Title: For Possible Action: Discussion and possible action regarding the proposed submittal of an application by Carson City Department of Health and Human Services (“CCHHS”) to the Nevada Housing Division for the Emergency Solutions Grant (“ESG”) in the amount of approximately \$65,000. (Nicki Aaker, NAaker@carson.org and Mary Jane Ostrander, mostrander@carson.org)

Staff Summary: This is a renewal application for a housing grant that Carson City has received from the Nevada Housing Division since 2011. CCHHS applies each year and each grant's project period is 2 years. This grant application includes additional funding for the street outreach project which is eligible in this grant.

Agenda Action: Formal Action / Motion **Time Requested:** Consent

Proposed Motion

I move to approve submittal of the grant application.

Board's Strategic Goal

Quality of Life

Previous Action

April 6, 2017 - The Board of Supervisors approved the submittal of an application for the ESG grant in the amount of \$56,171.52. The majority of other prior grant application and award amounts have been under \$50,000 and did not require Board of Supervisor approval.

Background/Issues & Analysis

The ESG grant allows CCHHS to assist Carson City residents by supplementing the cost of rent for a short period of time. The target residents are households that meet the financial eligibility criteria and are at risk of eviction or are being rehoused from experiencing homelessness. This year CCHHS is applying for additional funding for the street outreach project that is eligible within the grant. The plan is to apply for \$65,000 in the categories of Street Outreach , Homelessness Prevention, Rapid Rehousing, Data Collection, and Administrative Costs. Street Outreach is a program Health and Human Services staff, City staff, and external stakeholders are developing to engage individuals experiencing homelessness to assist with keeping the downtown and parks clean in exchange for gift cards. This program proposal will be discussed with the Board of Health in the near future.

During the Fiscal Year ("FY") 2022, 12 individuals in 6 households have been assisted. This is a low number due to ESG-COVID funding being available and the decrease of housing vacancies. In FY 2019, 45 individuals in 25 households were assisted which demonstrates a more accurate average number prior to COVID. The FY 2020-22 grant of \$33,705 was completely expended by May 2022 and the FY 2022-24 grant of \$35,722 is currently 8% spent. The Account for Affordable Housing Trust Funds ("AAHTF") is used in collaboration with ESG as match dollars. ESG pays for case management and AAHTF pays the rent.

Applicable Statute, Code, Policy, Rule or Regulation

Carson City Grant Administration Policy

Financial Information

Is there a fiscal impact? Yes

If yes, account name/number: Grant Fund - AAHTF – G657422001; new grant number will be assigned for ESG grant if awarded

Is it currently budgeted? Yes

Explanation of Fiscal Impact: Yes, within the AAHTF grant. Will augment budget for the revenue and expenses of the ESG if approved to submit the application, and the amount is awarded.

Alternatives

Do not authorize submittal of the grant application.

Attachments:

[ESG Application - Not Completed.pdf](#)

Board Action Taken:

Motion: _____	1) _____	Aye/Nay
	2) _____	_____

(Vote Recorded By)



NOTE: Application Partially Completed

Nevada Housing Division
Nevada Housing Division
2022 ESG
Deadline: 6/24/2022

Carson City Health and Human Services

Jump to: [Pre-Application](#) [Application Questions](#) [Budget](#) [Tables](#) [Documents](#)

\$ 0.00 Requested

Project Contact

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Additional Contacts

none entered

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Pre-Application [top](#)

1. Applicant Corporate Status

Proof of nonprofit status, as registered with the Nevada Secretary of State or a tax-exemption letter from the Nevada Department of Taxation and a copy of a current non-profit designation from the IRS.

- Private Non-Profit 501(c) (3)
- Local Government
- None of the above- Not Eligible

2. Please enter the requested funding amount for each activity you are requesting funds for Program Year 2022 (SFY23).

Format reply i.e. \$50,000. All fields must have an entry, if not requesting funds, enter 0. Totals must match Budget in application.

<input type="text" value="20000"/>	Street Outreach
<input type="text"/>	Emergency Shelter
<input type="text" value="15000"/>	Homeless Prevention
<input type="text" value="15000"/>	Rapid Rehousing
<input type="text" value="12000"/>	HMIS
<input type="text" value="3000"/>	ADMIN (5% or less of total request)
<input type="text" value="65,000.00"/>	TOTAL

3. Please enter the estimated number of beneficiaries for each activity funded.

<input type="text" value="100"/>	Street Outreach
<input type="text"/>	Emergency Shelter

Homeless Prevention

Rapid Re-Housing

TOTAL

4. Project Jurisdiction. Please specify all cities and counties your project will serve.

Carson City, Nevada

5. Do you have a State of Nevada Business License?

Attachment A: State of Nevada Business License

Yes

No

6. Are you a registered vendor with the State of Nevada? If registration is pending check Yes. You must have a vendor registration prior to funding.

Attachment B: Registered vendors please attach statement on letterhead confirming Vendor Registration. To register as a vendor for the state of Nevada please visit <http://controller.nv.gov/VendorDB/About/Forms/>

Yes

No

Documents Requested *

Required? **Attached Documents ***

Attachment A: State of Nevada Business License

Attachment B: Vendor Registration Confirmation.
Applicants who are registered vendors: Please provide a statement on agency letterhead confirming vendor status.

Attachment C: Proof of non-profit status from Nevada Secretary of State or a tax-exemption letter from the Nevada Department of Taxation and a copy of a current non-profit designation from the IRS.

Application Questions [top](#)

1. Select the activities in which you are requesting funds. Select all that apply.

The program description (Q13) and outcomes must support this response. Housing/services provided must be appropriate for identified target population.

- Street Outreach
- Emergency Shelter
- Homelessness Prevention
- Rapid-Rehousing
- HMIS
- Administrative

2. Describe in detail the mission of the applicant organization and how homelessness programs fit within that mission.

-no answer-

Financial Accountability

3. Does your organization receive HUD funds directly?

If Yes, provide name, purpose and amount of funding (this does not include ESG received through NHD)

No

Yes, explain:

4. If your organization has received direct HUD funding in the past or has received ESG through NHD:

Has the organization received any HUD findings, resolved or unresolved, within the last 5 years?

No

- Yes, explain:
- Has the organization returned any HUD funds including NHD ESG funds, in the past 2 years?
- No
- Yes, explain:

5. Has the organization received ESG funds in the last 4 years (PY17 - PY21)?

If Yes, enter information in Tables Tab: Previous ESG Funding

- Yes
- No

6. All applicants are required to have evidence of financial accountability. Suggested documentation: most recent A-133 Audit, Audited Financials or an Annual Certified Financial Statement.

Submit Attachment D: Evidence of Financial Accountability

- A-133
- Audited Financials
- Annual Certified Financial Statement

7. Has the organization ever declared bankruptcy?

If yes, what is or what was your discharge date?

- No
- Yes, explain:

Organizational Capacity & Experience

8. Describe your organizations role in the Homeless Census (Point In Time Count), centralized coordinated entry planning, and regional Continuum of Care.

Attachment J: Most Recent Service Area PIT(Point in Time) Count (Required for Current ESG/CoC recipients)

-no answer-

9. Does the organization have any experience with ESG or similar activities?

If no experience, enter 0 (If less than 1 year, enter 0.) If yes, enter number of years experience operating ESG programs or similar activities. Choose all activity experience that applies

- Shelter Operations
- Rental Assistance
- Street Outreach
- Case Management
- HMIS
- Homelessness Prevention
- Other, explain:
- TOTAL**

10. Please describe how your organization will carry out case management. Will it be paid 100% by ESG, a portion be paid with ESG funds, or paid 100% by other sources?

Under the Interim Rule case management is required for projects funded for homeless prevention and rapid re-housing activities.

-no answer-

Target Population

11. Choose the population(s) which best describe the clients served by your program.

Please address population(s) in the program description (Q13)

- Specific geographic area (streets, neighborhood, block, etc.)
- Employees laid off by a specific employer
- Families
- Chronically homeless

- Youth
- Veterans
- Substance abusers
- Mentally ill
- Developmentally disabled
- TANF eligible families
- Survivors of domestic violence
- Persons receiving another specific service (ex. Section 8/Federal Subsidy recipients)
- Persons with HIV/AIDS
- Other:

Program Description

12. Describe the need, local situation, or conditions that your project will address. Describe any previous barriers and if/how they were overcome.

Provide specific detail of anticipated outcomes and any accomplishments.

-no answer-

13. Describe how the organization will assist clients in obtaining stable housing, and increasing their ability to maintain stable housing once assistance ends. Identify how each funded activity will provide this outcome.

Address specific target population(s)

-no answer-

Street Outreach- Respond N/A or NO to questions in this section if not requesting funds for this activity

14. Describe organizational strategies for prioritizing services, removing barriers to services, and using diversion to assist potential participants.

-no answer-

15. Does the applicant organization conduct client intake at shelters?

if No, where is intake provided, and who is responsible? Submit Attachment H: Agency Participant Application/Intake Policy and Procedure

- Yes
- No, explain:

16. Does the organization have the ability to immediately house unsheltered individuals encountered on the street? If not, provide procedure for how they are referred to shelter or services?

Submit Policy and Procedure. Respond below with section and/or page numbers in attached Policy and Procedure.

-no answer-

17. Please describe any major problems or obstacles to sheltering individuals encountered during outreach in your service area.

-no answer-

Emergency Shelter- Respond N/A or NO to questions in this section if not requesting funds for this activity

18. Please describe your experience managing an Emergency Shelter program?

-no answer-

19. Is the facility considered an Emergency Shelter or Transitional Housing Facility?

A transitional facility will only be eligible if it meets BOTH of the following criteria: Its primary purpose is to provide a temporary shelter for the homeless; and it does not require occupants to sign leases or occupancy agreements.

- Emergency Shelter
- Transitional Housing Facility
- N/A

20. What are the hours of operation for the homeless facility? Provide the number of days/weeks/months that clients will be allowed to stay at the shelter.

-no answer-

21. The Emergency Solutions Grant (ESG) Program interim rule, establishes minimum standards for safety, sanitation, and privacy in emergency shelters funded with ESG. Describe how the shelter will become or remain compliant.

ESG Minimum Habitability Standards for Emergency Shelters and Permanent Housing checklists and certifications must be completed and submitted to the NHD, prior to the execution of the ESG award.

-no answer-

Prevention- Respond N/A or NO to questions in this section if not requesting funds for this activity

22. Describe how you will provide housing relocation and stabilization services to prevent an individual or family from moving to an emergency shelter, a place not meant for human habitation or another place described in the homeless definition. (See Definition in Resource Library)

Address the provision of eligible services/costs: Rental Assistance, Financial assistance and other Services

-no answer-

Rapid Re-housing- Respond N/A or NO to questions in this section if not requesting funds for this activity

23. Please describe your experience managing a Rapid Re-housing program? Please indicate any prior funding sources that support the program and the amount of funds awarded.

-no answer-

24. How will a Rapid Re-housing program be an appropriate component for your target population? How does or how will the organization identify eligible individuals and units for Rapid Re-housing services?

Specify the average time between client intake and start of service delivery.

-no answer-

25. Provide the total number of housing units for rapid re-housing in your service area & currently available units.

-no answer-

HMIS

26. Do you currently use the Homeless Management Information System (HMIS) or a comparable database (for Domestic Violence Shelters, please identify system)?

Please note that It is Congressionally mandated that HMIS database system or a comparable database is used to receive ESG funding.

- None
- Yes, HMIS
- Other:

27. Describe your experience using HMIS (Clarity/Bitfocus) or other identified system. Specify experience in case management, wait list usage, and training attended.

If applying for HMIS/Data funds identify need: Data Entry, Training, and/or Program Costs (for new users)

-no answer-

General Organization

28. Are there any fees or financial obligations for participants for any ESG funded program? if yes, please explain.

-no answer-

29. How are clients terminated from your program? Describe the policy and outline the termination process.

Submit Policy and Procedure. Respond below with section and/or page numbers in attached Policy and Procedure.

-no answer-

30. How does your organization track and retain records for applicants who were not admitted into the program?

How are the applicants notified of denial of services?

Provide section and/or page numbers in Policy and Procedure.

-no answer-

31. Please indicate which of the following services the organization provides directly. Check all that apply:

- Rental Application Fees
- Security Deposits
- Last Month's Rent/Payment of Arrears
- Utility Deposit
- Utility Payments/Payment of Arrears
- Moving Costs
- Housing Search and Placement
- Housing Stability and Case Management
- Mediation
- Legal Service
- Credit Repair
- Short-Term Rental Assistance
- Medium-Term Rental Assistance
- Mortgage Assistance
- Property Tax Arrears/Seizure of Property Notice
- Other:

32. Identify programs and services that are available by referral only inside and within close proximity of your service area from the previous list.

Identify current gaps and barriers to programs and services inside and within close proximity of your service area.

-no answer-

33. Total number of individuals who were turned away (OR NOT FUNDED WITH ESG) due to insufficient funding from July 1, 2020, to June 30, 2021.

-no answer-

34. Describe organization operating plan if ESG funds are not awarded.

-no answer-

35. How does your organization plan to ensure project sustainability? How will you ensure that you meet the match requirement?

Dollar for dollar match of ESG funds is required. If funded, agency will be required to provide documentation of Match funds.

-no answer-

36. Provide a list of community partnerships and any other local collaborative efforts and their relationship to your clients/organization.

Include program name, service provided, contact information, MOU if applicable, and years of partnership.

-no answer-

37. Tell us how the program is, or is moving toward, a low barrier Housing First model.

HUD continues to encourage Continuums of Care (CoCs) and providers to implement and strengthen Housing First.

-no answer-

Budget [top](#)

Budget	Emergency Shelter	Prevention	Outreach	Rapid Rehousing	Data Collection
Essential Services (Shelter)					
Operations (Shelter)					
Rental Assistance (Prevention, Rapid Rehousing)					
Relocation & Stabilization (Rapid Rehousing)					
Case Management (Shelter, Outreach, Rapid Rehousing, Prevention)					
Financial Assistance (Prevention)					

Reporting-personnel costs (Data Collection)					
Other Data Collection expenses (explain in narrative)					
Engagement/services (Outreach)					
Administration - 5% Cap (enter in any column)					
Total	\$ 0.00				

Tables [top](#)

Previous ESG Funding

State Fiscal Year	SFY 18	SFY 19	SFY 20	SFY 21
Total Award Amount				
Funds Expended to Date				
Total				

Documents [top](#)

Documents Requested *	Required? Attached Documents *
Attachment D: Evidence of Financial Accountability; Most recent A-133 Audit, Audited Financials or an Annual Certified Financial Statement	✓
Attachment E: Agency Fiscal Policy and Procedure	✓
Attachment F: Organizational Chart	✓
Attachment G: Program Budget Narrative	✓
Attachment H: Agency Participant Application/Intake Policy and Procedure	✓
Attachment I: Current ESG recipients: provide a copy of an APR and ESG CAPER report from Clarity for the period of 07/01/2020 through 06/30/2021	
Attachment J: Most Recent Service Area PIT(Point in Time) Count (Required for Current ESG/CoC recipients)	
Attachment K: Non-profit agencies: Board of Directors list, including mailing addresses, email contacts if available, and titles; dated copies of the last 4 Board of Director's meeting minutes	
Attachment K(2): Non-profit agencies: must provide current financial statements that include the income and expense statement, balance sheet and the cash flow statement	
Attachment L: Faith-Based Organizations must submit a signed statement that the organization will follow requirements of CPD Notice 04-10, Sections IV and VIII (see Library Tab for Notice)	
Document Attachment Checklist	✓

* ZoomGrants™ is not responsible for the content of uploaded documents.

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