

**City of Syracuse**  
**Department of Neighborhood and Business Development**



**Emergency Solutions Grant (ESG) RFP**  
**Program Year 43 (2017-2018)**

**Mayor Stephanie A. Miner**  
**Paul Driscoll, Commissioner**



## Application Overview

The city of Syracuse Department of Neighborhood and Business Development (NBD) is seeking proposals for the use of 2017-2018 Emergency Solutions Grant funds. The program year runs from May 1, 2017 – April 30, 2018. The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), enacted into law in May 2009, amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including:

- Consolidation of five funding categories: homeless programs – Rapid Rehousing, Homeless Prevention, HMIS, Shelter, and Street Outreach;
- Changes in HUD's definition of homelessness and chronic homelessness;
- Increased focus on prevention and rapid re-housing activities;
- Increased emphasis on performance and continuum-wide coordination

The City of Syracuse is accepting proposals in any of the following three funding categories: **Rapid Rehousing, Homeless Prevention, and Street Outreach** activities. Funds are available to non-profit agencies that are tax exempt under the 501(c)(3) provision of the Internal Revenue Code. To review additional information on ESG program's guidelines, please refer to the U.S. Department of Housing and Urban Development (HUD) website <https://www.onecpd.info/esg/> or <https://www.hudexchange.info/programs/esg/esg-requirements/>

Applications for funding are available online at [www.syr.gov.net](http://www.syr.gov.net). All funding applications are **due electronically no later than 2PM on Thursday, October 27<sup>TH</sup>, 2016** to the following:

**City of Syracuse, NBD**  
**Attn: Sue McMahon**  
[smcmahon@syr.gov.net](mailto:smcmahon@syr.gov.net)

One application should be completed for each individual program in which you are seeking ESG funding. Please do not combine funding requests. All documentation must be submitted with the application by the deadline in order to be considered for funding.

In addition the Department of Neighborhood and Business Development invites you to attend a technical assistance workshop on how to complete the RFP on September 20, 2016 at 4:00 in the Atrium at City Hall Commons, 201 E. Washington Street, Syracuse, New York.

## Timeline of Events

Funding decisions will be made based on the following timeline of events:

### September

- RFP Release Publically (**September 19<sup>TH</sup>** )
- Technical Assistance Training (**September 20<sup>TH</sup>** )

### October

- Open Technical Assistance Trainings (**October 3<sup>rd</sup>-7<sup>th</sup>**)
- RFP's due to NBD (**October 27<sup>TH</sup>** at 2:00pm)

### December

- Risk Analysis Committee Finalizes Recommendations (**December 9<sup>th</sup>**)

### January

- Third Annual Action Plan Released Publically (**January 13<sup>th</sup>**)
- NBD Public Hearing (**January 25<sup>th</sup>**)

### March

- 2017 Annual Action Plan submitted to HUD (**March 17th**)

### May

- 2017 Program Year 43 begins (**May 1<sup>st</sup>**)

## ESG Specific Guidelines

### Homeless Definition

“Individuals and families who lack a fixed, regular and adequate nighttime residence; this includes a subset for an individual who resides in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided; individuals and families who will imminently lose their primary nighttime residence; unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under the definition by HUD; Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangers or life threatening conditions that relate to violence against the individual or family member.” For additional information about the new homeless definition, please refer to the following website:

[https://www.hudexchange.info/resources/documents/HomelessDefEligibility%20\\_SHP\\_SPC\\_ESG.pdf](https://www.hudexchange.info/resources/documents/HomelessDefEligibility%20_SHP_SPC_ESG.pdf)

### Eligibility Requirements

Applicants may be non-profit agencies and local governmental entities that provide direct services to homeless persons or persons at risk of becoming homeless. ESG Match requirements are 100% from non-ESG sources. Match sources must be listed on the budget worksheet and can be cash or in-kind. Agencies must have a 1:1 match to ESG funding. ESG funding may be used by shelters and other service providers for five main categories of eligible activities:

- **Rapid Rehousing Activities** (24 CFR 576.104): Aiding individuals and families who are literally homeless, to transition as quickly as possible into permanent housing using the “Housing First” philosophy and principles.
- **Homeless Prevention Activities** (24 CFR 576.103): Individuals and families who are at imminent risk or at risk of homelessness, meaning those who qualify under paragraph (2) and (3) of the homeless definition or those who qualify as at risk of homelessness. Individuals and families must have an income at or below 30% of AMI.
- **Street Outreach** (24 CFR 576.101): Providing outreach, engagement, case management, emergency and/or mental health services, transportation or services to special populations are essential street outreach services for unsheltered individuals and families.
- **Homeless Management Information Systems (HMIS)** (24 CFR 576.107): Under HEARTH, HMIS participation is a statutory requirement for ESG recipients and sub-recipients.\*
- **Emergency Shelter** (24 CFR 576.102): Services provided to individuals and families who are homeless and emergency shelter services are defined as: Case management, rehabilitation and renovation or shelter operations. \*

\* The City of Syracuse will focus funding on the **following three activities**. Year 42 funded category percentages were:

- **Rapid Rehousing:** 23%\*
- **Homeless Prevention:** 62%\*
- **Street Outreach:** 7%

*\*Includes direct financial assistance, which represents approximately 17% of our Year 41 allocation. We expect a similar level to be dedicated for Year 43 funding.*

## **Coordinated Entry**

All ESG funded programs are required to participate in the Continuum of Care's (CoC's) Coordinated Entry process which is designed to identify, assist, and engage homeless individuals and families into needed housing and services. The local Coordinated Entry (CE) process begins at DSS and 211CNY and connects people to shelter where a VI-SDPAT (detailed needs assessment) is administered to determine what levels of supports are needed. It is anticipated that all CoC/ESG funded programs will participate in the CE process in the following ways:

- **Street Outreach:** required to assess all individuals/families residing outdoors or in places not meant for human habitation using the VI-SDPAT on HMIS and refer these individuals to/families to permanent supportive housing (PSH) or rapid rehousing (RRH) through the HMIS referral process depending upon their level of need, which will be identified through the assessment tool. Street outreach providers will work to ensure that any other additional processes like case conferencing will be followed to get the individual/family quickly off the street and housed.
- **Rapid Rehousing:** required to review the HMIS Coordinated Entry referral list when there is an anticipated vacancy in the program and select the individual/family with the highest level of need who qualifies for rapid rehousing. This is the only way new applicants will be selected for both CoC and ESG funded housing. This is to ensure that there are no "side doors" or selecting of applicants with lower levels of need. Only individuals/families who qualify for either permanent supportive housing or rapid rehousing should be selected for entry into your program.
- **Homeless Prevention:** required to work with DSS/211 to ensure that individuals/families who are at risk of homelessness are assessed to be eligible to receive prevention funding support. Providers should also present on their programs to agencies who may be aware of individuals/families who are in need of this support.

## **Housing First**

A Housing First philosophy and intervention must be adopted by all ESG programs, which lowers barriers to housing by ensuring applicants are not screened out due to:

- Having too little or no income
- Active or history of substance abuse
- Having a criminal history (with exceptions for state-mandated restrictions)
- History of domestic violence (lack of order of protection, period of separation from abuser, law enforcement involvement)

A Housing First philosophy and intervention also ensures that residents are not terminated due to:

- Failure to participate in support services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Domestic violence
- Any other activity not covered in a lease agreement typically found in the community



**DEPARTMENT OF NEIGHBORHOOD & BUSINESS DEVELOPMENT  
2017-2018 ESG FUNDING APPLICATION**

<b>1. General Applicant Information</b>	
<b>Area Applicant is seeking funding under:</b>	
<input type="checkbox"/> <b>Street Outreach</b> <input type="checkbox"/> <b>Rapid Re-housing</b> <input type="checkbox"/> <b>Homeless Prevention</b>	
<b>Applicant / Organization (Lead Applicant)</b>	
Organization Name:	
<b>If applying on behalf of another entity, name of that entity: (If applicant does not have 501(c)(3) status)</b>	
Sponsoring Agency:	
Program Name:	
<b>New program (never funded)</b> <b>On-going (previously funded)</b>	
<b>Total Emergency Solutions Grant (ESG) Funds Requested: \$</b>	
<b>Total of Other Funding Sources Amount: \$ Total Project /</b>	
<b>Program Budget: \$</b>	
<b>Chief official of lead applicant</b>	
<b>Name</b>	
<b>Title</b>	
<b>Mailing Address</b>	
<b>City, State &amp; Zip</b>	
<b>Phone</b>	<b>Email</b>
<b>DUNS #</b>	
<b>Designated contact person for this application</b>	
<b>Name</b>	
<b>Title</b>	
<b>Mailing Address</b>	
<b>City, State &amp; Zip</b>	
<b>Phone</b>	
<b>Email address</b>	
<b>Required Support Documentation</b>	
<input type="checkbox"/> Board Resolution authorizing submission of application <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> IRS Determination Letter <input type="checkbox"/> Audit or prepared financial statement within the past 18 months and management letter <input type="checkbox"/> Board Bylaws <input type="checkbox"/> Board minutes from last three meetings <input type="checkbox"/> Current board roster with member names, affiliations, term expiration dates, and what area/field member represents <input type="checkbox"/> Staff resumes and job descriptions <b>Required:</b> <input type="checkbox"/> <b>I agree to participate with LCPtracker for awards over \$100,000.</b>	

Does the request include funds for operations or renovations? <input type="checkbox"/> yes <input type="checkbox"/> no	
If your proposal provides for the renovation, major rehabilitation or conversion of a building for use as emergency shelter or service center at a site where no such shelter or center now exists, you must provide evidence of neighborhood and City Common Council Member support for your project. You must also provide verification that the area is properly zoned for your project. You will need to obtain Common Council approval for a Special Use Permit, if your project is selected and funded.	
a) Street Outreach	Amount Requested \$
b) Rapid Rehousing	Amount Requested \$
c) Homelessness Prevention	Amount Requested \$
<b>Total Funding Request \$</b>	
<b>Address of project</b> (site location)	
Is this Service Site address confidential information? <input type="checkbox"/> yes <input type="checkbox"/> no	
If site is leased, date entered into current lease:	Term of Lease:

<b>Eligible Activity</b>	<b>Funds Requested</b>	<b>Proposed Number Served</b>
Street Outreach		
Homeless Prevention		
Rapid Rehousing		

## Program Description Summary

Please provide a brief description of the proposed project in the space below. The description should describe your ESG program (not the agency):

- The purpose of the program (please identify the funding category)
- How program services will be delivered
- How the program will build or sustain collaborations (both internal agency and/or external) to ensure the needs of clients are met
- Describe how your program has implemented the "Housing First" philosophy and principles
- What barriers might impede the delivery of services
- If the program has been offered in the past, what has changed to meet changing and/or increased need

## Agency Overview

**A. Provide an organizational overview of your agency, including:**

- **Description of the history, mission, and services of the organization**
- **Year of incorporation,**
- **Years of direct experience with federally funded homeless programs,**
- **Description of staff experience with homeless programs such as Emergency Solutions Grant and Homeless Prevention and Rapid Rehousing (HPRP)**
- **Other federal grants management experience.**

## Identifying Needs

**Provide statistical evidence of the need for services proposed.**

- **Include local data from your HMIS, or other credible data to support your application,**
- **Include relevant statistics such as number of referral calls, number of clients on waiting lists, and time it takes for people to be housed.**
- **Will all turnover beds be prioritized from the coordinated entry list?**
- **Describe how the program will meet priority needs of homeless individuals or those most at risk of homelessness in Onondaga County.**

Does your organization have the following in place? (check all that apply) **(SUBMIT THIS PAGE WITH APPLICATION)**

	<b>Yes</b>	<b>No</b>
1. Audit System	<input type="checkbox"/>	<input type="checkbox"/>
2. Conflict of Interest Policies	<input type="checkbox"/>	<input type="checkbox"/>
3. Financial System	<input type="checkbox"/>	<input type="checkbox"/>
4. Formal written personnel system with policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>
5. Insurance Coverage	<input type="checkbox"/>	<input type="checkbox"/>
6. Procurement system with written policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>
7. Record keeping system	<input type="checkbox"/>	<input type="checkbox"/>
8. Formal programmatic policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>

Does your organization, if funded, require and/or want technical assistance from the Department of Neighborhood and Business Development? If yes, explain the assistance requested.

Please identify the **primary** beneficiaries your ESG program will serve. Please check the appropriate categories below:

- |   |   |
|---|---|
| <input type="checkbox"/> Chronic substance abuse      | <input type="checkbox"/> Persons with HIV/AIDS  |
| <input type="checkbox"/> Chronically homeless         | <input type="checkbox"/> Elderly                |
| <input type="checkbox"/> Homeless                     | <input type="checkbox"/> Veterans               |
| <input type="checkbox"/> Housing vulnerable           | <input type="checkbox"/> Other disabled         |
| <input type="checkbox"/> Unaccompanied youth          | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Victims of domestic violence |   |

**1. Is your agency willing to participate, or is it currently participating in the Centralized/Coordinated Assessment for your ESG program?**  Yes  No

*If No, please explain:*

**2. When was the date of the agency's last HUD audit?** \_\_\_\_\_

**3. In your previous experience with federal projects, was your organization required to pay back funds, in violation of regulations, etc.?**  Yes  No  N/A (no experience with federal projects)

*If yes, indicate the actions cited:*

**4. Are there other services or activities similar to your program provided by other organizations?**  Yes  No

*If yes, how is your proposed program different or unique from other similar programs? Briefly explain in the space provided. (Please limit to 1 paragraph)*

**5. Does your program collaborate with the Syracuse/Onondaga County Continuum of Care (CoC) and other mainstream resources in the area to provide services to clients?**  
 Yes  No

*If yes, explain specific collaborative efforts with the CoC and list specific organizations and programs that provide services to the clients served by your organization.*

# Performance Measure

*Propose 3 different performance measures to be achieved for year 43(2017-2018)*

Goal	Inputs	Activities	Outputs	Outcomes	Measurement Method/Source
List each goal	Resources needed to accomplish goal	Planned actions, processes, and interventions needed to deliver the service	Total number served	Changes or benefits in clients during or after receiving services	How does the program measure progress
1.					
2.					
3.					

## Program Contacts and Certifications

Please provide the following information for a **project contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and résumés of key staff.

	Name	Title	Phone + Email Address
<b>Project Contact</b> Someone who works with the program on a daily basis and can answer questions			
<b>Financial Contact</b>			
<b>Application Contact</b> Person who wrote this application			
<b>Agency Executive Director</b> Person authorized to make commitments on behalf of the organization			

## Homeless Management Information System (HMIS) Participation

All applicants must include this form to fulfill the requirement under various statutory authorities to collect information about the nature and extent of homelessness, and must participate in the HMIS Reporting System. Failure to participate in the HMIS Reporting System, even if your organization is not in a Continuum of Care jurisdiction, could result in disallowed costs and may result in termination of ESG funding.

- 1) My organization is:  In a Continuum of Care jurisdiction, and
  - Receives Continuum of Care funding, **or**
  - Does not receive Continuum of Care funding.
- 2) My organization  **is** or  **is not** currently participating in the Homeless Management Information System (HMIS) Reporting System.

If your agency currently participates in the HMIS, when was the HMIS Data Quality Plan agreement signed:

**OR**

Our organization will begin reporting to the HMIS System (indicate month/year):

**If your organization is currently not participating in the HMIS reporting system, explain your plan of action to do so:**

## Sustainability

The City of Syracuse has outlined through its [Sustainability Plan](#) the goal of reducing overall carbon emissions by 7% as a community by the year 2020. Below please describe any steps your organization has taken towards becoming more sustainable and assisting in accomplishing this goal.

## Assurances for Emergency Solutions Grants Funding

As the authorized representative of the applicant, I hereby make the following certifications and assurances to accompany this application for ESG Funding:

- 1) The agency possesses legal authority to apply for and receive funds and carry out activities authorized by the Emergency Solutions Grant Program.
- 2) The agency hereby certifies that the project for which assistance is requested is consistent with the needs and strategies of the Consolidated Plan for the City of Syracuse.
- 3) The agency hereby certifies that it will comply with all applicable laws and the program regulations contained in 24 CFR 50, 558, 575, and 576 Emergency Solutions Grant Program of the Stewart B. McKinney Homeless Assistance Act.
- 4) The agency will provide the supplement match funds required by 24 CFR 576.71.
- 5) The agency has provided for the participation of homeless or formerly homeless individuals on its Board of Directors or other policy-making entity or regularly seeks the input from individuals that utilize program services.
- 6) The agency hereby assures that it has established and administers, in good faith, a policy designed to ensure that the homeless facility for which assistance is requested is free from firearms and the illegal use, possession, or distribution of drugs or alcohol by its beneficiaries. A copy of the policies will be provided to the City upon request.
- 7) The agency will develop and implement procedures to ensure the confidentiality of records pertaining to any individual receiving assistance due to family violence.
- 8) The agency certifies that it will comply with HUD's standards for participation in a local Homeless Management Information System (HMIS) and the collection and reporting of client-level information.
- 9) The agency certifies that it will participate fully in the Continuum of Care process to coordinate and integrate with other mainstream programs for which homeless populations may be eligible.

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Signature of Authorized Representative

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Date

## Signature Section

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND DATA IN THIS APPLICATION ARE TRUE AND CORRECT AND ITS SUBMISSION HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT. WITH THIS SUBMISSION, THE AGENCY ALSO AGREES TO FOLLOW ALL RULES AND REGULATIONS GOVERNING FEDERAL (ESG) FUNDING.

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Signature (Authorized Official)

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Name/Title (Typed or Printed)

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Date



