

# **CITY OF JERSEY CITY**



## **2012 EMERGENCY SOLUTIONS GRANT APPLICATION**

**JERRAMIAH T. HEALY**  
**Mayor**

**Department of Housing, Economic Development and Commerce  
Division of Community Development  
30 Montgomery Street, Suite 404  
Jersey City, New Jersey 07302**

**August 17, 2012**

## Introduction

On May 20, 2009, U.S. HUD's McKinney-Vento Homeless Assistance programs were reauthorized as part of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. Funding for the Emergency Shelter Grant (ESG) will continue to be distributed by the same entitlement formula for grantees such as the City of Jersey City, however the HEARTH Act creates significant changes to the Emergency Shelter Grant program: 1) the Emergency Shelter Grant has been renamed "Emergency Solutions Grant" and, 2) eligible activities will now include homelessness prevention and rapid re-housing, in addition to the traditional emergency shelter activities.

The City of Jersey City is issuing a Request for Proposals (RFP) for funding consideration under the Emergency Solutions Grant (ESG) program for Fiscal Year October 1, 2012 through September 30, 2013. ESG funding from the U.S. Department of Housing and Urban Development has been made available in the amounts of \$449,811 and \$513,648 for FY2011 and FY2012, respectively, to provide Emergency Shelter, Street Outreach and other housing services for homeless individuals and/or families. Of these amounts, \$161,932 and \$205,278 have been set-aside for FY2011 and 2012 specifically for the provision of Homeless Prevention, Rapid Re-housing and Housing Stabilization Services. The purpose of this Request for Proposals (RFP) is to solicit proposals for Homeless Prevention, Rapid Re-housing and Stabilization Services. Funds were previously committed, under separate RFPs, for Emergency Shelter and Street Outreach Services. As a result, a total of \$367,210 remains available to address services specific to this RFP.

## Activity Schedule

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|----------|--|
| 08/17/12 | <b>Advertise Request for Proposals (RFP)</b><br><b>Applications available at <a href="http://www.jerseycitynj.gov/">http://www.jerseycitynj.gov/</a></b>   |
| 09/07/12 | <b>Deadline for Proposals / Applications:</b> Original and one (1) copy must be submitted in hard copy by 4:00 P.M. at:<br><br>City of Jersey City<br>Dept. of Housing, Economic Development and Commerce<br>Division of Community Development<br>30 Montgomery Street, Suite 404<br>Jersey City, NJ 07302 |
| 09/10/12 | Application Review   |
| 09/30/12 | Applicants are Notified of Awards<br><br>Applications will be accepted until <b><u>4:00 P.M. on September 7, 2012</u></b><br><br>Applicants must also email a copy to <b>mosleyj@jcnj.org</b> .<br>Late applications will not be accepted.   |
| 10/01/12 | ESG funded programs begin  |

**All applicants must provide a narrative which addresses the elements listed below.**

**Homelessness Prevention** - Housing relocation and stabilization services and short- and/or medium- term rental assistance necessary to prevent a family or individual (with priority on families) from moving into an emergency shelter. Eligible Homelessness Prevention activities (in accordance with federal regulations Part 577 Emergency Solutions Grants Programs, Subpart B) include:

Financial Assistance Costs:

- Rental Application Fees
- Security Deposits [Up to 1½ months of rent]
- Arrears [Up to four (4) months]
- Utility Deposits [Up to two (2) months]
- Utility Payments [Up to two (2) months]
- Moving Costs [Reasonable costs, such as, truck rental, hiring a moving company, storage fees up to three (3) months]

Service Costs:

- Housing Search and Placement
- Housing Stability Case Management
- Mediation
- Legal Services
- Credit Repair

Short-term (up to 3 months) and medium-term (4 to 12 months) rental assistance

**Rapid Re-housing Assistance** - Relocation and stabilization services and short- and/or medium- term rental assistance necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Eligible Rapid Re-housing Assistance activities (in accordance with federal regulations Part 576 Emergency Solutions Grants Programs, Subpart B) include:

Financial Assistance Costs:

- Rental Application Fees
- Security Deposits [Up to 1½ months of rent]
- Arrears [Up to four (4) months]
- Utility Deposits [Up to two (2) months]
- Utility Payments [Up to two (2) months]
- Moving Costs [Reasonable costs, such as, truck rental, hiring a moving company, storage fees up to three (3) months]

Service Costs:

- Housing Search and Placement
- Housing Stability Case Management
- Mediation
- Legal Services
- Credit Repair

Short-term (up to 3 months) and medium-term (4 to 12 months) rental assistance

**Case Management:** arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of program participants and helping them to obtain housing stability. Case management services include:

- Developing an individualized housing and service plan for program participants.
- Identifying and obtaining services for program participants.
- Three (3) month monitoring and evaluation of the program participant's progress.

**Housing Search and Placement:** assist program participants locate, secure, and retain suitable housing.

**Credit Repair:** assist program participants develop a budget, manage their money, access and review a free credit report, and resolve personal credit issues.

**Data Collection and Evaluation:** costs associated with operating a Homeless Management Information System (HMIS) for purposes of collecting and reporting data required under HPRP. Eligible costs include:

- HMIS user licenses.
- Staff costs associated with entering data into HMIS.

## Rating Criteria

A review panel will thoroughly review and evaluate the applications against the rating criteria listed below. **Maximum 100 Points**

1. *Experience and capacity of the applicant to successfully undertake the proposed activities (maximum 45 points)*
  - How experienced is the applicant in working with the target population? (proven track record of providing direct service to persons who are homeless or at risk of homelessness)
  - Does the applicant have the capacity to provide effective services to persons with limited English proficiency?
  - Has the applicant demonstrated effective grant management?
    - Achieved prior grant objectives with the established time frame;
    - Expended previous grant awards correctly and in a timely manner.
    - Produced and submitted prior grant's performance and financial reports correctly and on-time.
  - Does the applicant have any unresolved audit findings?
  - Does the applicant have a sufficient amount of revenue/income to operate the project?

2. *Degree to which the proposed program will meet the needs of the City residents (maximum 25 points)*
3. *Feasibility of program budget (maximum 20 points)*
  - Are the proposed costs reasonable in light of the program design? Are the program costs proportional to the proposed number of households to be served?
4. *Homeless Management Information System (HMIS) Readiness (maximum 10 points)*
  - Is the applicant currently utilizing HMIS? Will the applicant be prepared to participate in HMIS upon contract execution?

<b>1. DCD PROGRAM TO WHICH APPLICANT IS APPLYING:</b> Emergency Solutions Grant (ESG) / Homeless Prevention and Rapid Re-housing Program (HPRP) Funds			
2. Name of Applicant Agency			
3. Street Address			
City	State	Zip Code	County
4. Official Contact Person (i.e., Executive Director, Mayor, Freeholder Director, etc.)		Title	Phone number
5. Program Contact Person (i.e., Program Manager, Director, Department Head, etc.)		Title	Phone Number
6. Proposed Project/Grant Title	7. Project Location (if Different from Applicant Agency)		
5a. Official Contact Person Email Address		6a. Program Contact Person Email Address	
8. Vendor Number	9. DUNS Number	10. Tax Exempt ID	
11. Identify which program focus you are seeking funds for: <input type="checkbox"/> Homeless Prevention <input type="checkbox"/> Housing Relocation and Stabilization Services <input type="checkbox"/> Rapid Re-Housing			
12. Briefly describe the project and target populations for which you are seeking funds.			
13. Fiscal Contact Person		Title	Phone Number
14. Total Cost of the Project		15. ESG Requested Amount	16. Funds from Other Sources
Homeless Prevention		Rapid Re-Housing	HMIS      Total
18. <b>Certification:</b> The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct. The document has been duly authorized by the governing body of the applicant and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions and other policies, regulation, and rules issued by the U.S. Department of Housing and Urban Development (HUD) which include provisions described in grant application instructions.			
Name and Title of Applicant (Print)		Signature of Applicant	Date of Application

## AGENCY AND PROJECT DESCRIPTIONS

Name of Applicant	Proposed Grant Title	Date of Application
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**AGENCY DESCRIPTION:** Briefly describe your agency and qualifications for implementing the proposed program/project.

**PROJECT DESCRIPTION:** (Provide a brief description of the proposed activity.)

Type of activity (check all that apply): Homeless Prevention \_\_\_\_\_ Rapid Re-Housing \_\_\_\_\_  
Case Management \_\_\_\_\_ Housing Search and Placement \_\_\_\_\_ Credit Repair \_\_\_\_\_ Data Collection and Evaluation \_\_\_\_\_

## METHODOLOGY

Name of Applicant	Proposed Grant Title	Date of Application
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**METHOD(S)** – Describe in detail the intake and application process. Also, describe your process for executing the project. Be sure to explain how your agency will identify and document the homeless status of clients.

Name of Applicant	Proposed Grant Title	Date of Application
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**ANTICIPATED PROJECT OUTCOMES**  
**10/01/12 – 09/30/13**

**Identify the most significant outcomes each activity identified in this application is expected to achieve.**

Complete the chart on the next page to describe the most significant outcome(s) each activity funded by ESG, is expected to have on participants for 2012. Tell how many homeless families or individuals will realize each outcome and how each outcome will be measured. Copy chart attached to describe additional outcomes.

**Outcomes:** Outcomes are not the activities of the agency, but the benefits for the participants. What will be the benefits for the client? Why is this project being done? Examples of outcomes include number of clients that achieved self-sufficiency, number of clients placed in permanent jobs with living wage, number of homeless that moved into permanent housing, etc. Include only major project outcomes supported by the requested ESG funds.

**Major Tasks:** Outline the major tasks / activities to be conducted by this project (e.g., place homeless families into a transitional housing unit, provide case management with essential services needed to regain stability and self-sufficiency within eight (8) months, prevent families from being evicted from their homes by providing rental assistance and other essential services and provide job training / placement for homeless, etc.).

**Outputs:** Quantifiable products of each of the major tasks described (e.g., number of homeless families or individuals placed in transitional housing, number clients provided case management to, number of families or individuals provided rental assistance, etc).

**Provide at least two performance outcomes for each ESG activity you will provide. (Copy the Project Outcomes page for each additional activity.)**

Name of Applicant	Proposed Grant Title	Date of Application
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## PROJECT OUTCOMES

ESG ACTIVITY \_\_\_\_\_

ESG PROGRAM YEAR \_\_\_\_\_

**Outcome Measurements:** How will you measure outcomes? What follow-up tracking will be provided to ensure outcomes are met? How will the project's impact on participants be evaluated? **Outcome #1** *Describe how participants will benefit and how many are expected to realize this outcome?*

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Major Tasks Necessary to Realize Outcomes	Outputs Resulting from Tasks

**Outcome Measurements:** *Describe evaluation tools, methods and benchmarks to measure achievement of this outcome.*

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## PERFORMANCE STANDARDS

### Written Standards for Provision of ESG Assistance

The City of Jersey City will require Emergency Solutions Grant (ESG) awardees to establish and implement written standards for providing homeless prevention and rapid re-housing assistance under the ESG program prior to executing contracts.

In the spaces below, please provide written standards that include:

1. Standard policies and procedures for evaluating individuals' and families' eligibility for assistance under the Emergency Solutions Grant (ESG) program.

2. Policies and procedures for coordination among emergency shelter providers, essential service providers, homelessness prevention and rapid re-housing assistance providers, other homeless assistance providers, and mainstream and housing providers.

3. Policies and procedures for determining and prioritizing which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive rapid re-housing assistance (if applicable).

- Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time (if applicable).

- Standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide a program participant including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant receives assistance, or the maximum number of times the program participant may receive assistance (if applicable).

- Procedures for determining habitability of housing occupied or to be occupied by program participant. Be sure to address lead based paint (if applicable).

## MATCH REQUIREMENTS

ESG requires a 100% match. The sub-recipient must make matching contributions to supplement the Emergency Solutions Grant (ESG) program in an amount that equals the amount of ESG funds provided by the City of Jersey City. The sub-recipient must identify the source of match at the time of applying for ESG.

Matching contributions may be obtained from any source, including any federal source other than the ESG program, as well as state, local, and private sources. However, the following requirements apply to matching contributions from a federal source of funds:

- The sub-recipient must ensure the laws governing any funds to be used as matching contributions do not prohibit those funds from being used to match Emergency Solutions Grant (ESG) funds.
- If ESG funds are used to satisfy the matching requirements of another federal program, then funding from that program may not be used to satisfy the matching requirements under this section.

Please identify committed sources and amounts of proposed matching funds:

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

If matching funds will be provided through in-kind services, please describe the source and amounts of proposed in-kind matching funds below:

Description and Value of Donated Building

\_\_\_\_\_ \$ \_\_\_\_\_

Description and Value of Donated Materials

\_\_\_\_\_ \$ \_\_\_\_\_

Description and Value of any Lease on Building

\_\_\_\_\_ \$ \_\_\_\_\_

Salary paid to staff of the subcontractor or fees paid to a non-profit recipient (as appropriate) in carrying out the ESG program. \$ \_\_\_\_\_

Time and Services contributed by volunteers to carry out the ESG Program, must be determined at the rate consistent with those ordinarily paid by other employers for similar work in the same labor market. \$ \_\_\_\_\_

**Total Match Amount:** \$ \_\_\_\_\_

**SERVICES AND OPERATIONS COST SUMMARY**

Name of Applicant		Proposed Grant Title <b>Emergency Solutions Grant (ESG) Funds</b>		Date of Application
For Cost Categories A through C, a SCHEDULE SHEET and JUSTIFICATION SHEET must be completed and submitted, if applicable.				
Cost Category	Total Funds Needed	Grant Funds Requested from DCD	Funds from Other Sources	DCD USE ONLY
<b>A. PERSONNEL COST</b>				
Salaries / Wages				
Fringe Benefits				
<b>B. CONSULTANT / PROFESSIONAL SERVICES COST</b>				
<b>C. OTHER COST CATEGORIES</b>				
Office Expense and Related Cost				
Program Expense and Related Cost				
Other Contractual Services				
Rental Assistance				
Equipment				
Legal Services				
Total Direct Cost				
Indirect Cost (SEE NOTE BELOW)				
Total Costs				
Less Program Income				
Net Total Cost	1	2	3	

1-3: Figures in these areas to be entered in corresponding numbered areas on PAGE 1 of application. NOTE: An indirect cost allowance may be awarded to any applicant provided that state or federal legislation does not prohibit it and that the applicant has an established indirect cost rate. Do you have an established indirect cost rate?  Yes  No

If yes, attach a letter stating approved rate, period of time, base to which rate is applied, and enter above amount of indirect cost requested for proposed grant.

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**SCHEDULE A: PERSONNEL COSTS**

Name of Applicant	Proposed Grant Title <b>Emergency Solutions Grant (ESG) Funds</b>	Date of Application
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List all full and part-time paid staff, including fringe benefits. Justify fringe benefit costs on a separate sheet. Standard Weekly Work Hours./Employee

**ATTACH ADDITIONAL SHEETS IF NEEDED**

Position Title	Incumbent Name, Vacant, or New Position	Annual Salary	Weekly Hours on Project	% of Weekly Work Time On Project	Total Funds Needed	Grant Funds Requested From DCD	Funds From Other Sources	DCD USE ONLY
<b>Sub-Totals</b>								
_____ % Fringe Benefits								
<b>TOTAL PERSONNEL COSTS</b>								

**SCHEDULE A: PERSONNEL JUSTIFICATION**

Name of Applicant	Proposed Grant Title <b>Emergency Solutions Grant (ESG) Funds</b>	Date of Application
List, justify, and submit a curriculum vitae for each position title, excluding clerical and manual positions, in same order as listed on SCHEDULE A: PERSONNEL COSTS. Briefly describe the agency's personnel policy for salary increases on a separate sheet.		
ATTACH ADDITIONAL SHEETS IF NEEDED		
<b>Position Title</b>	<b>Minimum Qualifications (education and experience)</b>	

**SCHEDULE B: CONSULTANT SERVICES COSTS**

Name of Applicant	Proposed Grant Title <b>Emergency Solutions Grant (ESG) Funds</b>	Date of Application			
<p>List services which provide for program or client benefit and are contracted for on a cost per client, percentage or time, or number of hours basis. Examples of consultant services: accounting, medical, psychological, psychiatric, and other professional services. A copy of individual agreements will be required if an award is made.</p> <p>Do consultant services demonstrate a true employer / non-employee relationship as per IRS regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
ATTACH ADDITIONAL SHEETS IF NEEDED					
Nature of Consultant Service	Basis for Cost Estimate (Rate X Time)	Total Funds Needed	Grant Funds Requested From DCD	Funds From Other Sources	DCD USE ONLY
<b>TOTAL CONSULTANT SERVICES COSTS</b>					

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**SCHEDULE B: CONSULTANT SERVICES JUSTIFICATION**

Name of Applicant		Proposed Grant Title <b>Emergency Solutions Grant (ESG) Funds</b>	Date of Application
List and justify each consultant service in same order as on SCHEDULE B: CONSULTANT SERVICES COSTS.			
ATTACH ADDITIONAL SHEETS IF NEEDED			
Nature of Consultant Services	Responsibilities and/or Duties	<i>Minimum Qualifications (education and experience)</i>	

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**SCHEDULE C: OTHER COST CATEGORIES**

Name of Applicant		Proposed Grant Title <b>Emergency Solutions Grant (ESG) Funds</b>			Date of Application
List other cost categories applicable to grant proposal, such as travel, supplies, equipment, and other direct expenses. A copy of lease agreement, travel regulations, and any other pertinent agreement is to be attached when requesting funds for these budget categories.					
ATTACH ADDITIONAL SHEETS IF NEEDED					
Other Cost Categories (specify)	Basis for Cost Estimate	Total Funds Needed	Grant Funds Requested From DCD	Funds From Other Sources	DCD USE ONLY
A.					
B.					
C.					
D.					
E.					
<b>TOTAL COSTS</b>					

**SCHEDULE C: OTHER COST JUSTIFICATION**

Name of Applicant	Proposed Grant Title <b>Emergency Solutions Grant (ESG) Funds</b>	Date of Application
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Justify below all items or services which are listed in SCHEDULE C: OTHER COSTS. Justify the items or services in the same order as they are listed on the schedule. Attach copy of lease agreement when requesting funds for rent. The cost allocation method should be included in the justification if a cost category is distributed among multiple funding services.

ATTACH ADDITIONAL SHEETS IF NEEDED