

## Shelter Operations and Maintenance Funding Application

*Fiscal Year 2022-2023*

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<b>Organization</b>	
<b>Program</b>	

The City of Irving is seeking organizations that can demonstrate the capability to administer shelter operations and maintenance programming, through the Emergency Solutions Grant (ESG), to aid homeless Irving residents. Based on prior year Congressional Appropriations, the City of Irving expects approximately \$25,000.00 to be made available for this purpose in Fiscal Year 2022-23. This amount is subject to change, based on actual funding allocations received by the City of Irving from the U.S. Department of Housing and Urban Development.

Prior to completing this application, each qualified organization is urged to review the Guidebook (provided on the City of Irving website) and read the instructions carefully. The Notice of Funding Availability (NOFA) Application Guidebook contains information such as the ESG Policies, Housing and Human Services Board Priorities, and Consolidated Plan Priorities. Before submitting the application, attend a mandatory training check all calculations, and review the proposal for completion of forms and other items on the checklist. Inaccuracies, omissions, and the use of forms from previous competitions will be grounds for rejection. All proposals will become part of the City of Irving’s official files.

**Applications are due to the City of Irving Planning and Community Development office no later than 5 p.m. on Friday, April 1, 2022. No late applications will be accepted. Applications must be submitted by mail or in person deliver to the Planning and Community Development office located at 825 W. Irving Blvd., Irving, TX 75060. Late or incomplete submissions will not be considered for funding. Please see the ESG Notice of Funding Availability (NOFA) Application Guidebook for submittal details and application evaluation processes.**

*General Information*

<i>Tax ID</i>	
<i>DUNS Number</i>	
<i>Contact Name</i>	
<i>Mailing Address</i>	
<i>Phone</i>	
<i>Fax</i>	
<i>Email</i>	

**ESG Funds Requested**

Category	Amount
Shelter Operations	\$
Shelter Maintenance	\$

<b>Total City of Irving ESG Request</b>	<b>\$</b>
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## Overview

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Briefly summarize the proposed program below. The description should be no longer than five sentences and should describe the number of clients to be assisted, and the items/activities to be funded by ESG. This summarization will be provided to the Housing and Human Services Board as written.

Into which category(ies) does the organization fall? *Check all that apply.*

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Non-Profit  | <input type="checkbox"/> Government               | <input type="checkbox"/> Educational                  |
| <input type="checkbox"/> Faith-based | <input type="checkbox"/> Victim Services Provider | <input type="checkbox"/> Other (Please specify) _____ |

Does this organization participate in the Dallas City & County/Irving Continuum of Care (CoC)? If yes, please indicate the number of scheduled CoC meetings that were attended by the organization’s personnel between Jan. and Dec. 2021. Must be verifiable from CoC documentation.

- No
- Yes      Meetings Attended by Organization Staff: \_\_\_\_

Does this organization participate in other community or regional collaborative meetings? If so, please describe.

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Has this organization participated in previous Irving, Dallas, or other Metroplex Point-In-Time Homeless Count? This includes such participation as assisting in planning or conducting the count, assisting in volunteer training, submitting data, etc.

No            Yes            If so, which count and in what capacity? \_\_\_\_\_

How long has the organization been providing sheltering services?

New Organization	New Program	Less than 1 Year	1-3 Years
4-10 Years	11-19 Years	20+ Years	

Does the organization have an Emergency Shelter in Irving?

No                                  Yes

How long has the organization been providing shelter services in Irving?

New Organization	New Program	Less than 1 Year	1-3 Years
4-10 Years	11-19 Years	20+ Years	

Does the organization have Non-Profit Certification from the Internal Revenue Service?

No                                  Yes

Does the organization have a formal and active Board?

- Yes, both formal and active
- Formally appointed but no regular meetings
- No formal appointment, but regular meetings
- No

For how many years has the organization received CDBG, HOME, and/or ESG funds from the City of Irving?

Never            1 Year            2-5 Years            6-10 Years            11+ Years

Please list all non-ESG funds the organization has received from the City of Irving in the last three years.

N/A

Program	Funding Source	Year Funded	Funding Amount Received	Funding Amount Expended

Has the organization ever been cited for misuse of Federal, State, or local funds and been required to repay them?

Yes                                  No                                  N/A – No experience with Federal, State, or local funds

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If yes, please briefly explain:

**Insurance Policies**

Does the organization have the following insurance policies in place?

- Workers Compensation and Employers Liability      Commercial General Liability
- Business Auto Liability      Professional Liability
- Other (Please specify below)

Please describe the insurance policies the organization currently has in place to cover the proposed program.

Policy Type	Policy Number	Minimum Limit Amount	Coverage Dates

Are there other services or activities similar to your program provided by other organizations in Irving?

- Yes      No

If yes, how has your organization looked for ways to partner or leverage program funds or services?

Please select one or more of the national priorities established in "Home Together: The Federal Strategic Plan to Prevent and End Homelessness" your program will support:

- End homelessness among Veterans
- End chronic homelessness among people with disabilities
- End homelessness among families with children
- End homelessness among unaccompanied youth
- End homelessness among all other individuals

Please briefly describe how your program will support one or more national priorities established.

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What makes your program unique?

If your organization has received Irving CDBG, HOME, or ESG funds, what was the date of your last monitoring visit?

\_\_\_\_\_

Were there any findings and/or concerns in your last monitoring visit?

Yes                  No                  N/A – No experience with Federal, State, or local funds

If Yes, was the organization cleared of the findings/concerns?

Yes                  No

## **Homeless Management Information System (HMIS) or Comparable Database**

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The Emergency Solutions Grant (ESG) programs requires all ESG sub-recipients to use HMIS, or a comparable database if the sub-recipient is an organization whose primary mission is to serve victims/survivors of domestic violence. In Irving, ESG sub-recipients are required to participate in the HMIS system administered by Metro Dallas Homeless Alliance on behalf of the Dallas Area/Irving Continuum of Care (domestic violence victim assistance programs must still participate with MDHA in its oversight of a comparable database).

Is this an organization whose primary mission is to serve victims/survivors of domestic violence, and are prohibited from using the main HMIS platform, as per the Violence Against Women Act of 2005?

Yes                  No

If yes:

Does the organization use a comparable, participant-level database to record necessary program data?

Yes                  No

Is the organization willing to participate in a DV-only homeless management information system, administered by Metro Dallas Homeless Alliance?

Yes                  No

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Is the current comparable database used able to report unduplicated counts of participants served, services provided, and report on performance measurements and outcomes, including interface with HUD's SAGE system?

Yes                      No                      N/A

Does the organization have the staffing capacity to have at least one staff member responsible for HMIS entry?

Yes                      No

Does the organization agree to have the staff member(s) trained in HMIS within 30 days of the grant start date?

Yes                      No

Does the organization have other homeless programs not funded by HUD?

Yes                      No

If yes:

Are these programs recorded in HMIS?

Yes                      No

Please list those programs recorded in HMIS:


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**Capacity, Experience, and Performance Measurement**

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Provide narrative regarding an organizational overview of your agency, including a description of the history, mission, and services of the organization.

Describe the organization’s experience and capacity to administer emergency shelter programs by completing the following tables. Be sure to provide sufficient detail. Additional pages may be attached to this application, if necessary.

Describe the specific types of programs/services/activities/projects the organization administers or provides that are relevant to the objectives of the ESG program. Complete the following tables providing information for similar projects/programs administered by the applicant including size, type, and complexity as those proposed in this application. Neither agency staff nor board personnel can provide either reference.

<b>Program Name:</b>	<b>Activity/Program Type:</b>	<b>Source of Funds:</b>
<b>Program Location:</b>	<b>Start-Completion Dates and Status:</b>	<b>Total Project Costs:</b>
<b>Program Reference Summary</b> <i>(Scope and complexity, significant accomplishments, issues, or experience, etc.)</i>		
<b>Program Reference Contact Information</b> <i>(Contact name, phone, and email):</i>		

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<b>Program Name:</b>	<b>Activity/Program Type:</b>	<b>Source of Funds:</b>
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<b>Program Reference</b> <i>(Scope and complexity, significant accomplishments, issues, or experience, etc.)</i>		
<b>Program Reference Contact Information</b> <i>(Contact name, phone, and email):</i>		

List current staff positions and qualifications of individuals who will carry out the grant or project activities (or administration of grants). If using agencies or third party contractors, provide the staff positions and qualifications for each, with the name of the agency clearly marked.

Department/ Agency/ Contractor	Position	Program Related Duties	Years Current Employee Conducting Duties	Approximate Hours per Week Completing Duties for Program
<i>Example: XYZ County</i>	<i>Case Manager</i>	<i>Counseling</i>	<i>12 years</i>	<i>20 hours</i>

Does the organization have 10 or more full time employees?  
No      Yes

Does the organization have 10 or more full time employees who have a salary value of \$100,000 or more to be paid wholly or partly by public funds?  
No      Yes

How many times in the past two years has the organization been 30-90 days late in paying major operational bills such as electricity, water, gas, or salaries?  
Never      1-5 Times      6-10 Times      11-15 Times      16+ Times



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As this program is based on a reimbursement model for recent charges incurred during the contract period, please describe the method the organization will use to ensure timely payment of expenses.

How will the organization keep its staff up to date and knowledgeable about ESG grant regulations and requirements?

Last program year, did this program meet its performance goals related to the number of persons served?

<b>Planned # Persons Served</b>	
<b>Actual # Persons Served</b>	
<b>If the organization did not meet its planned # to be served, please provide an explanation</b>	

How will the organization monitor the progress of the program and compliance with the program requirements with its staff?

If the organization is recommended to receive a lower amount of Irving ESG funds than requested, how would the organization prioritize its ESG funding? How would the organization compensate for the funding difference?

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Describe the fundraising efforts that support the organization’s sheltering activities and services.

Please provide the expected number of households to be served under each category:

<i>Category Served</i>	<i>Number of Households</i>
<i>Unaccompanied Males 18+</i>	
<i>Unaccompanied Females 18+</i>	
<i>Unaccompanied Minor Males (&lt;18)</i>	
<i>Unaccompanied Minor Females (&lt;18)</i>	
<i>Single Parent Households</i>	
<i>Two Parent Households</i>	
<i>Adult Couples Without Children</i>	

Please provide expected performance measures for the following:

Performance Measures	Number	Percentage
<b>Unduplicated number of persons to be served with Irving Shelter Operations and Maintenance Funds</b>		100%
<b>Shelter days funded through Irving Shelter Operations and Maintenance Funds</b>		
<b>Unduplicated persons exiting to temporary/transitional housing</b>		
<b>Unduplicated persons exiting to permanent housing</b>		
<b>Unduplicated persons who will receive case management</b>		

Specify the procedures used in the tracking or follow-up of clientele served.

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How will the organization measure these outcomes?

Give specifics about the shelter’s requirements for assistance. What is the average length of time, in days, that program participants stay in the emergency shelter? Does the organization have residency requirements; is the tenant required to sign a goals agreement?

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**Statement of Work/Scope of Services**

Which population will be served by the organization?

- Homeless Individuals Only
- Homeless Families Only
- Homeless Individuals and Families

Does the organization target services to a specific population? Target populations are not the same as populations served. This questions refers to populations that your program specifically prioritizes for service. All categories should not apply. Check all that reasonably apply.

- |                      |                              |
|----------------------|------------------------------|
| Male                 | Victims of Domestic Violence |
| Female               | Disabled                     |
| Substance Abusers    | Veterans                     |
| Chronically Homeless | Elderly, Frail Elderly       |
| Unaccompanied Youth  |                              |

Describe in detail the need of the Irving community for emergency shelter assistance. Include factual data such as low income population numbers, unemployment %, occupancy of shelters, point-in-time counts, etc.

Describe the population that the organization plans to target with ESG funds and explain why they were chosen over others.

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Describe how the organization plans to assess each applicant household’s eligibility and appropriateness for the program. Please also list any restrictions.

How does the proposed program coordinate with other services in the community to provide sheltered homeless persons with housing options upon exit from the shelter?

Describe the organization’s plan for outreach to the target population(s).

Please indicate program location and hours of operation.

<b>Location</b>	
<b>Hours of Operation</b>	

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Explain how the organization will determine that the household has reached stabilization in the program and the process for exit from the shelter.

Explain the organization’s involvement of clients or former clients in processes such as program design, service delivery, and program evaluation.

Describe what reserves the shelter has available for unexpected costs during the contract period.

Describe the process that will be followed to meet the ESG program requirements for case management, re-evaluation of need, and providing client access to mainstream benefits to aide in the stabilization of the household.

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Describe the process for determining the specific types and levels of assistance the organization will provide to each household accepted into the program.

Please summarize the organization’s termination policy for participants that do not meet the program’s qualifications or become ineligible during the course of the program.

How will the organization ensure service to Irving residents for the portion of the project to be funded by the City of Irving?

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## **Attachment A: Work Plan**

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Develop a sound statement of work/work plan narrative that details how the program will achieve its goals and other program design features not previously mentioned. Include procedures, policies, guidelines, and other applicable narrative. Attach a program-specific organizational chart including staff names, titles, and years of experience with the program. Additional pages can be submitted.



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**Attachment B: Budget, Match, and Leveraging**

Total Organizational Budget: \_\_\_\_\_

Total Program Budget, including requested funds and all other leveraged funds:

<b>Total Program Budget</b>	\$		
<b>Total ESG Request</b>	\$	<b>ESG % of Total Program Budget (ESG Request/Total Program Budget)</b>	%

<b># of Clients Served with ESG Funds</b>		<b>ESG Cost Per Client (ESG Request/# ESG Clients Served)</b>	\$
<b># of Clients Served through Entire Program</b>		<b>ESG % Clients (ESG Clients Served/Entire Program Clients Served)</b>	%

**Program Budget:**

	2020-21 <i>Actual</i>	2021-22 <i>Estimate</i>	2022-23 <i>Proposed</i>
<i>Revenue Source</i>			
<i>Contributions</i>			
<i>Special Events</i>			
<i>Membership Fees</i>			
<i>Program Service Fees</i>			
<i>Other Grants/Foundations</i>			
<i>ESG</i>			
<i>Other:</i>			

**Total**

	2020-21 <i>Actual</i>	2021-22 <i>Estimate</i>	2022-23 <i>Proposed</i>
<i>Expenses</i>			
<i>Shelter Operations</i>			
<i>Shelter Maintenance</i>			

**Total**

Does the organization receive 80% or more of its annual gross revenues in federal awards?  
 No    Yes

Does the organization receive \$25,000,000 in annual gross revenues in federal awards?  
 No    Yes

Does the public have access to information about the compensation of senior executives?  
 No    Yes

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**Federal Awards**

Please describe any federal awards received by the organization, if any.

Funding Source	Amount	Status- Confirmed, Pending, Denied	Award Date
<b>Total</b>			

**Match**

All ESG-funded must meet a dollar-for-dollar match. Please describe the proposed sources of matching funds.

Funding Source	Amount	Status- Confirmed, Pending, Denied	Award Date
<b>Total</b>			

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## **Attachment C: Financial Management**

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Describe the organization’s fiscal management including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. Additional pages may be submitted.

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**Attachment D: Board of Directors**

Explain the requirements to be a Board member of the organization.

Describe efforts to recruit Board members that represent the diversity of clients served.

Complete the tables below. Attach additional information regarding names, terms, and company affiliation of other Board members.

**Board Chair**

<b>Irving Resident?</b>			
<b>Term</b>	<b>From</b>		<b>To</b>
<b>Gender</b>		<b>Race/Ethnicity</b>	
<b>Company Affiliation</b>		<b>Title</b>	

**Executive Director**

<b>Irving Resident?</b>			
<b>Term</b>	<b>From</b>		<b>To</b>
<b>Gender</b>		<b>Race/Ethnicity</b>	

**Homeless Representative**

<b>Irving Resident?</b>			
<b>Term</b>	<b>From</b>		<b>To</b>
<b>Gender</b>		<b>Race/Ethnicity</b>	
<b>Company Affiliation</b>		<b>Title</b>	

**Board Composition**

Total # of Board Members \_\_\_\_\_ # Irving Residents \_\_\_\_\_ # Males \_\_\_\_\_ # Females \_\_\_\_\_

***Number of Board Members by Race/Ethnicity***

<i>White/Caucasian</i>	
<i>Black/African American</i>	
<i>Asian</i>	
<i>American Indian/Native American</i>	
<i>Pacific Islander/Hawaiian Native</i>	
<i>Other</i>	
<i>Hispanic (Ethnicity Separate from Race)</i>	

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**Attachment E: Contact Information and Certification**

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Person Authorized to Sign Agreements and Make Commitments on Behalf of the Organization	
<b>Name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email</b>	

Program Contact (Person who will liaise with the City of Irving about program operations/performance/reports/training)	
<b>Name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email</b>	

Finance Contact	
<b>Name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email</b>	

Application Contact (Person who wrote this application)	
<b>Name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email</b>	

**\*One person may not be point of contact for all sections.**

I certify that the information contained in this application is true and correct and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts. I have read and understand the requirements detailed in the Notice of Funding Availability. I further certify that no contract has been awarded, funds committed, or construction begun on the proposed program and that none will be done prior to issuance of a Release of Funds by the City of Irving.

\_\_\_\_\_  
 Signature of Authorized Person Listed Above

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

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### **Application Checklist**

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#### **For all Copies:**

- Application Form
- Attachment A: Work Plan
- Attachment B: Budget, Match, and Leveraging
- Attachment C: Financial Management
- Attachment D: Board of Directors
- Attachment E: Contact Information and Certification

#### **Additional Attachments\*:**

- Organization Chart (including proposed program specific organization chart)
- Minutes Authorizing Submittal of Proposal
- Articles of Incorporation
- Non-Profit Documentation from IRS
- Copy of Current Board Roster and By-Laws
- Most Recent Financial Audit/Certified Financial Statements
- Director's and Officers' Liability and Errors and Omissions Insurance
- Copy of all insurance policies referenced in the application
- Policies and Procedures for Employees, including Internal Control Policies
- Code of Conduct listing prohibited behavior for Board and employees; including Conflict of Interest provision
- Policies and procedures for agency programs
- Verification of current System Award Management registration
- Verification of Secretary of State Registered Agent

**\* See ESG NOFA Guidebook for attachment submittal instructions.**