2018 Homeless Grant Application

Agency:

Project name:

Amount requested:

Project description in one sentence:

Important Dates
Mandatory Technical Assistance Workshop for All Homeless Grant Applicants
Thursday, February 8, 2018, at 11:00 a.m.
O’Connor Senior Center, 611 Winona Street, Knoxville, TN 37917

In case of inclement weather, the workshop will be held on Monday, February 12, 2018 at 11:00 a.m. (same location as listed above)

Application Deadline
Friday, February 23, 2018 at 12:00 Noon
City of Knoxville - Community Development Department
400 Main Street, Room 515, Knoxville, TN 37902
Mailing Address: P.O. Box 1631, Knoxville, TN 37901

The Homeless Grant Program will follow Emergency Solutions Grant (ESG) standards. Please refer to www.hud.hre.info for updated information on ESG rules and program components.

Please refer to the Homeless Grant Application Instructions document for information about this funding program, eligible activities, how to fill out this application, submission requirements, and important deadlines. It is important that you follow these instructions fully in order for your application to be considered. Thank you for your interest in the City of Knoxville’s Homeless Grant Program.
1. Project name:
   Project address:

2a. Agency:
   Chief official of agency:          Title:
   Complete mailing address:
   Phone number:
   Email address:                    Agency website:

2b. Fiscal Agent (if another entity is involved):
   Title:
   Complete mailing address:
   Phone number:
   Email address:                    Agency website:

3a. Project Manager (single point of contact for the City’s project monitor):
   Complete mailing address:
   Phone number:                    Fax number:
   Email address:

3b. Finance Manager:
   Complete mailing address:
   Phone number:                    Fax number:
   Email address:

4. Agency tax ID number:

5. Type of organization:   _____ Non-profit   _____ Public agency

6. Is your agency a faith-based organization?   _____ Yes   _____ No

7. Is this application for the support of a family violence shelter?   _____ Yes   _____ No
   If yes, is the shelter address to be made available to the public?   _____ Yes   _____ No

8. Agency description and experience: Please provide a brief description of your agency’s goals and mission, incorporation date, clientele served, experience and years of service in serving the homeless. (Limit to ½ page.)

9a. Project description: Clearly explain what will be accomplished with Homeless Grant funding, including how the project works collaboratively with community efforts and strategies to prevent, reduce, and end homelessness.

9b. Describe how the proposed activity will qualitatively improve the lives of those who are being served.
9c. Describe how this project furthers the goals of improving this community’s crisis response system for the homeless; helping clients maintain or gain access to affordable permanent housing; and how it helps them to increase economic security and/or improves their access to behavioral and physical healthcare.

9d. Describe, if applicable, how this project assists particular subpopulations of people experiencing or at risk of homelessness, including but not limited to families with children, veterans, and chronically homeless individuals and families. (Limit to one page).

10. Clearly identify the project’s quantifiable performance goals. To the greatest extent possible, please identify outcomes and outputs. If possible, please relate these quantifiable goals to the qualitative improvements to your clients’ lives as described in question number 9.

(Note: “Outputs” simply identify a number of units of a particular service provided, but don’t explicitly measure longer-term changes in the lives of those being served. Examples of outputs would be “number of clients staying in shelter”, or “number of meals served”, etc. “Outcomes” measure achievements in improving clients’ lives, and therefore can better demonstrate the value of your proposed activity. Examples might be “number/percent of clients served by shelter who are subsequently placed in permanent housing”, or “number/percent of clients who complete the program with increased employment income or increased access to healthcare or income benefits”, etc.) The intent is to measure how the proposed activity is effectively moving people to more permanent sustainable living circumstances.

11. How many total persons will be served by this project?

12. How many currently homeless, and formerly homeless people, participate in the policy-making body of your organization?

13. What obstacles could delay project start-up or completion?

14. Is there a minimum amount of Homeless Grant funding you need for the project to be viable? If so, how much? Please be specific.

15. Have you received CDBG, Homeless Grant, ESG, and General funds from the City of Knoxville for this project in the past? _____ Yes _____ No.
If so, why is continued funding necessary? Have you had problems in the expenditure of funds by the end of the contract period? If so, please explain when and why this occurred.

16. If your agency has received CDBG, Homeless Grant, ESG and General funds from the City of Knoxville since 2013, list the project names and award amounts.

17. Were there any Findings or Concerns noted from your last City of Knoxville, Community Development monitoring visit, and if so please explain? _____ Yes _____ No.

18. Do you intend to request homeless grant funds for the same project in future years? _____ Yes _____ No

19a. Is your agency receiving Community Development Block Grant, City general fund, homeless grant or other monies from the City of Knoxville this current fiscal year?

19b. Do you plan to request CDBG, City general fund or other non –ESG funds for the year beginning in July 2018? If so, list amount you are requesting, funding type and purpose of funding.

20. Describe the project manager’s and finance manager’s experience administering homeless grant funding.

21. Are you currently participating in the Homeless Management Information System (HMIS)?
_____ Yes _____ No
22. Please check each item that already exists within your agency’s structure:

- [ ] Annual financial audit (date of your agency’s most recent audit: ________________)
- [ ] Client eligibility verification
- [ ] Client demographic data collection
- [ ] Staff salary tracking by funding source
- [ ] Purchasing or procurement policy
- [ ] Conflict of Interest Policy

23. List the names and titles of all employees and board members with the authority to sign contracts or other legal documents for your agency.

24. Is your agency in compliance with requirements of the State of Tennessee Charitable Solicitations Act (properly registered and current with annual renewals)?  ___ Yes  ___ No

25. Is your agency properly registered with the State of Tennessee as a nonprofit corporation and in compliance with annual reporting requirements?  ___ Yes  ___ No

26. If your agency is required to pay city and/or county property taxes, are all taxes paid?
   ___ Yes  ___ No

We have reviewed this application and agree that the description, performance goals, budget, and other aspects of the described project are reasonable and accurate to the best of my knowledge, and the governing body of my agency authorizes its submission.

We understand the City of Knoxville will not execute the required Subrecipient agreement until all insurance requirements are met. Insurance requirements include, but are not limited to, a Certificate of Insurance showing proof of the following insurance coverage: commercial general liability, and umbrella liability insurance if necessary, with a limit of at least $2 million each occurrence and $3 million aggregate; automobile liability with a limit of at least $1 million; and workers’ compensation coverage compliant with the statutory limits. The City will require the provision of endorsements showing (1) the City, its officials, officers, employees, and volunteers as additional insured for commercial general and automobile liability, (2) waivers of subrogation in favor of the City, and (3) that coverage will be primary/non-contributory.

We understand that the City of Knoxville may verify any or all statements contained in this application, and that any intentionally false information or omission may disqualify my agency from consideration for Homeless Grant funding in the current and future years. I also understand that, upon submission, this application becomes the property of City of Knoxville and will not be returned to my agency in whole or in part.

_____________________________________________  _________________________________
Authorized signature – Executive Director       Date

__________________________________________  __________________________________
Name (typed or printed)                        Title

_____________________________________________  _________________________________
Authorized signature – Board Chair             Date
Required Exhibits (See attached forms.)
1. Project budget (see Excel document – Exhibit 1)
2. Assurance of Compliance Under Title VI of the Civil Rights Act of 1964 (see attached, Exhibit 2)
3. Project timeline (See Excel document – Exhibit 3)
4. Assurance of Audit Requirements (See attached, Exhibit 4)
5. Assurance of Compliance with Conflict of Interest Policy (See attached Exhibit 5)

Required Attachments
1. All agencies: Current agency or department budget
2. Area benefit projects: Map with project benefit area clearly delineated
3. Non-profit agencies: 501(c)(3) tax exemption letter
4. State of Tennessee Certificate of Existence (good standing)
5. State of Tennessee Charitable Solicitations Registration / Renewal
6. List of Board of Directors by title, race, gender clientele/organization represented and term of service
7. Letter from Board president or Board minutes approving authorization to apply for funding
8. Procurement Policy

Optional Attachments
1. Agency brochures or fliers outlining services available
2. Site map and/or photographs
3. Letters of support
4. Other relevant documentation
EXHIBIT 1

Insert Project Budget

(See excel spreadsheet attached)
EXHIBIT 2

CITY OF KNOXVILLE
Assurance of Compliance Under Title VI of the Civil Rights Act of 1964

Name of applicant: ___________________________________________________________

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the City of Knoxville, and any directives or regulations issued pursuant to that Act and the Regulations, to the effect that, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Applicant received financial assistance from the City of Knoxville; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

This Assurance is given in consideration of and for the purpose of obtaining any and all City administered federal financial assistance, grants and loans of City funds, reimbursable expenditures, grant or donations of City property and interest in property, the detail of City personnel, the sale and lease of, and the permission to use, City property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient or any improvement made with City financial assistance extended to the Applicant by the City.

BY ACCEPTING THIS ASSURANCE, the applicant agrees to compile data, maintain records, and submit reports as required to permit effective enforcement of Title VI. If there are any violations of this assurance, the City shall have the right to recommend corrective actions or to seek administrative enforcement of this assurance, up to and including termination of federal funds.

This assurance is binding on the applicant, its successors, transferees, and assignees as long as it receives assistance from the City. In the case of real property, this assurance is binding for as long as the property is used for a purpose for which assistance was intended or for the provision of services or benefits similar to those originally intended. In the case of personal property, this assurance applies for as long as the recipient retains ownership or possession of the property. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the applicant.

Authorized signature: _______________________________________________________

Name (typed or printed): ___________________________________________________

Title: ___________________________________________________________________

Date signed: ____________________________

Applicant address: _________________________________________________________
# EXHIBIT 3

## TIMELINE

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EXHIBIT 4

Assurance of Audit Requirements

Subrecipients of Community Development Block Grant (CDBG), Homeless Grants, and/or HOME funding that expend $500,000 or more in total Federal financial assistance in a year are responsible for obtaining an independent audit in accordance with the Single Audit Act of 1984 and 2 CFR Part 200. The computation of the total of such assistance includes all Federal funds received by the entire entity. For purposes of determining the amount of Federal assistance expended, all Federal assistance shall be considered, including that which is received directly from a Federal agency, or passed through a state or local government, or through non-profit organizations, or any combination thereof.

If a subrecipient expends less than $500,000 per year in Federal financial assistance, it is exempt from Federal audit requirements. However, the subrecipient must still have records available for review by HUD, the grantee (City of Knoxville,) or GAO, and there also may be separate state or local laws prescribing additional audit requirements.

I hereby attest that ___________________________(name of agency) expended $________________ in the past fiscal year in Federal financial assistance as defined above and, therefore, an audit ___IS ___IS NOT required. Our most recent fiscal year ended _________________________.

Signed,

_______________________________________________________       ____________________
Authorized Signature       Date

______________________________________      ______________________________________
Name (Printed or Typed)       Title

If applicable, a copy of the most recent audit, dated _________________________ is attached.
EXHIBIT 5

CITY OF KNOXVILLE
Certification of Compliance with the City of Knoxville Conflict of Interest and Procurement Policies

Name of applicant: __________________________________________

HEREBY TAKES NOTICE OF AND WARRANTS that it is not in violation of, or has not participated, and will not participate, in the violation of any of the following Conflict of Interest and Procurement Policies:

I. City of Knoxville Requirements

(A) City of Knoxville Code of Ordinances Section 2-1048. Conflict of Interest.

It shall be unlawful for any employee of the city to participate, directly or indirectly, through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering advice, investigation, auditing or otherwise, in any proceeding or application, request for ruling or other determination, claim or controversy or other matter pertaining to any contract or subcontract and any solicitation or proposal therefore, where to the employee's knowledge there is a financial interest possessed by:

(1) The employee or the employee's immediate family;
(2) A business other than a public agency in which the employee or a member of the employee's immediate family serves as an officer, director, trustee, partner or employee; or
(3) Any other person or business with whom the employee or a member of the employee's immediate family is negotiating or has an arrangement concerning prospective employment.

(B) City of Knoxville Code of Ordinances Sec. 2-1050. Gratuities and Kickbacks Prohibited.

Gratuities. It is unlawful for any person to offer, give or agree to give to any person, while a city employee, or for any person, while a city employee, to solicit, demand, accept or agree to accept from another person, anything of a pecuniary value for or because of:

(1) An official action taken, or to be taken, or which could be taken;
(2) A legal duty performed, or to be performed, or which could be performed; or
(3) A legal duty violated, or to be violated, or which could be violated by such person while a city employee.

Anything of nominal value shall be presumed not to constitute a gratuity under this section.

Kickbacks. It is unlawful for any payment, gratuity or benefit to be made by or on behalf of a subcontractor or any person associated therewith as an inducement for the award of a subcontract or order.

II. 24 CFR 576.404 Conflict of interest.

No person who is an employee, agent, consultant, officer, or elected or appointed official of the grantee, nonprofit recipient that receives Homeless Grant amounts and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for him or herself or for those with whom he or she has family or business
ties, during his or her tenure, or for one year thereafter. HUD may grant an exception to this exclusion as provided in 24 CFR 570.611 (d) and (e).


The recipient shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to subagreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the recipient.

Applicant address:

Authorized signature: __________________________________________

Date signed: