

**NORTH DAKOTA HOMELESS GRANTS (NDHG) APPLICATION**  
**NORTH DAKOTA DEPARTMENT OF COMMERCE**  
**DIVISION OF COMMUNITY SERVICES**  
 SFN 59285 (05/15)

**APPLICATION FOR FY 2015 NDHG ALLOCATION FUNDING**

<b>GENERAL INFORMATION</b>		
Name of Applicant	DUNS Number	
<input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> Unit of Local Government	
Street Address	PO Box	
City	State	ZIP Code
County	Contact Person	
Title	Telephone Number	
Fax Number	Email Address	
Total amount requested from FY 2015 ALLOCATION (MAX \$150,000)		\$
Application Deadline – See page 18 for deadline and submission instructions.		

**ELIGIBLE ACTIVITIES**

<b>STREET OUTREACH</b>
<p><b>DEFINITION:</b> Activities to locate, identify and build relationships with <b>unsheltered homeless people</b> for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing program.</p> <p><b>ELIGIBLE PARTICIPANTS:</b> Unsheltered individuals and families.</p> <p><b>ELIGIBLE EXPENSES:</b> Engagement, case management, emergency health services, emergency mental health services, transportation; and services to special populations.</p>

<b>SHELTER ACTIVITIES</b>
<p>Eligible Activities are:</p> <p><b>1. Renovation</b></p> <p><b>Eligible Expenses:</b> Labor, materials, tools, and other costs for renovation (including major rehabilitation of an emergency shelter or conversion of a building into an emergency shelter). The emergency shelter must be owned by a government entity or private nonprofit organization.</p>

## 2. Operations

**Eligible Expenses:** Costs of maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food furnishing and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available for a homeless family or individual, eligible costs may also include a hotel or motel voucher for that family or individual.

## 3. Essential Services

- a. **Eligible Program Participants:** Individuals and families who are homeless.
- b. **Eligible Expenses:** Case management, child care, education services, employment assistance, outpatient health services, legal services, life skills, mental health services, substance abuse assistance treatment services, transportation, services for special populations.

### RAPID RE-HOUSING ACTIVITIES – PRIORITY

**DEFINITION:** To help homeless individuals or households transition as quickly as possible into permanent supportive housing.

**ELIGIBLE PARTICIPANTS:** Literally homeless individuals and households currently living in an emergency shelter or a place not meant for human habitation.

**Housing Relocation and Stabilization Services include:** Moving costs, rental application fees, security deposit, last month's rent, utility deposit, utility payments, housing search and placement, housing stability case management, mediation, legal services and credit repair.

**Tenant Based Rental Assistance** – Program participants select a housing unit in which to live and receive rental assistance.

- a. Short-Term Rental Assistance: Up to 3 months
- b. Medium-Term Rental Assistance: 4 to 24 months

**Project Based Rental Assistance** – Applicants identify permanent housing units that meet NDHG requirements and enter into a rental assistance agreement with the owner to reserve the unit and subsidize its rent so that eligible program participants have access to the units.

- a. Short-Term Rental Assistance: Up to 3 months
- b. Medium-Term Rental Assistance: 4 to 24 months

## HOMELESS PREVENTION ACTIVITIES

**DEFINITION:** To PREVENT an individual or household from becoming homeless, and moving into an emergency shelter or an unsheltered situation.

**ELIGIBLE PARTICIPANTS:** Individuals or households who are at risk of becoming homeless and who are extremely low income (household income BELOW 50% AMI).

**Housing Relocation and Stabilization Services include:** Transportation, moving costs, rental application fees, security deposit, last month's rent, utility deposit, utility payments, housing search and placement, housing stability case management, mediation, legal services and credit repair.

**Tenant Based Rental Assistance** – Program participants select a housing unit in which to live and receive rental assistance:

- a. Short-Term Rental Assistance: Up to 3 months
- b. Medium-Term Rental Assistance: 4 to 24 months

**Project Based Rental Assistance** – Applicants identify permanent housing units that meet NDHG requirements and enter into a rental assistance agreement with the owner to reserve the unit and subsidize its rent so that eligible program participants have access to the units.

- a. Short-Term Rental Assistance: Up to 3 months
- b. Medium-Term Rental Assistance: 4 to 24 months

## HMIS ACTIVITIES

**Eligible Expenses:** Hardware, equipment, software costs (license fees), staff salaries and training necessary to contribute data to the HMIS designated by the North Dakota Coalition for Homeless People.

## ADMINISTRATIVE ACTIVITIES

**Eligible Expenses:** Salaries for staff engaged in program administration.

## PROJECT DESCRIPTION

What services will you administer with awarded NDHG funds? *(Check all that apply)*

### Emergency Shelter Component

- Renovation
- Operations
- Essential Services – eligible activities include:
  - Case Management
  - Child Care, education, employment, and life skills services
  - Legal Services
  - Health, mental health, and substance abuse services
  - Transportation
  - Services for populations

### Street Outreach Component

- Outreach – eligible activities include:
  - Engagement
  - Case Management
  - Emergency health and mental health services
  - Transportation
  - Services for populations

**Homeless Prevention Component (At Risk of Homelessness Individuals and/or Households)**

- Housing Relocation and Stabilization Services – eligible activities include:
  - Rental Application Fees
  - Security Deposits
  - Last Month’s Rent
  - Utility Deposits
  - Utility Payments
  - Moving Costs
  - Housing Search and Placement
  - Housing Stability Case Management
  - Transportation
  - Mediation
  - Legal services
  - Credit Repair/Budgeting/Money Management
- Short-Term and/or Medium-Term Rental Assistance (Project Based Assistance)
- Short-Term and/or Medium-Term Rental Assistance (Tenant Based Assistance)

**Rapid Re-Housing Component (Homeless Individuals and/or Households)**

- Housing Relocation And Stabilization Services – eligible activities include:
  - Rental Application Fees
  - Security Deposits
  - Last Month’s Rent
  - Utility Deposits
  - Utility Payments
  - Moving Costs
  - Housing Search and Placement
  - Housing Stability Case Management
  - Mediation
  - Legal Services
  - Credit Repair/Budgeting/Money Management
- Short-Term and/or Medium-Term Rental Assistance (Project Based Assistance)
- Short-Term and/or Medium-Term Rental Assistance (Tenant Based Assistance)

**HMIS Component**

- HMIS – eligible activities include:
  - Computer hardware, software, and software licenses
  - Office space, utilities, and equipment
  - Obtaining Technical Support
  - Salaries for HMIS operations
  - Staff travel for HUD sponsored/approved HMIS training and participant intakes
  - Participation fees charged by the HMIS Lead

**Administrative Component**

- Salaries for staff engaged in program administration.

**ESTIMATED NUMBER SERVED**

**List the Estimated Annual Numbers to be Served with NDHG Funds**

	Number of Youths	Number of Single Individuals	Number of Families with Children	Number of Families without Children
Street Outreach				
Emergency Shelter				
Prevention				
Re-Housing				

**All applications should include the following information:**

**Target Population**

Please describe the program target population. (Attach additional pages if needed)

**Need Narrative**

Please describe what local needs and service gaps this program seeks to fill or currently fills. Be sure to note any supporting evidence for this need. This should be specific to the proposed service area. (Attach additional pages if needed)

## **Program Description**

Please describe the proposed program. (Attach additional pages if needed). Be sure to include details on the following:

- Outreach methods;
- Details of the types of assistance and services that will be provided to the individuals/households in the program;
- Explain specific triage and screening processes that will be used;
- Details on the length of the program;
- Explain how the program will shorten the length of time that households are homeless (on streets, in emergency shelter, and/or transitional housing);
- How service will be coordinated with other programs within the agency and within the larger community (including mainstream services);
- Program outcomes (current and/or projected); and
- If applicable, explain how the program will prevent homelessness.

### **Collaboration**

Please describe the key collaborations (current and/or proposed) specific to this program.  
(Attach additional pages if needed)

**Organizational Capacity** (Capacity is an abstract term that describes a wide range of capabilities, knowledge, and resources needed in order to be effective.)

Please describe your agency's capacity to provide homeless and/or prevention services.  
(Attach additional pages if needed)

### **HMIS Plans**

Describe in detail your agency's current and proposed usage of HMIS.  
(Attach additional pages if needed)

<b>SUMMARY OF FY 2015 FUNDS REQUESTED (FY 2015 Allocation)</b>	
<b>Activity Type</b>	<b>Requested Amount</b>
<b>STREET OUTREACH COMPONENT</b>	\$
<b>EMERGENCY SHELTER COMPONENT</b>	
Renovation	\$
Operations	\$
Essential Services	\$
<b>RAPID RE-HOUSING COMPONENT</b>	
Housing Relocation and Stabilization Services	\$
Tenant-Based Rental Assistance	\$
Project-Based Rental Assistance	\$
<b>HOMELESS PREVENTION COMPONENT</b>	
Housing Relocation and Stabilization Services	\$
Tenant-Based Rental Assistance	\$
Project-Based Rental Assistance	\$
<b>HMIS COMPONENT</b>	\$
<b>ADMINISTRATIVE COMPONENT</b>	\$
<b>Total FY 2015 Request</b>	\$

<b>FY 2015 ALLOCATION MATCHING FUNDS (25%)</b>	
<b>Source of Match</b>	<b>Amount of Match</b>
Volunteer hours (\$5 per hr.) or provide documentation for justification over \$5 per hour	\$
Private donations	\$
City government contribution	\$
County government contribution	\$
In-Kind (donations)	\$
Donated value/use of a building	\$
Other _____	\$
Other _____	\$
Other _____	\$
<b>Total Match</b>	\$
<b>If funds from the city, county, state agency, or a private source are to be used to meet the match requirement, please attach a letter of commitment or award.</b>	

Project Work Item Priority

In order to allocate NDHG funds, **please prioritize funds requested on page 8.** Prioritize using the number one (1) as your greatest need. Additional sheets may be used if needed.

Work Item	Budget Amount
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	

**CERTIFICATION OF BASIC STANDARDS FOR  
EMERGENCY HOMELESS SHELTERS**

<p><b>INSTRUCTIONS:</b> The following checklist outlines the minimum requirements for shelters requesting North Dakota Homeless Grant (NDHG) funds through DCS. Please check the appropriate box for each question. If you answer ‘No’ to any of these questions, please add a brief narrative explanation at the end.</p>	
<b>GENERAL</b>	
1. The agency assures non-discrimination on the basis of race, color, religion, gender, national origin, age of children or family size, disability, except where limited by the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Client records are secured in a locked area or locked filing cabinet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. There are written policies for intake procedures and criteria for shelter admission.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Alcohol, drugs, and weapons are prohibited in and around the premises. Persons who refuse to relinquish any of these are refused admittance to the shelter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Clients are allowed to use the shelter as a legal residence for the purpose of voter registration and the receipt of public benefits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PERSONNEL</b>	
1. There is adequate on-site staff coverage during all hours the shelter is open. (During awake hours, there should be one (1) staff person to 30 residents for an adults-only facility, and one (1) staff person to 20 residents for a facility housing children).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. All shelter staff, including volunteers, has received at a minimum, training and orientation regarding: <ul style="list-style-type: none"> <li>a. Fire and emergency evacuation procedures for the facility;</li> <li>b. Emergency procedures for medical, psychiatric, or other crisis situations;</li> <li>c. Special needs of homeless persons;</li> <li>d. Client confidentiality requirements;</li> <li>e. Appropriate chains of authority or command within the shelter.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. There is a written position description for each type of position which includes, at a minimum, job responsibilities, qualifications and salary range.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. There are written personnel policies in affect which also include a Code of Conduct for all shelter personnel.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FACILITY</b>	
1. The agency complies with all state and local zoning, health, safety and fire codes and regulations that apply to the safe operation of the shelter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Cooking or heating appliances in any room used for sleeping are prohibited.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The premises and equipment are maintained in a clean and sanitary condition, free of hazards and in good repair. Corrections are made within 30 days of notification of a problem.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. A bed or crib is provided for each guest except in extenuating overflow conditions. Provisions for clean linen for each tenant are made. Procedures to provide for the sanitizing of all linens and sleeping surfaces are in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Sufficient showers/baths, wash basins and toilets are provided for personal hygiene and are in proper operating condition. Towels, soap and toilet tissues are available to each client.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. There is a fire safety plan which includes at least the following: a. A posted evacuation plan b. Fire drills, conducted at least quarterly; c. Operating fire detection systems which are tested at least quarterly d. Battery operated alarms which are functional at all times; and e. Adequate fire exits.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Provisions have been made for the following services: a. Pest control services b. Removal of garbage from interior premises; c. Properly functioning ventilation and heating systems; and d. Heat, electricity and water 24-hours a day.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Entrances, exits, steps, and walkways are kept clear of garbage, debris, and other hazards such as ice and snow.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Adequate natural or artificial illumination is provided to permit normal indoor activities and to support the health and safety of occupants.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FOOD SERVICES</b> (For shelters providing prepared meals for residents)	
1. Adequate provisions for the sanitary storage and preparation of food are made. Meals are nutritionally balanced, when provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Requirements of a licensed food service establishment under North Dakota Administrative Code 33-33-04.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HEALTH</b>	
1. First aid equipment and emergency medical supplies are available at all times.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Staff has access to a telephone while on duty. Emergency telephone numbers are posted conspicuously near the telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>OPERATIONS</b>	
1. Daily attendance logs are maintained and include, at a minimum, the name, age, sex, social security number (if known by the client) and signature of each person residing in the shelter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Residents are furnished information about available services in the community.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The shelter holds money or food stamps, if requested, by a resident and also keep adequate records of the residents' money and food stamps. The money and food stamps are available to the residents on request without unreasonable delay.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The following are posted and distributed to residents in appropriate language: a. Rules of the shelter; b. Shelter residents' rights and responsibilities; c. A list of standards for conditions in shelters; and d. The shelter's internal grievance procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered 'No' to any of the above questions, please explain what actions you are taking in order to meet these shelter standards.

## ADMINISTRATIVE COMPLIANCE

**INSTRUCTIONS:** Review the DCS and/or HUD requirements listed below and respond by checking the appropriate boxes. **Failure to adhere to these guidelines may result in findings, disallowed costs, and/or withdrawal of funding.**

**Fair Housing** (Check all the following)

- The applicant will maintain and continuously update a listing of Fair Housing Resources.
- The applicant will use the fair housing logo on all materials relating to their housing programs distributed to the general public.
- The individual (staff person or contractor) appointed as the fair housing contact person, who will be available during business hours:

Name

Telephone

- The fair housing contact person indicated above will maintain a running log to record fair housing issues, complaints, and distribution of fair housing materials.
- The applicant will conduct business and provide emergency housing from a barrier-free facility, or make a reasonable accommodation for persons with impaired mobility.

**Assurance of Equal Access to Program Benefits**

- The applicant will assure equal access to program benefits through effective outreach and assessment.

**Assurance of Fair Selection of Participating Households**

- The applicant will assure that all eligible households will have fair and equal access to services and opportunities provided by the program.

**Lead-Based Paint Requirements**

- The grantee is aware of and will abide by lead-based paint requirements that are applicable to North Dakota Homeless Grant funding.

**Coordinated Assessment**

- The applicant will assure the use of the Coordinated Assessment System. (Victim service providers choose not to participate.)

**Audit** (Check all that apply; NOTE: only check one of the first two below)

- The grantee is a local government or nonprofit expected to expend more than \$500,000 annually in combined federal funds during the fiscal years covered by the grant, and will have an audit conducted by an eligible CPA firm or local government audit organization in accordance with OMB Circular A-133 pursuant to the Single Audit Act Amendments of 1996.
- The grantee is a local government or nonprofit expected to expend less than \$500,000 annually in combined federal funds and is exempt from federal audit requirements for the fiscal years included in the grant period.
- Records will be available for review by appropriate officials of DCS.
- The applicant recognizes that this provision does not limit DCS to conduct or arrange for an audit (e.g., financial audit, performance audit, evaluation, inspection, and review).
- The grantee understands that costs of audits are not allowable.

**Participation in Homeless Management Information System**

- The applicant understands that, as a recipient of NDHG funds, our organization is obligated to maintain both client services activity records and performance outcome measures utilizing HMIS in accord with standards published by DCS. If a recipient is a victim services provider or a legal services provider, it may use NDHG funds to establish and operate a comparable database that collects client-level data.

**EMERGENCY SOLUTIONS GRANTS PROGRAM  
NORTH DAKOTA HOMELESS GRANTS PROGRAM  
UNIT OF LOCAL GOVERNMENT CERTIFICATION  
(SHELTERS ONLY)**

I, \_\_\_\_\_(Name and Title of City Official)  
duly authorized to act on behalf of the \_\_\_\_\_  
(Name of Jurisdiction) hereby approve the following shelter projects(s) proposed by  
\_\_\_\_\_ (Name of Nonprofit)  
which is (are) to be located in:

Name of Jurisdiction \_\_\_\_\_

Shelter Address(es)

Name (City Official)	Title (City Official)
Signature	Date

**(NON-PROFITS ONLY)**  
**REQUIRED ORGANIZATIONAL DOCUMENTS**

Submit one copy of the following documents to the DCS by the due date of the application.

Fiscal Year Operating Budget	<input type="checkbox"/> I will/have mailed this attachment
Certificate of Good Standing or proof of good standing h(date within the last 12 months)	<input type="checkbox"/> I will/have mailed this attachment

If copies have been submitted in the past and there are no changes, there is no need to resubmit. Please check with DCS to make sure documents have been submitted.

IRS-501 (c) 3 Designation	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Articles of Incorporation	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Organizational Bylaws	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
List of Board of Directors & Officers	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Current Organizational Chart	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Most recent available Fiscal Year Audit	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Fair Housing Policy	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Bids – at least 2 competitive bids for renovation/rehabilitation activities	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> N/A

**(LOCAL UNITS OF GOVERNMENT ONLY)  
REQUIRED ORGANIZATIONAL DOCUMENTS**

Submit one copy of the following documents to the DCS by the due date of the application.

Most recent available Fiscal Year Audit	<input type="checkbox"/> I will/have mailed this attachment
Current Fiscal Year Operating Budget	<input type="checkbox"/> I will/have mailed this attachment

If copies have been submitted in the past and there are no changes, there is no need to resubmit. Please check with DCS to make sure documents have been submitted.

Roster of Members of Governing Board	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Current Organizational Chart	<input type="checkbox"/> I will/have mailed this attachment <input type="checkbox"/> Copy on file with DCS is current
Fair Housing Policy	<input type="checkbox"/> I will/have mailed this attachment

## CERTIFICATION

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining funds under the North Dakota Homeless Grant Program and is true and complete to the best of the Applicant's knowledge and belief. The Applicant shall not, in the provisions of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status or handicap. Verification of any of the information contained in this application may be obtained from any source named herein.

I certify that I am authorized to execute this application on behalf of the Applicant.

Signature

Date

## APPLICATION DEADLINE

One copy of your **FY 2015 Application** is due to the North Dakota Department of Commerce, Division of Community Services no later than 5 PM Central Time, Friday, June 12, 2015.

**The application deadline is firm as to the date and hour.**

DCS will not consider any incomplete applications or applications received after the deadline. Applicants should take this into account and submit applications as early as possible to avoid risk brought about by unanticipated delays or delivery-related problems. In particular, applicants must provide sufficient time to permit delivery on or before the deadline date and hour. Acceptance by post office or private mailer does not constitute delivery. Facsimile (FAX), COD, and postage due applications will not be accepted.

All applications must be typed. **No hand-written applications will be accepted.**

Mail Completed Application to:

Adele Sigl  
Department of Commerce (DCS)  
1600 East Century Avenue, Suite 2  
PO Box 2057  
Bismarck, ND 58502-2057