

---

(Insert Agency Name)  
**APPLICATION**

**for**

**Emergency Solutions Grant - Coronavirus (ESG – CV-2)**

**Macon-Bibb County**

**Economic & Community Development Department**

**PROGRAM YEAR 2023**

**Deadline to apply is October 14, 2022(5:00 p.m.)**

**(Application Submittal –One Original and One Digital Copy Required)**

**ESG-CV funding is made possible by the US Department of HUD and is administered by the Local government, Economic and Community Development Department.**

**ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT**

**200 Cherry Street, Suite 100**

**Macon, Georgia 31201**

**(478) 751-7190, TDD (478) 803-2306, FAX (478) 751-7390**

**<http://www.maconbibb.us/economic-community-development/>**

**EMERGENCY SOLUTIONS GRANT (ESG-CV-2)**  
**MACON-BIBB COUNTY - ECONOMIC & COMMUNITY DEVELOPMENT**  
**DEPARTMENT**  
**PROGRAM YEAR 2023**  
**APPLICATION**

**TABLE OF CONTENTS**

Required Documents Check list – All Applicants

A.	Agency Information	_____
B.	Agency Background and Experience	_____
	▪ Organization Chart	
C.	Agency/Organization Capacity	_____
D.	Statement of Need	_____
E.	Project Description	_____
	▪ Program Implementation Schedule	
F.	Program Delivery	_____
G.	Coordination	_____
	▪ Performance Measures	
	○ Program Goals and Objectives Chart	
H.	Leveraging Other Funds	_____
I.	Additional Support Documents	_____

**EMERGENCY SOLUTIONS GRANT (ESG-CV-2)**  
**MACON-BIBB COUNTY - ECONOMIC & COMMUNITY DEVELOPMENT**  
**DEPARTMENT**  
**PROGRAM YEAR 2023**  
**APPLICATION**

**DEFINITIONS**

1. **ESG** - ESG means, unless otherwise specified, the Emergency Solutions Grants Program whether funded through annual fiscal year (FY) appropriations or CARES Act funding. For example, a program participant assisted using only FY2020 ESG funding and a program participant assisted using only ESG-CV funding are both ESG program participants.
2. **ESG-CV** means the Emergency Solutions Grants Program as funded by the CARES Act and governed by requirements HUD establishes in accordance with that Act. ESG-CV funds do not include annual ESG funds (e.g., FY 2020 ESG grant funds), although annual ESG funds may be used in accordance with the requirements established for purposes of ESG-CV funds as further described in Section IV of this Notice.
3. **Temporary Emergency Shelter** means any structure or portion of a structure, which is used for a limited period of time because of a crisis, such as a natural disaster or public health emergency, to provide shelter for individuals and families displaced from their normal place of residence or sheltered or unsheltered locations. Examples of temporary emergency shelters include: (i) an overnight, daytime, or 24-hour shelter in which program participants are only provided a safe place to sleep, rest, bathe, and eat; (ii) a shelter where one or more services are made available on-site, whether by shelter staff or contractors or through a memorandum of understanding with another subrecipient or service provider; and (iii) a shelter designed to facilitate the movement of homeless individuals and families into permanent housing within a fixed period of time (e.g., within 12 months) and employs or contracts with one or more case managers or service providers to provide services as specified under sections III.E.3.a.(i)(e) and III.E.3.a.(ii)(e) through (h).
4. **Prevent, Prepare for, and Respond to Coronavirus.** To assist recipients in ensuring that an activity being paid for with ESG-CV funds is eligible, or determining whether annual ESG funding may follow the waivers and alternative requirements established in this Notice, recipients and subrecipients should consider the following:
  - (i) **Prevent...coronavirus** means an activity designed to prevent the initial or further spread of the virus to people experiencing homelessness, people at risk of homelessness, recipient or subrecipient staff, or other shelter or housing residents. This includes providing Personal Protective Equipment to staff and program participants, paying for non-congregate shelter options such as hotels and motels, paying for handwashing stations and portable toilets for use by people living in unsheltered situations, and providing rapid re-housing or homelessness prevention assistance to individuals and families who are homeless or at risk of homelessness (as applicable) to reduce their risk of contracting or further spreading the virus.

**EMERGENCY SOLUTIONS GRANT (ESG-CV-2)  
MACON-BIBB COUNTY - ECONOMIC & COMMUNITY DEVELOPMENT  
DEPARTMENT  
PROGRAM YEAR 2023  
APPLICATION**

**DEFINITIONS**

(ii) Prepare for...coronavirus means an activity carried out by a recipient or subrecipient prior to or during a coronavirus outbreak in their jurisdiction to plan to keep people healthy and reduce the risk of exposure to coronavirus and avoid or slow the spread of disease. This includes updating written standards to prioritize people at severe risk of contracting coronavirus for shelter and housing consistent with fair housing and nondiscrimination requirements, adapting coordinated entry policies and procedures to account for social distancing measures or increased demand, developing a strategy and recruiting landlords to provide housing to people experiencing homelessness or at risk of homelessness, training homeless providers on infectious disease prevention and mitigation, and implementing a non-congregate shelter strategy to reduce the spread of coronavirus.

(iii) Respond to coronavirus means an activity carried out once coronavirus has spread to people experiencing homelessness, provider staff, or once individuals and families lose or are at risk of losing their housing as a result of the economic downturn caused by coronavirus. This includes transporting individuals and families experiencing homelessness to medical appointments, paying for shelter to isolate individuals who have contracted coronavirus from other program participants and people experiencing homelessness, providing rental assistance to those who are at risk of losing their housing, have already become homeless, or continue to experience homelessness due to the economic downturn caused by coronavirus, and providing hazard pay to recipient or subrecipient staff who put their own health at risk to continue to provide necessary services to individuals and families experiencing and risk of homelessness.

5. **Progressive Expenditure Deadlines and Recapture Provisions.** To ensure ESG-CV funds are spent quickly on eligible activities to address the public health and economic crises caused by coronavirus, the following alternative requirements are established:
- (i) HUD may recapture up to 20 percent of a recipient's total award, including first and second allocation amounts, if the recipient has not expended at least 20 percent of that award by September 30, 2021. (ii) HUD may recapture up to 80 percent of a recipient's total award, including first and second allocation amounts, if the recipient has not expended at least 80 percent of that award by **June 16, 2022**. (iii) Prior to recapturing funds as described above, HUD will follow the enforcement process described in 24 CFR 576.501 and provide the recipient with an opportunity to provide a spending plan demonstrating to HUD's satisfaction that all of the recipient's ESG-CV funds from the first and second allocations will be expended by **September 30, 2023**.

## 1. REQUIRED DOCUMENTS CHECKLIST:

### GENERAL REQUIRED DOCUMENTS

- \_\_\_\_\_ 1. Application complete, approved, and signed by Executive Director or Board President (agency needs to submit two hard copies)
- \_\_\_\_\_ 2. Complete and accurate Program Year 2023 ESG-CV Budget Forms
- \_\_\_\_\_ 3. Current 501(c)(3) status (attach documentation) of business (must have been fully operational for 2 years)
- \_\_\_\_\_ 4. Annual financial statement and/or most recent audit, Management letter and Agency Response
- \_\_\_\_\_ 5. Proposed service/program/project meets one of the ESG-CV Objectives
- \_\_\_\_\_ 6. Conflict of Interest disclaimers from each member of the Board of Directors
- \_\_\_\_\_ 7. Organization By-Laws
- \_\_\_\_\_ 8. List of Board of Directors and officers (including address) and Meeting Schedule
- \_\_\_\_\_ 9. Articles of Incorporation
- \_\_\_\_\_ 10. Résumés of:
  - a. Executive Director;
  - b. Fiscal Officer;
  - c. Program Administrator/significant staff
- \_\_\_\_\_ 11. Organizational Chart with employee names and titles
- \_\_\_\_\_ 12. Job descriptions with pay scales for ESG-CV funded positions.
- \_\_\_\_\_ 13. Salary documentation (hourly rate) for ESG-CV funded positions
- \_\_\_\_\_ 14. Organization Procurement Policy (include procedures for selecting contractors/consultants).
- \_\_\_\_\_ 15. Quotes for any equipment or real property to be leased or purchased.
- \_\_\_\_\_ 16. Maps showing area served and census tract
- \_\_\_\_\_ 17. Letters of commitment from other funding sources. **All** applicants must provide at least a 100% match consisting of documented non-McKinney resources. In addition to cash, match may include the value of any lease on a building, the actual value of professional services, any salary paid to staff to carry out the project, and the value of volunteer hours should equal the cost necessary to provide the services in question.

- \_\_\_\_ 18.      Organization Non-Discrimination Policy
- \_\_\_\_ 19.      Organization Hiring and Termination Policy
  
- \_\_\_\_ 20.      Organization Conflict of Interest Policy

**A. AGENCY INFORMATION** *(please refer to page 15 of application instructions)*

I. Project Title: \_\_\_\_\_

Organization or Agency: \_\_\_\_\_ Fed. I.D. # \_\_\_\_\_

UEI (Unique Entity Id) # \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Most Recent Audit \_\_\_\_\_ DUNS Number \_\_\_\_\_

Amount Requested:            \$ \_\_\_\_\_

Matching Funds:              \$ \_\_\_\_\_

In-Kind Contributions:        \$ \_\_\_\_\_

II. In two sentences, concisely describe your project and how it addresses one of the following **ESG priorities** and **COVID-19**: (1) Reduce the unsheltered count within the Balance of State entitlement; (2) Create and increase stable housing outcomes by placing homeless individuals and families in permanent housing; (3) Prevent homelessness for individuals and families; (4) Increase long term stability for clients in permanent housing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. Total number of individuals expected to be served by program being proposed \_\_\_\_\_

IV. Location of proposed service/program/project:

Street Address: \_\_\_\_\_

Neighborhood/Area to be served by program/project: \_\_\_\_\_

V. Has your organization previously been awarded ESG-CV funds? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, did the organization meet all obligations under the previous contract? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain why not: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your organization previously carried out services/programs/projects similar in nature to the proposed service/program/project? \_\_\_\_\_ Yes \_\_\_\_\_ No

License to operate (if applicable) please attach copy:

\_\_\_\_\_

Does the organization have liability coverage? If so, in what amount and with what insurance agency?

\_\_\_\_\_

Does the organization have fidelity bond coverage for principals on staff who handle the organization's account? If so, in what amount and with what insurance agency?

\_\_\_\_\_

Agencies receiving ESG-CV funding must utilize a Homeless Management Information System as well as provide reporting information as it relates to the SAGE reporting system. Agencies will also need to be part of the Coordinated Entry process for Macon-Bibb County. Does the organization currently subscribe and utilize the Homeless Management Information System (HMIS) and SAGE for data collection and reporting purposes?

\_\_\_\_\_

**B. AGENCY BACKGROUND AND EXPERIENCE:** *(please refer to pages 15-16 of application instructions)*

I. Background and Experience *(expand the following sections as needed)*

II. Conflict of Interest forms (Separate Attached for Each Board Member/Staff Member)

III. Agency's annual financial information (Separate Submission)

**C. AGENCY CAPACITY:** *(please refer to page 16 of application instructions)*

I. Administrative organization and capacity



II. Staff and Agency experience

**D. STATEMENT OF NEED:** *(please refer to page 17-18 of application instructions)*

**E. PROJECT DESCRIPTION:** *(please refer to page 17- 18 of application instructions)*

**PROGRAM/PROJECT IMPLEMENTATION SCHEDULE** *(please refer to page 19 of application instructions)*

**(PY 2023)**

List the key steps or activities required for the conduct of the proposed program. Check the month(s) in which each step or activity will occur.

Implementation Steps	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
Step 1:												
Step 2:												
Step 3:												
Step 4:												
Step 5:												

**F. PROGRAM DELIVERY:** *(please refer to page 20 of application instructions)*

I. Describe program goals and objectives.

II. Program Goals and Objectives chart. *(please refer to pages 20-24 of application instructions)*

**(Each program goal requires a separate chart- see page 10 for template.)**

III. Agency Experience with the specific services proposed for ESG-CV support (HMIS, etc.)

IV. Describe responsibilities of staff, volunteers and consultants in this program/project.

V. Résumés, job descriptions and salary documentation of the hourly rate of staff participating in the program/project (*see page 20 of application instructions*).

VI. Organization chart of staff

VII. Long-term plans for sustaining the proposed program/project.

**PROGRAM/PROJECT GOALS AND OBJECTIVES** See *instructions pages 20-24 of application instructions.*)

A. **Program Name:** \_\_\_\_\_

B. **Program Goal(s):** \_\_\_\_\_

**PROGRAM/PROJECT OBJECTIVES:**

Program Objective:	Expected Outcomes:	Indicators:	When Measured:
Activities		Person Responsible	Due Date
1)			
2)			
3)			
4)			

**G. COORDINATION:** *(please refer to page 25 of application instructions)*

**H. LEVERAGING OTHER FUNDS:** *(please refer to page 25 of application instructions)*

FUNDING SOURCE	AMOUNT (\$)	USES
<b>*FUNDING SOURCES – COMMITTED</b>		
<b>LOCAL</b>		
	\$	
	\$	
<b>FEDERAL</b>		
	\$	
	\$	
<b>STATE</b>		
	\$	
	\$	
<b>FUNDING SOURCES – PENDING</b>		
<b>LOCAL</b>		
	\$	
	\$	
<b>FEDERAL</b>		
	\$	
	\$	
<b>STATE</b>		
	\$	
	\$	

**\*Note:** Please attach documentation from funding source(s) of committed funds to these project/programs.



**I. ADDITIONAL SUPPORT DOCUMENTS** *(please refer to page 26 of application instructions)*

**Checklist:** Please mark the forms enclosed in this application. Only submit forms which are relevant to the agency or the program for which this application is written. (Delete irrelevant forms to maintain pagination.)

\_\_\_\_\_ Resolution of Application **(Required for all applications)**

\_\_\_\_\_ Conflict of Interest Forms from each member of the Board of Directors **(Required for all applications)**

\_\_\_\_\_ Conflict of Interest Disclosure Forms **(Required, if relevant)**

\_\_\_\_\_ Conflict of Interest Disclosure Form Attachments **(Required, if relevant)**

\_\_\_\_\_ Acknowledgement of Religious Organization Requirements **(Required for all applications from religious organizations.)**

\_\_\_\_\_ Acknowledgement of Duplication of Benefits Requirement and COVID Statement **(Required for all ESG-CV applications)**

**EMERGENCY SOLUTIONS GRANT – CORONAVIRUS (ESG-CV)  
Macon-Bibb County - Economic & Community Development Department  
PROGRAM YEAR 2023**

**APPLICATION**

**RESOLUTION**

I, the Certifying Representative of \_\_\_\_\_  
(Insert Name of Agency)  
authorize the application for and use of Emergency Solutions Grant (ESG-CV) funds as administered by the Macon-Bibb County Economic and Community Development Department (ECDD) for the activities described within this proposal and; if awarded funds, \_\_\_\_\_, Executive Director/Chief Officer, of the applicant agency, has approval to execute the program agreement related to the award of ESG-CV funds and shall implement all contracted activities in a manner to ensure compliance with all applicable Federal and local laws and regulations.

**CERTIFYING REPRESENTATIVE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Title/Position of Certifying Representative

**WITNESS, BOARD SECRETARY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Telephone Number

**EMERGENCY SOLUTIONS GRANT – CORONAVIRUS (ESG-CV)**  
**Macon-Bibb County - Economic & Community Development Department**  
**Program Year 2023**

**APPLICATION**

**CONFLICT OF INTEREST**

Federal Law (24 CFR 85.36 for governments, 24 CFR 84.42 for private non-profits) prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the Emergency Solutions Grant-CV...or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity...either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

**I hereby certify that the information provided on the Conflict of Interest Disclosure Form(s) is true and accurate to the best of my knowledge. I also certify that to the best of my knowledge and belief, no staff member of the Board of Director's, nor officer of** \_\_\_\_\_

(agency) is currently, nor has been within one year of the date of this application, employed by the local government or as an employee of the Economic and Community Development Department, nor serves as an elected official of the local government (Macon Water Authority, Board of Commissioners, Court Clerk, Judge, etc.). In cases where an elected official may serve on the board of the agency, the officials' department and position will need to be disclosed on the Conflict of Interest Document Disclosure form.

I further attest that no staff member, member of the Board of Director's, nor officer of the applicant agency, is a business partner or immediate family member of a County employee, a member of the Economic and Community Development Department, or an elected member of the local government.

Funds requested will not be used to pay the salaries of any of the applicant agency's staff nor will the applicant agency award a subcontract to any individual who is or has been within one year of the date of this application a county employee, a member of the Economic and Community Development Department, or a member of the local government.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## CONFLICT OF INTEREST DISCLOSURE FORM

**Conflict of Interest Regulation.** No persons who exercise or have exercised any functions or responsibilities with respect to activities assisted with federal funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from an assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

Address: \_\_\_\_\_ Program Client #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contractor/Vendor#: \_\_\_\_\_

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, funding or providing assistance. The term "Conflict Of Interest" refers to situations in which financial or other personal considerations may compromise, or have the appearance of compromising professional judgment in following the rules and regulations of the program. Please **check** the appropriate box for each question and complete the attachment if indicated. This form (with Attachments, if required) must be completed and returned to your Program Representative.

### A. Family Relationships:

Do you have a family member directly or indirectly involved or employed with YOUR ORGANIZATION that creates a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation provided above?

YES       NO      (if YES, please complete Part A of the Attachment)

### B. Program Relationships:

Are you involved in any other activity directly or indirectly with YOUR ORGANIZATION that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation provided above?

YES       NO      (if YES, please complete Part B of the Attachment)

### C. Business Relationships:

Are you or a family member (spouse, child, stepchild, parent, sibling, or domestic partner) involved as an investor, owner, employee, consultant, contractor, or board member with an entity that has a contractual relationship with YOUR ORGANIZATION to provide goods or services, sponsor development activities and/or receive referrals from YOUR ORGANIZATION?

YES       NO      (if YES, please complete Part C of the Attachment)

### D. Gifts for Personal Use:

To the best of your knowledge, have you or your family members accepted gratuity gifts, or special favors from someone that is doing business with or proposing to do business with YOUR ORGANIZATION?

YES       NO      (if YES, please complete Part D on Attachment)

To the best of your knowledge, have you or your family members made any donations or gifts, or provided special favors to YOUR ORGANIZATION or any employee of the YOUR ORGANIZATION who exercises or may exercise any functions or responsibility with respect to the activities involving your award, contract or program assistance.

YES       NO      (if YES, please complete Part D on Attachment)

**E. Legal Proceedings and Debarment**

Have you been involved in any fraud, antitrust or criminal proceedings as a defendant (other than a minor traffic offense) or been debarred, suspended or otherwise excluded by a duly authorized regulatory agency or had a transaction with any such agency terminated for any reason?

YES       NO      (if YES, please complete Part E on Attachment)

I have read and understand the Conflict of Interest Disclosure Form and have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the agency to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly if relevant circumstances change. I understand that this Disclosure Form is not a confidential document.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFLICT OF INTEREST DISCLOSURE FORM  
ATTACHMENT**

**Conflict of Interest Regulation.** No persons who exercise or have exercised any functions or responsibilities with respect to activities assisted with federal funds or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from an assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

Address: \_\_\_\_\_ Program Client #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contractor/Vendor# \_\_\_\_\_

If you answered YES to any question on the previous page, please complete the relevant section(s) below. If you answered No to All questions, you may discard this attachment. Give your completed form to your Program Representative.

**PART A: FAMILY RELATIONSHIPS**

1. Name of your family member (s) directly or indirectly involved or employed at YOUR ORGANIZATION:

\_\_\_\_\_  
\_\_\_\_\_

2. Do any of your family members work in the program area? \_\_\_\_\_

3. Are any of your family members elected officials or members of the Local Housing Authority Board of Commissioners?

\_\_\_\_\_

4. Relationship to you: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**PART B: PROGRAM RELATIONSHIPS**

1. Activities: Name and describe the activity and/or program that you are directly or indirectly involved with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you used the name of YOUR ORGANIZATION, or their resources (facilities, personnel, or equipment), or confidential information in connection with the activity and/or program?

YES       NO      if YES, describe the resource used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART C: BUSINESS RELATIONSHIPS**

Please complete this section for each business relationship, or attach a separate explanation of business and research activities.

1. Name of business: \_\_\_\_\_

2. Categorize the business' relationship with YOUR ORGANIZATION.

- Consultant or advisor
- Research activities
- Business or referrals
- Other contractual or business relationship

**Briefly, describe the business, or licensing activity:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you used YOUR ORGANIZATION's name, resources (facilities, personnel, or equipment), or confidential information in connection with the activity?

- YES       NO      if YES, describe the resource used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Who is involved with the business? Check all that apply:

- Yourself
- Your family member (name and relationship) \_\_\_\_\_

Describe the position or involvement (check all that apply):

- Owner/Investor
- Board Member
- Employee/Manager
- Other \_\_\_\_\_

5. Are you receiving any type of compensation?  No     Yes: If yes, describe \_\_\_\_\_

\_\_\_\_\_

6. Who at YOUR ORGANIZATION oversees the relationship with this business?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART D: GIFTS FOR PERSONAL USE:**

1. What was the dollar value of the gift (s) you or your family member received or donated? \_\_\_\_\_
2. Who was the donor or donee of the gift? \_\_\_\_\_
3. What is the donor's or donee's relationship with YOUR ORGANIZATION?  
\_\_\_\_\_

**PART E: LEGAL PROCEEDINGS AND DEBARMENT**

Describe any legal proceedings or debarment situations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## ACKNOWLEDGEMENT OF RELIGIOUS ORGANIZATION REQUIREMENTS

1. In accordance with the First Amendment of the United States Constitution - "faith-based principles set forth at 24 CFR 576.406," – ESG-CV assistance may not, as a general rule, be provided to primarily religious entities for any activities, including secular activities.
2. The following restrictions and limitations therefore apply to the use of ESG-CV funds by any provider which represents that it is, or may be deemed to be, a religious or denominational institution or an organization operated for religious purposes which are supervised or controlled by, or operates in conjunction with, a religious or denominational institution or organization.
3. Any religious entity that applies for and is granted ESG-CV funds for public service must agree to the following:
  - a. It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference in employment to persons on the basis of religion;
  - b. It will not discriminate against any person applying for such public services on the basis of religion and will not limit such services or give preference to persons on the basis of religion;
  - c. It will provide no religious instruction or counseling, conduct no religious worship or service, engage in no religious proselytizing, and exert no other religious influence in the provision of such public services;
  - d. ESG-CV funds may not be used for the acquisition of property or the construction or rehabilitation (including historic preservation or removal of architectural barriers) or structures to be used for religious purposes or which will otherwise promote religious interests.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE SPECIFIC REQUIREMENTS AND THAT ELIGIBILITY OF MY ORGANIZATION'S PROJECT DEPENDS UPON COMPLIANCE WITH THE REQUIREMENTS CONTAINED IN THIS ATTACHMENT.

---

SIGNATURE

---

DATE

---

NAME / TITLE OF SIGNATURE

---

NAME OF ORGANIZATION

**ACKNOWLEDGEMENT OF DUPLICATION OF BENEFITS/COVID STATEMENT  
REQUIREMENTS**

**As cited in the 2020 CARES Act, that, notwithstanding section 105(a)(8) of the Housing and Community Development Act of 1974 (42 U.S.C. 5305(a)(8)), there shall be no per centum limitation for the use of funds for public services activities to prevent, prepare for, and respond to coronavirus: Provided further, that the previous proviso shall apply to all such activities for grants of funds made available under this heading in this Act and under the same heading in Public Law 116–94 and Public Law 116–6: Provided further, That the Secretary shall ensure there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155) and in accordance with section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–254; 132 Stat. 3442), which amended section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155): Provided further, that such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.**

Funding for this program is being awarded by the US Department of Housing and Urban Development (HUD) as allocated by the Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act. This law is meant to address the economic fallout of the 2020 coronavirus pandemic (COVID-19) in the United States. These special funds must be used to **prevent, prepare for, and respond to the coronavirus pandemic**. The CARES Act prohibits the duplication of coronavirus relief benefits from Federal and non-Federal sources. Should a duplication of benefits occur, Macon-Bibb County Economic and Community Development Department reserves the right to request repayment of a portion or all duplicated funds. A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

Agencies will be required to provide Duplication of Benefits and COVID statements for all persons served with ESG-CV funding. Utilization of the Coordinated Entry System as well as the Homeless Management Information System is also required to assist in the prevention of the duplication of services.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE SPECIFIC REQUIREMENTS AND THAT ELIGIBILITY OF MY ORGANIZATION'S PROJECT DEPENDS UPON COMPLIANCE WITH THE REQUIREMENTS CONTAINED IN THIS ATTACHMENT.

---

SIGNATURE

---

DATE

---

NAME / TITLE OF SIGNATURE

---

NAME OF ORGANIZATION

**EMERGENCY SOLUTIONS GRANT (ESG-CV)**  
**Macon-Bibb County - Economic & Community Development Department**  
**PROGRAM YEAR 2023**

**TABLE OF CONTENTS**

- A. **Budget Itemization Form(s)**(please see page 27 of application instructions)
- B. **Budget Narrative of Proposed Expenditures**(please see page 27 of application instructions)
- C. **Budget Summary Form** (please see page 29 of application instructions)



## BUDGET ITEMIZATION SHEET\*

Project Operator \_\_\_\_\_ Program Year 2023 Date Submitted \_\_\_\_\_

Line Item Number	Line Item Breakdown Eligible Category - _____	Category Amount				
		Total Project Cost	ESG - CV(2) Funds	Other Funds	Sources of Match	In-kind Match Funds
	Total Amount:	\$	\$	\$		\$

\*Copy this sheet as many times as is necessary for your budget itemization.

## BUDGET SUMMARY SHEET

Project Operator \_\_\_\_\_ Program Year 2023 Date Submitted \_\_\_\_\_

Line Item Number	Line Item Breakdown Eligible Category- _____	ESG-CV(2) Funds	Other Funds	Sources of Match Funding	In-Kind Match Funds	Total Funds
		\$	\$			\$
	Total ESG-CV Funds	\$				
	Other Funds:		\$			
<b>Total Funds:</b>						\$