
(Insert Agency Name)

APPLICATION

for

Emergency Solutions Grant (ESG)

Macon-Bibb County

Economic & Community Development Department

PROGRAM YEAR 2023

Deadline is October 14, 2022 – 5:00 p.m.

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

ESG 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)
MACON-BIBB COUNTY - ECONOMIC & COMMUNITY DEVELOPMENT
DEPARTMENT
PROGRAM YEAR 2023
APPLICATION**

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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 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 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 funded positions.
- _____ 13. Salary documentation (hourly rate) for ESG 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: (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 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 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 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 16-17 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 17 of application instructions)*

I. Administrative organization and capacity

II. Staff and Agency experience

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

E. PROJECT DESCRIPTION: *(please refer to page 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 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
*FUNDING SOURCES – COMMITTED		
LOCAL		
	\$	
	\$	
FEDERAL		
	\$	
	\$	
STATE		
	\$	
	\$	
FUNDING SOURCES – PENDING		
LOCAL		
	\$	
	\$	
FEDERAL		
	\$	
	\$	
STATE		
	\$	
	\$	

***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.)**

**EMERGENCY SOLUTIONS GRANT (ESG)
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) 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 ^(Insert Name)approval to execute the program agreement
related to the award of ESG 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 (ESG)
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...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 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 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 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 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

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

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- 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 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 Funds	Other Funds	Sources of Match Funding	In-Kind Match Funds	Total Funds
		\$	\$			\$
	Total ESG Funds	\$				
	Other Funds:		\$			
Total Funds:						\$