****

**CARES Act ESG-CV Round 2 Grant Application**

**Agency’s Legal Name:**

**Activity/Project Name(s):**

**Amount Requested:**

**ESG Component Category(ies):**

**Important Dates:**

**Mandatory Technical Assistance (TA) Workshops (applicants must attend one)**

Tuesday, September 8, 2020 at 3:00 PM, via Zoom:

https://zoom.us/j/94501620585?pwd=UXZhYkdZdW5WMXJUdGlYOGREbFJvdz09

Meeting ID: 945 0162 0585 / Passcode: 132278

Monday, September 14, 2020 at 3:00 PM, via Zoom:

https://zoom.us/j/96240000165?pwd=ZFpuTEFnR2o2cjI5QWhHYWVta2FtUT09

Meeting ID: 962 4000 0165 / Passcode: 478389

**The completed application must be received by Friday, October 2, 2020 by 12:00 PM (noon)**

Applicants have the option to:

* Email a single PDF (or zip file of all PDFs) containing the entire application to: [chenderson@knoxvilletn.gov](mailto:chenderson@knoxvilletn.gov) ;
* Mail the entire application to: City of Knoxville Housing and Neighborhood Development Department, P.O. Box 1631, Knoxville, TN 37901; or
* Hand-deliver the entire application to: the City of Knoxville Housing and Neighborhood Development Department, 400 Main Street, Suite 532B, Knoxville, Tennessee 37902.

No matter which method of delivery an applicant chooses, it is the applicant’s responsibility to ensure that the application is received by the deadline. See the full Application Instructions document for more information. Please contact Hope Ealey at 865-773-8180 or [healey@knoxvilletn.gov](mailto:healey@knoxvilletn.gov) with any questions. Thank you for your interest!

****

**Agency Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. Threshold Requirements** (all eligible applications must meet these requirements)

**Is your agency:**

🞏 Yes 🞏 No Designated by the IRS under section 501(c)(3) or 501(c)(4) of the federal tax code?

IRS Tax Exempt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Yes 🞏 NA If you’re a faith-based organization, your agency will serve all eligible participants without regard to religion or religious participation.

🞏 Yes 🞏 No Currently providing services impacting the prevention or elimination of homelessness?

🞏 Yes 🞏 No Serving the city of Knoxville? Geographic area served:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Yes 🞏 No Current on City and/or Knox County property taxes, if required to pay them?

🞏 Yes 🞏 No Authorized to apply for the City of Knoxville ESG-CV grant by your Board?

🞏 Yes 🞏 No Able to pay grant-covered expenses up-front and be reimbursed after approval?

🞏 Yes 🞏 No Able to accommodate a start date of **December 1, 2020**?

🞏 Yes 🞏 No Willing to comply, as applicable, with established standards for outreach, case management, and housing placement, identified in the ‘Case Management Standards of Care,’ adopted by the Mayor’s Roundtable on Homelessness. <https://www.knoxvilletn.gov/UserFiles/Servers/Server_109478/File/CommunityDevelopment/HomelessGrant/Knoxville%20Case%20Management%20Standards.pdf>

**Able to document:**

🞏 Yes 🞏 No Policy regarding non-discrimination in use of facilities, assistance and services?

🞏 Yes 🞏 No Policy regarding assisting persons with Limited English Proficiency?

🞏 Yes 🞏 No Purchasing or Procurement Policy?

🞏 Yes 🞏 No Client eligibility verification and demographic data collection?

🞏 Yes 🞏 No Staff salary tracking by funding source?

**Participating, or will agree to participate, in:**

🞏 Yes 🞏 No Knox HMIS/Homeless Management Information System?

(or comparable, as approved by the City)

🞏 Yes 🞏 No CHAMP/Coordinated Entry System?

🞏 Yes 🞏 No City of Knoxville Mayor’s Roundtable on Homelessness?

🞏 Yes 🞏 No Knoxville-Knox County Homeless Coalition?

🞏 Yes 🞏 No Involving people *currently* experiencing (or who *formerly* experienced) homelessness in the policy-making body of your agency? If so already, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Exhibits and Attachments**

**Required Exhibits** (See attached forms)

1. Project Budget (Exhibit 1)
2. Assurance of Compliance Under Title VI of the Civil Rights Act of 1964 (Exhibit 2)
3. Project Timeline (Exhibit 3)

# Assurance of Audit Requirements (Exhibit 4)

1. Assurance of Compliance with Conflict of Interest Policy (Exhibit 5)

**Required Attachments**

1. Current Agency Budget
2. Non-profit agencies:
   1. 501(c)(3) tax exemption letter
   2. List of board of directors (include gender, race, national origin, board appointment dates, term expiration dates, and whom each board member represents)
   3. List of staff (include job titles, gender, race and national origin)
3. Letter from Board president or Board minutes authorizing this application
4. Agency’s Emergency Solutions Grant (ESG) Written Standards

**Optional Attachments**

1. Agency brochures or fliers outlining services available
2. Letters of support
3. Any other relevant documentation

**III. Project Information**

(The words “project” and “activity” are interchangeable)

Please complete the following worksheet(s) applicable to your proposed project.

ESG Program Component Categories:

* Street Outreach - Blue worksheets
* Emergency Shelter - Orange worksheets
* Rapid Re-Housing - Yellow worksheets
* Homelessness Prevention - Green worksheets
* Homelessness Management Information System (HMIS) - Gray worksheet

**Street Outreach**

**Definition:** These activities are designed to meet the immediate needs of *unsheltered* people by connecting them with emergency shelter, housing, and/or critical health services. Includes essential services necessary to reach out to unsheltered people and provide urgent, non-facility-based care to those unwilling/unable to access emergency shelter, housing, or an appropriate health facility.

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Project Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Homeless Definition Category: 1. Literally Homeless**

An individual or family that lacks a fixed, regular, and adequate nighttime residence, meaning: 1) has a primary nighttime residence that is a public or private place not meant for human habitation; 2) is living in a publicly or privately operated shelter designed to provide temporary living arrangements; 3) Is exiting an institution where the individual or family has resided for ≤ 90 days and who resided in an emergency shelter or place not meant for human habitation immediately prior.

1.) Describe the experience of the agency/organization and project manager/staff with the above described clientele; access to clientele; use of standardized intake and assessment; and methods to reduce the length of time people are unsheltered.

**2.) Target Population(s):** check all that apply

⃝ Chronic Homeless ⃝ Persons with Disabilities ⃝ Domestic Violence

⃝ Elderly ⃝ Families with Children ⃝ Unaccompanied Youth (12-24)

⃝ Veterans ⃝ Young Adults (18-24) ⃝ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2a.) Describe the target population and the number proposed to be served with the funding requested; the types of supporting documentation used to determine eligibility; eligibility requirements (if any); the average length of time between intake and assistance given; and any attempt made to lower barriers to assistance.

2b.) Describe any other characteristics of the target population, if they are an underserved population or have any barriers or special needs, and the experience the agency/organization and program manager/staff have with serving these populations.

2c.) Describe how the Coronavirus/COVID-19 has impacted the target population.

**3.) Eligible Activities:**

Case management services (salaries), Emergency out-patient medical, dental care, or mental health services, Transportation to shelter or emergency care, Travel expense/cell phones for employee(s).

3a.) Describe how need is assessed and the *specific eligible activities* that will be undertaken to address them.

3b.) Understanding that eligible activities must not be solely facility-based, where will the agency/organization provide services? If there are there specific locations, please list:

4.) Describe how any practices and/or policies related to proposed activities will help reduce community spread of Coronavirus/COVID-19.

5.) Because duplication of benefits is prohibited, describe how the agency/organization will ensure that clientele are not receiving duplicated services.

6.) Describe the plan to connect people with appropriate services; make referrals that are impactful; and how success will be measured.

7.) Describe any follow-up that the agency/organization does with clients served.

8.) Describe how program recipients give input. Does the agency/organization conduct or plan to conduct any surveys of participants? Describe any changes made to programs as a result from this feedback.

9.) Are there any obstacles that could delay project start-up or completion? If yes, please explain.

🞏 Yes 🞏 No

**Emergency Shelter**

**Definition:** These activities are designed to increase the quantity and quality of temporary shelters provided to people experiencing homelessness. This includes any facility where the primary purpose is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Project Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Homeless Definition Category: 1. Literally Homeless**

An individual or family that lacks a fixed, regular, and adequate night-time residence, meaning: 1) has a primary nighttime residence that is a public or private place not meant for human habitation; 2) is living in a publicly or privately operated shelter designed to provide temporary living arrangements; 3) Is exiting an institution where the individual or family has resided for ≤ 90 days and who resided in an emergency shelter or place not meant for human habitation immediately prior.

**Homeless Definition Category: 2. Imminent Risk of Homelessness**

**Homeless Definition Category: 3. Homeless Under Other Federal Statutes**

**Homeless Definition Category: 4. Attempting to Flee/Fleeing Domestic Violence**

1.) Describe the experience of the agency/organization and project manager/staff with the above described clientele; access to the clientele; use of standardized intake and assessment; and methods to reduce the length of time people are not permanently housed.

**2.) Target Population(s):** check all that apply

⃝ Chronic Homeless ⃝ Persons with Disabilities ⃝ Domestic Violence

⃝ Elderly ⃝ Families with Children ⃝ Unaccompanied Youth (12-24)

⃝ Veterans ⃝ Young Adults (18-24) ⃝ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2a.) Describe the target population and the number of people proposed to be served with the funding requested; the types of supporting documentation used to determine eligibility; eligibility requirements (if any); the average length of time between intake and assistance given; and any attempt the agency has made to lower barriers to assistance.

2b.) Describe any other characteristics of the target population, if they are an underserved population or have any barriers or special needs, and the experience the agency/organization and program manager/staff have with serving these populations.

2c.) Describe how Coronavirus/COVID-19 has impacted the target population.

**3.) Eligible Activities:**

**Shelter Operations:** Maintenance and minor repair, Insurance, Rent, Utilities, Security, Phone or Communications, Fuel, transportation expenses, Salaries, Furnishings, Equipment, Food, Office Supplies, Shelter Supplies, Hotel/Motel Vouchers.

**Shelter Essential Services:** Case management services, Transportation, Childcare, Job training expenses, Educational training, Nutritional counseling, Financial counseling, Mental health counseling, Assistance in obtaining legal identification, Referral and assistance in obtaining government services (insurance, food stamps, Veteran’s benefits, SSI, etc.), Legal services relating to housing stability issues, such as social security, child support, domestic violence.

3a.) Describe how need is assessed and the *specific eligible activities* that will be undertaken to address them.

3b.) Understanding that eligible activities must be provided to assist people who are literally homeless or at imminent risk of homelessness, where will the agency/organization provide services? If there are specific locations, please list:

**4.) Specific Requirements:**

Meet basic habitability, zoning, and health requirements; Provide Lead Based Paint info pamphlets; Not implement high barriers to admittance; NOT Charge rent or occupancy fees; Must provide equal access to transgender persons; May not deny access to shelter based on a minor child’s age or gender; May not separate families based on a minor child’s age; Family shelters must accept participant’s definition of “family” and may not require legal marriage*.*

4a.) Describe any experience with meeting the above requirements and/or any issues with meeting them.

4b.) Describe how any practices and/or policies related to proposed activities will help reduce community spread of Coronavirus/COVID-19.

5.) Because duplication of benefits is prohibited, describe how the agency/organization will ensure that clientele are not receiving duplicated services.

6.) Describe the plan to connect people with appropriate services; make referrals that are impactful; and how success will be measured.

7.) Describe any follow-up that the agency/organization does with clients served.

8.) Describe how program recipients give input. Does the agency conduct any surveys of participants? Describe any changes made to programs as a result from this feedback.

9.) Are there any obstacles that could delay project start-up or completion? If yes, please explain.

🞏 Yes 🞏 No

**Rapid Re-Housing**

**Definition:** These activities are designed to move people quickly from homelessness to permanent housing through housing relocation and stabilization services and short-and/or medium-term rental assistance.

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Project Address: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Homeless Definition Category: 1. Literally Homeless**

An individual or family that lacks a fixed, regular, and adequate nighttime residence, meaning: 1) has a primary nighttime residence that is a public or private place not meant for human habitation; 2) is living in a publicly or privately operated shelter designed to provide temporary living arrangements; 3) Is exiting an institution where the individual or family has resided for ≤ 90 days and who resided in an emergency shelter or place not meant for human habitation immediately prior.

**Homeless Definition Category: 4. Fleeing Domestic Violence**

1.) Describe the experience of agency/organization and project manager/staff with the above described clientele; access to the clientele; use of standardized intake and assessment; and methods to reduce the length of time people are not permanently housed.

**2.) Target Population(s):** check all that apply

⃝ Newly Homeless ⃝ Persons with Disabilities ⃝ Domestic Violence

⃝ Elderly ⃝ Families with Children ⃝ Unaccompanied Youth (12-24)

⃝ Veterans ⃝ Young Adults (18-24) ⃝ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2a.) Describe the target population and the number proposed to be served with the funding requested; the types of supporting documentation used to determine eligibility; eligibility requirements (if any); the average length of time between intake and assistance given; and any attempt the agency has made to lower barriers to assistance.

2b.) Describe any other characteristics of the target population, if they are an underserved population or have any barriers or special needs, and the experience the agency/organization and program manager/staff have with serving these populations.

2c.) Describe how Coronavirus/COVID-19 has impacted the target population.

**3.) Eligible Activities:**

**Financial Assistance:** Moving costs, Rental application fees, Security deposits, up to 2 months’ rent, Utility deposits, Utility payments, Arrearages up to 6 months

**Rental Assistance:** Full or partial rent payments made on behalf of the tenant for up to 9 months

**Services:** Housing Search/Placement, Housing stability case management, Mediation and legal services, Credit repair, budgeting & financial counseling, Salaries, staff travel and direct costs related to providing services.

3.) Describe how need is assessed and the *specific eligible activities* that will be undertaken to address them.

**4.) Specific Requirements:**

Must document lack of other resources from other sources; All rental assistance is a maximum 9 months (excludes arrearages, which are limited to an additional 6 months); Assessment of need at intake and at 1 year; Arrearages – One-time payment of up to 6 months, included in total of 24 months assistance in a 3-year period; Meet w/ case manager at least once a month for the duration of assistance, except VAWA or FVPSA; Must have written standards, procedures and policies; Housing barriers addressed in a written plan; Assistance in obtaining appropriate supportive services like medical or mental health treatment or benefits like TennCare, SSI, or food stamps. “Rent Reasonableness,” Habitability, and LBP Inspection are required prior to occupancy.

4a.) Describe any experience with meeting the above requirements and/or any issues with meeting them.

4b.) Does the agency have staff trained in conducting the lead-based paint assessment and/or certified by HUD’s online lead-based paint visual assessment course?

4c.) Describe how any practices and/or policies related to proposed activities will help reduce community spread of Coronavirus/COVID-19.

5.) Because duplication of benefits is prohibited, describe how the agency/organization will ensure that clientele are not receiving duplicated services.

6.) Describe the plan to connect people with appropriate services; make referrals that are impactful; and how success will be measured.

7.) Describe any follow-up that the agency/organization does with clients served.

8.) Describe how program recipients give input. Does the agency conduct any surveys of participants? Describe any changes made to programs as a result from this feedback.

9.) Are there any obstacles that could delay project start-up or completion? If yes, please explain.

🞏 Yes 🞏 No

**Homelessness Prevention**

**Definition:** These activities are designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human habitation, through housing relocation and stabilization services and short and/or medium term rental assistance.

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Project Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Homeless Definition Category: 2. At-risk for Homelessness**

**Homeless Definition Category: 3. Homeless Under Other Federal Statutes**

**Homeless Definition Category: 4. Attempting to Flee/Fleeing Domestic Violence**

1.) Describe the experience of the agency/organization and project manager/staff with the above described clientele; access to the clientele; use of standardized intake and assessment; and methods to reduce the length of time people are not permanently housed.

**2.) Target Population(s):** check all that apply

⃝ Persons with Disabilities ⃝ Domestic Violence

⃝ Elderly ⃝ Families with Children ⃝ Unaccompanied Youth (12-24)

⃝ Veterans ⃝ Young Adults (18-24) ⃝ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2a.) Describe the target population and the number proposed to be served with the funding requested; the types of supporting documentation used to determine eligibility; eligibility requirements (if any); the average length of time between intake and assistance given; and any attempt the agency has made to lower barriers to assistance.

2b.) Describe any other characteristics of the target population, if they are an underserved population or have any barriers or special needs, and the experience the agency/organization and program manager/staff have with serving these populations.

2c.) Describe how Coronavirus/COVID-19 has impacted the target population.

**3.) Eligible Activities:**

**Financial Assistance:** Moving costs, Rental application fees, Security deposits, up to 2 months’ rent, Utility deposits, Utility payments, Arrearages up to 6 months;

**Rental Assistance:** Full or partial rent payments made on behalf of the tenant for up to 9 months; **Services:** Housing Search/Placement, Housing stability case management, Mediation and legal services, Credit repair, budgeting and financial counseling, Salaries, staff travel and direct costs related to providing services.

3.) Describe how need is assessed; how *"But for this assistance…"* the person/household would become homeless will be measured; and the *specific eligible activities* planned to address their needs.

4a.) Describe any experience with meeting the above requirements and/or any issues with meeting them.

**4.) Specific Requirements:** Must meet HUDs definition of “at-risk for homelessness” and document lack of other resources. All rental assistance is a maximum 9 months (excludes arrearages, which are limited to an additional 6 months) Assessment of need at intake and at intervals of 3 months - One-time payment of up to 6 months, included in total of 24 months assistance in a 3-year period, Meet w/ case manager at least once a month for the duration of assistance, except VAWA or FVPSA. Must have written standards, procedures and policies, Housing barriers addressed in a written plan Assistance in obtaining appropriate supportive services like medical or mental health treatment or benefits like TennCare, SSI, or food stamps. “Rent Reasonableness,” Habitability, and LBP Inspection are required prior to occupancy.

4b.) Does the agency have staff trained in conducting the lead-based paint assessment and/or certified by HUD’s online lead-based paint visual assessment course?

4c.) Describe how any practices and/or policies related to proposed activities will help reduce community spread of Coronavirus/COVID-19.

5.) Because duplication of benefits is prohibited, describe how the agency/organization will ensure that clientele are not receiving duplicated services.

6.) Describe the plan to connect people with appropriate services; make referrals that are impactful; and how success will be measured.

7.) Describe any follow-up that the agency/organization does with clients served.

8.) Describe how program recipients give input. Does the agency conduct any surveys of participants? Describe any changes made to programs as a result from this feedback.

9.) Are there any obstacles that could delay project start-up or completion? If yes, please explain.

🞏 Yes 🞏 No

**Homelessness Management Information System (HMIS)**

**Definition:** A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on provision of housing and services to homeless individuals and families and persons at risk of homelessness.

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Project Address: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.) Describe the experience of the agency/organization and project manager/staff with HMIS, Coordinated Entry, and community-wide data collection.

2.) Describe how the proposed project will help reduce community spread or mitigate the impact of Coronavirus/COVID-19.

3.) Are there any obstacles that could delay project start-up or completion? If yes, please explain.

🞏 Yes 🞏 No

Project Proposal:

**ALL APPLICANTS SHOULD COMPLETE THE FOLLOWING SECTIONS**

**IV. Financial Requirements**

**Please Note:** Recipients of ESG-CV funds are not required to provide documentation of match; however, recipients will be asked to provide information about and document any other funds being used/leveraged to pay for the project. Duplication of CARES Act funds is strictly prohibited.

**Minimum Grant Request:** The minimum grant request/award is $50,000. If this presents a significant challenge, please describe that here.

**Please describe, in short paragraph form:**

1. Other funding sources you’re requesting or planning on including in the proposed project. Please include any funds you are requesting and/or expect to receive from other sources, whether public or private, including any federal funds, State of Tennessee, Knox County and any other City of Knoxville funding sources.
2. How you will make sure that CARES Act funds are not duplicated?
3. Are you proposing to partner with any other agencies on this project? If so, please describe how the agencies will work together.
4. Please describe the scalability of the proposed project. Could it be scaled-down in the event a reduced funding amount is available or scaled-up if there is more funding available?
5. The key project components. In the event there is not sufficient funding for the full request, the City may wish to fund individual program components. Be sure to also break-out the separate components in your project budget (Exhibit I.). Conversely, if the proposed activity is not viable without the full request, indicate that here. Is there a minimum amount of funding you need for the project to be viable? If so, how much? Please be specific.
6. Your agency/organization finance manager’s experience administering ESG and/or other grant program funding.
7. Your agency’s/organization’s written standards of financial accountability/checks and balances/separation of duties.

**V. Affirmations and Signatures**

I 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.

I 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.

I 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 grants 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 (Chief Official/Board President) Date

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

Name (typed or printed) Title

Chief Official and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finance Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EXHIBIT 1** | | | | |
|  | | | | |
| **PROJECT BUDGET** | | | | |
|  |  |  |  |  |
| **Budget Line Items** | **Total Line Item Cost** | **Amount of ESG-CV Grant Funds Requested** | **Other CARES Act or other Federal Funding** | **Other Funding** |
| **Street Outreach** | $ - |  |  |  |
| **Emergency Shelter** | $ - |  |  |  |
| **Homelessness Prevention** | $ - |  |  |  |
| **Rapid Re-Housing** | $ - |  |  |  |
| **HMIS** |  |  |  |  |
| **Expenses related to complying with HMIS/CES** |  |  |  |  |
| **Project Totals** | $ - | $ - | $ - | $ - |
|  | | | | |

**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**

1. If the proposed project is new or a significant expansion of a current program, please identify some of the critical activities needed to begin the project.

2. Assuming a 12-month contract period, please describe how the project intends to meet its goals/proposed accomplishments in the first three months, second three months, etc.

3. Is there any seasonal variation in the way the project is implemented or impacted?

4. Would a contract period of more than a year be desirable?

**EXHIBIT 4**

**Assurance of Audit Requirements**

**Subrecipients** of CARES Act Supplemental Emergency Solutions Grant (ESG-CV) funding **that** **expend $750,000 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 $750,000** 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:

1. **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 OrdinancesSec. 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).

**III. 2 CFR Part 200. Codes of Conduct.**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**