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**CITY PARISH OFFICE OF COMMUNITY DEVELOPMENT REQUEST FOR PROPOSALS
APPLICATION: 2018 FUNDING PROJECTS:
Emergency Solutions Grant (ESG)**

APPLICATIONS ARE DUE NO LATER THAN 4:00pm on Tuesday, May 22, 2018.
**All applications must be submitted to the Office of Community Development, 222 St. Louis Street,
Seventh Floor, Baton Rouge, LA 70802, (225) 389-3039.**

The application is online (both MSWord and PDF) at the City Parish of OCD Website:

<http://brgov.com/dept/ocd/announcements.htm>

Applications are available at the Office of Community Development (OCD) at the address above.

PRE-QUALIFICATION CRITERIA FOR APPLICANTS

Before completing the application form, please review the accompanying Proposal Application Instruction Package and the Pre-Qualification Criteria below. **DO NOT SUBMIT AN APPLICATION IF YOU CANNOT MEET ALL OF THE PRE-QUALIFICATIONS.** (Government agencies proposing to serve the City Parish residents are *not* required to meet these criteria.)

1. Agency must have two audit/audited financial statements that were completed within past 36 months.
2. Agency must have written financial and grants management procedures
3. Agency must have at least 12 months of experience that is similar or related to the activities for which funding is being requested from the City Parish.

PROJECT-SPECIFIC APPLICATION SECTIONS

All applicants should complete Section I, Section II, and Section III of the application form.

There are five different versions of the application's Section IV, which vary depending upon the type of project being proposed. Be sure that you complete the correct version, and only the correct version.

There are two different versions of the Section V. budget form. Make sure that you complete the correct version or versions. If you are requesting both operational and capital funding, complete both versions.

Incomplete applications may not be reviewed or may be penalized. The City Parish of Office of Community Development is not obligated to pursue missing information or to consider supplemental materials that are provided after the application deadline. Applicants should ensure that their applications are on time and complete at time of submittal.

The City Parish accepts proposals from any source, including agencies, governmental entities, and civic groups, however; only certain types of applicants may be designated as grant recipients, including governmental agencies in the City Parish and private non-profit organizations serving City Parish residents.

Requests for individual assistance, either for a homeowner or a business, should not be made on this Application Form. Call 225-389-3039 for more information.

<p>One original and 4 copies of full application are to be transmitted no later than 4:00 pm on Tuesday, May 22, 2018 to: City Parish of Office of Community Development, 222 St. Louis Street, Seventh Floor, Baton Rouge, LA 70802, 225-389-3039, TDD (225) 389-3082</p>	For OCD Use Only: Proposal # _____ Date received _____	
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**City Parish of Office of Community Development Application Form for 2018 Funding of
Emergency Solutions Grant (ESG) Projects**

▶ Section I: PROJECT IDENTIFICATION AND CONTACTS: ALL Applicants Complete ◀

Project Name:

Amount Requested from City Parish (\$): **Other Funding for Project (\$):**

A. Applicant Identification

Organization's **Legal Name:** _____

Contact Person's Name: _____ Title: _____

Daytime Telephone #: _____ Fax #: _____ Email: _____

Mailing Address: _____

Executive Director's Name (if different from above): _____

Daytime Telephone #: _____ Fax #: _____ Email: _____

Mailing Address: _____

B. Summary Description of Project: (max. 8 lines w/ 11pt. type) Describe **proposed project**, not all of agency's activities.

C. Project Site(s) Location: Enter location(s) of **project activity**, not service area, and include Metro Council District(s). If not known, call the Office of Community Development at 225-389-3039.

Street Address	Zip Code	Metro Council District(s)

D. Service Area (select one):

- 1. City Parish wide
- 2. All low/moderate income neighborhoods (see LMI map in instructions)
- 3. Partial service area in City Parish *Note percentage of service in City Parish: _____
- 4. Other, specify: _____

Applicant Certification of Accuracy: Application is complete and accurate to the best of my knowledge.

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Name/Title of Responsible Agency Representative

Signature

Date

► Section II: CHECKLIST: ALL Applicants Complete ◀

A. Checklist -- Indicate whether the following documents/attachments are submitted with application.

Document or Attachment	#Copies	Yes	No	NA	If needed but not included, date to submit:
APPLICATION GENERAL SECTIONS:					
I. Project Identification and Contacts	5				
II. Checklist	5				
III. General and Compliance Items	5				
PROJECT SECTION (COMPLETE ONE):					
IV.01 Single/Multi-Family Housing Development or IV.02 Homeless/Special Needs Housing Dev. or IV.03 Community Facilities, Historic/ Access, Public Infrastructure or IV.04 Service Projects or IV.05 Economic Development	5				
BUDGET SECTION (COMPLETE ONE OR BOTH):					
V.01 For Capital Projects and/or V.02 For Operational Support	5				
ATTACHMENTS, ORGANIZATIONAL CAPACITY :					
IRS 501(c)(3) determination *	5				
Most recent audit/financial statement (no older than late 2015); may be bound	5				
Income and Expense Statements for Jan-March 2016	5				
Financial management procedures	5				
Articles of Incorporation	5				
Corporation By Laws	5				
Listing of Board of Directors (name, address, phone number, office held, term, compensation, profession, qualification, race, gender, ethnicity)	5				
Minutes of last three board meetings	5				
SAVE Affidavit(attached) signed by ED, notarized**	5				
ATTACHMENTS, PROJECT-SPECIFIC:					
Evidence of site control	5				
Capital project cost estimate	5				
Property appraisal	5				
Resumes/references of principal staff	5				
Job descriptions for implementing staff	5				
Copy of office/program site lease	5				
Documentation of match	5				
Commitments for operational funding (for capital projects to be acquired/developed)	5				
Letters of support (<i>if desired</i>)	5				
<i>Housing Development Projects only</i> : Low Income Tax Credit application if applicable; operating proforma; project sources and uses statement 990 Form (most recent copy) *	5				

NOTE: "NA" means Not Applicable to this proposal, or not required.

* These attachments are not required of for-profits and governmental units. ** Not required of governmental units.

B. Explanation of Missing Documents: If any documentation is applicable but is not provided, explain why it is not included in this package. (*Attach page as needed to answer.*)

AFFIDAVIT

STATE OF LOUISIANA
PARISH OF EAST BATON ROUGE

BEFORE ME, the undersigned authority, personally came and appeared

who, being duly sworn did depose and say:

That he is a duly authorized representative of _____

receiving value for services rendered in connection with

a public project of the City of Baton Rouge, Parish of East Baton Rouge, Louisiana: that he has employed no person, corporation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by him whose services in connection with the project or in securing the public contract were in the regular course of their duties for him; and that no part of the contract price received by him was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by him whose services in connection with the project were in the regular course of their duties for him.

This affidavit is executed in compliance with the provisions of LA R.S. 38:2224.

Affiant's Signature

SWORN TO AND SUBSCRIBED before me, on this _____ day of
_____ 20_____.
Baton Rouge, Louisiana.

NOTARY PUBLIC

▶ Section III: GENERAL and COMPLIANCE Items: ALL Applicants Complete ◀

A. Organizational Type:

- Governmental unit of the City Parish
 - Other governmental unit or authority
 - Non-profit corporation; Date of incorporation _____
 - For-profit corporation; Date of incorporation _____
 - Other;
- Describe _____

B. Type of Funding Requested

- Grant Loan (Explain below) Combination (Explain below)

If this is a loan request or a combined loan/grant request, provide proposed repayment schedule and terms. *Please note that for-profit agencies are generally not eligible for grants. (Expand space below as needed to answer.)*

C. Board Engagement (*non-profits, for-profits, and governmental authorities complete; NA for govt. units*)

- Board meeting schedule (e.g., bi-monthly): _____
- Board approval required for annual budget?
- Board review of income/expense statements? If yes, how often? _____

D. Organizational Policies and Practices: Indicate below if the organization has in place the items listed. For items not currently in place, or partially in place, explain in the space below the listing why these are not in place.

- An adopted Code of Ethics applicable to staff, Board members, volunteers
 - An adopted Conflict of Interest policy applicable to staff, Board, volunteers
 - Procedures to protect client-confidentiality, for staff and volunteers
 - Selection standards and training process for volunteers
 - Procedure/document informing clients of their rights and responsibilities
 - An adopted grievance policy, provided to clients at admission
- (Expand space below as needed to explain.)

E. Project Site Control: Indicate below the status of site control for the site where project will be carried out. *Provide documentation of site control (lease agreement, purchase option, property deed) as an Attachment at end of application.*

- Applicant owns property: Date acquired: _____
- Lease. Expiration Date: _____
- Option to purchase. Expiration Date: _____
- Other, describe _____

F. Project Site Compliance: If project operations are currently being carried out at the site, indicate if site is compliant, partially compliant, or is not compliant with the items listed. For items with which the site is not compliant or partially compliant, explain in the space below what actions are planned to achieve compliance.

- Building Code: Compliant, Partially compliant, Not compliant
 - Fire Code: Compliant, Partially compliant, Not compliant *Date of last inspection _____
 - Health Code if applicable: Compliant, Partially compliant, Not compliant *Date of last inspection _____
 - Emergency evacuation plan, posted on site: Compliant, Partially compliant, Not compliant
- (Expand space below as needed to explain.)

G. Accessibility for Persons with Physical Disabilities (*Complete either 1 or 2 below; complete 3 if applicable*)

Facilities and services assisted with ESG funds should be accessible to the disabled whenever feasible. Accessibility examples: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats

between 17-19 inches from floor, drain lines under lavatory sink wrapped/insulated, access between floors (elevators, ramps, lifts), other improvements needed to assure full access including serving the blind and deaf.

1. For Capital /Development Projects: Will completed project meet Uniform Federal Accessibility Standards (UFAS) for accessibility by the disabled? Y N

2. For Multi-Family Housing Construction Projects with 5 or More Units, or Rehabilitation Projects with 15 or More Units: Will project be Section 504 compliant, with at least 5% of units accessible for person with mobility impairments, at least 2% of units accessible for hearing/sight-impaired persons, and the common spaces accessible? Y N

3. For Service Programs (Direct Services) and Other Non-Capital Projects: Is the facility in which the program operates in compliance with UFAS accessibility standards? Y N

4. If you responded "No" above, describe the accessibility problems and your proposed methods to address the problems, including funding and timetable. (*Expand space below as needed to answer.*)

H. Zoning: Provide the zoning status of the project site. If zoning is not known, contact the City Parish Planning Commission at (225) 389-3144.

1. What is current zoning classification of project site? _____

2. Is site zoned correctly for the proposed activity? Y N Don't Know

3. If "No" or "Don't Know," explain in detail your plan and timetable to obtain needed zoning change, special-use permit, or variance. (*Expand space below as needed to answer.*)

I. Non-Discrimination and Employment Opportunities (*Not applicable for governmental units*)

1. Do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices (for agencies with 15+ employees) or provision of services (all organizations)? Y N Willing to adopt policy as stated

2. If new jobs are created by the requested funding, will you be willing to adopt a hiring policy giving preference to low and/or moderate income residents of the City of Baton Rouge and Parish of East Baton Rouge? Y N Willing to adopt policy as stated

J. Relocation: Does project require temporary or permanent relocation or moving of occupants from a structure?

Y N Don't Know

If Yes, project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) and budget should reflect costs for this line item.

1. # units vacant: _____ How long have these units been vacant? _____

2. # units occupied: _____ # occupied units requiring; Temporary relocation: _____, Permanent Relocation: _____

3. # occupied units that are; Owner-occupied: _____, Renter-occupied: _____, Businesses: _____

4. Projected total relocation cost (*Must be included on budget form*): _____

5. Describe relocation plans including timetable, notifications to seller and occupants. (*Expand space below as needed to answer.*)

K. Sustainability Factors: For the proposed development or assistance, describe any aspects of the project which address the following energy conservation/sustainability priorities, as applicable:

- The proposed utilization of alternative energy
- Alleviation of significant health and safety problems, reductions of air/noise/water pollution and/or relief from environmental nuisances
- Incorporation of certified green building techniques (EarthCraft, LEED, etc.)
- Retrofitting of existing non-residential facilities/properties for energy and water use reduction strategies, including provision of conservation education where applicable;
- Repurposing or recycling of appropriate materials;
- Supporting the development of user-friendly greenspace such as community gardens, rooftop gardens and dwellings, outdoor activity space, etc.
- For single-family rehabilitation projects, provide description of efforts to improve building envelope leaks and address water conservation

- (Expand space below as needed to answer.)

L. Section 3 Resident(s) and Business Concern

A “Section 3 resident” is:

- 1) a public housing resident; or
- 2) a low- or very low- income person residing in the metropolitan area or non-metropolitan county where the Section 3 covered assistance is expended.

A “Section 3 business concern” is a business that can provide evidence that they meet one of the follow criteria:

- 1) 51 % or more owned by Section 3 residents; or
- 2) at least 30% of its full time employees include persons that are currently Section 3 residents, or were Section 3 residents within three years of the date of first hire; or
- 3) provides evidence, as required, of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to business concerns that meet one of the preceding two qualifications.

Will this project assist Section 3 residents with job creation?

Yes No

Is the entity applying a Section 3 business concern?

Yes No

M. Disadvantaged Business Enterprise; Minority-and/or Woman-Owned Business Enterprise

The City Parish is committed to working with firm(s) that will provide high-quality services and that is dedicated to diversity and to containing costs. The City-Parish strongly encourages respondents that are certified by State of Louisiana, or any other city or state, or the federal government, as minority- and/or woman- owned business enterprise (“M/WBEs”), as well as respondents that are not yet certified, but have applied for certification, to submit documentation supporting application or certification.

Is the entity applying as a Disadvantage Business Enterprise and/or Minority-and/or Woman-Owned Business Enterprise?

Yes No

N. Current Projects with HUD Funding

List all currently funded projects using HUD grant funds, indicate originally scheduled completion dates. If delayed, explain delays and provide estimated new completion dates. (Expand space below if needed for answer.)

**► Section IV.04: To Be Completed by Proposed SERVICE PROJECTS ◀
including Homeless Services and other Human Services Activities**

A. For All Direct Service projects; or services to be provided by this project funding only

1. Service levels, % low-income served, and demographic group(s) served (If service is not restricted or targeted to a particular demographic group, indicate “all.”)

Annual Unduplicated # Persons Served	Average # Served Daily	% Low Income	Demographic Population(s) served (for example, men, women w/children, etc.)
		%	

2. Special-Needs group(s). Specify the special-need group or groups to be served by this particular project, if any. Indicate in row a) the % of persons generally present in the client population. Indicate in row b) the % of client service slots/beds, if any, which are restricted or targeted to the particular special-needs group.

Need Group:	% Persons w/ Special Needs *	% Chronic Homeless **	% Homeless Individuals	% Persons in Homeless Families	% Elderly	% Other special-needs /specify need:
a) % served	%	%	%	%	%	
b) % targeted or restricted						

NOTE: percentages above may total more than 100% because categories may overlap.

**Special Needs due to age (frail elderly), mental illness, substance abuse, or other physical/developmental impairments and/or disabilities.*

*** Chronic homeless defined as a homeless individual with a disabling condition, or a homeless family in which a member has a disabling condition, when the individual or family has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.*

B. For services provided by all agency funded programs

1. Service levels, % low-income served, and demographic group(s) served. (If service is not restricted or targeted to a particular demographic group, indicate “all.”)

Annual Unduplicated # Persons Served	Average # Served Daily	% Low Income	Demographic Population(s) served (for example, men, women w/children, etc.)
		%	

2. Special-Needs group(s). Specify the special-need group or groups served by the entire agency/all programs, if any. Indicate in row a) the % of persons generally present in the client population. Indicate in row b) the % of client service slots/beds, if any, which are restricted or targeted to the particular special-needs group.

Need Group:	% Persons w/ Special Needs *	% Chronic Homeless **	% Homeless Individuals	% Persons in Homeless Families	% Elderly	% Other special-needs /specify need:
a) % served	%	%	%	%	%	
b) % targeted or restricted						

NOTE: percentages above may total more than 100% because categories may overlap.

**Special Needs due to age (frail elderly), mental illness, substance abuse, or other physical/developmental impairments and/or disabilities.*

*** Chronic homeless defined as a homeless individual with a disabling condition, or a homeless family in which a member has a disabling condition, when the individual or family has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.*

C. For Homeless and Special-Needs Housing Residential Projects Only

Bed Capacity Parish* in Facility	# Housing Units** in Facility	# Beds Emergency Shelter	# Transitional Housing Beds	# Permanent Supportive Housing Beds	Permitted Stay (Mo's)

* *Bed capacity Parish is count of # of persons that could be housed if all bed spaces were full. Count a single bed as 1; count a crib as 1. Count a double/queen/king as 2 if this bed is intended for double occupancy, or as 1 if it is intended for single occupancy.*

** *Housing unit count not applicable for congregate housing such as shelters and transitional housing provided in group setting with shared common areas.*

D. For Homeless Service Projects Only

% of Project's Clients Who Are Unsheltered	% of Project's Clients Who Are in Shelters	% of Project's Clients Who Are in Transitional Housing	% of Project's Clients Who Are in Permanent Housing

E.1. For Rapid Rehousing Projects Only

Estimated # of Family Households w/ Minor Children to be Served	Estimated # of Family Households w/out Minor Children (Including Couples) to be Served	Estimated # of Single-Adult Households to be Served

E.2. Housing Inspection

Explain how housing units will be inspected for habitability standards, including lead-based paint if housing will be used for families with children under 6 years of age. *(Expand space below as needed to answer.)*

F. Project Beneficiaries

Describe specifically who will benefit and how they will benefit from the proposed project, including any eligibility requirements such as employed at time of admission, disability diagnosis, etc. If the charts above include a special-needs group, be specific as to how the program will provide service targeted to that group's needs. *(Expand space below as needed to answer.)*

G. Detailed Project Description: Describe specifically what you propose to do with the requested funds, how you propose to do it, and how you anticipate the City Parish's funding will be used. Be sure to distinguish between existing activities and new or expanded activities. Describe any partnerships or collaborations that are an integral part of this activity. Explain how follow-up is conducted to determine short-term and long-term accomplishments. *(Expand space below to answer. Use as much space as needed but try to confine answer to no more than two pages.)*

H. Timetable: Assume that grant funding will be available after November of the program year from which funding is being requested. Provide your timetable for execution of project activities, explaining any phasing or staging of activities that will be required, such as hiring of new staff. Timetable should include execution of contract with the City Parish (allow at least six weeks), and all major project components. Include anticipated project-completion date. *(Expand space below as needed to answer.)*

I. Agency Experience: Describe experience that relates specifically to the proposed activity. If agency has not previously implemented any activities similar to proposal, describe other major areas of experience related to agency's ability to implement proposed project. If needed, attach documentation of experience in related area (may include letters of support, funding commitments, and descriptions of past activities). *(Expand space below as needed to answer.)*

J. Staff and Consultant Services: Job descriptions of all staff to be paid under this project should be included as an attachment, as noted in the Section II. Checklist. If any consultants are to be used in implementing the proposed project, describe the consultant service below and explain why this is needed.

K. Program Fees: If the project charges a fee for service, explain how fees are calculated and applied, how much annual revenue is predicted to be generated by these fees, and how the revenue will be used. Address specifically the disposition of fee-generated revenues above and beyond the program's operational expenses. *(Expand space below as needed to answer.)*

L. Client-Service Effectiveness: Specify the benefits that agency clients have realized, in the past two years, from related services provided by this agency. Include numbers and types of clients realizing or achieving each benefit. If available, attach documentation of client service levels and achievements, such as copies of reports to other funders. *(Expand space below as needed to answer.)*

M. Anticipated Project Outcomes: Complete the chart below to describe the most significant Outcome(s) this project is expected to have for its participants during the program year. Tell how many households or individuals will realize each outcome, and how each outcome will be measured. Use additional forms if more than two (2) outcomes are proposed.).

Outcomes: Outcomes are not the activities of the agency, but how these activities impact the people being served. Outcomes may be long term or short term but must be quantified and measurable. Outcomes must relate to activities funded under this contract and should be limited in number to reflect only major impacts.
Tasks: Describe the major activities carried out by the contractor/agency that lead to the specific Outcome. All Tasks must be quantified as to either the number of services provided and/or the number of people receiving the service.
Outcome Measurements: How will agency determine whether an Outcome has been achieved; how specifically will success be determined? Outcome Measures must be specific as to methodology and reporting requirements, including follow-up and reporting timetables. Measures must be an accurate reflection of the specific Outcome being addressed.

(Expand table cells below, or copy and repeat, as needed to answer.)

Outcome # 1	<i>Describe how participants will benefit and how many are expected to realize this outcome.</i>
Major Tasks Necessary to Realize Outcome	
Outcome Measures: <i>Describe methodology, reporting requirement and timetable for each Measure.</i>	

Outcome # 2	<i>Describe how participants will benefit and how many are expected to realize this outcome.</i>
Major Tasks Necessary to Realize Outcome	
Outcome Measures: <i>Describe methodology, reporting requirement and timetable for each Measure.</i>	

► Section V.02: Budget for SERVICE/OPERATIONAL COSTS ◀

A. Summary Budget: Complete budget chart below. Include all items associated with implementing proposed activities, regardless of funding source. This section summarizes the information provided in more detail in D., Budget Breakdown, and should be consistent with that information. Include only the costs associated with the proposed activity, not all of the agency or organization expenses or resources.

Budget Line Item	Total Project Cost \$	City Parish \$ Requested
1. Staff Salaries ¹		
2. Staff Fringe Benefits		
3. Staff Travel		
4. Office/Program Communications		
5. Office/Program Rental/Lease		
6. Office/Program Utilities		
7. Equipment Purchase		
8. Printing and Reproduction		
9. Office/Program Materials/Supplies		
10. Insurance ²		
11. Contractual Services		
12. Audit ³		
13. Office/Program Maintenance and Repairs		
14. Other Direct Office/Program Cost		
15. Direct Client Cost ⁴		
GRAND TOTALS (\$):		

► Section V.02: Detail Budget for EMERGENCY SOLUTIONS GRANT ◀

	ESG	CDBG	HOPWA	SHP	HOME	Other Federal Funds	STATE	IN-KIND	PRIVATE	MATCH TOTAL	PROGRAM TOTAL
1. EMERGENCY SHELTER											
a. ESSENTIAL SERVICES											
<i>Case Management</i>											
<i>Child Care</i>											
<i>Education Services</i>											
<i>Services for Special Populations</i>											
<i>Employment Assistance Job Training</i>											
<i>Outpatient Health Services</i>											
<i>Legal Services</i>											
<i>Life Skills Training</i>											
<i>Mental Health Services</i>											
<i>Substance Abuse Treatment Services</i>											
<i>Services for Special Populations</i>											
TOTAL ESSENTIAL SERVICES											
b. REHAB and RENOVATION											
TOTAL REHAB and RENOVATION											
c. SHELTER OPERATIONS											
<i>Fuel</i>											
<i>Maintenance</i>											
<i>Equipment</i>											
<i>Insurance</i>											
<i>Shelter Rent</i>											
<i>Security</i>											

Utilities											
Food											
Supplies											
Furnishings											
Transportation (Mileage)											
TOTAL SHELTER OPERATIONS											
TOTAL EMERGENCY SHELTER											
2. STREET OUTREACH											
Case Management											
Engagement											
Emergency Health and Mental Services											
Emergency Health Services											
Transportation (Mileage)											
Services for Special Populations											
Mileage											
Gas											
TOTAL STREET OUTREACH											
3. HOMELESS PREVENTION ACTIVITIES											
Financial Assistance Costs											
Housing Search and Placement Cost											
Housing Stability Case Management											
Mediation											
Legal Services											
Credit Repair											
Short Term and Medium Term Rental											
TOTAL HP ACTIVITIES											
4. RAPID REHOUSING ACTIVITIES											

Financial Assistance Costs												
Housing Search and Placement Cost												
Housing Stability Case Management												
Mediation												
Legal Services												
Credit Repair												
Short Term and Medium Term Rental												
Case Management												
TOTAL RR ACTIVITIES												
5. HMIS												
Hardware, Equipment and Software Cost												
Training and Overhead Cost												
Total HMIS ACTIVITIES												
TOTAL ESG AWARD + MATCH												

¹ Attach job descriptions of all staff members to be paid under this project.

² Note that General Liability Insurance (\$2,000,000.00), Automobile Liability Insurance (\$300,000.00/per). Costs for coverage should be included in this Budget Summary. If you do not already have this coverage, this is an eligible CDBG/ESG/HOME expense. All policies must have endorsement specifically naming the City Parish Office of Community Development as additional insured.

³ All projects funded under the Consolidated Plan programs must have an annual independent audit. Agencies with total annual federal or federally-derived funding of \$500,000 or more must have an annual A-133 audit. The cost of conducting this audit is an eligible CDBG/ESG/HOME expense.

⁴ Direct Client Costs include those expenses that can be tied directly with a benefiting client or household, and those tangible items that are supplied directly to clients. These costs can include: rental/lease of a housing unit; payment of utility bills for a housing unit; CATS tokens/cards; furniture or equipment for a housing unit; financial aid to prevent homelessness or to enable a family to move into a permanent housing unit; clothing or hygiene supplies for clients; etc.

B. Matching Funds, In-Kind Resources, and/or Donations from Other Sources: Complete the chart below to show cash match, donated or in-kind physical match (such as free space, equipment, etc.) or in-kind professional match. Also include other federal, state, and City Parish funding, as well as Low Income Housing Tax Credits (LIHTC) if applicable.

NOTE: If project includes both capital and operational funding and agency is submitting request for funding for both components, the same match cannot be used for both components.

Proposed Source	C/IK ¹	\$ Value	Status Code ²	Date that \$/Resource will be Available to Project
Total \$ Value:				

¹Indicate whether Resource is being provided as Cash (C) or an In Kind (IK) contribution.

²Status Codes:

C = Committed: **Attach documentation** or provide timetable for submission of documentation. Professional in-kind match is considered as Committed only with written documentation. For continuing-funding resources not yet committed for next year, provide most recent award letters. Additional documentation may be submitted as available through August. If committed but undocumented, explain in C. below.

A = Applied For: Provide status and estimated notification date C. below.

TBR = To Be Raised: Describe funding plan and timetable in C. below.

C.1. Explanation of Status for Other Resources

(Expand space below as needed to answer.)

C.2. Volunteer Hours Calculation: Volunteer hours are calculated at \$10/hour, and annual hours must be based on previous year’s documented hours or on documented commitments for the upcoming year. Professional services may be calculated at the rate normally charged by the professional volunteer to for-profit entities, but this calculation must be accompanied by a signed statement from the volunteer stating his or her normal hourly rate and the # of hours to be volunteered to this project in the upcoming year.

a) General Volunteers	x	# Hours/Year	x	\$10/Hour	=	Total \$ Value
	x		x		=	
b) Professional Volunteers (specify):	x	# Hours/Year	x	\$ Rate/Hour (specify)	=	Total \$ Value
	x		x		=	
	x		x		=	

D. Detailed Budget Breakdown: This section provides back-up for each line item shown in A., Budget Summary. Please make sure this detailed breakdown is consistent with the Budget Summary.

1. Staff Salaries Breakdown: Please show all staff positions, regardless of funding source, which relate to proposed activity. If multiple staff members have the same position-title, list separately, e.g. Counselor 1, Counselor 2.

Staff Salaries: Position Title	Salary Per Pay Period	x	% Time On This Project	x	# Pay Periods	=	Total PROJECT Cost
<i>Example: Director</i>	@ \$300	x	40%	x	26	=	3,120
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	
Salary Total:							

2. Staff Fringe Benefits	%	x	Project Salary \$ Above	=	Total Project Cost
F.I.C.A.	7.65%	x	_____	=	
Health/Welfare	_____	x	_____	=	
Retirement/Pension	_____	x	_____	=	
Other (Specify):	_____	x	_____	=	
_____	_____	x	_____	=	
Fringe Total:					

3. Auto Allowance (Maximum of 57.5¢/mile permitted from grant funding)

# Miles/Week	x	¢/Mile	x	# Weeks	x	# Staff	=	Total Project Cost
_____	x	_____	x	_____	x	_____	=	
_____	x	_____	x	_____	x	_____	=	

Staff positions to receive auto allowance: (List titles)

4. Communications	Cost/Month	x	# Months	=	Total Project Cost
a. Phone, Base Rate	_____	x	_____	=	
Long Distance	_____	x	_____	=	
Installation (1 time only)	_____	x	NA	=	

b. Postage		x		=	
c. Internet Service		x		=	
d. Other		x		=	
Communications Total:					

5. Rental/Lease, a. Address:	Sq. Ft.	x	Mo. \$/Sq. Ft.	=	\$/Month	x	# Mo.	=	Total Project Cost
		x		=		x		=	
		x		=		x		=	

5.b. Equipment Lease (list items):		\$ per Month	x	# Months	=	Total Project Cost
			x		=	
			x		=	
			x		=	
Office Rental/Lease Total:						

6. Utilities, Service (specify):		\$ per Month	x	# Months	=	Total Project Cost
			x		=	
			x		=	
			x		=	
			x		=	
Office Utilities Total:						

7. Equipment Purchase, Item Name	# Units	x	Cost per Unit	=	Total Project Cost
		x		=	
		x		=	
		x		=	
		x		=	
Equipment Total:					

8. Printing and Reproduction, Description		Total Project Cost
	=	
	=	
	=	
Printing and Reproduction Total:		

9. Materials/Supplies, a. Office Supplies¹	\$/Month	x	# Staff	x	# Mo's	=	Total Project Cost
_____		x	_____	x	_____	=	
_____		x	_____	x	_____	=	

¹ Maximum of \$250/person/year is acceptable for grant portion.

9.b. Operating Supplies	\$/Month	x	# Months	=	Total Project Cost
_____		x	_____	=	
_____		x	_____	=	
_____		x	_____	=	
Office Materials/Supplies Total:					

10. Insurance					Total Project Cost
a. General Liability		=			
b. Commercial Liability		=			
c.. Automobile Liability					
d.. Worker's Comp					
e.. Other (describe)					
Insurance and Bonding Total					

11. Contractual Services, Description					Total Project Cost
_____		=			
_____		=			
_____		=			
Contractual Services Total:					

12. **Audit:** Non-profits receiving \$750,000 or more annually in federal or federally-derived funding are required to have an audit in compliance with 2 CFR 200.501 . **Audit Total:**

13. Office/Program Maintenance and Repairs: Describe, provide basis for cost estimate.					Total Project Cost
_____		=			
Office/Program Maintenance and Repairs Total:					

14. Other Direct Office/Program Costs, Description					Total Project Cost
_____		=			
_____		=			
Other Direct Office/Program Total:					

15. Direct Client Costs, Description including # of clients to receive items					Total Project Cost
_____		=			
_____		=			
_____		=			
Direct Client Total:					