



Emergency Solutions Grant: Project Overview for Prioritization

Section I: Applicant Information

Applicant Name: _____

Project Name: _____

Project Location Address: _____

Mailing Address (if different) _____

Primary Contact _____ Title _____

Primary Contact Email Address _____

Primary Contact Phone Number: _____ Fax Number: _____

Which county/counties will this project serve? _____

Section 2: Target Populations of Project

 Please check project's target population(s) (if applicable):

- | | | |
|--|---|--|
| <input type="checkbox"/> Chronically Homeless Individuals | <input type="checkbox"/> Chronically Homeless Families | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Persons with Developmental Disabilities | <input type="checkbox"/> Persons with Physical Disabilities | <input type="checkbox"/> Individuals with Mental Illness |
| <input type="checkbox"/> Persons with HIV/AIDS | <input type="checkbox"/> Single Men | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Youth (under age 25) | <input type="checkbox"/> Single Women | <input type="checkbox"/> Families with Children |
| <input type="checkbox"/> Foster Youth | <input type="checkbox"/> Victims of Domestic Violence | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Persons with Substance Abuse Problems | <input type="checkbox"/> Re-Entry Population | <input type="checkbox"/> Other (describe) |

Section 3: Partners

 Please list any organizations with which the project will be partnering.

Organization Name: _____

Partner's role in program: _____

Organization Name: _____

Partner's role in program: _____

Organization Name: _____

Partner's role in program: _____

Organization Name: _____

Partner's role in program: _____

Section 4: Project Components & Description

Please check all components included in this project:

- Emergency Shelter Rapid Rehousing Street Outreach Homelessness Prevention HMIS*

(continued on page 2)



The Department of Housing and Community Development (HCD) will not consider an application for funding without the TCCoC's recommendation. TCCoC prioritizes project applications for all components using both HCD's current ESG Rating Criteria, found in the ESG NOFA, and local priorities available at www.tehamacoc.org in the current year's TCCoC Rating & Ranking Procedures document. Failure to address criteria from either document in the project description below may result in loss of points.

Please provide a brief description of the project for which you are requesting funding: (2000 character limit)

Please include your plans for leveraging and partnerships. (500 character limit)

Section 5: Budget Total Amount Requested:

Complete the table below using the "Proposed ESG Budget and Match" worksheet provided by HCD in conjunction with the current year's ESG Application. Links to this workbook are available at www.tehamacoc.org and on www.hcd.ca.gov.

<u>Component</u>	<u>Total</u>	Please describe the project's proposed sources and uses of Match funds: (500 character limit)
Emergency Shelter	_____	<small>ESG funds must be matched dollar for dollar with cash or in-kind resources from non-federal funds. Match funds must be used towards expenses that are otherwise eligible under the components of ESG for which you are requesting funding.</small>
Rapid Rehousing	_____	
Street Outreach	_____	
Homelessness Prevention	_____	
HMIS *	_____	
Total	_____	

(Must match Total Amount Requested field above.)

I certify that I am authorized to request funds on behalf of the organization named in Section 1 of this document. If selected for recommendation by TCCoC and funded by HCD's ESG Program, we agree to comply with all applicable guidelines set forth by TCCoC, HCD and HUD regarding the operation of the funded project, HMIS and CES participation and use of ESG funds.

Applicant Authorized Signature _____ Title _____ Date _____

Received by (CoC Authorized Signature): _____ Date _____

* All ESG projects are required to participate in the Homeless Management Information System (HMIS) and the community-wide Coordinated Entry System (CES). TCCoC Policy requires that any project funded by ESG in the service area request the maximum allowable 10% of requested funds for HMIS expenses, including but not limited to: software licenses, training, and equipment needed to implement HMIS at the funded project and to support HMIS/CES throughout the community. For more information on HMIS or CES, consult the TCCoC's current HMIS Lead Agency.