NEIGHBORHOOD SERVICES DEPARTMENT

PROPOSED WORK PROGRAM – 2025 & 2026

Read each question carefully and complete all applicable parts of the application/work plan.

Requesting Agency

|  |  |
| --- | --- |
| **Operating Agency:** |  |
| **Address:** |  |
| **Contact Person:** |  |
| **Phone:** |  | **Fax:** |
| **E-Mail:** |  | **Hours of Operation:** |
| **Type of Agency:** | [ ]  Non-profit Organization[ ] Unit of Government |
| **Contract Start Date:** |  [ ]  January 1, 2025 [ ] July 1, 2025 |

Proposed Activity

|  |  |
| --- | --- |
| **Proposed Activity Title:** |  |
| **Location of Services:** |  |
| **Will Activity Generate Program Income:** |  | **Unique Entity ID:** |  |
| **Proposed Number Served/ Completed:** |  |
| **RFP**: 2025-2026 ESG | Status: [ ]  New [ ]  Current | 2024 ESG Allocation: $ |

Activity Description (2 to 3 sentences)

|  |
| --- |
| [EXPANDING TEXT BOX] |

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity Funding Request** | **Program Year 2025** | **Program Year 2026** | **Total Amount Requested** |
| **Total City Amount Requested:** |  |  |  |
| **Estimated Program Income for the Application Year:** |  |  |  |
| **Subtotal:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Funding Resources for the Activity** | **Program Year 2025** | **Program Year 2026** | **Total Amount Other Funding** |
| **Total Amount Committed:** |  |  |  |
| **Total Amount Projected:** |  |  |  |
| **Subtotal:** |  |  |  |

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| --- | --- | --- | --- |
| **Grand Total to Fund Activity** | **Program Year 2025** | **Program Year 2026** | **Total Amount Requested** |
| **Total City Funding:** |  |  |  |
| **Total Other Funding Resources:** |  |  |  |
| **Grand Total of Project:** |  |  |  |

## City Use Only

|  |  |
| --- | --- |
| **Type:**  | **Performance Indicators:**  |
| **Matrix Code:** | **National Objective:** |
| **Funding Source:** | **Amount:** |

**Type of Services Proposed:**

Check the box in the first column to indicate what eligible project activity you are applying for. Within in that activity, check the box(es) to indicate what services you are applying for.

|  |  |
| --- | --- |
| [ ]  | **Shelter Activities** Suitable Living Environment/Availability/Accessibility |
|  | [ ]  **Essential Services** | [ ] **Shelter Operations** |  |
| [ ]  | **Homelessness Prevention** Decent Affordable Housing/Affordability |
|  | [ ]  **Rental Assistance** | [ ]  **Housing Relocation & Stabilization: Financial Assistance** | [ ] **Housing Relocation & Stabilization: Service Costs**  |
| [ ]  | **Rapid Re-Housing** Decent Affordable Housing/Affordability |
|  | [ ]  **Rental Assistance** | [ ] **Housing Relocation & Stabilization: Financial Assistance** | [ ]  **Housing Relocation & Stabilization: Service Costs**  |
| [ ]  | **Street Outreach** Suitable Living Environment/Availability/Accessibility |
|  | [ ]  **Engagement** [ ]  **Transportation**  | [ ]  **Case Management**  [ ] **Emergency Health & Mental Health Services** |
|[ ]  **Centralized Intake** Operation of DSM/Polk CoC Centralized Intake System |
|[ ]  **HMIS** (Homeless Management Information System) Data Collection |

**City Use Only**

***Overall Objective (select one) Outcome Category (select one)***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Creating Suitable Living Environment** |  | **Accessibility** |
|  | **Decent Housing** |  | **Affordability** |
|  | **Economic Opportunities** |  | **Sustainability** |

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| Is your agency a Victim Service Provider (VAWA-DV) as defined by the ESG Interim Rule 576.2: “a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.” [ ]  **Yes** [ ]  **No**  |

***Project Design***

(ESG funds can only be used to serve people residing in Des Moines city limits.)

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| --- |
| **1. Detailed Summary -** Please provide detailed summary of the proposed project, including: a.) project goals and project fit within your organization. b.) how the project meets the community goal of reducing homelessness.c.) project length of stay. **(Not applicable to HMIS or Centralized Intake)** [EXPANDING TEXT BOX] |
| **2. Targeted Population -** Indicate the targeted population this project intends to serve: **Check all that apply** **(Not applicable to HMIS)** |
| Men | Adult Couples | **Persons with Disabilities:** |
| Women | Families with Children | Severe Mental Illness |
| Youth | Persons Fleeing Domestic Violence | Chronic Substance Abuse |
| Elderly | Veterans | Other Disability: |
| HIV/AIDS | Chronically Homeless |

|  |
| --- |
| **3. Clients to Be Served (Not applicable to HMIS)**  |
| **TYPE OF SERVICES** | **NUMBER OF CLIENTS TO BE SERVED** (Annually) | **COST PER CLIENT** (ESG + Match) |
| **Shelter Activities** |  |  |
|  Essential Services |  |  |
|  Shelter Operations |  |  |
| **Homeless Prevention** |  |  |
|  Rental Assistance |  |  |
|  Housing Relocation & Stabilization: Financial Assistance |  |  |
|  Housing Relocation & Stabilization: Service Costs |  |  |
| **Rapid Rehousing**  |  |  |
|  Rental Assistance |  |  |
|  Housing Relocation & Stabilization: Financial Assistance |  |  |
|  Housing Relocation & Stabilization: Service Costs |  |  |
| **Street Outreach** |  |  |
|  Engagement |  |  |
|  Case Management |  |  |
|  Emergency Health & Mental Health Services |  |  |
|  Transportation |  |  |
| **Centralized Intake** |  |  |
|  Case Management |  |  |

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| **4.** **Describe how your agency will ensure that all persons served by the project meet HUD’s definition of Homeless or At Risk of Homelessness.** Please review the HUD Homeless and At Risk of Homelessness definitions as well as Eligibility Verification Forms included in the Application Packet. [EXPANDING TEXT BOX] **(Not applicable to HMIS)**Note: Only projects that serve qualifying clients are eligible for funding consideration.  |
| **5. Please answer the question(s) below for the project type that CORRESPONDS to the project type you selected in the section *Type of Services Proposed* on page 3 of this application. (Not applicable to CI or HMIS)** |
| **Shelter Activities:** Describe how your program will: 1) Develop individual case plans for housing and income/employment that are strength-based, client-driven, and ensure shelter residents will retain housing after ESG assistance ends. [EXPANDING TEXT BOX] |
| **Homelessness Prevention:**  1. Financial assistance (see 24 CFR 576.105(a)) – Describe strategies and methods to provide the least amount of financial assistance necessary to stabilize program participants in housing while serving the most people possible. [EXPANDING TEXT BOX]

 1. Case management – Describe how your case management:

a) Is strengths-based and client-driven; [EXPANDING TEXT BOX]b) Assists program participants in developing a plan to retain housing after ESG assistance ends. [EXPANDING TEXT BOX] |
| **Rapid Rehousing**: Explain how your program will provide the following core components: 1. Housing identification – Identify existing relationships you have with landlords, how you market to landlords, and strategies used to build relationships and retain them. [EXPANDING TEXT BOX]

 1. Rental assistance (deposits, arrears and move-in assistance) – Describe strategies and methods to provide the least amount of financial assistance necessary to stabilize program participants in housing while serving the most people possible. [EXPANDING TEXT BOX]

 1. Case management – Describe how your case management will be strengths-based, client-driven and voluntary. [EXPANDING TEXT BOX]
 |
| **Street Outreach:** Explain how your program will:1) Connect clients to the Centralized Intake for prevention/diversion resources, emergency shelter and housing, including how you will provide transportation to Centralized Intake. [EXPANDING TEXT BOX]2) Locate, identify and build relationships with people experiencing unsheltered homelessness. [EXPANDING TEXT BOX] |

***Agency Capacity***

|  |
| --- |
| **1. Agency Mission Statement**: [EXPANDING TEXT BOX] |
| **2. Date of Incorporation**:  | **3. Years of Continuous Service**: |
| **4. Has your organization received any findings for a HUD-funded program, resolved or** **unresolved, within the last 5 years? ☐ Yes ☐ No** **If yes, please describe.**[EXPANDING TEXT BOX] |
| **5. Does your organization have any unresolved audit issues? ☐ Yes ☐ No**  **If yes, please describe.** [EXPANDING TEXT BOX] |
| **6. What steps has your organization taken to publicize the program and to address language barriers? (Not applicable to HMIS)**[EXPANDING TEXT BOX] |
| **7. What strategies has your agency employed to ensure that all staff who interact with program participants receive training in areas such as trauma-informed care and conflict resolution? Include any barrier(s) your agency has faced getting all staff trained and how you’ve overcome the barrier(s) (Not applicable to HMIS)**[EXPANDING TEXT BOX]  |

***Personnel***

|  |
| --- |
| **Staffing** |
|  **Overall Organization** - Total FTEs: |  **ESG Project** - Total FTEs: |
|  **Key personnel for this activity (staff only, do not include board members):** **1) Name/Position; 2) Describe Education, Experience and Skills relevant to administering or performing this activity; 3) Brief Job Description.** |
| **1** **Name / Position:** **2 Education / Experience:** **3** **Brief Job Description:**  |
| **1** **Name / Position:** **2 Education / Experience:** **3** **Brief Job Description:**  |
| **1** **Name / Position:** **2 Education / Experience:** **3** **Brief Job Description:**  |
| **1** **Name / Position:** **2 Education / Experience:** **3** **Brief Job Description:**  |
| **1** **Name / Position:** **2 Education / Experience:** **3** **Brief Job Description:**  |
| **1** **Name / Position:** **2 Education / Experience:** **3** **Brief Job Description:**  |

***Experience***

|  |
| --- |
| **1. Describe your agency's experience providing the type(s) of assistance requested in this application. Include any challenges and how your agency overcame them.** [EXPANDING TEXT BOX] **(Not applicable to CI or HMIS)** |
| **2. Describe your agency’s fundraising for the past three years, related to this program, including any major grants, local government support, and other activities. Describe your agency's contingency plan if a major source of program funding was lost in the future.** [EXPANDING TEXT BOX] **(Not applicable to CI or HMIS)** |
| **3. Describe formal collaborations or coordination plans your agency has with other agencies to provide services described in this application.**[EXPANDING TEXT BOX] **(Not applicable to HMIS)** |
| **4. Describe how your agency will ensure that program participants are** **assisted in obtaining Federal, State and local mainstream benefits, financial assistance, social services, employment, education, and youth programs for which participants may be eligible. (Not applicable to HMIS)**[EXPANDING TEXT BOX] |
| **5. If your proposed project will serve families or unaccompanied youth,** **describe your agency’s experience ensuring children are enrolled in school, connected to appropriate services, and parents/unaccompanied youth are aware of their eligibility for McKinney-Vento education services (Not applicable to CI or HMIS)**[EXPANDING TEXT BOX] |

***Policies and Procedures***

*Does the agency have…? (check the box for all that apply to your agency)*

☐ Grievance Procedure?

☐ Equal Employment Opportunity Policy?

☐ Fair Housing Plan?

☐ A written procurement policy?

☐ A written inventory policy?

***Financial Procedures***

|  |  |
| --- | --- |
| ☐ Chart of Accounts | ☐ Payable and Receivable Ledgers |
| ☐ General Ledger | ☐ Cash Receipts Journal |
| ☐ Cash Disbursements Journal | ☐ Quarterly Trial Balance |
| ☐ Payroll Journal | ☐ Audit |

*Does the agency maintain a…? (check the box for all that apply to your agency)*

***Payment Procedures***

*Describe the Agency's Payment Procedures* **(4 sentences):**

***Audit Requirements***

*Describe the Agency’s Audit Requirements* **(4 sentences)***:*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: Agencies that expend $150,000 or more annually from all funding sources must have a financial audit that meets Generally Accepted Accounting Principles. This is a City of Des Moines City Council policy.

Agencies that expend $1,000,000 or more annually in Federal Funds must have an audit under 2 CFR Part 200.501(b). .

***Agency Output***

1. **Using the chart below, describe the steps necessary to implement your project.**

|  |  |
| --- | --- |
| **Steps to Implement the Activity** | **Output Documentation** |
| Include date (mm/yr) and location for each implementation step | What evidence will the agency use to document completion of the implementation steps? |
| Example Only:* September-November 2019, Housing, Inc. Offices – Interview & hire case manager.
* November 1-15, 2019, Housing, Inc. Offices – New case manager shadows current case manager.
* Etc, etc.
 |  * Job description resumes of candidates interviewed, and offer of employment to finalist.
* Notes of debriefing session between the current and new case managers at the end of the shadowing period.
 |
|  |  |

1. **Using the chart and definitions below, describe the outputs, indicators and outcomes for your project.**

**Outputs** *(list)***:** *(Outputs are the direct products of a program’s activity. They are usually measured in terms of the volume of work accomplished, such as number of low-income households served, number of loan applications processed, number of units constructed or rehabilitated, linear feet of curbs and gutters installed, or number of jobs created or retained.)*

# Indicators *(list)*: *(Indicators relate to the local goals established in the City’s HUD Consolidated Plan, to measure outcomes/performance. You may also wish to show the results of other activities that are important to your project.)*

# Outcomes *(list)*: *(Outcomes are benefits that result from a program. Outcomes typically relate to a change in conditions, status, attitudes, skills, knowledge or behavior. Common outcomes could include improved quality of life for program participants, improved quality of local housing stock or revitalization of a neighborhood.)*

|  |  |  |
| --- | --- | --- |
| **Output(s)** | **Indicator(s)** | **Outcome(s)** |
| The target level for the indicator (number). | What specific data will be tracked to measure how well the activity is achieving the outcome(s)? | What benefits or changes will result for individuals or households during or after participation in the activity? |
| Example Only:35 families with children enroll in RRH program. | Identified goals in case management plan achieved, frequency and duration of identified support services as well as impact on identified needs of client, client case management notes. | 85% of program participants will successfully exit to permanent housing. |
|  |  |  |

***Budget and Grant Management***

|  |
| --- |
| **1. Describe your agency’s experience in managing federal and/or state grants including the** **Emergency Solutions Grant Program.** [EXPANDING TEXT BOX] |
| **2. Has your organization returned any HUD funds, including city or state ESG funds, in the past 2 years?** ☐ **Yes** ☐ **No**If yes, please describe. [EXPANDING TEXT BOX] |

***Budget Instructions:*** Complete the budget worksheet, below, based on the project type for which you are applying for assistance (i.e., Shelter-ES/Homelessness Prevention/Rapid Rehousing/ Street Outreach) and how the described funds would be used in the Project Design section. **The budget should only be for this project type and not for any other program operated out of the same location as the project for which funding is being requested.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Emergency Shelter** | **Program Year 1** | **Program Year 1** | **Program Year 2** | **Program Year 2** |  |
| **Essential Services** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| Employment Assistance/Job Training |  |  |  |  |  |
| Outpatient Health Services |  |  |  |  |  |
| Life Skills Training |  |  |  |  |  |
| Client Transportation |  |  |  |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Shelter Operations** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| Building Maintenance |   |   |   |  |  |
| Rent  |   |   |   |  |  |
| Security |   |   |   |  |  |
| Insurance |   |   |   |  |  |
| Utilities |   |   |   |  |  |
| Food for Clients |   |   |   |  |  |
| Supplies for Shelter Operation |  |  |  |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Emergency Shelter - Salaries & Benefits** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| Employee Salaries for Case Management Only  |  |  |  |  |  |
| Case Management Benefits |  |  |  |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Total Budget:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |

***Budget Narrative:*** Provide an additional budget narrative and justification to support the amounts listed in the budget form for the project type you’re requesting funds. The narrative should include the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter “position title–1 FTE @ $45,000 including fringe benefits of $X” or “position title–50 hours @ $25 per hour including fringe benefits of $X”); (e.g., monthly use of cell phone to contact program participants @ $X per month; or cost of a bus pass x # of passes @ “X” months.

[EXPANDING TEXT BOX]

***Budget Instructions:*** Complete the budget worksheet, below, based on the project type for which you are applying for assistance (i.e., Shelter-ES/Homelessness Prevention/Rapid Rehousing/ Street Outreach) and how the described funds would be used in the Project Design section. **The budget should only be for this project type and not for any other program operated out of the same location as the project for which funding is being requested.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Homeless Prevention** | **Program Year 1** | **Program Year 1** | **Program Year 2** | **Program Year 2** |  |
| **Rental Assistance** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| Rental Assistance |   |   |   |  |  |
| Rental Arrears |   |  |  |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Housing Stabilization & Relocation** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| **Financial Assistance** |   |   |   |  |  |
| Rental Application Fee |   |   |   |  |  |
| Security Deposits (rental) |   |   |   |  |  |
| Rental Arrears |   |   |   |  |  |
| Utility Deposit |   |   |   |  |  |
| Utility Payments |   |   |   |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Salaries & Benefits** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| **Service Costs** |  |  |  |  |  |
| Case Management – Employee Salaries |  |  |  |  |  |
| Benefits |   |   |   |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Total Budget:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |

***Budget Narrative:*** Provide an additional budget narrative and justification to support the amounts listed in the budget form for the project type you’re requesting funds. The narrative should include the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter “position title–1 FTE @ $45,000 including fringe benefits of $X” or “position title–50 hours @ $25 per hour including fringe benefits of $X”); (e.g., monthly use of cell phone to contact program participants @ $X per month; or cost of a bus pass x # of passes @ “X” months.

[EXPANDING TEXT BOX]

***Budget Instructions:*** Complete the budget worksheet, below, based on the project type for which you are applying for assistance (i.e., Shelter-ES/Homelessness Prevention/Rapid Rehousing/ Street Outreach) and how the described funds would be used in the Project Design section. **The budget should only be for this project type and not for any other program operated out of the same location as the project for which funding is being requested.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Rapid Re-Housing** | **Program Year 1** | **Program Year 1** | **Program Year 2** | **Program Year 2** |  |
| **Rental Assistance** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| Rental Assistance |  |   |   |  |  |
| Rental Arrears |   |  |  |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Housing Stabilization & Relocation** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| **Financial Assistance** |   |   |   |  |  |
| Rental Application Fee |   |   |   |  |  |
| Security Deposits |   |   |   |  |  |
| Rental Arrears |   |   |   |  |  |
| Utility Deposit |   |   |   |  |  |
| Utility Payments |   |   |   |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Salaries & Benefits** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| **Service Costs** |  |  |  |  |  |
| Case Management Salaries | 0.00 | 48,000 |  |  |  |
| Benefits | 0.00 |  3,000 |   |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Total Budget:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |

***Budget Narrative:*** Provide an additional budget narrative and justification to support the amounts listed in the budget form for the project type you’re requesting funds. The narrative should include the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter “position title–1 FTE @ $45,000 including fringe benefits of $X” or “position title–50 hours @ $25 per hour including fringe benefits of $X”); (e.g., monthly use of cell phone to contact program participants @ $X per month; or cost of a bus pass x # of passes @ “X” months.

[EXPANDING TEXT BOX]

***Budget Instructions:*** Complete the budget worksheet, below, based on the project type for which you are applying for assistance (i.e., Shelter-ES/Homelessness Prevention/Rapid Rehousing/ Street Outreach) and how the described funds would be used in the Project Design section. **The budget should only be for this project type and not for any other program operated out of the same location as the project for which funding is being requested.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Street Outreach** | **Program Year 1** | **Program Year 1** | **Program Year 2** | **Program Year 2** |  |
|  | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| Outreach Engagement |  |  |  |  |  |
| Emergency Health & MH Services |  |  |  |  |  |
| Client Transportation |  |  |  |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Salaries & Benefits** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| Case Management – Employee Salaries |  |  |  |  |  |
| Benefits |  |  |  |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Total Budget:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |

***Budget Narrative:*** Provide an additional budget narrative and justification to support the amounts listed in the budget form for the project type you’re requesting funds. The narrative should include the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter “position title–1 FTE @ $45,000 including fringe benefits of $X” or “position title–50 hours @ $25 per hour including fringe benefits of $X”); (e.g., monthly use of cell phone to contact program participants @ $X per month; or cost of a bus pass x # of passes @ “X” months.

[EXPANDING TEXT BOX]

***Budget Instructions:*** Complete the budget worksheet, below, based on the project type for which you are applying for assistance (i.e., Shelter-ES/Homelessness Prevention/Rapid Rehousing/ Street Outreach) and how the described funds would be used in the Project Design section. **The budget should only be for this project type and not for any other program operated out of the same location as the project for which funding is being requested.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Centralized Intake** | **Program Year 1** | **Program Year 1** | **Program Year 2** | **Program Year 2** |  |
| **Salaries & Benefits** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| Case Management Salaries |  |  |  |  |  |
| Benefits |   |   |   |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Total Budget:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |

***Budget Narrative:*** Provide an additional budget narrative and justification to support the amounts listed in the budget form for the project type you’re requesting funds. The narrative should include the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter “position title–1 FTE @ $45,000 including fringe benefits of $X” or “position title–50 hours @ $25 per hour including fringe benefits of $X”); (e.g., monthly use of cell phone to contact program participants @ $X per month; or cost of a bus pass x # of passes @ “X” months.

[EXPANDING TEXT BOX]

***Budget Instructions:*** Complete the budget worksheet, below, based on the project type for which you are applying for assistance (i.e., Shelter-ES/Homelessness Prevention/Rapid Rehousing/ Street Outreach) and how you described funds would be used in the Project Design section. **The budget should only be for this project type and not for any other program operated out of the same location as the project for which funding is being requested.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HMIS** | **Program Year 1** | **Program Year 1** | **Program Year 2** | **Program Year 2** |  |
|  | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| Office Supplies |   |   |   |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **HMIS** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| Insurance |   |   |   |  |  |
| Postage |   |   |   |  |  |
| Printing |   |   |   |  |  |
| Phone |   |   |   |  |  |
| Rent |   |   |   |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Salaries & Benefits** | **Federal Funds** | **Other Resources** | **Federal Funds** | **Other Resources** | **Total** |
| Employee Salaries |   |   |   |  |  |
| Health Insurance |   |   |   |  |  |
| Retirement |   |   |   |  |  |
| Social Security |   |   |   |  |   |
| Disability |  |  |  |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| **Total Budget:** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |

***Budget Narrative:*** Provide an additional budget narrative and justification to support the amounts listed in the budget form for the project type you’re requesting funds. The narrative should include the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter “position title–1 FTE @ $45,000 including fringe benefits of $X” or “position title–50 hours @ $25 per hour including fringe benefits of $X”); (e.g., monthly use of cell phone to contact program participants @ $X per month; or cost of a bus pass x # of passes @ “X” months.

[EXPANDING TEXT BOX]

**Salary & Benefits Summary:** The table should include all salaries and benefits pertinent to the program you are requesting the Federal Funds for. The salaries and benefits table should include all salaries and benefits even if there are no federal funds requested for the program. Information for salaries and benefits should be completed both on the project budget page and the Salaries & Benefits tables below.

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| **2025 Salaries & Benefits** |  |  |  |
| Position Title | **Total Salary + Benefits**  | **Amount Charged to Federal Funds** | Percentage |
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|   |   |   |   |
| **Total:** | **$0.00** | **$0.00** |   |

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| **2026 Salaries & Benefits** |  |  |  |
| Position Title | **Total Salary + Benefits**  | **Amount Charged to Federal Funds** | Percentage |
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| **Total:** | **$0.00** | **$0.00** |  |

***Match:*** Applicants MUST provide a one-to-one matching contribution, through either cash or noncash sources. Please provide potential sources and amounts for this matching requirement for both grant years 2025 and 2026. Indicate whether each source is committed or projected. The total match should be at least as much as the total budget in the Budget Request. HUD provides a brief description of matching requirements in the ESG regulations at 24 CFR Part 576.201.

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| **2025 Other Funding Resources** | **Amount** | **Federal?** | **Committed or Projected?** | **ESG****Match****(X)** |
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| **Total:** |  |  |  |  |

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| **2026 Other Funding Resources** | **Amount** | **Federal?** | **Committed or Projected?** | **ESG****Match****(X)** |
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| **Total:** |  |  |  |  |

***Performance* (Not applicable to CI or HMIS)**

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| Agencies that apply for these funds must use the Homeless Management Information System (HMIS) that is supported by the Polk County Continuum of Care. Domestic Violence (DV) Victim Service Providers are not required to enter data into an HMIS database. However, they are required to enter data into the alternate system DVIMS. |
| **Current ESG Recipients:** Please run and submit with your application a DSM-POLK CoC Monitoring Report for the 2024 contract period. Instructions on how to run the report can be found in ATTACHMENT #5. If your agency is a DV provider, attach a report from DVIMS for the 2024 contract period. Compare the outcome of each applicable performance measure in your report to the goals set by Homeward in the *Performance Measure Goa*l*s*, also found in ATTACHMENT #5.  |
| For each applicable performance measure outcome that falls below its respective goal, please explain: |
| 1. Why the outcome fell below the goal [EXPANDING TEXT BOX]
 |
| 1. What steps your agency is/will take to move closer to the identified goal [EXPANDING TEXT BOX]
 |
| **New Applicants:** Identify the performance measures in the *Performance Measure Goa*l*s*, also found in ATTACHMENT #5, that are applicable to the project type for which you are applying for funds. Describe specific strategies that will be taken to achieve each applicable goal.[EXPANDING TEXT BOX] |

***Policies and Procedures* (Not applicable to CI or HMIS)**

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| Please review Des Moines/Polk County Continuum of Care’s *Standards for Providing Assistance in Continuum of Care and Emergency Solutions Grant Programs,* Attachment #6, and Eligibility Verification Forms for ESG by project type, provided in the Application Packet.Federal regulations for the Emergency Solution Grant Program require the following:1. Agencies providing ESG Homelessness Prevention and/or ESG Rapid Rehousing assistance must follow program standards for determining the share of rent and utilities costs that each program participant must pay, if any, while receiving assistance.
2. Agencies providing ESG Homelessness Prevention and/or ESG Rapid Rehousing assistance must follow program standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time.
3. Agencies providing ESG Homelessness Prevention and/or ESG Rapid Rehousing assistance must follow program standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide a program participant. This includes the limits, if any, on the assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant receives assistance or the maximum number of times the program participant may receive assistance.
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***Homeless Representation***

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| Federal regulation at 24 CFR Part 576.405 requires a homeless person, or formerly homeless person must serve on the board of directors or other equivalent policy-making entity of recipients that provide ESG assistance. It is the policy of the City of Des Moines to fulfill this requirement through the agencies that receive ESG subgrants. Describe how your agency will meet this requirement. [EXPANDING TEXT BOX] |

***Accessibility and Outreach Policies (Required)***

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| Please submit your agency's approved policies and procedures regarding the following: **(Not applicable to HMIS)**1. Accessibility of the program(s) for persons with disabilities.
2. Outreach policies that ensure that all persons who qualify for the assistance, regardless of race, color, religion, gender, age, national origin, ethnic group, familial/marital status, or disability, know of the availability of ESG services and assistance. This includes reasonable steps to ensure meaningful access to the program for Limited English Proficient (LEP) persons.
3. The Violence Against Women Reauthorization Act of 2022 (VAWA 2022) now requires protection policies for all of HUD’s McKinney-Vento Homeless Programs. Housing providers in HUD-covered programs should extend the basic VAWA protections to tenants residing in HUD-assisted housing: 1. No eviction or termination to survivors of domestic violence; 2. No retaliation against victims who have opposed any act or practice made unlawfully by the housing provider; 3. No coercion, intimidation, threats, interference with, or retaliation against any person, by the housing provider, who exercises or assists or encourages a person to exercise any rights or protections under the housing title of VAWA 2022; 4. Victims, and guests of, ‘‘shall have’’ the right to seek law enforcement or emergency assistance on their own behalf or on behalf of another person in need of assistance; 5. No actual or threatened penalties by the housing provider to victims, or guests of, based on their requests for assistance or based on criminal activity of which they are a victim or otherwise not at fault under the laws or policies adopted or enforced by covered governmental entities. If a housing provider refuses to rent, evicts, or otherwise treats someone differently because of that person’s status as a victim of domestic violence or lawful action described in the VAWA 2022 protections, HUD or the courts may find a violation under the Fair Housing Act due to direct discrimination, unequal treatment, or disparate impact.
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