

**GWINNETT COUNTY, GEORGIA
APPLICATION MANUAL
FOR
HUD ENTITLEMENT GRANT PROGRAMS**

EMERGENCY SOLUTIONS GRANT [ESG] PROGRAM

FISCAL YEAR 2012

APPLICATION PICKUP/SUBMISSION LOCATION:

**GWINNETT COUNTY COMMUNITY DEVELOPMENT PROGRAM
575 OLD NORCROSS ROAD, SUITE A
LAWRENCEVILLE, GEORGIA 30046-4367
TELEPHONE: 770-822-5190
FAX: 770-822-5193
Email: gchcd@gwinnettcountry.com**

**Download From:
www.gwinnettcountry.com**

APPLICATION SUBMISSION DEADLINE:

March 31, 2011 - 5:00 P.M.

Gwinnett County Community Development Program

575 Old Norcross Road, Suite A
Lawrenceville, Georgia 30046-4367
(770) 822-5190 Fax (770) 822-5193 email: gchcd@gwinnettcountry.com



Administered by W. Frank Newton, Inc.
Program Management Firm for Gwinnett County
An Equal Opportunity Employer
Frank Newton, President

MEMORANDUM

TO: Prospective Applicant Organizations, Participating Cities, County Departments and Interested Parties

FROM: Craig Goebel
Director

DATE: February 1, 2011

SUBJECT: 2012 Grant Application Cycle for CDBG and ESG Programs
2012 Grant Application Workshop

Fiscal Year 2012 Funding Cycle - Grant Applications Available For Qualifying Organizations

Gwinnett County is accepting applications for the FFY 2012 Community Development Block Grant (CDBG) and Emergency Solutions Grants (ESG) Programs from public agencies [e.g., participating municipalities, County departments, local housing authorities, Gwinnett County Health Department, GRN Community Service Board], and from qualifying private non-profit organizations. **The ESG Program is affected by changes included in the HEARTH Act of 2009. All information available about changes in ESG will be discussed at the Application Workshop.**

Beginning **February 1, 2011**, application materials/instructions may be obtained from:

- (1) The Gwinnett County Website: www.gwinnettcountry.com.

Choose "Services" from the Menu Bar, then select "HUD 2012 Applications" to access the grant materials, download the Application Manuals, and save them onto your computer or network hard drive. **Do not attempt to open the respective Application Manuals before saving them to your computer or network.** If you have any problems downloading the Application Manuals, call telephone 770-822-5190 for assistance.

- (2) Gwinnett County Community Development Program
575 Old Norcross Road, Suite A
Lawrenceville, Georgia 30046-4367
Telephone 770-822-5190; FAX 770-822-5193; email: gchcd@gwinnettcountry.com

Applications submitted for funding consideration must be physically received by 5:00 P.M., March 31, 2011 at:

Gwinnett County Community Development Program
575 Old Norcross Road, Suite A
Lawrenceville, Georgia 30046-4367

Any applications received after this date/time will be returned to the applicants, and will not be considered for funding by Gwinnett County.

PERSONS PREPARING APPLICATIONS SHOULD RECEIVE THE ENTIRE APPLICATION MANUALS [SEPARATE MANUALS FOR CDBG AND ESG PROGRAMS].

[Go To Next Page for information on Application Workshop] ⇒ ⇒ ⇒ ⇒

MEMORANDUM

Fiscal Year 2012 Applications and Application Workshop

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APPLICATION WORKSHOP

An **Application Workshop** is being conducted to assist interested applicants.

Workshop

DATE: February 23, 2011

TIME: 6:00 P.M.

LOCATION: Gwinnett Justice and Administration Center
Second Floor Conference Center, Room C
75 Langley Drive
Lawrenceville, Georgia 30046.

The Registration Form for the Application Workshop is enclosed, and may be returned by FAX to 770-822-5193.

The mailing address for Application Workshop Registration Forms is:

Gwinnett County Community Development Program
575 Old Norcross Road, Suite A
Lawrenceville, Georgia 30046-4367

Please submit a separate registration, by February 18, 2011, for each individual attending the Workshop. Please complete and submit the last portion of the registration form by **February 15, 2011** if you have Special Needs or if you need a language translator at the Workshop.

Copies of application materials will be available at the Application Workshop, but **may also be downloaded from the Gwinnett County Website: www.gwinnettcounty.com**, or may also be obtained at: **email: gchcd@gwinnettcounty.com**; Telephone 770-822-5190 or FAX 770-822-5193.

[Go To Next Page for Application Workshop Registration Form]⇒ ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

GWINNETT COUNTY COMMUNITY DEVELOPMENT PROGRAM
FFY 2012 APPLICATION WORKSHOP – CDBG AND ESG PROGRAMS
GWINNETT JUSTICE AND ADMINISTRATION CENTER
SECOND FLOOR, CONFERENCE CENTER, ROOM C
75 LANGLEY DRIVE
LAWRENCEVILLE, GEORGIA 30046
FEBRUARY 23, 2011 – 6:00 P.M.

APPLICATION WORKSHOP - REGISTRATION FORM

Please fill out the form, then fax, email, mail, or deliver a separate registration form to the Gwinnett County Community Development Program, for each person attending the Application Workshop.

The Workshop is available at no cost to participants; however registration is requested by February 18, 2011, due to space limitations, or submit by February 15, 2011 to accommodate persons who have Special Needs or need Language Translation, as described at the bottom of this page.

If returning this form by Fax, send to 770-822-5193; or email to gched@gwinnettcountry.com

If mailing or delivering registration forms, the address is:

Gwinnett County Community Development Program
575 Old Norcross Road, Suite A
Lawrenceville, Georgia 30046-4367
[Telephone: 770-822-5190]

FY 2012 HUD Grants [CDBG AND ESG] Application Workshop:

LOCATION: Gwinnett Justice and Administration Center [GJAC]
Second Floor Conference Center, Room C
75 Langley Drive
Lawrenceville, Georgia 30046
February 23, 2011 – 6:00 P.M.

NAME: _____

ORGANIZATION REPRESENTED: _____

ADDRESS: _____

CITY: _____

STATE _____ ZIP CODE _____

DAY TELEPHONE NUMBER: (____) _____
AREA CODE NUMBER

EMAIL ADDRESS: _____

Special Accommodations Needs Or Language Translation For Persons Attending The Workshop:

IF YOU HAVE SPECIAL NEEDS, AS INDICATED BELOW, PLEASE RETURN THE WORKSHOP REGISTRATION FORM BY FEBRUARY 15, 2011 TO PERMIT GWINNETT COUNTY TO MAKE ARRANGEMENTS TO SERVE YOU.

I am hearing-impaired and need a person to "Sign" for me at the Workshop. Please Check Here: []

I am a non-English speaker and need a translator at the Workshop. Please Check Here: []

The language I speak is: _____

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INTRODUCTION

This Manual contains instructions and application forms to be used by organizations requesting Federal Entitlement Grants for housing/community development/homeless programs from Gwinnett County. The document also describes the grant programs and Gwinnett County's history of participation in the U.S. Department of Housing and Urban Development [HUD] Entitlement Grant programs [i.e., the Community Development Block Grant (CDBG) Program; the HOME Program; and the Emergency Solutions Grant (ESG) Program].

The ESG Program is presented in this document, including the manner in which Gwinnett County administers the grant.

For questions about the grants or this Manual, contact:

Gwinnett County Community Development Program
 575 Old Norcross Road, Suite A
 Lawrenceville, Georgia 30046-4367
 [Telephone: (770) 822-5190] [FAX: (770) 822-5193] [Email: gchcd@gwinnettcounty.com]

HUD ENTITLEMENT GRANTS - GWINNETT COUNTY

Large cities and Urban Counties [over 200,000 population] may receive grants directly from HUD as "Entitlement" grantees. Entitlement grantees receive grant funds each year through a formula allocation of grant funds, as determined by the amounts appropriated by the United States Congress. Gwinnett County receives three grants each year awarded directly by the United States Department of Housing and Urban Development [HUD]. The three grants received by Gwinnett County are:

- Community Development Block Grant [CDBG] Program
- HOME Program
- Emergency Solutions Grant [ESG] Program

Potential Grant Awards from HUD to Gwinnett County for the FFY 2012 Program Year:

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Community Development Block Grant [CDBG] | Approximately \$3.6 Million |
| <input type="checkbox"/> HOME Program | Approximately \$1.2 Million |
| <input type="checkbox"/> Emergency Solutions Grant [ESG] | Approximately \$150,000 |

Estimated Program Income will be received from the unscheduled repayment of housing loans made from prior year CDBG and HOME Program funds. The estimated amounts to be received in FY 2012 are: CDBG - \$50,000; HOME Program - \$50,000. No Program Income is generated by the ESG Program as no loans are made.

Special Note: HOME Program Funds

Gwinnett County awards HOME Program funds on a project-by-project basis, rather than holding a one-time per year competition. Information and application documents are available from:

Gwinnett County Community Development Program
 575 Old Norcross Road, Suite A
 Lawrenceville, Georgia 30046-4367
 [Telephone: (770) 822-5190] [FAX: (770) 822-5193] [Email: gchcd@gwinnettcounty.com]

EMERGENCY SOLUTIONS GRANT PROGRAM (ESG) FOR ENTITLEMENT COMMUNITIES

Summary/Purpose

The Emergency Solutions Grant (ESG) Program provides grant funds to Entitlement cities and counties to assist with housing and services for homeless individuals and families and to fund activities seeking to prevent homelessness among individuals and families. The ESG Program is authorized under Subtitle B of title IV of the Stewart B. McKinney Act (42 U.S.C. 11371 et seq.), as amended by the Homeless Emergency Assistance and Rapid Re-Housing Act of 2009 (HEARTH Act). The ESG Program regulations are currently published in the Code of Federal Regulations at 24 CFR 576.

Note: At the time of the preparation of this ESG Application Manual, final regulations and program guidance had not yet been issued by HUD. Therefore, this document was prepared using available information.

Emergency Solutions Grant funds may be used in Gwinnett County for one or more of the following activities:

- (1) Shelter/Street Outreach Costs – Now capped at 60% of annual ESG grant amount [2011 and beyond] or “Hold Harmless Need Amount spent on shelter/street outreach activities in base year [2010]. Based on 2010 award amounts, the maximum shelter/street Outreach Cost amount for all Subrecipients, combined, will be \$137,750. The amount of the 2011 grant amount is not yet known. Therefore, the 60% amount is also not known at this time.
 - Shelter/Street Outreach Activities can include:
 - Operating Costs
 - Essential Services related to emergency shelter and/or street outreach
 - Renovation/rehabilitation, conversion [not used by Gwinnett County due to limited funds available through ESG]

Special Note: No transitional homeless funding is permitted under ESG as a result of the passage of the HEARTH Act of 2009.

- (2) Rapid Re-Housing and Homelessness Prevention
 - Short- and medium-term rental assistance
 - Housing Relocation & Stabilization Services
 - Search, mediation or outreach to property owners, legal services, credit repair, providing security or utility deposits, utility payments, rental assistance for final month at location, assistance with moving costs
 - Other activities that are effective at
 - ✓ Stabilizing individuals and families in their current housing
 - ✓ Quickly moving such individuals and families to other permanent housing

Type of Assistance/Eligible Grantees

HUD awards ESG grant funds through a preset formula to States, territories, and qualified cities and Urban Counties.

- Gwinnett County is a qualified Urban County, and has received ESG funds directly from HUD since 1993.
- Gwinnett County submits its funding plan to HUD each year [its Annual Action Plan], that includes the activities to be funded from that year’s ESG grant.
- Gwinnett County selects organizations and activities to be funded each year on a competitive basis.
- ESG grants must be matched by the agencies receiving the ESG funds from Gwinnett County on a dollar-for-dollar basis from non-Federal sources.

Eligible Participants

Proposed Definition of Homeless, Homeless Individual, and Homeless Person [Source: Federal Register Vol. 75/Tuesday, April 20, 2010, pages 20545-20546]

Homeless, homeless individual, and homeless person mean:

- (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence and is:
 - (i) An individual or family with a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

- (ii) An individual or family living in a supervised publicly or private operated shelter designed to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing); or
 - (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in a shelter or place not meant for human habitation immediately before entering that institution;
- (2) An individual or family who will imminently lose their primary nighttime residence, provided that
- (i) The primary nighttime residence will be lost within 14 days of the application for homeless assistance;
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing;
- (3) Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who do not otherwise qualify as homeless under this definition and:
- (i) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 91 days immediately preceding the application for homeless assistance;
 - (ii) Have experienced persistent instability as measured by three moves or more during the 90-day period immediately before applying for homeless assistance; and
 - (iii) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addition, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration, and a history of unstable employment; and
- (4) Any individual or family who:
- (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - (ii) Has no other residence; and
 - (iii) Lacks the resources of support networks to obtain other permanent housing

Note: These definitions may change upon issuance of the amended ESG regulations addressing this topic.

Organizations Eligible to Apply for Gwinnett County ESG Program Funds

- Public or non-profit organizations serving homeless persons or seeking to prevent homelessness.
- Non-profit organizations must comply with the submission requirements contained in Table 2 of the application document [see Table 2, Page 12].

Funding

Congress funds ESG with other programs serving homeless persons and persons in danger of becoming homeless. Funds for the other programs are awarded to governments or non-profit organizations through nationwide competition.

Funding History – ESG Program Awards by HUD to Gwinnett County

Year	Amount	Year	Amount	Year	Amount
1993	\$25,000	2002	\$100,000	2011 [Est.]	\$150,000
1994	\$62,000	2003	\$101,000	2012 [Est.]	\$150,000
1995	\$83,000	2004	\$173,533	Total	\$2,455,167
1996	\$67,000	2005	\$176,555		
1997	\$68,000	2006	\$177,543		
1998	\$101,000	2007	\$181,157		
1999	\$95,000	2008	\$182,956		
2000	\$95,000	2009	\$183,718		
2001	\$98,000	2010	\$184,705		

**INFORMATION FOR APPLICANTS
GWINNETT COUNTY, GEORGIA
EMERGENCY SOLUTIONS GRANT PROGRAM
FY 2012**

INFORMATION FOR APPLICANTS

I. GENERAL INFORMATION FOR ALL HUD ENTITLEMENT GRANT PROGRAMS - GWINNETT COUNTY

A. OBTAIN APPLICATION MATERIALS:

Application materials are available from Gwinnett County in printed form and/or in "fillable" Microsoft WORD® from:

Gwinnett County Community Development Program
575 Old Norcross Road, Suite A
Lawrenceville, Georgia 30046-4367

[Telephone: (770) 822-5190][FAX: (770) 822-5193][Email: gchcd@gwinnettcountry.com]

or

Download from the Gwinnett County Website: www.gwinnettcountry.com. Select "Services" from the menu to access the grant materials, then select "HUD 2012 Grants." Download the application documents and save them on your computer's hard drive.

If you have any problems downloading the materials, call 770-822-5190 for assistance.

Application Materials Available Beginning **February 1, 2011 - 8:00 A.M. - Local Time**

B. APPLICATION WORKSHOP

The Gwinnett County Community Development Program invites interested potential applicants to Application Preparation Workshop where these application materials will be presented, and where potential applicants may ask questions about the CDBG, HOME, and ESG Programs.

Workshop

DATE: **February 23, 2011 - 6:00 P.M.**
LOCATION: **Gwinnett Justice and Administration Center**
 Second Floor Conference Center, Room C
 75 Langley Drive
 Lawrenceville, Georgia 30046

Persons interested in attending the Application Workshop should notify the Gwinnett County Community Development Program by calling 770-822-5190 or fax 770-822-5193. An Application Workshop Registration form is contained in this Manual [see Page 4).

C. APPLICATION SUBMISSION DEADLINE

Application Submission Deadline: **March 31, 2011 – 5:00 P.M. – Local Time**

D. LATE SUBMISSIONS

Any applications that are received at the Gwinnett County Community Development Program Office (**see address in item IA, on this page**) after the March 31, 2011, 5:00 P.M., Local Time, submission deadline will be returned to the applicant, and will be ineligible for funding.

Received is defined as: Applications are physically delivered or mailed sufficiently early to be physically received at the Gwinnett County Community Development Program Office by 5:00 P.M., March 31, 2011.

E. SUBMIT COMPLETED APPLICATIONS TO:

Gwinnett County Community Development Program

575 Old Norcross Road, Suite A

Lawrenceville, Georgia 30046-4367

[Telephone: (770) 822-5190] [FAX: (770) 822-5193]

[Email: gchcd@gwinnettcountry.com] [PLEASE DO NOT FAX OR EMAIL FINAL APPLICATIONS]

F. APPLICATION SUBMISSION REQUIREMENTS – ALL GRANTS

PERSONS PREPARING APPLICATIONS SHOULD RECEIVE THE ENTIRE ESG APPLICATION MANUAL.

1. Agencies or organizations must have been authorized to submit applications by their respective governing boards, or from their agency directors, if so authorized by the governing boards.
2. **Signatures from two different individuals are required in Part I of each application submitted:** (1) the person who prepared the application; and, (2) an individual at a supervisory or governing board level who approved the application and authorized its submission to Gwinnett County.
3. Applications may be submitted in two ways:

Hardcopy submission or electronic submission. Table 1 presents details on each type of submission, specifying quantities of items required. Information is presented following Table 2 explaining how to make an electronic submission.

**TABLE 1
SUBMISSIONS FOR ESG GRANTS**

Submission Type	ESG Part I With Original Signatures [Quantity]	ESG Part II [Appropriate Pages] [Quantity]	Attachment 1 [Quantity]	Non-Profit Organization Attachments [See Table 2] [Quantity]
Hardcopy	1	2	2	1
Electronic	1	1	1	1

Additional required hardcopy documents to be submitted by Non-Profit Organizations are depicted in Table 2

TABLE 2
HARDCOPY ATTACHMENTS - NON-PROFIT ORGANIZATIONS
[One Copy of Each Covers All Applications Submitted]
[All Documents Must Bear the Name of the Applicant Organization]

Grant	Attachment	[Quantity]
CDBG ESG	<u>Current tax-exempt certification [Section 501(c)(3)], that it has received from the IRS prior to submission of the application.</u> If the organization has requested tax exempt status from the IRS, but the 501(c)(3) certification has not been received at the time of application submission, the organization will not be eligible for competition during this funding cycle.	1
CDBG ESG	<u>Incorporation approval and evidence of current good standing from the Georgia Secretary of State [Current status available online from http://www.sos.state.ga.us/corporations/corpsearch.htm]</u>	1
CDBG ESG	<u>Current by-laws</u>	1
CDBG ESG	<u>Listing of current officers and current members of the Board of Directors, and their addresses as listed with the Georgia Secretary of State.</u>	1
CDBG ESG	<u>Most recent audit or audited financial statement of the organization submitting the application to Gwinnett County.</u> The audit or audited financial statement must be prepared and signed by the preparing independent auditor. The document must indicate to Gwinnett County that the organization has the fiscal capacity to carry out the project submitted for funding and a system of controls to protect the investment of HUD grant funds.	1
CDBG ESG	<u>Most recent IRS Form 990 or 990 EZ [Return of Organization Exempt from Income Tax]</u> Applicant must submit a copy of their organization’s most recent submission of Form 990 or 990 EZ, and all schedules and attachments, to the Internal Revenue Service. Form 990 or 990EZ are required under section 501(c) of the Internal Revenue Code.	1
CDBG ESG	<u>Current Business Plan.</u> The Business Plan is an indication to Gwinnett County of how the organization carries out strategic planning, its evaluation of performance, and its capacity to successfully carry out its proposed CDBG/ESG projects.	1

Electronic Submission Instructions

Electronic submissions must be delivered to the Gwinnett County Community Development Program by the submission deadline. Electronically submitted applications must be submitted on a Compact Disk [CD] created using a CD-R or CD-RW drive on a Microsoft Windows® compatible computer. Please perform a virus scan on file saved to the CD with a virus protection program, with current virus definitions, before submitting your application.

Submissions by FAX or email are not permitted.

Electronically submitted applications must be prepared using Microsoft WORD® using the application files provided by Gwinnett County. If an applicant does not have access to this software, or the ability to prepare applications electronically, Gwinnett County recommends that the application be submitted in hardcopy format.

One printed hardcopy of each entire application [with original signatures on Part I] must be submitted with the CD. This process will ensure that Gwinnett County has a hardcopy version of each application, in the event that the CD is damaged, or data on the CD is corrupted.

Contact the Gwinnett County Community Development Program for assistance with any questions about the electronic submission of FY 2012 applications. [Telephone: 770-822-5190; Fax: 770-822-5193; email: gchcd@gwinnettcountry.com].

G. DOCUMENTS TO BE SUBMITTED WITH APPLICATIONS FROM NON-PROFIT ORGANIZATIONS

Non-profit organizations must submit the items listed in Table 2 with project applications. **Note: All documents must be those of the applicant organization, not those of another organization – i.e., the applicant organization’s name must appear on all the documents listed here.**

If multiple applications are submitted, only one copy of each document listed in Table 5 must be submitted.

H. KEY PROJECTED DATES IN THE 2012 PROJECT APPLICATION PROCESS

February 1, 2011 - Distribution of Application Notices, and Publication of Availability of Applications and announcing Application Workshop in the *Gwinnett Daily Post* [official legal organ of Gwinnett County].

February 23, 2011 – 6:00 P.M. - FY 2012 Application Workshop - Gwinnett Justice and Administration Center, Conference Center, Room C, 75 Langley Drive, Lawrenceville, Georgia 30046-6935.

March 18, 2011 – 5:00 P.M. – Deadline for having draft applications reviewed by Gwinnett County Community Development Program. [Appointments are required – call 770-822-5190]

March 31, 2011 – 5:00 P.M. – FY 2012 Application Submission Deadline – Gwinnett County Community Development Program Office, 575 Old Norcross Road, Suite A, Lawrenceville, Georgia 30046-4367.

Note: Organizations on the Community Development Program Contact List and any other applicants for FY 2012 funds will be notified of future Public Hearings associated with FY 2012 funds, including the Proposed Action Plan 2012.

I. GWINNETT COUNTY CONSOLIDATED PLAN

All applications must address one or more of the goals and priority objectives identified in the Gwinnett County Consolidated Plan [2030 Unified Plan] and listed here. Be certain that your application addresses the appropriate Goal(s) and Priority Objectives in the appropriate locations on each application form.

GWINNETT COUNTY CONSOLIDATED PLAN 2010-2014 [2030 UNIFIED PLAN]
GOALS AND PRIORITY OBJECTIVES

COMMUNITY DEVELOPMENT GOAL AND PRIORITY OBJECTIVES

Goal: CD Increase the capacity of public facilities and public services to improve the social, economic, and physical environment for low- and moderate-income individuals and families by acquiring, constructing, or rehabilitating public facilities, revitalizing older areas of the County, providing equipment purchased through public services activities, and providing overall program administration and management.

Priority Objectives:

Long Term Priority Objectives:

CDPSLT PUBLIC SERVICES: To provide the resources necessary to improve the community's public services, including, but not limited to, employment, crime prevention, child care, physical and mental health, drug abuse, education, energy conservation, transportation, care for the elderly, welfare and recreational needs.

Short Term Priority Objectives:

CDST4 To provide funding, support or technical assistance to assist in the implementation of programs for special population groups such as the elderly, persons with disabilities, homeless persons, and persons suffering from various types of abuse.

CDST5 To provide funding, support, or technical assistance to private non-profit and public agencies meeting the public service needs of the County's low and moderate income population.

HOUSING GOALS AND PRIORITY OBJECTIVES

Goal AH: Increase Access to Affordable Housing for Low and Moderate Income Individuals, Families, and Households [AH].

Priority Objectives:

- AH1 Principal Reduction [downpayment and closing cost assistance] for new and first-time homebuyers
- AH2 Rehabilitation of existing housing for new and first-time homebuyers
- AH3 Homebuyer/homeowner/renter education/counseling on housing issues and housing finance (including predatory lending practices)
- AH4 New construction of affordable rental and homeowner housing
- AH5 Reduction of acquisition and development costs for affordable single-unit and multi-unit housing
- AH6 Encourage private and nonprofit developers with funding for acquisition, development, rehabilitation or redevelopment of affordable housing.

Goal HR: Reduce and/or Eliminate Substandard Housing for Low and Moderate Income Individuals, Families, and Households [HR]

Priority Objectives:

- HR1 Rehabilitate owner-occupied homes
- HR2 Energy conservation and weatherization improvements for homeowner and rental housing
- HR3 Homeowner/homebuyer/renter education and counseling on housing issues and housing finance (including predatory lending practices)

- HR4 Construct replacement housing where rehabilitation is not feasible
- HR5 Hazardous materials removal/abatement [lead/asbestos]
- HR6 Rehabilitation of rental housing, including acquisition of substandard units for rehabilitation

Goal SNH: Increase Housing and Supportive Services for Individuals and Families with Special Needs [SNH]

Priority Objectives:

- SNH1 Support the efforts of public and private non-profits to create additional housing options for special needs individuals and families
- SNH2 Support the efforts of public and private non-profit organizations which acquire, construct, or rehabilitate housing for persons with disabilities, including persons with HIV/AIDS and persons who are diagnosed with substance abuse and/or severe physical or mental disabilities.
- SNH3 Support the efforts of public and private non-profit organizations which acquire, construct or rehabilitate transitional housing, supportive housing, permanent supportive housing, or permanent housing for special needs individuals or families.
- SNH4 Support efforts to locate financial assistance to address the housing needs of special needs populations

HOMELESS GOAL AND PRIORITY OBJECTIVES

Goal: HML Increase Housing Options for Homeless and Near Homeless Individuals and Families

Priority Objectives:

- HML1 Support non-profit, private and public entities that provide housing opportunities for at-risk populations
- HML2 Address the Emergency Solutions needs of homeless persons, including individuals, families, adults, and youth
- HML3 Provide outreach to homeless persons for assessment of their individual needs
- HML4 Address the transitional housing needs of homeless persons, including families, adults, and youth
- HML5 Help homeless persons make the transition to permanent housing and independent living
- HML6 Help prevent homelessness of low-income individuals and families

Note: Any proposed project to serve the homeless must be consistent with the Gwinnett County Continuum of Care, as described in the Gwinnett County Consolidated Plan.

HUD PERFORMANCE MEASUREMENT OBJECTIVES AND OUTCOMES

Objectives:

- Create Suitable Living Environments [SL]
- Provide Decent Housing [DH]
- Create Economic Opportunities [EO]

Outcomes:

- Availability/Accessibility [1]
- Affordability [2]
- Sustainability [3]

J. GENERAL APPLICATION PREPARATION GUIDANCE

1. No assurances of future year funding may be presumed as a result of any grant award from any year.
2. Applicants providing documented evidence of the availability of non-federal funds for the requested project are more likely to receive priority consideration for the approval of grant funds from Gwinnett County.
3. Use the correct type of application forms and submit the required Attachments.
4. Please review your application(s) before submission to ensure that you have completed all items in the application(s), and that all the information provided is accurate.
5. If you have any questions about application requirements or documents, make certain that you contact the Gwinnett County Community Development Program [Telephone 770-822-5190; FAX 770-822-5193; email: gchcd@gwinnettcountry.com before submission of an application. After the submission of applications, no changes are permitted, nor may additional information be provided.
6. Please review the application requirements/documents sufficiently in advance of the submission deadline to permit you to present questions and obtain answers to your questions from the Gwinnett County Community Development Program.
7. Application preparation before the submission deadline will also permit others in your organization to review the application(s) for accuracy/completeness.

**GWINNETT COUNTY
EMERGENCY SOLUTIONS GRANT [ESG] PROGRAM
APPLICATION INSTRUCTIONS
FY 2012**

EMERGENCY SOLUTIONS GRANT [ESG] PROGRAM APPLICATION INSTRUCTIONS

To make the most effective use of these limited funds, Gwinnett County encourages organizations to work together cooperatively in meeting homeless needs. This may include interagency referrals or agreements to assure that the population most in need is served efficiently. The Emergency Solutions Grant Program, formerly the Emergency Shelter Grants Program, includes some significant changes for 2012. Most importantly, activities under the Homelessness Prevention and Rapid Re-Housing Program [HPRP] are now eligible under the newly renamed ESG Program. **[Note, HUD had not released the amended ESG Program regulations or any guidelines at the time this application was prepared.]**

A. Emergency Solutions Grant Eligible Activities:

Emergency Solutions Grant funds may be used in Gwinnett County for one or more of the following activities:

- (1) Shelter/Street Outreach Costs – Now capped at 60% of annual ESG grant amount [2011 and beyond] or “Hold Harmless Need Amount spent on shelter/street outreach activities in base year [2010]. Based on 2010 award amounts, the maximum shelter/street Outreach Cost amount for all Subrecipients, combined, will be \$137,750. The amount of the 2011 grant amount is not yet known. Therefore, the 60% amount is also not known at this time.
 - Shelter/Street Outreach Activities can include:
 - Operating Costs
 - Essential Services related to emergency shelter and/or street outreach
 - Renovation/rehabilitation, conversion [not used by Gwinnett County due to limited funds available through ESG]

Special Note: No transitional homeless funding is permitted under ESG as a result of the passage of the HEARTH Act of 2009.

- (2) Rapid Re-Housing and Homelessness Prevention

- Short- and medium-term rental assistance
- Housing Relocation & Stabilization Services
 - Search, mediation or outreach to property owners, legal services, credit repair, providing security or utility deposits, utility payments, rental assistance for final month at location, assistance with moving costs
 - Other activities that are effective at
 - ✓ Stabilizing individuals and families in their current housing
 - ✓ Quickly moving such individuals and families to other permanent housing

B. ELIGIBLE ESG PROGRAM APPLICANTS

Applicants must be public agencies or non-profit organizations currently providing services for individuals/families in Gwinnett County who are homeless or at risk of becoming homeless, or have a recent history [within last 5 years] of providing similar services.

C. MAXIMUM PERIOD TO COMPLETE GWINNETT COUNTY ESG PROGRAM ACTIVITIES

1. Maximum Project Period: January 1, 2012 – December 31, 2012 [12 Months]. **[Previously 18 months]**
2. Gwinnett County subrecipients must expend all ESG funds within a 12-month period. Unexpended ESG funds are recaptured and reprogrammed by Gwinnett County.

D. REIMBURSEMENTS

Funds will be available to agencies for funding by Gwinnett County on a monthly reimbursement basis only. No funds will be advanced.

E. MATCHING REQUIREMENTS

1. A 100% non-Federal match [\$1 subrecipient funds: \$1 ESG funds] is required for all ESG expenditures by subrecipients receiving ESG funds from Gwinnett County.
2. Match may be cash or in-kind, must be documented on each request for reimbursement during program operation, and is subject to review during monitoring. Matching funds must be used to provide the same or related services.

F. CONSOLIDATED PLAN AND CONTINUUM OF CARE CONSISTENCY

Any proposed ESG Program activities must serve only persons who are homeless, or persons in danger of becoming homeless, and must be consistent with the “Continuum of Care,” as described in the Gwinnett County Consolidated Plan [2030 Unified Plan]. Proposed ESG Program activities must address the Homeless Goal and Priority Objectives of the Gwinnett County Consolidated Plan, as presented on Page 15 of this Manual.

G. OTHER ESG PROGRAM APPLICATION PREPARATION GUIDANCE

1. For ESG Program applications, submit:
 - a. Application – ESG Part I – original signatures
 - b. Application – ESG Part II – all pages;
 - c. Attachment 1;
 - d. Non-profit submission documents [See Table 2, Page 12].

GWINNETT COUNTY
HUD ENTITLEMENT GRANTS
FY 2012
APPLICATION FORMS

**GWINNETT COUNTY
HUD ENTITLEMENT GRANTS
FY 2012
APPLICATION FORMS**

PART I

---SUBMIT ONE PART I FORM---

---SUBMIT ALL PART II FORMS---

---SUBMIT DOCUMENT SUBMISSION CHECKLIST FOR ESG APPLICATIONS---

Form: GCD001S - Date 10/06

**GWINNETT COUNTY, GEORGIA
GRANT APPLICATION - ESG PROGRAM - FFY 2012
PART I - COMPLETE/SUBMIT FOR ALL GRANT APPLICATIONS**

Application Receipt Date/Time/ ----->	Reserved for Gwinnett County Use Only
1. Applicant Name -----> (Agency or Organization)	
2. Applicant Agency Mailing Address----->	
3. City----->	
4. State----->	
5. Zip + Four----->	
6. Contact Person----->	
7. Contact Person Title----->	
8. Telephone Number -----> [Include Area Code]	
9. FAX Number-----> [Include Area Code]	
10 Email Address of Contact Person----->	
11. Website Address [If Applicant Has A Website]->	
12. Date of Incorporation [If Non-Profit]----->	
13. Fed. ID Nos:----->	_____ FEI # [Example: 58-111111] _____ DUNS # [Example: 44-444-4444]
14. Non-Profit Organization Current Total Budget	\$
15. Non-Profit Organization Current Budget	% Government Funds
16. Non-Profit Organization Current Budget	% Private Funds
17. Grant Program For Which This Application Is Submitted [Use Separate Part I Forms for Each Grant with Original Signatures on Each]	Note: Separate Applications Must be Submitted for Each Grant Program
A. CDBG -[CFDA No. 14-218]----->	[Not Applicable to This Application]
B. HOME/ADDI -[CFDA No. 14-239]----->	[Not Applicable to This Application]
C. ESG --[CFDA No. 14-231]----->	Check <input type="checkbox"/>
18. Application Signatures/Dates	
A. Typed Name - Prepared Application ---->	
B. Signature – Application Preparer----->	
C. Date of Preparer Signature ----->	
D. Typed Name - Application Approval---->	
E. Signature - Approving Application----->	
F. Date of Approving Signature----->	
Note: Persons Signing Applications Must Have Received Authority to Take Such Actions from the Governing Board of the Organization Submitting the Application.	Please Attach Documentation Indicating The Approval of Your Governing Body Authorizing the Submission of the Attached Application.

**GWINNETT COUNTY –HUD ENTITLEMENT GRANTS COMPETITION
FY 2012
PART I
APPLICATION SUBMISSION CHECKLIST**

SUBMIT WITH ALL APPLICATION[S] TO GWINNETT COUNTY.

Check for Each Item Submitted

**TABLE 1
SUBMISSIONS FOR ESG APPLICATIONS**

Submission Type	Part I W/Original Signatures [Quantity]	Part II [Appropriate Pages] [Quantity]	Attachment 1 [Quantity]	Non-Profit Organization Attachments [See Table 2] [Quantity]	ESG Application Check [Either Hardcopy or Electronic]
Hardcopy	1	2	2	1	<input type="checkbox"/>
Electronic	1	1	1	1	<input type="checkbox"/>

Additional required hardcopy documents to be submitted by Non-Profit Organizations are depicted in Table 2.

**TABLE 2
HARDCOPY ATTACHMENTS - NON-PROFIT ORGANIZATIONS
[One Copy of Each Covers All Applications Submitted]
[All Documents Must Bear the Name of the Applicant Organization]**

Attachment	[Quantity]	Check For Each Item Submitted
<u>Current tax-exempt certification [Section 501(c)(3)], that it has received from the IRS prior to submission of the application.</u> If the organization has requested tax- exempt status from the IRS, but the 501(c)(3) certification has not been received at the time of application submission, the organization will not be eligible for competition during this funding cycle.	1	<input type="checkbox"/>
<u>Incorporation approval and evidence of current good standing from the Georgia Secretary of State [Current status available online from http://www.sos.state.ga.us/corporations/corpsearch.htm</u>	1	<input type="checkbox"/>
<u>Current by-laws</u>	1	<input type="checkbox"/>
<u>Listing of current officers and current members of the Board of Directors, and their home addresses, not the applicant organization’s address.</u>	1	<input type="checkbox"/>
<u>Most recent audit or audited financial statement of the organization submitting the application to Gwinnett County.</u> The audit or audited financial statement must be prepared and signed by an independent auditor. The document must indicate to Gwinnett County that the organization has the fiscal capacity to carry out the project submitted for funding and a system of internal controls to protect the investment of HUD grant funds.	1	<input type="checkbox"/>
<u>Most recent IRS Form 990 or 990 EZ [Return of Organization Exempt from Income Tax]</u> Applicant must submit a copy of their organization’s most recent submission of Form 990 or 990 EZ, and all schedules and attachments, to the Internal Revenue Service. Form 990 or 990EZ are required under section 501(c) of the Internal Revenue Code.	1	<input type="checkbox"/>
<u>Current Business Plan.</u> The Business Plan is an indication to Gwinnett County how the organization carries out strategic planning, its evaluation of performance, and its capacity to successfully carry out its proposed HUD grant project(s).	1	<input type="checkbox"/>

REMINDER: THIS CHECKLIST AND ALL REQUIRED ATTACHMENT MUST BE SUBMITTED WITH YOUR ORGANIZATION’S APPLICATION(S) TO GWINNETT COUNTY.

GWINNETT COUNTY
HUD ENTITLEMENT GRANTS
APPLICATION FORMS
FY 2012

ESG PART II

SUBMIT FOR ESG PROGRAM APPLICATIONS ONLY

**SUBMIT ESG PART II
FOR PROPOSED ESG PROGRAM ACTIVITIES**

SUBMIT ATTACHMENT 1 [NARRATIVE DESCRIPTION]

IF APPLICANT IS NON-PROFIT, SUBMIT



[ALL DOCUMENTS MUST BE FOR THE APPLICANT ORGANIZATION]

- **TAX EXEMPT CERTIFICATION FROM IRS - 501(c)(3)**
- **INCORPORATION APPROVAL & EVIDENCE OF
CURRENT GOOD STANDING WITH
GEORGIA SEC. OF STATE**
 - **CURRENT BY-LAWS**
 - **CURRENT OFFICERS WITH ADDRESSES**
 - **CURRENT BOARD OF DIRECTORS WITH ADDRESSES**
- **MOST RECENT AUDIT OR AUDITED FINANCIAL STATEMENT**
- **MOST RECENT 990/990 EZ & SCHEDULES/ATTACHMENTS FILED W/IRS**
 - **BUSINESS PLAN**

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B. Financial Assistance – Homeless Assistance [Rapid Re-Housing] & Homelessness Prevention

Rental Assistance [Short-Term and Medium-Term]
 Security and Utility Deposits
 Utility Payments
 Moving Cost Assistance
 Motel & Hotel Vouchers
 Housing Relocation and Stabilization
 Other Costs Attributable to Providing Financial Assistance
Totals – Financial Assistance

Financial Assistance					
[HA = Homeless Assistance] [HP = Homelessness Prevention]					
ESG Funds [HA]	Matching Funds [HA]	Total Budget [HA]	ESG Funds [HP]	Matching Funds [HP]	Total Budget [HP]
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$

C. Housing Relocation and Stabilization Services - Homeless Assistance [Rapid Re-Housing] & Homelessness Prevention

Outreach and Engagement
 Housing Search & Placement
 Legal Services
 Credit Repair
 Other Costs Attributable to Providing Housing Reloc. & Stab.
Totals – Housing Relocation and Stabilization

Housing Relocation and Stabilization Services					
[HA = Homeless Assistance] [HP = Homelessness Prevention]					
ESG Funds [HA]	Matching Funds [HA]	Total Budget [HA]	ESG Funds [HP]	Matching Funds [HP]	Total Budget [HP]
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	\$

(3) Proposed Clients To Be Served [Unduplicated] [12 mos.]

Shelter/Street Outreach
 Financial Assistance
 Housing Relocation and Stabilization
Totals

[HA = Homeless Assistance] [HP = Homelessness Prevention]			
Number of Persons [Unduplicated] [HA]	Number of Households [Unduplicated] [HA]	Number of Persons [Unduplicated] [HP]	Number of Households [Unduplicated] [HP]
		N/A	N/A

ESG Application – Page 3

Please provide **brief and concise** summary data in these following spaces (or on attached sheets if necessary).

- (7) What is the mission of your organization? When was the mission adopted? Describe the make-up or character of your board and its relationship to staff?

- (8) Describe the work of your organization as it relates to homelessness. Estimate the percentage of your organization's total effort directed toward the ESG Program?

- (9) Is your organization a **Pathways Compass HMIS System Partner? Participation is now required unless your agency will serve domestic violence clients, exclusively.**

Yes No

ESG Application – Page 4

(10) Describe status of **Pathways Compass participation:**

(11) Discuss your organization’s service area, housing and/or service role, and leading role (outreach, consolidated case management, day center, shelter, prevention, health care, transitional housing, rapid re-housing, etc.) within the Gwinnett County, which is included in the Georgia DCA Balance of State Homeless Continuum of Care.

(12) Which populations do you serve (singles, persons in families, etc.)?

(13) Describe your methods for obtaining referrals? Do you complete homeless eligibility verification for each client, or does this verification come from a referring agency?

ESG Application – Page 5

- (14) Briefly describe all of the programs operated by your agency (brief policy, beneficiaries, requirements, dollar amounts by funding source [Federal, State, local, donations, foundations, etc.]). Describe mental health and substance abuse programs, including participation requirements.

ESG Program - Page 6

<p>Section II – Summary by Location <u>Homeless Assistance</u></p> <p style="text-align: center;">Page 1 of 2 Pages (This Form)</p>	<p>Notice: Complete Separate Pages of this 2 Page Form for Each Physical Location (ATTACH DEED OR LEASE (PROPERTY CONTROL))</p>
--	--

Please include the (unique for each site!) facility name, street address and all other requested information on separate copies of this form for each separate physical location where your organization proposes to operate or operates housing for which funding is requested.

Site No. _____ This site may include multiple street addresses if units are on same street, or if parcels are contiguous.

(a) Name(s) of Facilities	(b) Street Address(es)	(d) County
<p>Suppress Address? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	(c) City	<p>(e) Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

(f) Indicate the HUD Consolidated Planning Jurisdiction for this program: **Gwinnett County, GA**

(g) Does applicant organization own this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Rent: \$ _____
If above answer is “No,” name owner:	Or Monthly Mortgage: \$ _____

(h) For ESG Shelter/Street Outreach or Rapid Re-Housing, include the following information about this location. Contact the **Gwinnett County Community Development Program if you have questions about the Shelter vs. Rapid Re-Housing.**

(i) For ESG Shelter or Rapid Re-housing, include the **numbers of persons to be housed DAILY** at this location:

	<u>Shelter/Street Outreach</u>	<u>Rapid Re-Housing</u>	<u>Totals</u>	
1. Number of Year Round Family Units (omit seasonal, overflow and voucher – see next page for definitions). A unit equals one secure sleeping space for a single person or family, or multiple persons or families.				1. Barracks/Dormitories
2. From 1 (units above) enter number of family beds:				2. Group/Large House
3. From 1 (units above) enter number of individual beds:				3. Scattered Site Apartment
4. Number of year round beds (line 2 + line 3):				4. Single Family Detached Home
5. Enter number of seasonal beds:				5. Single Room Occupancy
6. Enter number of overflow/voucher beds				6. Mobile Home / Trailer
7. Total of all beds (line 4 + line 5 + line 6):	_____	_____	_____	7. Hotel / Motel
8. Daily Average (annual day nights/365), Adults ≥ 18				8. Other (name)
9. Daily Average (annual day nights/365), Children < 18				9. Other (name)
10. Total Daily Average (Sum of Lines 8 and 9)	_____	_____	_____	10. Total (must match h.10.): _____

ESG Program - Page 7

Section II – Summary by Location

Homeless Assistance

Page 2 of This Form

Continued from previous page

Site Number: _____	<u>Name(s) of Facility(ies)</u>	<u>Street Address(es)</u>
---------------------------	---------------------------------	---------------------------

(j) This information will be used by Gwinnett County to determine whether or not this facility may be subject to the requirements of the HUD Lead-Based Paint Regulations at 24 CFR, Part 35. For **ESG Homeless Assistance [Shelter/Street Outreach or Rapid Re-Housing]** provide the following information.

1. Are children age 6 and under, or pregnant women expected to reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. This unit has been found to be free of Lead-based paint by a certified inspector. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
2. Were these properties built before January 1, 1979 <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Lead-based paint has been removed and clearance has been achieved. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
3. Is this housing reserved exclusively for the elderly or persons with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(k) **For ESG Homeless Assistance** at this location, indicate average number of persons served daily: (Do not include those who are also housed at this location. These persons were reported on the previous page.) _____

(l) Will this facility be used exclusively (100%) as housing and related services for HUD-defined "homeless" persons? (If "No" consult the Gwinnett County Community Development Program for guidance.) Yes No

(m) Was this facility or location funded by Gwinnett County in Year 2010? Yes No

(n) Primary project type (ESG Shelters, etc.) (from block "o" below): _____

(o) **Other ESG Operations and/or Services This Location** (Excluding primary project type (from block "n"), check all that apply)

<input type="checkbox"/> ESG Shelters	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Vouchers for Shelter	<input type="checkbox"/> Health Care
<input type="checkbox"/> Drop In Center	<input type="checkbox"/> Soup Kitchen/Meals	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Employment
<input type="checkbox"/> Mental Health	<input type="checkbox"/> HIV/AIDS Services	<input type="checkbox"/> Alcohol/Drug Program	<input type="checkbox"/> Other _____
<input type="checkbox"/> Child Care	<input type="checkbox"/> Homeless Prevention	<input type="checkbox"/> Outreach	<input type="checkbox"/> Other _____

(p) **Target Population – select the ONE group that best represents this site:**

<input type="checkbox"/> Unaccompanied Males 18 and over	<input type="checkbox"/> Single Males over 18 with Children	<input type="checkbox"/> Adult Families with Children
<input type="checkbox"/> Unaccompanied Females 18 and over	<input type="checkbox"/> Single Females over 18 with Children	<input type="checkbox"/> Two under 18 with Children
<input type="checkbox"/> Unaccompanied Males under 18	<input type="checkbox"/> Single Males under 18 with Children	<input type="checkbox"/> Two adults, no Children
<input type="checkbox"/> Unaccompanied Females under 18	<input type="checkbox"/> Single Females under 18 with Children	<input type="checkbox"/> Other _____

(q) **Additional Characteristics of this Site:**

<input type="checkbox"/> Serves Only Domestic Violence Victims	<input type="checkbox"/> Serves Only Veterans	<input type="checkbox"/> Serves Only Persons With HIV/AIDS
--	---	--

Definitions –
Year Round Bed – available 365 days per year.
Seasonal Bed – beds made available on a seasonal basis.
Overflow Bed – beds, mats or spaces (including vouchers) that are made available on a very temporary basis.
One Day Night = One person sleeping in shelter or transitional facility for one night.



ESG Program - Page 6

Section II – Summary by Location
Homeless Assistance

Page 1 of 2 Pages (This Form)

Notice: Complete Separate Pages of this 2 Page Form for Each Physical Location (ATTACH DEED OR LEASE (PROPERTY CONTROL))

Please include the (unique for each site!) facility name, street address and all other requested information on separate copies of this form for each separate physical location where your organization proposes to operate or operates housing for which funding is requested.

Site No. _____ This site may include multiple street addresses if units are on same street, or if parcels are contiguous.

(a) Name(s) of Facilities	(b) Street Address(es)	(d) County
Suppress Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) City	(e) Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No

(f) Indicate the HUD Consolidated Planning Jurisdiction for this program: **Gwinnett County, GA**

(g) Does applicant organization own this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Rent: \$
If above answer is "No," name owner:	Or Monthly Mortgage: \$

(h) For ESG Shelter or Rapid Re-Housing, include the following information about this location. Contact the **Gwinnett County Community Development Program** if you have questions about the Shelter vs. Rapid Re-Housing.

(i) For ESG Shelter or Rapid Re-housing, include the numbers of persons to be housed **DAILY** at this location:

	<u>Shelter/Street Outreach</u>	<u>Rapid Re-Housing</u>	<u>Totals</u>	
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14. Number of year round beds (line 2 + line 3):				4. Single Family Detached Home
15. Enter number of seasonal beds:				5. Single Room Occupancy
16. Enter number of overflow/voucher beds				6. Mobile Home / Trailer
17. Total of all beds (line 4 + line 5 + line 6):	_____	_____	_____	7. Hotel / Motel
18. Daily Average (annual day nights/365), Adults ≥ 18				8. Other (name)
19. Daily Average (annual day nights/365), Children < 18				9. Other (name)
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ESG Program - Page 7

Section II – Summary by Location

Homeless Assistance

Page 2 of This Form

Continued from previous page

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---------------------------	---------------------------------	---------------------------

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1. Are children age 6 and under, or pregnant women expected to reside at this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. This unit has been found to be free of Lead-based paint by a certified inspector.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
2. Were these properties built before January 1, 1979	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Lead-based paint has been removed and clearance has been achieved.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
3. Is this housing reserved exclusively for the elderly or persons with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

(k) **For ESG Homeless Assistance** at this location, indicate average number of persons served daily: (Do not include those who are also housed at this location. These persons were reported on the previous page.) _____

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(n) Primary project type (ESG Shelters, etc.) (from block "o" below): _____

(o) **Other ESG Operations and/or Services This Location** (Excluding primary project type (from block "n"), check all that apply)

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<input type="checkbox"/> Drop In Center	<input type="checkbox"/> Soup Kitchen/Meals	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Employment
<input type="checkbox"/> Mental Health	<input type="checkbox"/> HIV/AIDS Services	<input type="checkbox"/> Alcohol/Drug Program	<input type="checkbox"/> Other _____
<input type="checkbox"/> Child Care	<input type="checkbox"/> Homeless Prevention	<input type="checkbox"/> Outreach	<input type="checkbox"/> Other _____

(p) **Target Population – select the ONE group that best represents this site:**

<input type="checkbox"/> Unaccompanied Males 18 and over	<input type="checkbox"/> Single Males over 18 with Children	<input type="checkbox"/> Adult Families with Children
<input type="checkbox"/> Unaccompanied Females 18 and over	<input type="checkbox"/> Single Females over 18 with Children	<input type="checkbox"/> Two under 18 with Children
<input type="checkbox"/> Unaccompanied Males under 18	<input type="checkbox"/> Single Males under 18 with Children	<input type="checkbox"/> Two adults, no Children
<input type="checkbox"/> Unaccompanied Females under 18	<input type="checkbox"/> Single Females under 18 with Children	<input type="checkbox"/> Other _____

(q) **Additional Characteristics of this Site:**

<input type="checkbox"/> Serves Only Domestic Violence Victims	<input type="checkbox"/> Serves Only Veterans	<input type="checkbox"/> Serves Only Persons With HIV/AIDS
--	---	--

Definitions –
Year Round Bed – available 365 days per year.
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ESG Program - Page 6

<p>Section II – Summary by Location <u>Homeless Assistance</u></p> <p style="text-align: center;">Page 1 of 2 Pages (This Form)</p>	<p>Notice: Complete Separate Pages of this 2 Page Form for Each Physical Location (ATTACH DEED OR LEASE (PROPERTY CONTROL))</p>
--	---

Please include the (unique for each site!) facility name, street address and all other requested information on separate copies of this form for each separate physical location where your organization proposes to operate or operates housing for which funding is requested.

Site No. _____ This site may include multiple street addresses if units are on same street, or if parcels are contiguous.

(a) Name(s) of Facilities	(b) Street Address(es)	(d) County
Suppress Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) City	(e) Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No

(f) Indicate the HUD Consolidated Planning Jurisdiction for this program: **Gwinnett County, GA**

(g) Does applicant organization own this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Rent: \$ _____
If above answer is “No,” name owner:	Or Monthly Mortgage: \$ _____

(h) For ESG Shelter or Rapid Re-Housing, include the following information about this location. Contact the Gwinnett County Community Development Program if you have questions about the Shelter vs. Rapid Re-Housing.	(i) For ESG Shelter or Rapid Re-housing, include the numbers of persons to be housed DAILY at this location:
---	---

	Shelter/Street Outreach	Rapid Re-Housing	Totals	
21. Number of Year Round Family Units (omit seasonal, overflow and voucher – see next page for definitions). A unit equals one secure sleeping space for a single person or family, or multiple persons or families.				1. Barracks/Dormitories
22. From 1 (units above) enter number of family beds:				2. Group/Large House
23. From 1 (units above) enter number of individual beds:				3. Scattered Site Apartment
24. Number of year round beds (line 2 + line 3):				4. Single Family Detached Home
25. Enter number of seasonal beds:				5. Single Room Occupancy
26. Enter number of overflow/voucher beds				6. Mobile Home / Trailer
27. Total of all beds (line 4 + line 5 + line 6):	_____	_____	_____	7. Hotel / Motel
28. Daily Average (annual day nights/365), Adults ≥ 18				8. Other (name)
29. Daily Average (annual day nights/365), Children < 18				9. Other (name)
30. Total Daily Average (Sum of Lines 8 and 9)	_____	_____	_____	10. Total (must match h.10.): _____

ESG Program - Page 7

Section II – Summary by Location

Homeless Assistance

Page 2 of This Form

Continued from previous page

Site Number: _____	<u>Name(s) of Facility(ies)</u>	<u>Street Address(es)</u>
---------------------------	---------------------------------	---------------------------

(j) This information will be used by Gwinnett County to determine whether or not this facility may be subject to the requirements of the HUD Lead-Based Paint Regulations at 24 CFR, Part 35. For **ESG Homeless Assistance [Shelter/Street Outreach or Rapid Re-Housing]** provide the following information.

1. Are children age 6 and under, or pregnant women expected to reside at this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. This unit has been found to be free of Lead-based paint by a certified inspector.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
2. Were these properties built before January 1, 1979	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Lead-based paint has been removed and clearance has been achieved.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
3. Is this housing reserved exclusively for the elderly or persons with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

(k) **For ESG Homeless Assistance** at this location, indicate average number of persons served daily: (Do not include those who are also housed at this location. These persons were reported on the previous page.) _____

(l) Will this facility be used exclusively (100%) as housing and related services for HUD-defined "homeless" persons? (If "No" consult the Gwinnett County Community Development Program for guidance.) Yes No

(m) Was this facility or location funded by Gwinnett County in Year 2010? <input type="checkbox"/> Yes <input type="checkbox"/> No	(n) Primary project type (ESG Shelters, etc.) (from block "o" below): _____
--	---

(o) **Other ESG Operations and/or Services This Location** (Excluding primary project type (from block "n"), check all that apply)

<input type="checkbox"/> ESG Shelters	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Vouchers for Shelter	<input type="checkbox"/> Health Care
<input type="checkbox"/> Drop In Center	<input type="checkbox"/> Soup Kitchen/Meals	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Employment
<input type="checkbox"/> Mental Health	<input type="checkbox"/> HIV/AIDS Services	<input type="checkbox"/> Alcohol/Drug Program	<input type="checkbox"/> Other _____
<input type="checkbox"/> Child Care	<input type="checkbox"/> Homeless Prevention	<input type="checkbox"/> Outreach	<input type="checkbox"/> Other _____

(p) **Target Population – select the ONE group that best represents this site:**

<input type="checkbox"/> Unaccompanied Males 18 and over	<input type="checkbox"/> Single Males over 18 with Children	<input type="checkbox"/> Adult Families with Children
<input type="checkbox"/> Unaccompanied Females 18 and over	<input type="checkbox"/> Single Females over 18 with Children	<input type="checkbox"/> Two under 18 with Children
<input type="checkbox"/> Unaccompanied Males under 18	<input type="checkbox"/> Single Males under 18 with Children	<input type="checkbox"/> Two adults, no Children
<input type="checkbox"/> Unaccompanied Females under 18	<input type="checkbox"/> Single Females under 18 with Children	<input type="checkbox"/> Other _____

(q) **Additional Characteristics of this Site:**

<input type="checkbox"/> Serves Only Domestic Violence Victims	<input type="checkbox"/> Serves Only Veterans	<input type="checkbox"/> Serves Only Persons With HIV/AIDS
--	---	--

Definitions –
Year Round Bed – available 365 days per year.
Seasonal Bed – beds made available on a seasonal basis.
Overflow Bed – beds, mats or spaces (including vouchers) that are made available on a very temporary basis.
One Day Night = One person sleeping in shelter or transitional facility for one night.

ESG Program - Page 6

<p>Section II – Summary by Location <u>Homeless Assistance</u></p> <p style="text-align: center;">Page 1 of 2 Pages (This Form)</p>	<p>Notice: Complete Separate Pages of this 2 Page Form for Each Physical Location (ATTACH DEED OR LEASE (PROPERTY CONTROL))</p>
--	--

Please include the (unique for each site!) facility name, street address and all other requested information on separate copies of this form for each separate physical location where your organization proposes to operate or operates housing for which funding is requested.

Site No. _____ This site may include multiple street addresses if units are on same street, or if parcels are contiguous.

(a) Name(s) of Facilities	(b) Street Address(es)	(d) County
Suppress Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) City	(e) Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No

(f) Indicate the HUD Consolidated Planning Jurisdiction for this program: **Gwinnett County, GA**

(g) Does applicant organization own this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Rent: \$
If above answer is “No,” name owner:	Or Monthly Mortgage: \$

(h) For ESG Shelter or Rapid Re-Housing, include the following information about this location. Contact the Gwinnett County Community Development Program if you have questions about the Shelter vs. Rapid Re-Housing.	(i) For ESG Shelter or Rapid Re-housing, include the numbers of persons to be housed DAILY at this location:
---	---

	<u>Shelter/Street Outreach</u>	<u>Rapid Re-Housing</u>	<u>Totals</u>	
31. Number of Year Round Family Units (omit seasonal, overflow and voucher – see next page for definitions). A unit equals one secure sleeping space for a single person or family, or multiple persons or families.				1. Barracks/Dormitories
32. From 1 (units above) enter number of family beds:				2. Group/Large House
33. From 1 (units above) enter number of individual beds:				3. Scattered Site Apartment
34. Number of year round beds (line 2 + line 3):				4. Single Family Detached Home
35. Enter number of seasonal beds:				5. Single Room Occupancy
36. Enter number of overflow/voucher beds				6. Mobile Home / Trailer
37. Total of all beds (line 4 + line 5 + line 6):	_____	_____	_____	7. Hotel / Motel
38. Daily Average (annual day nights/365), Adults ≥ 18				8. Other (name)
39. Daily Average (annual day nights/365), Children < 18				9. Other (name)
40. Total Daily Average (Sum of Lines 8 and 9)	_____	_____	_____	10. Total (must match h.10.): _____

ESG Program - Page 7

Section II – Summary by Location

Homeless Assistance

Page 2 of This Form

Continued from previous page

Site Number: _____	<u>Name(s) of Facility(ies)</u>	<u>Street Address(es)</u>
---------------------------	---------------------------------	---------------------------

(j) This information will be used by Gwinnett County to determine whether or not this facility may be subject to the requirements of the HUD Lead-Based Paint Regulations at 24 CFR, Part 35. For **ESG Homeless Assistance [Shelter/Street Outreach or Rapid Re-Housing]** provide the following information.

1. Are children age 6 and under, or pregnant women expected to reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. This unit has been found to be free of Lead-based paint by a certified inspector. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
2. Were these properties built before January 1, 1979 <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Lead-based paint has been removed and clearance has been achieved. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
3. Is this housing reserved exclusively for the elderly or persons with disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(k) **For ESG Homeless Assistance** at this location, indicate average number of persons served daily: (Do not include those who are also housed at this location. These persons were reported on the previous page.) _____

(l) Will this facility be used exclusively (100%) as housing and related services for HUD-defined "homeless" persons? (If "No" consult the Gwinnett County Community Development Program for guidance.) Yes No

(m) Was this facility or location funded by Gwinnett County in Year 2010? Yes No

(n) Primary project type (ESG Shelters, etc.) (from block "o" below): _____

(o) **Other ESG Operations and/or Services This Location** (Excluding primary project type (from block "n"), check all that apply)

<input type="checkbox"/> ESG Shelters	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Vouchers for Shelter	<input type="checkbox"/> Health Care
<input type="checkbox"/> Drop In Center	<input type="checkbox"/> Soup Kitchen/Meals	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Employment
<input type="checkbox"/> Mental Health	<input type="checkbox"/> HIV/AIDS Services	<input type="checkbox"/> Alcohol/Drug Program	<input type="checkbox"/> Other _____
<input type="checkbox"/> Child Care	<input type="checkbox"/> Homeless Prevention	<input type="checkbox"/> Outreach	<input type="checkbox"/> Other _____

(p) **Target Population – select the ONE group that best represents this site:**

<input type="checkbox"/> Unaccompanied Males 18 and over	<input type="checkbox"/> Single Males over 18 with Children	<input type="checkbox"/> Adult Families with Children
<input type="checkbox"/> Unaccompanied Females 18 and over	<input type="checkbox"/> Single Females over 18 with Children	<input type="checkbox"/> Two under 18 with Children
<input type="checkbox"/> Unaccompanied Males under 18	<input type="checkbox"/> Single Males under 18 with Children	<input type="checkbox"/> Two adults, no Children
<input type="checkbox"/> Unaccompanied Females under 18	<input type="checkbox"/> Single Females under 18 with Children	<input type="checkbox"/> Other _____

(q) **Additional Characteristics of this Site:**

<input type="checkbox"/> Serves Only Domestic Violence Victims	<input type="checkbox"/> Serves Only Veterans	<input type="checkbox"/> Serves Only Persons With HIV/AIDS
--	---	--

Definitions –
Year Round Bed – available 365 days per year.
Seasonal Bed – beds made available on a seasonal basis.
Overflow Bed – beds, mats or spaces (including vouchers) that are made available on a very temporary basis.
One Day Night = One person sleeping in shelter or transitional facility for one night.

**SECTION II
ESG PAGE 8
ENVIRONMENTAL INFORMATION FORM**

(To be completed by Applicant - Use a Separate Form for Each Separate Location)

Applicant:

(Street Address

City, State, and Zip Code

County

Please check the applicable spaces to assist us in preparing the Environment Review Record for your Organization's programs.

Are Any Of Your Organization's Activities:	Yes	No	Don't Know
1. In an historic building, or in an historic district, or in a building that is over 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a floodplain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In a Wetlands Protection District?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In an area with excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In an area of poor air quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Near thermal or explosive hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Near a military or civilian airport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Adjacent to a major waterway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjacent to a solid waste facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Within a Coastal Area Protection Zone?	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
11. In an area with endangered wildlife?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there any environmental issues concerning your shelter that are not addressed by any of the above environmental categories? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Organization must explain any "Yes" answers here:

13. Is this facility also funded through a Gwinnett County Community Development Block Grant (CDBG) Program or a Georgia DCA Emergency Solutions Grant (ESG) Program Yes No

14. **Attach a local area map (behind this page) with the physical location of all activities sponsored by the organization clearly identified.**

I hereby certify that the information on this form is true and complete.

Signed: _____

Date: _____

**SECTION II
ESG PAGE 8
ENVIRONMENTAL INFORMATION FORM**

(To be completed by Applicant - Use a Separate Form for Each Separate Location)

Applicant:

(Street Address

City, State, and Zip Code

County

Please check the applicable spaces to assist us in preparing the Environment Review Record for your Organization's programs.

Are Any Of Your Organization's Activities:	Yes	No	Don't Know
1. In an historic building, or in an historic district, or in a building that is over 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a floodplain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In a Wetlands Protection District?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In an area with excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In an area of poor air quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Near thermal or explosive hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Near a military or civilian airport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adjacent to a major waterway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjacent to a solid waste facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Within a Coastal Area Protection Zone?	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
11. In an area with endangered wildlife?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there any environmental issues concerning your shelter that are not addressed by any of the above environmental categories? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Signed: _____

Date: _____

**SECTION II
ESG PAGE 8
ENVIRONMENTAL INFORMATION FORM**

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Applicant:

(Street Address

City, State, and Zip Code

County

Please check the applicable spaces to assist us in preparing the Environment Review Record for your Organization's programs.

Are Any Of Your Organization's Activities:	Yes	No	Don't Know
1. In an historic building, or in an historic district, or in a building that is over 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a floodplain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In a Wetlands Protection District?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In an area with excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In an area of poor air quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Near thermal or explosive hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Near a military or civilian airport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Adjacent to a major waterway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjacent to a solid waste facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Within a Coastal Area Protection Zone?	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
11. In an area with endangered wildlife?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there any environmental issues concerning your shelter that are not addressed by any of the above environmental categories? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Organization must explain any "Yes" answers here:

13. Is this facility also funded through a Gwinnett County Community Development Block Grant (CDBG) Program or a Georgia DCA Emergency Solutions Grant (ESG) Program Yes No

14. **Attach a local area map (behind this page) with the physical location of all activities sponsored by the organization clearly identified.**

I hereby certify that the information on this form is true and complete.

Signed: _____

Date: _____

**SECTION II
ESG PAGE 8
ENVIRONMENTAL INFORMATION FORM**

(To be completed by Applicant - Use a Separate Form for Each Separate Location)

Applicant:

(Street Address

City, State, and Zip Code

County

Please check the applicable spaces to assist us in preparing the Environment Review Record for your Organization's programs.

Are Any Of Your Organization's Activities:	Yes	No	Don't Know
1. In an historic building, or in an historic district, or in a building that is over 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In a floodplain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In a Wetlands Protection District?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In an area with excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In an area of poor air quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Near thermal or explosive hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Near a military or civilian airport?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Adjacent to a major waterway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Adjacent to a solid waste facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Within a Coastal Area Protection Zone?	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
11. In an area with endangered wildlife?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are there any environmental issues concerning your shelter that are not addressed by any of the above environmental categories? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Organization must explain any "Yes" answers here:

13. Is this facility also funded through a Gwinnett County Community Development Block Grant (CDBG) Program or a Georgia DCA Emergency Solutions Grant (ESG) Program Yes No

14. **Attach a local area map (behind this page) with the physical location of all activities sponsored by the organization clearly identified.**

I hereby certify that the information on this form is true and complete.

Signed: _____

Date: _____

ESG Program - Page 9

Supplement I, Homeless Housing Operations

Part A – General Information (All ESG-Supported Housing Operations)

Within the narrative spaces, your organization may wish to attach additional information for review by Gwinnett County. Please submit only **brief and concise** summary data in these spaces (or on attached sheets if necessary).

1. **Estimated Persons Housed Daily for All ESG-Supported Housing Operations** (Note: Please Refer to Section II of this Application. This section requests consolidated information for all ESG supported Housing Operations for **ALL LOCATIONS** on the estimated number of persons housed daily by housing type.)

	# Persons		# Persons
1. Barracks/Dormitories		6. Mobile Home / Trailer	
2. Group/Large House		7. Hotel / Motel	
3. Scattered Site Apartment		8. Other (name)	
4. Single Family Detached Home		9. Other (name)	
5. Single Room Occupancy		10. Total (should match 2.11., below):	

Consolidate the following information for all locations

2.

	<u>Shelter/Street Outreach</u>	<u>Rapid Re-Housing</u>	<u>Totals</u>
1. Total Locations (equals number of Section II supplement forms for ESG operations)			
2. Number of Year Round Family Units (omit seasonal, overflow and voucher – see next page for definitions). A unit equals one secure sleeping space for a single person or family, or multiple persons or families.			
3. From 2 (units above) enter number of family beds:			
4. Enter number of individual beds:			
5. Total number of year round beds (line 3 + line 4):			
6. Enter number of seasonal beds:			
7. Enter number of overflow/voucher beds			
8. Total of all beds (line 5 + line 6 + line 7):			
9. Daily Average (annual day nights/365), Adults ≥ 18			
10. Daily Average (annual day nights/365), Children < 18			
11. Total Daily Average (Sum of Lines 9 and 10)			
12. Number of homeless adults housed annually (unduplicated):			
13. Number of homeless children housed annually (unduplicated):			
14. Total number of homeless persons housed annually (unduplicated) (sum lines 12 & 13)			
15. Number of homeless persons housed for one night at maximum occupancy during previous 12 months			
16. Reason for maximum occupancy (from line “i” above). Examples – “hottest day,” “coldest day,” “jobs lost,” etc.			
17. Are 100% of organization’s shelter and/or rapid re-housing spaces reserved exclusively for persons who are “homeless” by HUD definition [see definition on pages 7-8 of this manual]? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No, consult with the Gwinnett County Community Development Program			

Supplement I, Part A – General Information (All ESG-Supported Housing Operations), continued

3. Of the estimated number of **persons housed annually** (from 2.14. previous page) estimate the percentage and number of those served in each of the following groups. Note that percentages may equal more than 100% since the same person may be counted in more than one category.

	Number	Percent		Number	Percent
1. Battered Spouses			11. Dual – HIV / CMI		
2. Other Victims of Domestic Viol			12. Triple – HIV / A&D / CMI		
3. Runaway/Throwaway Youth			13. Elderly (>= Age 60)		
4. Severely Mentally Ill			14. Veterans		
5. Developmentally Disabled			15. Physically Disabled		
6. Persons Living with HIV / AIDS			16. Illiterate or marginally illiterate		
7. Chronic Alcohol Dependent Individuals			17. Criminal History		
8. Chronic Drug Dependent Individuals			18. Chronically Homeless (HUD definition)		
9. Dual – A&D / CMI			19. Other Need (name) _____		
10. Dual – HIV / A&D			<i>No totals for this data set.</i>		

4. Of the estimated number of homeless **persons housed annually (unduplicated)**, estimate the percentage of those served in each of the following groups. Total should **match block 2.14. on previous page** and will equal 100%.

	Number	Percent		Number	Percent
1. Unaccompanied Males >18 years			7. Single Males < 18 years with Children		
2. Unaccompanied Females >18 years			8. Single Females < 18 years with Children		
3. Unaccompanied Males < 18 years			9. Adult Families with Children		
4. Unaccompanied Families < 18 years			10. Two Parents < 18 years with Children		
5. Single Males > with Children			11. Two Adults, no Children		
6. Single Females > 18 years with Children			Totals:		

5. Of the estimated number of homeless **persons housed annually (unduplicated)**, estimate the percentage of those served in each of the following groups. Total should **match block 2.14. on previous page** and will equal 100%.

	Total Number	Number Hispanic		Total Number	Number Hispanic
1. White			6. American Indian / Alaskan Native AND White		
2. Black / African American			7. Asian AND White		
3. Asian			8. Black / African American AND White		
4. American Indian / Alaskan Native			9. American Indian / Alaskan Native AND Black / African American		
5. Native Hawaiian / Other Pacific Islander			10. Balance / Other		
			Totals:		

Supplement I, Part A – General Information (All ESG-Supported Housing Operations), continued

6. If applicant utilizes beds for shelter, please describe the process of providing shelter within applicant’s continuum, and the applicant’s role in the delivery of these beds and associated services. Describe collaboration, if applicable.

--

7. **Clients admitted to applicant’s facilities are typically from (check all that apply):**

Streets, Cars, Woods, Abandoned Bldgs., etc.
 Shelters
 Substance Abuse Treatment Facilities
 Local Hospitals
 Jail/Prison
 Psychiatric Hospitals
 Domestic Violence Situation
 Other (name): _____

8. **Does applicant organization charge for housing or services?** Yes No

If yes, indicate charges:	Amount:	\$		Per:	
Describe Charges:					

9. **For shelter/street outreach activities, please answer the following questions. If your activities do not include shelter/street outreach, skip to Questions 10 or 11.**

a. Estimated number of homeless persons referred to your shelter program or persons who present for service within the most recent calendar year (12 consecutive months) period not housed by a homeless housing provider:	
b. From line 9.a., enter the number of persons sheltered:	
c. From line 9.b., enter the number of persons entering transitional housing programs:	
d. From line 9.c., estimate the number of persons successfully transitioning to “independent” housing:	
e. From line 9.d., estimate the number of persons who remain in “independent” housing 6-months following placement:	
f. From line 9.b., estimate the number of persons successfully transitioning to “permanent supportive” housing:	

Supplement I, Part A – General Information (All ESG-Supported Housing Operations), continued

10. For “Rapid Re-Housing” activities, please answer the following questions. If your activities do not include “Rapid Re-Housing”, do not provide estimates.

a. Estimated number of homeless persons referred or contacted in 12-month period:	
b. From line 11.a., estimate the number of persons entering rapid re-housing:	
c. From line 11.b., estimate the number of persons successfully transitioning to “independent” housing:	
d. From line 11.c., estimate the number of persons who remain in “independent” housing 6-months following placement:	
e. From line 11.b., estimate the number of persons successfully transitioning to “permanent supportive” housing:	

11. Are residents at applicant’s location(s) generally required or expected to obtain a job and to begin working? Yes No

If “**Yes**,” within what timeframe? days

If “**No**,” explain why not.

12. Briefly discuss the proposed ESG Program activities. Hours of operation, intake processes, requirements of clients upon entry, house rules, supportive services requirements, all fees for housing and services, termination; eviction processes, appeal procedures, etc.

13. Indicate the number of staff and/or volunteers utilized in an annual 12 month period? Include an attached page for multiple programs.

a. Full time:	<input type="text"/>	c. Volunteers: Number of Volunteers	<input type="text"/>	Annual Volunteer Hours:	<input type="text"/>
b. Part time:	Number <input type="text"/>	Full Time Equivalents (total annual part time hours ÷ 2080)			

14. Discuss numbers of staff employed by your agency to work in this program by position (# house managers, # case managers, etc.) and their qualifications, requirements for professional certification, etc.

Supplement I, Part B. – Summary of Services (All ESG-Supported Housing Operations)

Please indicate client services currently offered at Applicant sites.

	Yes or No.	Service Type	Name Key Staff Person or Outside Organization Responsible for Providing Each Service	Applicant Staff, or	Outside Agency
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Shelter (< 30 days)		<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transitional Housing		<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vouchers for Shelter (< 30 days)		<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Congregate Meals (Soup Kitchens, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outreach to Homeless Persons Not Sheltered		<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Day Services to Support Shelter Operations or Outreach		<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care		<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Health Care, Medical Services, Testing		<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health/Substance Abuse Programs		<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	HIV / AIDS Services		<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Programs		<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Pantry		<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless Prevention Payments for Clients (past due rents & utilities, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other [name		<input type="checkbox"/>	<input type="checkbox"/>
15.		[name		<input type="checkbox"/>	<input type="checkbox"/>
		[name		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comprehensive Case Mgmt.		<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation (Public, Vans, other)		<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Day Services to Support Transitional Housing or Rapid Re-Housing Programs		<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Housing Counseling (Information, Referral and Follow-up)		<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Skills/Fin Mgmt. Training/ Job Skills/Adult Literacy/GED Study		<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional Legal Assistance		<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification Cards		<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Furniture Distribution		<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Direct Asst. (Clothes, Furniture, Moving Expenses, Deposits, etc.)		<input type="checkbox"/>	<input type="checkbox"/>

Supplement I, Homeless Housing Operations

Part C – Proposed (Cash) Budget, January 1, 2012 – June 30, 2012

(Include all funds “restricted” to this program as well as ESG request in “Total Budget” column.

<u>Operating Costs</u>		<u>Gwinnett Co. ESG Request</u>	<u>Applicant Funds</u>	<u>Total Budget</u>
Directly associated with the operation of housing and supportive facilities for homeless persons				
1.	Vouchers for Shelter (absent, or in addition to, operating costs)	\$	\$	\$
2.	Licenses and Permits	\$	\$	\$
3.	Rental of Housing (Mortgage Payments Ineligible. Rents May Not Be Payable to Persons Associated with the Organization.)	\$	\$	\$
4.	Food/Kitchen Supplies/Meals Dedicated to Client Use	\$	\$	\$
5.	Office & Other Supplies Dedicated to Client Use	\$	\$	\$
6.	Telecommunications Dedicated to Client Use	\$	\$	\$
7.	Utilities for Facilities Dedicated to Client Use	\$	\$	\$
8.	Insurance (limited to facilities where beds / services are located!)	\$	\$	\$
9.	Printing and Postage Dedicated to Client Use	\$	\$	\$
10.	Equipment Dedicated to Client Use	\$	\$	\$
11.	Equipment Maintenance (Not Including Staff)	\$	\$	\$
12.	Bldg. Repairs and Maintenance (Not Including Staff. Less than \$5,000)	\$	\$	\$
13.	Transportation Dedicated to Client Use (Not Including Staff)	\$	\$	\$
14.	Maintenance and/or Security costs, including staff. This line may be 100% staff costs supported by time allocation studies and/or timesheets	\$	\$	\$
15.	All Other Staff Costs - Staff supported with ESG funds may not have any administrative duties and must be 100% dedicated to this program .	\$	\$	\$
16.	Other/Name:	\$	\$	\$
17.	Totals:	\$	\$	\$

Supplement I, Homeless Housing Operations

Part D – Other Funds (cash) Available to Applicant, January 1, 2012 – June 30, 2012

(Include all funds available or expected to be available to applicant from local, state and federal agencies, foundations and private contributions, fundraising activities, and fees for housing and/or services.)

<u>Applicant's Fiscal Year</u>			
<u>From</u>	<u>TO</u>	<u>End Date of Most Recently Completed Fiscal Year</u>	<u>End Date of Current or Next Fiscal Year</u>
_____	_____	_____	_____

For Nonprofits, individually name all government sources of funds (cash only) available to Applicant for all of its programs. Collectively or individually report private contributions, fees, etc. available to applicant. Name agency your agency contracts with for the funds, regardless of whether or not the funds originate at the federal or state level. This information should be consistent with IRS Form 990 or 990EZ for nonprofits.

<u>Agency</u>	<u>Program Name</u>	<u>Amount for Most Recently Completed Fiscal Year</u>	<u>Amount for Current or Next Fiscal Year</u>
Totals (Include Additional Pages if Necessary):		_____	_____

Supplement II, Homelessness Prevention

Part A – General Information

Within the narrative spaces, your organization may wish to attach additional information for review by Gwinnett County. Please submit **brief and concise** summary data in these spaces (or on attached sheets if necessary).

Within the narrative spaces, you must prepare a separate description for each funding category, if your organization is applying in more than one funding category (or budget line item).

1. Consolidate the following information for all locations:			
a) Average number of persons to be served daily		c) For current Gwinnett County ESG grantees, show Unduplicated # of persons served from January 1, 2010 – December 31, 2010	
b) Unduplicated number of persons to be served annually			

2. Of the estimated number of persons served annually (from box 1.d. above), estimate the percentage and number of those served in each of the following groups. Note that percentages may equal more than 100% since the same person may be counted in more than one category.					
	Number	Percent		Number	Percent
1. Battered Spouses			11. Dual – HIV / CMI		
2. Other Victims of Domestic Viol			12. Triple – HIV / A&D / CMI		
3. Runaway/Throwaway Youth			13. Elderly (>= 60)		
4. Severely Mentally Ill			14. Veterans		
5. Developmentally Disabled			15. Physically Disabled		
6. Persons Living with HIV / AIDS			16. Illiterate or marginally literate		
7. Chronic Alcohol Dependent Individuals			17. Criminal History		
8. Chronic Drug Dependent Individuals			18. Chronically Homeless [HUD definition)		
9. Dual – A&D / CMI			19. Other Need (name) _____		
10. Dual – HIV / A&D			<i>No totals for this data set</i>		

3. Of the estimated number of persons served annually (unduplicated) , estimate the percentage of those served in each of the following groups. Total should match block 1.b (above) and equal 100%.					
	Number	Percent		Number	Percent
1. Unaccompanied Males >18 years			7. Single Males < 18 years with Children		
2. Unaccompanied Females >18 years			8. Single Females < 18 years with Children		
3. Unaccompanied Males < 18 years			9. Adult Families with Children		
4. Unaccompanied Families < 18 years			10. Two Parents < 18 years with Children		
5. Single Males > with Children			11. Two Adults, no Children		
6. Single Females > 18 with Children			Totals:	_____	

Supplement II, Part A – General Information (ESG Homeless Prevention), continued

4. Racial / Ethnic Characteristics (Annually for Total Served)

Of the estimated number of homeless persons served annually (unduplicated), estimate the number of those served in each of the following groups. Note that total should match block 3 on previous page.

	Total Number	Number Hispanic		Total Number	Number Hispanic
1. White			6. American Indian / Alaskan Native AND White		
2. Black / African American			7. Asian AND White		
3. Asian			8. Black / African American AND White		
4. American Indian / Alaskan Native			9. American Indian / Alaskan Native AND Black / African American		
5. Native Hawaiian / Other Pacific Islander			10. Balance / Other		
			Totals:	_____	_____

5. Homeless Management Information System (HMIS) Implementation

Due to the nature of eligibility for Homeless Essential Services and/or Prevention programs, all ESG recipients must be collaborative and this is accomplished, in part, through participation (at a minimum indirectly through collaborative partners, as determined by Gwinnett County, in consultation with Georgia DCA) in the Pathways Compass Homeless Management Information System (HMIS). Please describe your Pathways implementation to include date initiated, number and full time equivalent “active users” dedicated to managing clients through the system, system benefits, system limitations, etc.

6. Does applicant organization charge for services? Yes No

If yes, indicate charges: Amount: \$ Per:

Describe Charges:

Supplement II, Part A – General Information (All ESG- Homeless Services and/or Prevention), continued

7. Indicate the number of staff and/or volunteers utilized in an annual 12-month period for each program? Include an attached page for multiple programs.

a. Full time:		c. Volunteers: Number of Volunteers		Annual Volunteer Hours:	
b. Part time:	Number		Full Time Equivalents (total annual part time hours ÷ 2080)		

18. Relating to the staffing numbers contained in Item 10 on the prior page, discuss numbers of staff employed by your agency to work in each program by category and their qualifications, requirements for professional certification, licensure etc.

12. Describe the limitations of your program, the limitations of clients to achieve success, adequacy of funding, facilities, etc.

Supplement II – Part B – Other Funds (Cash) Available to Applicant January 1, 2012 – June 30, 2012

(Include all funds available or expected to be available to applicant from local, state and federal agencies, foundations and private contributions, fundraising activities, and fees for housing and/or services.)

Applicant's Fiscal Year			
From	TO	End Date of Most Recently Completed Fiscal Year	End Date of Current or Next Fiscal Year
_____	_____	_____	_____

For Nonprofits, individually name all government sources of funds (cash only) available to Applicant for all of its programs. Collectively or individually report private contributions, fees, etc. available to applicant. Name agency your agency contracts with for the funds, regardless of whether or not the funds originate at the federal or state level. This information should be consistent with IRS Form 990 or 990EZ for nonprofits.

Agency	Program Name	Amount for Most Recently Completed Fiscal Year	Amount for Current or Next Fiscal Year
Totals (Include Additional Pages if Necessary):		_____	_____

**ATTACHMENTS
FFY 2012**

ATTACHMENT 1
PROJECT DESCRIPTION NARRATIVE – FFY 2012
USE FOR ALL APPLICATIONS FOR THE CDBG AND ESG PROGRAMS

USE AS MANY COPIES OF THIS PAGE AS YOU NEED TO DESCRIBE YOUR PROPOSED PROJECTS

Page [____] of [____] Attachment 1 Pages Submitted

**ATTACHMENT 2 - FFY 2012
 MAXIMUM INCOME LIMITS – 2010
 HOMELESS PREVENTION UNDER
 THE EMERGENCY SOLUTIONS GRANT PROGRAM**

The U.S. Department of Housing and Urban Development releases maximum income limits for Public Housing and the Section 8 Rental Assistance Program each year. These are the maximum income limits for households to qualify for funding for **Homelessness Prevention under the Emergency Solutions Grants Program**. The income limits are **effective May 14, 2010** and remain in effect until HUD publishes new income limits.

The following table contains the current CDBG/Public Housing/Section 8 income limits, listed by household size and by percent of median household income. Please remember that total household income includes income from all members of the household.

Area: Atlanta Metropolitan Area [Includes Gwinnett County]
 Effective Date: May 14, 2010

ESG Prevention - Maximum Family/Household Income Limits – Gwinnett County, Georgia	
[Income is Counted From All Persons Living In the Household]	
Per HUD @ http://www.huduser.org/portal/datasets/il/il10/ga.pdf Effective 5/14/10	
Family/Household Size [Total Number of Persons in Household]	Extremely Low Income [0-30% of Area Median Family/Household Income]
1	\$15,100
2	\$17,250
3	\$19,400
4	\$21,550
5	\$23,300
6	\$25,000
7	\$26,750
8	\$28,450

The 30% of Area Median Maximum Income Limit is now required by HUD for ESG Prevention Activities, as required by the HEARTH Act of 2009. Previously, the maximum income level was 50% of Area Median Income.

ATTACHMENT 3
Supplement II, Homelessness Prevention - Part C Proposed (Cash) Budget

Supplement II, Homelessness Prevention

Part C – Proposed (Cash) Budget , January 1, 2012 – June 30, 2012

(Include all funds “restricted” to this program as well as ESG request in “Total Budget” column.)

<u>Operating Costs</u>		<u>Gwinnett Co. ESG Request</u>	<u>Applicant Funds</u>	<u>Total Budget</u>
Direct costs associated with preventing the incidence of homelessness among eligible program participants.				
1.	Rental Assistance [Short-Term and Medium-Term]	\$	\$	\$
2.	Security and Utility Deposits	\$	\$	\$
3.	Utility Payments	\$	\$	\$
4.	Moving Cost Assistance	\$	\$	\$
5.	Motel & Hotel Vouchers	\$	\$	\$
6.	Housing Relocation and Stabilization	\$	\$	\$
7.	Outreach and Engagement	\$	\$	\$
8.	Housing Search & Placement	\$	\$	\$
9.	Legal Services	\$	\$	\$
10.	Credit Repair	\$	\$	\$
11.	Data Collection	\$	\$	\$
12.	Other/Name:	\$	\$	\$
13.	<u>Totals:</u>	\$ _____	\$ _____	\$ _____