CITY OF BUFFALO

2016 PUBLIC SERVICES FUNDING APPLICATION- EMERGENCY SOLUTIONS GRANT (ESG)

AGENCY _____

1. Funding Request

Street Outreach $ _____ Emergency Shelter $ _____

Prevention $ _____ HMIS $ _____

2. Briefly describe the Program(s) you are seeking funding for:

3. Estimate the number of unduplicated persons to be assisted:

	Adults	*Children*	*Households*
Street Outreach – engagement	0	0	0
Street Outreach – case management	0	0	0
Street Outreach – transportation	0	0	0
Street Outreach – special populations	0	0	0
Emergency Shelter – operations	0	0	0
Emergency Shelter – essential services	0	0	0
Prevention – stabilization services	0	0	0

4. Estimate the number of persons in special populations to be assisted:

	Street Outreach	*Emergency Shelter*	*Prevention*
Veterans	0	0	0
Victims of Domestic Violence	0	0	0
Elderly	0	0	0
HIV/AIDS	0	0	0
Chronically Homeless	0	0	0
Severely Mentally Ill	0	0	0
Chronic Substance Abuse	0	0	0
Other Disability	0	0	0

1. **Program Summary**

Program Name: _____

Where is Program delivered:_____?

Address: _____

Start date: _____

Completion date: _____

Do you have a policies and procedures manual for this program? _____

How many years has this manual been in place? _____

2. **Program Information**

Describe the specific need(s) that will be addressed by this program.

Indicate how you identify clients for this program, and describe them in general terms of age, gender, ethnicity, income level, disability, or other characteristics.

Describe how this program will address the identified need. ***Depending on program type, this should include information on how you will transition homeless individuals to permanent housing and independent living, how you will address the emergency shelter and transitional housing needs of homeless persons and/or how your work will help low income families and individuals avoid becoming homeless.***

3. **Attachments- PLEASE LABEL ALL ATTACHMENTS**

Please check the box and include copies of any applicable items:

A. Organizational chart (indicate where program is located within organization) ☐

B. Job descriptions for all positions that will be funded by this request ☐

C. Budget Request Detail ☐

SIGNATURE SECTION

To the best of my knowledge and belief, the information in this application is true and correct, and its submission has been duly authorized by the governing body of the applicant. With this submission, we agree to follow all rules and regulations that govern federal entitlement funding.

We also agree to participate in any technical assistance training or seminars for staff and board members that the City of Buffalo offers during the program year; and understand that failure to attend this training may result in the loss of eligibility for future funding.

Finally, the person listed below as the "Authorized Contact" has been authorized by the governing body of the applicant to negotiate on behalf of the organization.

Your electronic signature below constitutes your signature as if actually signed by you in writing.

Applicant

_____

Signature

_____

Name and title

_____

Date

Co-Applicant (if applicable)

_____

Signature

_____

Name and title

_____

Date

Authorized Contact (if different from Applicant)

_____

Name

_____

Title

CO-APPLICANT INFORMATION

1. **Organization**

   Legal name: _____

   Address: _____ Zip: _____

2. **Chief Official**

   Name: _____ Title: _____

   Email: _____ Phone: _____

3. **Status**

   Non-profit (type): _____

   For profit (type): _____

   Other (describe): _____

   Tax Status: _____ Tax ID number: _____

   Faith-based: Yes ____ No ____ Years in existence: _____

4. **Background Information**

   Describe the primary purpose of the organization and the types of services it provides:

   Describe the organization's capacity and qualifications to carry out the proposed program:

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Attachment D: Program Budget

Please insert both pages from the budget workbook after this page.

Explain why the costs for this program are reasonable:

Describe the other matching funds that have been secured for this program, including sources, amounts, and intended uses:

Describe the use of donated goods and in-kind services, and estimate their value:

Outline any plans to seek new funding, including sources, amounts, and intended uses:

City of Buffalo

Department of Community Services
1701 City Hall
Buffalo, New York 14202

HUD
ESG
Public Service Agency Budget

Organization Name: _____

Grant Year: _____

Reviewed By: _____

BUDGET ITEM		DETAIL DESCRIPTION	PROJECT	ESG REQUESTED BUDGET	OTHER FUNDING	TOTAL
Personal Services - Salaries (411003)						
RATE	**HOURS**	**TITLE**				
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
						$ -
				$ -		$ -
				$ -		$ -
		Subtotal		**$ -**	**$ -**	**$ -**
Personal Services - Fringe Benefits (420000)						
RATE		**DESCRIPTION**				
				$ -	$ -	$ -
				$ -	$ -	$ -
						$ -
						$ -
						$ -
		Subtotal		**$ -**	**$ -**	**$ -**
Utilities (441000)				**$ -**	**$ -**	
		Subtotal		**$ -**	**$ -**	**$ -**
Travel (458000)						
RATE	**MILES**	**TITLE**				
						$ -
						$ -
		Subtotal		**$ -**	**$ -**	**$ -**
Materials & Supplies (460000)						
						$ -
		Subtotal		**$ -**	**$ -**	**$ -**
Other Services (450000)						
						$ -
						$ -
						$ -
						$ -
		Subtotal		**$ -**	**$ -**	**$ -**
Capital Expenditures (470000)						
		Subtotal		**$ -**	**$ -**	**$ -**
Grand Total				**$ -**	**$ -**	**$ -**

Summary by Project:

H11A1 - Homeless Prevention - Rental Assistance	$ -	$ -	$ -
H11A2 - Homeless Prevention - Housing Relocation & Stabilization Services - Financial Assistance	$ -	$ -	$ -
H11A3 - Homeless Prevention - Housing Relocation & Stabilization Services - Services	$ -	$ -	$ -
H11A4 - Homeless Prevention under Emergency Shelter Grants Program	$ -	$ -	$ -
H11B1 - Rapid Rehousing Assistance (& HMIS) - Rental Assistance	$ -	$ -	$ -
H11B2 - Rapid Rehousing Assistance (& HMIS) - Housing Relocation & Stabilization Services - Financial Assistance	$ -	$ -	$ -
H11B3 - Rapid Rehousing Assistance (& HMIS) - Housing Relocation & Stabilization Services - Services	$ -	$ -	$ -
H11B4 - Rapid Rehousing Assistance (& HMIS) under Emergency Shelter Grants Program	$ -	$ -	$ -
H11C1 - Emergency Shelter - Essential Services	$ -	$ -	$ -
H11C2 - Emergency Shelter - Operations	$ -	$ -	$ -
H11C3 - Emergency Shelter - Renovations	$ -	$ -	$ -
H11C4 - Emergency Shelter - Major Rehabilitation	$ -	$ -	$ -
H11C5 - Emergency Shelter - Conversion	$ -	$ -	$ -
H11D1 - Other Grant Expenditures - Street Outreach	$ -	$ -	$ -
H11D2 - Other Grant Expenditures - H M I S	$ -	$ -	$ -
H11D3 - Other Grant Expenditures - Administration	$ -	$ -	$ -