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**PY 2020-2021**

 **Homeless Grants Application**

**Agency’s Legal Name:**

**Activity/Project Name:**

**Amount Requested:**

**Activity/Project Description (one sentence):**

**Important Dates:**

Mandatory Technical Assistance (TA) Workshop for All Homeless Grants Applicants

Friday, February 7, 2020 at 9:00 AM

Public Works Service Center, 3131 Morris Avenue, Knoxville, TN 37909

**Application Deadline: Friday, February 28, 2020 at 1:00 PM**

City of Knoxville Housing and Neighborhood Development Department

(Formerly Community Development)

400 Main Street, Suite 515, Knoxville, Tennessee 37902

Mailing Address: P.O. Box 1631, Knoxville, TN 37901

**Please refer to the Homeless Grants Application Instructions document for information about this funding program, eligible activities, how to fill out this application, submission requirements, and important deadlines. It is important that you follow these instructions fully in order for your application to be considered. Thank you for your interest in the City of Knoxville’s Homeless Grants program.**

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**Agency Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. Threshold Requirements** (all eligible applications must meet these requirements)

**Is your agency:**

🞏 Yes 🞏 No Designated by the IRS under section 501(c)(3) or 501(c)(4) of the federal tax code?

IRS Tax Exempt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Yes 🞏 No Are you using a fiscal agent for the administration of the grant?

🞏 Yes 🞏 No A faith-based organization? (If so, your agency must serve all eligible participants without regard to religion or religious participation.)

🞏 Yes 🞏 No Currently providing services impacting the prevention or elimination of homelessness?

🞏 Yes 🞏 No Involving people *currently* experiencing (or who *formerly* experienced) homelessness in the policy-making body of your agency? If so, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Yes 🞏 No Serving the city of Knoxville? Geographic area served:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Yes 🞏 No Current on city and/or county property taxes, if required to pay them?

🞏 Yes 🞏 No Authorized to apply for PY2020-2021 City of Knoxville Homeless Grants by your Board?

🞏 Yes 🞏 No Able to pay grant-covered expenses up-front and be reimbursed after approval?

🞏 Yes 🞏 No Able to accommodate a start date of July 1, 2020 and end date of June 30, 2021?

🞏 Yes 🞏 No Willing to comply, as applicable, with established standards for outreach, case management, and housing placement, identified in the ‘Case Management Standards of Care,’ adopted by the Mayor’s Roundtable on Homelessness?

**Able to document:**

🞏 Yes 🞏 No Policy regarding non-discrimination in use of facilities, assistance and services?

🞏 Yes 🞏 No Policy regarding assisting persons with limited English proficiency?

🞏 Yes 🞏 No Purchasing or Procurement Policy?

🞏 Yes 🞏 No Client eligibility verification, demographic data collection?

🞏 Yes 🞏 No Staff salary tracking by funding source?

**Participating, or will agree to participate, in:**

🞏 Yes 🞏 No Knox HMIS/Homeless Management Information System?

 (or comparable, as approved by the City)

🞏 Yes 🞏 No CHAMP/Coordinated Entry System?

🞏 Yes 🞏 No Knoxville-Knox County Continuum of Care?

🞏 Yes 🞏 No City of Knoxville Mayor’s Roundtable on Homelessness?

🞏 Yes 🞏 No Knoxville-Knox County Homeless Coalition?

**II. Exhibits and Attachments**

**Required Exhibits** (See attached forms)

1. Project Budget (Exhibit 1)
2. Assurance of Compliance Under Title VI of the Civil Rights Act of 1964 (Exhibit 2)
3. Project Timeline (Exhibit 3)

# Assurance of Audit Requirements (Exhibit 4)

1. Assurance of Compliance with Conflict of Interest Policy (Exhibit 5)

**Required Attachments** (just one original needed)

1. Current Agency Budget
2. Non-profit agencies:
	1. 501(c)(3) tax exemption letter
	2. List of board of directors (include gender, race, national origin, board appointment dates, term expiration dates, and whom each board member represents)
	3. List of staff (include job titles, gender, race and national origin)
3. Letter from Board president or Board minutes authorizing this application
4. Agency’s ESG Written Standards

**Optional Attachments** (just one original needed)

1. Agency brochures or fliers outlining services available
2. Letters of support
3. Any other relevant documentation

**III. Project Information**

(The words project and activity are interchangeable)

Please complete the following worksheet(s) applicable to your proposed project.

ESG Program Component Categories:

* Street Outreach: Pages 4-5 (Blue)
* Emergency Shelter: Pages 6-7 (Orange)
* Rapid Re-Housing: Pages 8-9 (Yellow)
* Homelessness Prevention: Pages 10-11 (Green)

**Street Outreach**

**Definition:** These activities are designed to meet the immediate needs of unsheltered people by connecting them with emergency shelter, housing, and/or critical health services. Essential services necessary to reach out to unsheltered people and provide urgent, non-facility-based care to those who are unwilling/unable to access emergency shelter, housing, or an appropriate health facility.

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Project Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Homeless Definition Category: 1. Literally Homeless**

An individual or family that lacks a fixed, regular, and adequate nighttime residence, meaning: 1) has a primary nighttime residence that is a public or private place not meant for human habitation; 2) is living in a publicly or privately operated shelter designed to provide temporary living arrangements; 3) Is exiting an institution where the individual or family has resided for ≤ 90 days and who resided in an emergency shelter or place not meant for human habitation immediately prior.

1.) Describe agency and project manager experience with the above described clientele; the agency’s access to clientele; use of standardized intake and assessment; and methods to reduce the length of time people are unsheltered.

**2.) Target Population(s):** check all that apply

⃝ Chronic Homeless ⃝ Persons with Disabilities ⃝ Domestic Violence

⃝ Elderly ⃝ Families with Children ⃝ Unaccompanied Youth (12-24)

⃝ Veterans ⃝ Young Adults (18-24) ⃝ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Describe the target population and the number proposed to be served with the funding requested; the types of supporting documentation used to determine eligibility; eligibility requirements (if any) added to the program; the average length of time between intake and assistance given; and any attempt the agency has made to lower barriers to assistance.

**3.) Eligible Activities:**

Case management services (salaries), Emergency out-patient medical, dental care, or mental health services, Transportation to shelter or emergency care, Travel expense/cell phones for employee.

3.) Describe how need is assessed and the *specific activities* you will be undertaken to address them.

4.) Describe any experience with connecting people to housing as described above; access to housing resources; and how success will be measured.

**4.) Local Priority 1. Successful Housing Placement**

Permanent Housing - Housing that is not time-restricted, including: permanent supportive housing; renting a room, apartment or house (with or without subsidy); staying with family or friends with permanent tenure.

Positive Housing - Forward progress in securing more permanent housing, including: from unsheltered to shelter; from shelter to transitional housing; from temporary/short-term housing to longer-term and permanent housing.

**5.) Local Priority 2. Removal of Significant Barriers to Housing Placement**

Examples include: helping obtain identification/vital records; improving access to income; etc.

5.) Describe any experience with assisting with removal of barriers to housing access; the plan to connect people with resources; and how success will be measured.

**6.) Local Priority 3. Ensure Appropriate Services and Well-Defined Referrals**

Activities provide for positive, long-term outcomes for program participants, rather than outputs that measure process but not results.

6.) Describe the plan to connect people with appropriate services; make referrals that are impactful; and how success will be measured.

7.) Describe how program recipients give input. Does the agency conduct any surveys of participants? Describe any changes made to programs as a result from this feedback.

8.) Are there any obstacles that could delay project start-up or completion? If yes, please explain.

🞏 Yes 🞏 No

9.) Lastly, if there is a *specific* and significant barrier presented by ESG requirements in this category, please describe it fully below. If yes, please explain. 🞏 Yes 🞏 No

**Emergency Shelter**

**Definition:** These activities are designed to increase the quantity and quality of temporary shelters provided to people experiencing homelessness. Any facility where the primary purpose is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Project Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Homeless Definition Category: 1. Literally Homeless**

An individual or family that lacks a fixed, regular, and adequate night-time residence, meaning: 1) has a primary nighttime residence that is a public or private place not meant for human habitation; 2) is living in a publicly or privately operated shelter designed to provide temporary living arrangements; 3) Is exiting an institution where the individual or family has resided for ≤ 90 days and who resided in an emergency shelter or place not meant for human habitation immediately prior.

**Homeless Definition Category: 2. Imminent Risk of Homelessness**

**Homeless Definition Category: 3. Homeless Under Other Federal Statutes**

**Homeless Definition Category: 4. Attempting to Flee/Fleeing Domestic Violence**

1.) Describe agency and project manager experience with the above described clientele; the agency’s access to the clientele; use of standardized intake and assessment; and methods to reduce the length of time people are not permanently housed.

**2.) Target Population(s):** check all that apply

⃝ Chronic Homeless ⃝ Persons with Disabilities ⃝ Domestic Violence

⃝ Elderly ⃝ Families with Children ⃝ Unaccompanied Youth (12-24)

⃝ Veterans ⃝ Young Adults (18-24) ⃝ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Describe the target population and the number of people proposed to be served with the funding requested; the types of supporting documentation used to determine eligibility; eligibility requirements (if any) added to the program; the average length of time between intake and assistance given; and any attempt the agency has made to lower barriers to assistance.

**3.) Eligible Activities:**

**Shelter Operations:** Maintenance and minor repair, Insurance, Rent, Utilities, Security, Phone or Communications, Fuel, transportation expenses, Salaries, Furnishings, Equipment, Food, Office Supplies, Shelter Supplies, Hotel/Motel Vouchers.

**Shelter Essential Services:** Case management services, Transportation, Childcare, Job training expenses, Educational training, Nutritional counseling, Financial counseling, Mental health counseling, Assistance in obtaining legal identification, Referral and assistance in obtaining government services (insurance, food stamps, Veteran’s benefits, SSI, etc.), Legal services relating to housing stability issues, such as social security, child support, domestic violence.

3.) Describe how need is assessed and the *specific activities* that will be undertaken to address them.

4.) Describe any experience with meeting the above requirements and/or any issues with meeting them.

**4.) Specific Requirements:**

Meet basic habitability, zoning, and health requirements; Provide Lead Based Paint info pamphlets; Not implement high barriers to admittance; NOT Charge rent or occupancy fees; Must provide equal access to transgender persons; May not deny access to shelter based on a minor child’s age or gender; May not separate families based on a minor child’s age; Family shelters must accept participant’s definition of “family” and may not require legal marriage*.*

**5.) Local Priority 1. Successful Housing Placement**

Permanent Housing - Housing that is not time restricted, including: permanent supportive housing; renting a room, apartment or house (with or without subsidy); staying with family or friends with permanent tenure.

Positive Housing - Forward progress in securing more permanent housing, including: from unsheltered to shelter; from shelter to transitional housing; from temporary/short-term housing to longer-term and permanent housing.

5.) Describe any experience with connecting people to housing as described above; access to housing resources; and how success will be measured**.**

6.) Describe any experience with assisting with removal of barriers to housing access; the plan to connect people with resources; and how success will be measured.

**6.) Local Priority 2. Removal of Significant Barriers to Housing Placement**

Examples include: Helping obtain Identification/Vital Records, improving access to income, etc.

**7.) Local Priority 3. Ensure Appropriate Services and Well-Defined Referrals**

Activities provide for positive, long-term outcomes for program participants,

rather than outputs that measure process but not results.

7.) Describe the plan to connect people with appropriate services and how success will be measured.

8.) Describe how program recipients give input. Does the agency conduct any surveys of participants? Describe any changes made to programs as a result from this feedback.

9.) Are there any obstacles that could delay project start-up or completion? If yes, please explain.

 🞏 Yes 🞏 No

10.) Lastly, if there is a *specific* and significant barrier presented by ESG requirements in this category, please describe it fully below. If yes, please explain. 🞏 Yes 🞏 No

**Rapid Re-Housing**

**Definition:** These activities are designed to move people quickly from homelessness to permanent housing through housing relocation and stabilization services and short-and/or medium-term rental assistance.

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Project Address: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Homeless Definition Category: 1. Literally Homeless**

An individual or family that lacks a fixed, regular, and adequate nighttime residence, meaning: 1) has a primary nighttime residence that is a public or private place not meant for human habitation; 2) is living in a publicly or privately operated shelter designed to provide temporary living arrangements; 3) Is exiting an institution where the individual or family has resided for ≤ 90 days and who resided in an emergency shelter or place not meant for human habitation immediately prior.

**Homeless Definition Category: 4. Fleeing Domestic Violence**

1.) Describe agency and project manager experience with the above described clientele; the agency’s access to the clientele; use of standardized intake and assessment; and methods to reduce the length of time people are not permanently housed.

**2.) Target Population(s):** check all that apply

⃝ Newly Homeless ⃝ Persons with Disabilities ⃝ Domestic Violence

⃝ Elderly ⃝ Families with Children ⃝ Unaccompanied Youth (12-24)

⃝ Veterans ⃝ Young Adults (18-24) ⃝ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Describe the target population and the number proposed to be served with the funding requested; the types of supporting documentation used to determine eligibility; eligibility requirements (if any) added to the program; the average length of time between intake and assistance given; and any attempt the agency has made to lower barriers to assistance.

**3.) Eligible Activities:**

**Financial Assistance:** Moving costs, Rental application fees, Security deposits, up to 2 months rent, Utility deposits, Utility payments, Arrearages up to 6 months

**Rental Assistance:** Full or partial rent payments made on behalf of the tenant for up to 9 months

**Services:** Housing Search/Placement, Housing stability case management, Mediation and legal services, Credit repair, budgeting & financial counseling, Salaries, staff travel and direct costs related to providing services.

3.) Describe how need is assessed and the *specific activities* that will be undertaken to address them.

**4.) Specific Requirements:**

Must document lack of other resources; All rental assistance is a maximum 9 months (excludes arrearages, which are limited to an additional 6 months); Assessment of need at intake and at 1 year; Arrearages – One-time payment of up to 6 months, included in total of 24 months assistance in a 3-year period; Meet w/ case manager at least once a month for the duration of assistance, except VAWA or FVPSA; Must have written standards, procedures and policies; Housing barriers addressed in a written plan; Assistance in obtaining appropriate supportive services like medical or mental health treatment or benefits like TennCare, SSI, or food stamps. “Rent Reasonableness,” Habitability, and LBP Inspection are required prior to occupancy.

4.) Describe any experience with meeting the above requirements and/or any issues with meeting them. Does the agency have staff trained in conducting the lead-based paint assessment and/or certified by HUD’s online lead-based paint visual assessment course?

**5.) Local Priority 1. Successful Housing Placement**

Permanent Housing - Housing that is not time restricted, including: permanent supportive housing; renting a room, apartment or house (with or without subsidy); staying with family or friends with permanent tenure.

Positive Housing - Forward progress in securing more permanent housing, including: from unsheltered to shelter; from shelter to transitional housing; from temporary/short-term housing to longer-term and permanent housing.

5.) Describe any experience with connecting people to housing as described above; access to housing resources; and how success will be measured.

6.) Describe any experience with assisting with removal of barriers to housing access; the plan to connect people with resources; and how success will be measured.

**6.) Local Priority 2. Removal of Significant Barriers to Housing Placement**

Examples include: Helping obtain Identification/Vital Records, improving access to income, etc.

**7.) Local Priority 3. Ensure Appropriate Services and Well-Defined Referrals**

Activities provide for positive, long-term outcomes for program participants,

rather than outputs that measure process but not results.

7.) Describe the plan to connect people with appropriate services and how success will be measured.

8.) Describe how program recipients give input. Does the agency conduct any surveys of participants? Describe any changes made to programs as a result from this feedback.

9.) Are there any obstacles that could delay project start-up or completion? If yes, please explain.

 🞏 Yes 🞏 No

10.) Lastly, if there is a *specific* and significant barrier presented by ESG requirements in this category, please describe it fully below. If yes, please explain. 🞏 Yes 🞏 No

**Homelessness Prevention**

**Definition:** These activities are designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human habitation, through housing relocation and stabilization services and short and/or medium term rental assistance.

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Project Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Homeless Definition Category: 2. At-risk for Homelessness**

**Homeless Definition Category: 3. Homeless Under Other Federal Statutes**

**Homeless Definition Category: 4. Attempting to Flee/Fleeing Domestic Violence**

1.) Describe agency and project manager experience with the above described clientele; the agency’s access to the clientele; use of standardized intake and assessment; and methods to reduce the length of time people are not permanently housed.

**2.) Target Population(s):** check all that apply

 ⃝ Persons with Disabilities ⃝ Domestic Violence

⃝ Elderly ⃝ Families with Children ⃝ Unaccompanied Youth (12-24)

⃝ Veterans ⃝ Young Adults (18-24) ⃝ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Describe the target population and the number proposed to be served with the funding requested; the types of supporting documentation used to determine eligibility; eligibility requirements (if any) added to the program; the average length of time between intake and assistance given; and any attempt the agency has made to lower barriers to assistance.

**3.) Eligible Activities:**

**Financial Assistance:** Moving costs, Rental application fees, Security deposits, up to 2 months rent, Utility deposits, Utility payments, Arrearages up to 6 months;

**Rental Assistance:** Full or partial rent payments made on behalf of the tenant for up to 9 months; **Services:** Housing Search/Placement, Housing stability case management, Mediation and legal services, Credit repair, budgeting and financial counseling, Salaries, staff travel and direct costs related to providing services.

3.) Describe how need is assessed; how *"But for this assistance…"* the person/household would become homeless, will be measured; and the *specific activities* planned to address their needs.

4.) Describe any experience with meeting the above requirements and/or any issues with meeting them. Does the agency have staff trained in conducting the lead-based paint assessment and/or certified by HUD’s online lead-based paint visual assessment course?

**4.) Specific Requirements:** Must meet HUDs definition of “at-risk for homelessness” and document lack of other resources. All rental assistance is a maximum 9 months (excludes arrearages, which are limited to an additional 6 months) Assessment of need at intake and at intervals of 3 months - One-time payment of up to 6 months, included in total of 24 months assistance in a 3-year period, Meet w/ case manager at least once a month for the duration of assistance, except VAWA or FVPSA. Must have written standards, procedures and policies, Housing barriers addressed in a written plan Assistance in obtaining appropriate supportive services like medical or mental health treatment or benefits like TennCare, SSI, or food stamps. “Rent Reasonableness,” Habitability, and LBP Inspection are required prior to occupancy.

**5.) Local Priority 1. Successful Housing Placement**

Permanent Housing - Housing that is not time restricted, including: permanent supportive housing; renting a room, apartment or house (with or without subsidy); staying with family or friends with permanent tenure.

Positive Housing - Forward progress in securing more permanent housing, including: from unsheltered to shelter; from shelter to transitional housing; from temporary/short-term housing to longer-term and permanent housing.

5.) Describe any experience with connecting people to housing as described above; access to housing resources; and how success will be measured.

**6.) Local Priority 2. Removal of Significant Barriers to Housing Placement**

Examples include: Helping obtain Identification/Vital Records, improving access to income, etc.

6.) Describe any experience with assisting with removal of barriers to housing access; the plan to connect people with resources; and how success will be measured.

**7.) Local Priority 3. Ensure Appropriate Services and Well-Defined Referrals**

Activities provide for positive, long-term outcomes for program participants,

rather than outputs that measure process but not results.

7.) Describe the plan to connect people with appropriate services and how success will be measured.

8.) Describe how program recipients give input. Does the agency conduct any surveys of participants? Describe any changes made to programs as a result from this feedback.

9.) Are there any obstacles that could delay project start-up or completion? If yes, please explain.

 🞏 Yes 🞏 No

10.) Lastly, if there is a *specific* and significant barrier presented by ESG requirements in this category, please describe it fully below. If yes, please explain. 🞏 Yes 🞏 No

**ALL APPLICANTS SHOULD COMPLETE THE FOLLOWING SECTIONS**

**IV. Financial Requirements**

**Please Note:** All Applicants must provide documentation of 100% (or $1:$1) match for ESG/Homeless Grants projects; however, match does not have to be in the same category as the ESG Program Component Category(ies) proposed.

Examples of match include:

* Cash Match – monies the Applicant has on hand to use towards the activity
* Donated Value of Property or Donated Lease – a building either owned by or donated to the Applicant for the activity
* Salaries – paid by other means for employees who will be working on the activity
* Volunteer Labor – time documented by volunteers to the activity
* Donated Items – clothing, food, furniture, etc., that is donated for the purpose of the activity
* Other Grant Funding – Only if the grantor of that funding allows it to be used as a match

**Please describe, in short paragraph form:**

1. Other funding sources you’re requesting or planning on including in the proposed project. Please include any funds you are requesting and/or expect to receive from other sources, including any federal funds, State of Tennessee, Knox County and any other City of Knoxville funding sources.
2. Specifically how and from what source your agency will provide match.
3. Are you proposing to partner with any other agencies on this project?
4. If your project can be scaled-down if a reduced funding amount is available. In the event there is not sufficient funding for the full request in the application, it may still be desirable to fund individual program components, or to partially fund the proposed activity. Clearly identify separately fundable project components. Be sure to also break-out the separate components in your project budget (Exhibit I.). Conversely, if the proposed activity is not viable without the full request, indicate that here. Is there a minimum amount of Homeless Grants funding you need for the project to be viable? If so, how much? Please be specific.
5. Your agency’s finance manager’s experience administering ESG, Homeless Grants and/or other grant program funding.
6. Your agency’s written standards of financial accountability/checks and balances/separation of duties.

**V. Affirmations and Signatures**

I have reviewed this application and agree that the description, performance goals, budget, and other aspects of the described project are reasonable and accurate to the best of my knowledge, and the governing body of my agency authorizes its submission.

I understand the City of Knoxville will not execute the required Subrecipient Agreement until all insurance requirements are met. Insurance requirements include, but are not limited to, a Certificate of Insurance showing proof of the following insurance coverage: commercial general liability, and umbrella liability insurance if necessary, with a limit of at least $2 million each occurrence and $3 million aggregate; automobile liability with a limit of at least $1 million; and workers’ compensation coverage compliant with the statutory limits. The City will require the provision of endorsements showing (1) the City, its officials, officers, employees, and volunteers as additional insured for commercial general and automobile liability, (2) waivers of subrogation in favor of the City, and (3) that coverage will be primary/non-contributory.

I understand that the City of Knoxville may verify any or all statements contained in this application, and that any intentionally false information or omission may disqualify my agency from consideration for Homeless Grants funding in the current and future years. I also understand that, upon submission, this application becomes the property of City of Knoxville and will not be returned to my agency in whole or in part.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized signature (Chief Official/Board President) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (typed or printed) Title

Chief Official and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finance Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **EXHIBIT 1** |
|  |
| **PROJECT BUDGET** |
|  |  |  |  |  |
| **Budget Line Items** | **Total Line Item Cost** | **Amount of Homeless Grants Funds Requested** | **Required Matching Funds** | **Leverage (Other Funding)** |
| **Street Outreach**  |  $ -  |   |   |   |
| **Emergency Shelter**  |  $ -  |   |   |   |
| **Homelessness Prevention**  |  $ -  |   |   |   |
| **Rapid Re-Housing**  |  $ -  |   |   |   |
| **Project Totals** |  $ -  |  $ -  |  $ -  |  $ -  |
|   |
| List Match Funding Sources (Homeless Grants Funds require a minimum of 1:1 funding for the project to come from another source). Match should be equal to or greater than the "Total Homeless Grants Funds Request" amount. |
| **Source** | **Amount** |
|   |     |
|   |     |
|   |     |
|   |     |
|   |     |

**EXHIBIT 2**

**CITY OF KNOXVILLE**

**Assurance of Compliance Under Title VI of the Civil Rights Act of 1964**

**Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the City of Knoxville, and any directives or regulations issued pursuant to that Act and the Regulations, to the effect that, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Applicant received financial assistance from the City of Knoxville; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

This Assurance is given in consideration of and for the purpose of obtaining any and all City administered federal financial assistance, grants and loans of City funds, reimbursable expenditures, grant or donations of City property and interest in property, the detail of City personnel, the sale and lease of, and the permission to use, City property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient or any improvement made with City financial assistance extended to the Applicant by the City.

 BY ACCEPTING THIS ASSURANCE, the applicant agrees to compile data, maintain records, and submit reports as required to permit effective enforcement of Title VI. If there are any violations of this assurance, the City shall have the right to recommend corrective actions or to seek administrative enforcement of this assurance, up to and including termination of federal funds.

 This assurance is binding on the applicant, its successors, transferees, and assignees as long as it receives assistance from the City. In the case of real property, this assurance is binding for as long as the property is used for a purpose for which assistance was intended or for the provision of services or benefits similar to those originally intended. In the case of personal property, this assurance applies for as long as the recipient retains ownership or possession of the property. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the applicant.

**Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (typed or printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXHIBIT 3**

**TIMELINE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project activities or phases | July 2020 | Aug 2020 | Sept 2020 | Oct2020 | Nov2020 | Dec2020 | Jan2021 | Feb2021 | Mar2021 | Apr2021 | May2021 | June2021 |
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**EXHIBIT 4**

**Assurance of Audit Requirements**

**Subrecipients** of Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG)/Homeless Grants, and /or HOME funding **that** **expend $750,000 or more** in total Federal financial assistance in a year are responsible for obtaining an **independent** **audit** in accordance with the Single Audit Act of 1984 and 2 CFR Part 200. The computation of the total of such assistance includes all Federal funds received by the entire entity. For purposes of determining the amount of Federal assistance expended, all Federal assistance shall be considered, including that which is received directly from a Federal agency, or passed through a state or local government, or through non-profit organizations, or any combination thereof.

**If a subrecipient expends less than $750,000** per year in Federal financial assistance, it is exempt from Federal audit requirements. However, the subrecipient must still have records available for review by HUD, the grantee (City of Knoxville,) or GAO, and there also may be separate state or local laws prescribing additional audit requirements.

I hereby attest that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of agency) expended $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the past fiscal year in Federal financial assistance as defined above and, therefore, an audit \_\_\_***IS \_\_\_IS NOT*** required. Our most recent fiscal year ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Printed or Typed) Title

If applicable, a copy of the most recent audit, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is attached.

**EXHIBIT 5**

**CITY OF KNOXVILLE**

**Certification of Compliance with the City of Knoxville Conflict of Interest and Procurement Policies**

**Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**hereby takes notice of and warrants** that it is not in violation of, or has not participated, and will not participate, in the violation of any of the following Conflict of Interest and Procurement Policies:

1. **City of Knoxville Requirements**

 (A) City of Knoxville Code of Ordinances Section 2-1048. Conflict of Interest.

It shall be unlawful for any employee of the city to participate, directly or indirectly, through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering advice, investigation, auditing or otherwise, in any proceeding or application, request for ruling or other determination, claim or controversy or other matter pertaining to any contract or subcontract and any solicitation or proposal therefore, where to the employee's knowledge there is a financial interest possessed by:

(1) The employee or the employee's immediate family;

(2) A business other than a public agency in which the employee or a member of the employee's immediate family serves as an officer, director, trustee, partner or employee; or

(3) Any other person or business with whom the employee or a member of the employee's immediate family is negotiating or has an arrangement concerning prospective employment.

 (B) City of Knoxville Code of OrdinancesSec. 2-1050. Gratuities and Kickbacks Prohibited.

*Gratuities*. It is unlawful for any person to offer, give or agree to give to any person, while a city employee, or for any person, while a city employee, to solicit, demand, accept or agree to accept from another person, anything of a pecuniary value for or because of:

(1) An official action taken, or to be taken, or which could be taken;

(2) A legal duty performed, or to be performed, or which could be performed; or

(3) A legal duty violated, or to be violated, or which could be violated by such person while a city employee.

Anything of nominal value shall be presumed not to constitute a gratuity under this section.

*Kickbacks*. It is unlawful for any payment, gratuity or benefit to be made by or on behalf of a subcontractor or any person associated therewith as an inducement for the award of a subcontract or order.

**II. 24 CFR 576.404 Conflict of Interest.**

No person who is an employee, agent, consultant, officer, or elected or appointed official of the grantee, nonprofit recipient that receives Homeless Grant amounts and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for him or herself or for those with whom he or she has family or business ties, during his or her tenure, or for one year thereafter. HUD may grant an exception to this exclusion as provided in 24 CFR 570.611 (d) and (e).

**III. 2 CFR Part 200. Codes of Conduct.**

The recipient shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to subagreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the recipient.

**Applicant address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Authorized signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**