

# APPLICATION INSTRUCTIONS

## For Emergency Solutions Grant (ESG) 2024 - 2025

The ESG Program is designed to end homelessness by providing financial assistance to eligible non-profit organizations (NPOs) or general units of local government for:

- **Street Outreach** (SO) to engage with unsheltered homeless populations
- **Emergency Shelter** (ES) to increase access to, or improve the quality of, temporary emergency shelters
- **Rapid Re-Housing** (RRH) to rapidly move homeless individuals and families into permanent housing
- **Homelessness Prevention** (HP) to provide at-risk individuals and families with financial stabilization to prevent them from becoming homeless
- **Homeless Management Information System** (HMIS) to offset the cost of data collection and reporting required by the program
- **Administration** (ADMIN) to offset the cost of certain program administrative expenses

Specific activities within each of the above ESG “components” may, if the associated requirements are correctly documented, be reimbursable from an ESG sub-grant. Those activities and requirements are described in the regulations for the U.S. Department of Housing and Urban Development (HUD) in 24 CFR Part 576 and in the Arkansas Development Finance Authority Grant Policy and Procedures Manual. **Before starting this application, the applicant should review both documents to verify both applicant and project eligibility.**

### Completion Instructions

**Applicants who fail to follow the completion and submission instructions specified in this document will score poorly or, for certain failures, not be considered for funding.**

Applicants who applied for the ESG sub-grant in previous grant cycles are cautioned to be mindful of the specific instructions found in THIS application. Please do not assume that this application is the same as the application from a prior grant cycle. Questions should be read carefully. Applicants should not simply cut and paste responses from a previous year.

Each section of the application should be completed following the specific instructions for that section.

**\*IT IS EXTREMELY IMPORTANT TO FOLLOW ALL INSTRUCTIONS EXACTLY AS WRITTEN\***

# Submission Instructions

After completing the application,

1. **Remove these instruction pages. They are not part of the application.**
2. Complete the application and ensure all required application attachments are complete and ready.
3. Completed application and required attachments must be submitted through the ADFA Programs Portal. Applicants will need a Provider Number to access the Portal. If you do not have an ADFA Provider Number, click the link below to obtain a Provider Number.

[ESG Program Provider Setup Form](#)

If your agency already has a Provider Number, use that to access the portal.

[ADFA Programs Portal](#)

Please use the detailed ADFA Programs Portal application submission instructions included in the Application Period Open email. These instructions will be posted on the ADFA website, expected to launch on 12/17/2024.

The entire completed application package is due at

**4:30 PM 01/13/2025**

## Scoring Criteria

2024-25 ESG Sub-Grant Applications will be scored according to the following criteria:

Criterion	Maximum Possible Score
<b>Narrative</b>	35
<b>Budget</b>	25
<b>Audit</b>	15
<b>Geographic Need</b>	10
<b>Capacity</b>	10
<b>CoC Participation</b>	5
<i>Total Possible Points</i>	<b>100</b>

## **Up to 35 points will be awarded based on the Narrative**

The Narrative is to clearly, concisely and compellingly address each of the seven topics:

1. What eligible activities does the applicant propose to complete with ESG funds?
2. Who (quantity and demographic) are the eligible participants who will benefit from the proposed activities?
3. What specific capacity does the applicant possess to provide the proposed activities?
4. What specific capacity does the applicant possess to manage a federal grant?
5. What specific data can the applicant cite to demonstrate a strong need for the proposed project activities?
6. If the applicant received any ESG sub-grant within the past two years, provide a compelling success story.
7. Please identify agencies you are partnering with to provide services using the ESG funding. These partnerships must be presented on the partners' letterhead, be signed by the partners' responsible party, and clearly state the item or service the partner brings to the project.
8. HMIS software usage or comparable software for domestic violence victims is required. Describe how your agency has and will update HMIS and/or DV software with client information, case management notes and track the client with the ESG funding. If new to the program, please advise.

The Narrative is limited to **six pages** The Narrative will be scored on the quality, not the quantity, of the content.

## **Up to 25 points will be awarded based on the Budget**

**Part I is the ESG Sub-Grant Budget and is worth up to five points.** This budget must be entered directly into the application and must show only the proposed distribution of only ESG dollars. The ESG Budget subtotals in the ESG budget must exactly equal the ESG Sub-Grant Component totals on the application cover page. *If the ESG Sub-Grant Budget subtotals do not exactly equal the ESG Sub-Grant Component Requested Funding on the application cover page, zero points will be awarded for the ESG Sub-Grant Budget.*

**Part II is the ESG Project Budget and is worth up to 10 points.** This budget must also be entered directly into the application and must include the ESG sub-grant budget, the match, and all other resources that will pay for ESG activities provided to ESG participants. The ESG sub-grant requires a 100%(1-to-1) match, and the match must be clearly shown in the ESG project budget. **If a 100% match is not clearly shown, zero points will be awarded for the ESG Project Budget.**

**Part III is an Organizational Budget and is worth up to 10 points.** This budget is the applicant's own form and is a required attachment to the ESG application. It must include the ESG Project Budget as well as the budget for any non-ESG relative activities, or ESG activities provided to non-ESG participants, supported by other funding sources. The Organizational Budget will be used to verify that organization-wide expenses, such as insurance and utilities, are cost-allocated appropriately according to a cost allocation plan approved by the Arkansas Development Finance Agency prior to signing the subrecipient agreement.

## **Up to 15 points will be awarded for the applicant's most recent Audit**

Counties and municipalities may, if available, submit audits of the Department or Division containing the ESG project. The most recently reported audit is required. If no audit has been conducted, a non-profit organization (NPO) must submit a [Statement of Financial Position](#)<sup>1</sup> (SOP), and a [Statement of Cash Flows](#)<sup>2</sup>, but these documents may not be substituted for an audit if an audit has been conducted.

<sup>1</sup> <https://www.nonprofitaccountingbasics.org/reporting-operations/statement-financial-position>

<sup>2</sup> <http://accounting-simplified.com/financial/statements/cash-flow-statement.html>

Audits are initially awarded the full 15 points, but the points may be reduced by reviewers according to the Findings, Deficiencies or Concerns revealed by the audit.

SOPs and Statements of Cash Flows are also initially awarded the full 15 points, but these points also may be reduced by reviewers.

### **Up to 10 points will be awarded based on Geographic Need**

Reviewers will score the application based on the counties being served, the most recent Point in Time (PiT) count figures, proposed activities, and populations being served. These will be considered alongside the proposed budget.

### **Up to 10 points will be awarded based on Capacity**

The ESG program involves significant paperwork that requires accuracy, attention to detail, and the ability to prepare monthly invoices using a Microsoft Excel workbook. The applicant's capacity to effectively assemble the necessary file documentation, to successfully complete and submit a payable invoice, and to provide the service(s) described in the application must be supported by a description of available resources and personnel in the Narrative.

### **5 points will be awarded for documentation of active Continuum of Care participation**

Newly formed organizations will be awarded five points for documented contact that expresses the intent to join and participate.

### **OVERALL SCORE**

All applications will be scored after the application period has closed. Applications will be scored based on the criteria discussed above. The overall score will be applied to each application and will determine whether the application will received funding.

## **Application Assistance**

Have questions?

Application Information: Pagan Williams - [ArkansasESG@horne.com](mailto:ArkansasESG@horne.com)

ADFA Programs Portal: Susan Gardner - [Susan.Gardner@arkansas.gov](mailto:Susan.Gardner@arkansas.gov)

Alisa Green - [Alisa.Green@arkansas.gov](mailto:Alisa.Green@arkansas.gov)

# Arkansas Development Finance Authority



## 2024-2025 Emergency Solutions Grants Program Application

Organization Name: \_\_\_\_\_

Continuum of Care: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ AR, \_\_\_\_\_

County: \_\_\_\_\_

ESG Component	Requested Funding
Street Outreach (SO)	
Emergency Shelter (ES)	
Rapid Re-Housing (RRH)	
Homelessness Prevention (HP)	
*HMIS (Paid directly to HMIS Provider)	
**ADMIN	
<b>Total Requested</b>	

\*HMIS - not to exceed 5%

\*\*ADMIN - Not to exceed 1%

# Application Checklist

Each item listed below must be provided. Applications that do not include each of the following items are incomplete and will not be considered for funding. The applicant is strongly encouraged to obtain necessary signatures and forms early, as some documents require a lead time.

**Applications must be submitted through the ADFA Programs Portal. There will be a slot for each document to be uploaded.**

## Attachments

- SF-424
- State and Regional Development District Clearinghouse Letters
- Verification of active SAM registration
- IRS 501(c)(3) Determination Letter *(if a Non-Profit Organization)*
- Continuum of Care “Good Standing” Letter<sup>3</sup>
- Local Government Approval Letter<sup>4</sup>
- HUD-2991 Certification of Consistency with the Consolidated Plan
- Organizational Chart showing Staff involved with operation of the ESG program Audit / SOP &
- Statement of Cash Flows
- Organizational Budget
- Letters of Support
- Partnership Documentation
- Minimum Habitability Standards for Emergency Shelters *(if requesting Shelter funding)*  
Program Policies and Procedures Certification  
Case Management and Life Skill Coaches Cost Reasonableness

<sup>3</sup> The “Good Standing” Letter is not a specific form. It is simply a letter from the applicant’s Continuum of Care stating that the applicant has regularly attended meetings and has participated in PIT counts.

<sup>4</sup> The Local Government Approval Letter is not a specific form. It is simply a letter from the Mayor or County Judge approving the project in his/her jurisdiction.

## Applicant Information

The applicant must fill out each field in this Section. If the duties in fields 10-13, 14-17, or 18-21 are duplicated, then the applicant must re-enter the information. **Do not leave fields blank.**

1. Legal Name: \_\_\_\_\_

2. Federal Tax ID Number (TIN): \_\_\_\_\_

3. D-U-N-S\* Number: \_\_\_\_\_ (should be 9-digits) <http://fedgov.dnb.com/webform>

4. SAM.gov Unique Entity Identifier (UEI) Number: \_\_\_\_\_

5. Physical Address\*: \_\_\_\_\_

6. Physical City\*: \_\_\_\_\_ 6. Physical ZIP\*: \_\_\_\_\_

\* The physical location is necessary for the Environmental Review. Domestic Violence Shelters should enter "CONFIDENTIAL" directly after the address to ensure the address is kept confidential.

7. Mailing Address: \_\_\_\_\_

8. Mailing City\*: \_\_\_\_\_ 9. Mailing ZIP\*: \_\_\_\_\_

10. Name of Responsible Party (RP)<sup>5</sup>: \_\_\_\_\_

11. Title: \_\_\_\_\_

12. Phone: \_\_\_\_\_

13. Email: \_\_\_\_\_

14. Name of the person who will complete invoices (INV): \_\_\_\_\_

15. Title: \_\_\_\_\_

16. Phone: \_\_\_\_\_

17. Email: \_\_\_\_\_

18. Name of the primary HMIS Person (HMIS): \_\_\_\_\_

19. Title: \_\_\_\_\_

20. Phone: \_\_\_\_\_

21. Email: \_\_\_\_\_

<sup>5</sup> The Responsible Party (RP) is the Executive Director, Commanding Officer, CEO, etc. It is not the project manager or person handling ESG sub-grant responsibilities at the organization.

**22. Responsible Party**

Printed Name: \_\_\_\_\_

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

"I hereby acknowledge that the submission of this Emergency Solutions Grants Application has been approved by me and, if necessary, the Board of Directors."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Project Information

The applicant must complete each item in this Section, except for item #1. **A Project Name should only be entered if it differs from the applicant's name. Examples might be a named shelter or a project "doing business as" something other than the parent organization.**

1. Project Name: \_\_\_\_\_

2. Continuum of Care:

- Central Arkansas Team Care for the Homeless (CATCH)
- Fayetteville / Northwest Arkansas CoC
- Southeast Arkansas CoC (SOARS)
- Old Fort Homeless Coalition
- Arkansas Balance of State

3. Please enter the counties that this project proposes to serve in the fields below:

- |                                     |                                       |                                       |                                      |
|-------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Arkansas   | <input type="checkbox"/> Dallas       | <input type="checkbox"/> Lee          | <input type="checkbox"/> Pope        |
| <input type="checkbox"/> Ashley     | <input type="checkbox"/> Desha        | <input type="checkbox"/> Lincoln      | <input type="checkbox"/> Prairie     |
| <input type="checkbox"/> Baxter     | <input type="checkbox"/> Drew         | <input type="checkbox"/> Little River | <input type="checkbox"/> Pulaski     |
| <input type="checkbox"/> Benton     | <input type="checkbox"/> Faulkner     | <input type="checkbox"/> Logan        | <input type="checkbox"/> Randolph    |
| <input type="checkbox"/> Boone      | <input type="checkbox"/> Franklin     | <input type="checkbox"/> Lonoke       | <input type="checkbox"/> St. Francis |
| <input type="checkbox"/> Bradley    | <input type="checkbox"/> Fulton       | <input type="checkbox"/> Madison      | <input type="checkbox"/> Saline      |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Garland      | <input type="checkbox"/> Marion       | <input type="checkbox"/> Scott       |
| <input type="checkbox"/> Carroll    | <input type="checkbox"/> Grant        | <input type="checkbox"/> Miller       | <input type="checkbox"/> Searcy      |
| <input type="checkbox"/> Chicot     | <input type="checkbox"/> Greene       | <input type="checkbox"/> Mississippi  | <input type="checkbox"/> Sebastian   |
| <input type="checkbox"/> Clark      | <input type="checkbox"/> Hempstead    | <input type="checkbox"/> Monroe       | <input type="checkbox"/> Sevier      |
| <input type="checkbox"/> Clay       | <input type="checkbox"/> Hot Spring   | <input type="checkbox"/> Montgomery   | <input type="checkbox"/> Sharp       |
| <input type="checkbox"/> Cleburne   | <input type="checkbox"/> Howard       | <input type="checkbox"/> Nevada       | <input type="checkbox"/> Stone       |
| <input type="checkbox"/> Cleveland  | <input type="checkbox"/> Independence | <input type="checkbox"/> Newton       | <input type="checkbox"/> Union       |
| <input type="checkbox"/> Columbia   | <input type="checkbox"/> IZard        | <input type="checkbox"/> Ouachita     | <input type="checkbox"/> Van Buren   |
| <input type="checkbox"/> Conway     | <input type="checkbox"/> Jackson      | <input type="checkbox"/> Perry        | <input type="checkbox"/> Washington  |
| <input type="checkbox"/> Craighead  | <input type="checkbox"/> Jefferson    | <input type="checkbox"/> Phillips     | <input type="checkbox"/> White       |
| <input type="checkbox"/> Crawford   | <input type="checkbox"/> Johnson      | <input type="checkbox"/> Pike         | <input type="checkbox"/> Woodruff    |
| <input type="checkbox"/> Crittenden | <input type="checkbox"/> Lafayette    | <input type="checkbox"/> Poinsett     | <input type="checkbox"/> Yell        |
| <input type="checkbox"/> Cross      | <input type="checkbox"/> Lawrence     | <input type="checkbox"/> Polk         |                                      |

4. Please indicate the population(s) to be served, ensuring that you check all the apply:

- Men
- Women
- Families
- Unaccompanied Youth
- AIDS / Related Disease
- Chronically Homeless
- Drug or Alcohol Abuse
- Fleeing or Attempting to Flee Domestic and Sexual Violence
- Severe Mental Illness (SMI)
- Veterans

# Budgets

## Part I: The ESG Sub-Grant Budget

The applicant must indicate how ESG funds, if awarded, should be distributed.

<b>Street Outreach</b>		
<b>Emergency Shelter</b>		
Shelter Operations		
Essential Services		
Rehab, Renovation, Conversion		
<b>Rapid Re-Housing</b>		
Rental Assistance		
<b>Housing Relocation and Stabilization</b>		
Financial Assistance		
Services		
<b>Homelessness Prevention</b>		
Rental Assistance		
<b>Housing Relocation and Stabilization</b>		
Financial Assistance		
Services		
<b>HMIS - not to exceed 5%</b>		
<b>ADMIN - not to exceed 1%</b>		

<b>ESG Sub-Grant Budget Summary</b>	
Street Outreach Subtotal	
Emergency Shelter Subtotal	
Rapid Re-Housing Subtotal	
Homelessness Prevention Subtotal	
HMIS Subtotal	
ADMIN Subtotal	
<b>Total ESG Request</b>	

**NOTE:** The Subtotals and Total ESG Request above must be an exact match of the cover sheet.

## Part II: The ESG Project Budget

On the following pages, the applicant must enter the budget for the entire ESG Project.

The ESG Project Budget should show proposed ESG sub-grant funds and all Federal, State, Local and Private funds expected to contribute to the ESG project. Applicants should show only ESG project activities provided to ESG program participants in this budget.

**The ESG sub-grant requires a minimum of 100% match. If a minimum match of 100% is not shown on the ESG Project Budget, the project will not be considered for funding.**

Applicants may request a waiver of any amount of match shown on the ESG Project Budget. However, waivers should only be requested in instances where the applicant is unable to provide the match. Waivers must not be requested to redirect applicant funding from match to non-ESG activities or to non-ESG persons or families. However, ADFA may approve the waiver in extraordinary situations. Subrecipients may contact ADFA for more information.

## ESG Project Budget

Please complete the projected ESG Project Sources and Uses for the Performance Period.

ESG Activity	ESG Funds Requested	Other HUD Federal	Non-HUD Federal	State Funds	Local Funds	Private	ESG Project Sub-Total
<b>Street Outreach</b>							
<b>Shelter Operations</b>							
<b>Shelter Essential Services</b>							
<b>Shelter Rehab, Reno, Conv</b>							
<b>RRH Rental Assistance</b>							
<b>RRH Financial Assistance</b>							
<b>RRH Services</b>							
<b>HP Rental Assistance</b>							
<b>HP Financial Assistance</b>							
<b>HP Services</b>							
<b>HMIS</b>							
<b>ADMIN</b>							
<b>Totals</b>							

## **MATCH INFORMATION**

### *Proposed Match*

The Emergency Solutions Grants Program requires a 100% (1-to-1) match for each grant dollar awarded. The match may be other Federal monies, State funds, local government funds, corporate gifts, proceeds from fund- raising events, private cash donations or in-kind contributions.

It is extremely important to understand that Match is made when funds are expended, not when they are obtained, and only when they are expended on ESG activities for ESG participants. Match must be certified each month. Approved agencies will be asked to provide proof of match at any time after it has been certified.

Non-cash contributions, such as in-kind donated services, are valued at the prevailing minimum wage for unskilled labor, \$10.00 per hour for skilled labor, and \$150 per hour for professional services such as pro bono legal services or waived medical/dental fees. Noncash contributions may also include the fair market value of any real property donated to the subrecipient after the date that HUD signs the grant agreement with the State if the real property is used for an ESG activity.

Funds pledged as match for ESG may not be pledged as match for any other grant, and they must not have been obtained by citing the ESG grant as a match.

Applicants must indicate the funding source(s) that are being proposed as match below.

<b>Source</b>	<b>Program Name</b>	<b>Cash Value</b>
Other HUD Funds		
Non-HUD Federal Funds		
State Gov't Funds		
Local Gov't Funds		
Corporate Gifts		
United Way		
Private Contributions		
Fundraising Events		
Client Fees		
Earned Income		
In-Kind General Labor		
In-Kind Professional Services		
	<b>Total Pledged Match</b>	

Applicants may request a waiver of any amount of match shown on the ESG Project Budget. However, waivers must not be requested in instances where the applicant is unable to provide the match. Waivers should never be requested to redirect applicant funding from match to non-ESG activities or to non-ESG persons or families.

1. Match Waiver Request\*

*\*Please note that match exemption requests are not guaranteed, and projects requesting a match exemption that can not be granted will be deemed fiscally non-viable and will not be funded.*

2. In the space provided below, concisely justify any requested match waiver.

## Program Policies and Procedures Certification

I certify, if awarded ESG funding, the entity will have updated policies and procedures specific to ESG funding. These policies and procedures will include all requirements outlined in ADFA's ESG Program Policies and Procedures and will adhere to all Federal, State, and ADFA requirements.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Street Outreach Information**

- 1. Are ESG funds being requested to support a Street Outreach project?  
 **Yes** If yes, please complete questions 2-6 below and complete the attached line item budget form for the amount you're requesting.  
 **No** If no, please skip to the next section

- 2. What specific needs will the proposed Street Outreach project address?

3. What are the goals of the proposed Street Outreach project?

4. Cite specific, local evidence of the needs for the services proposed.

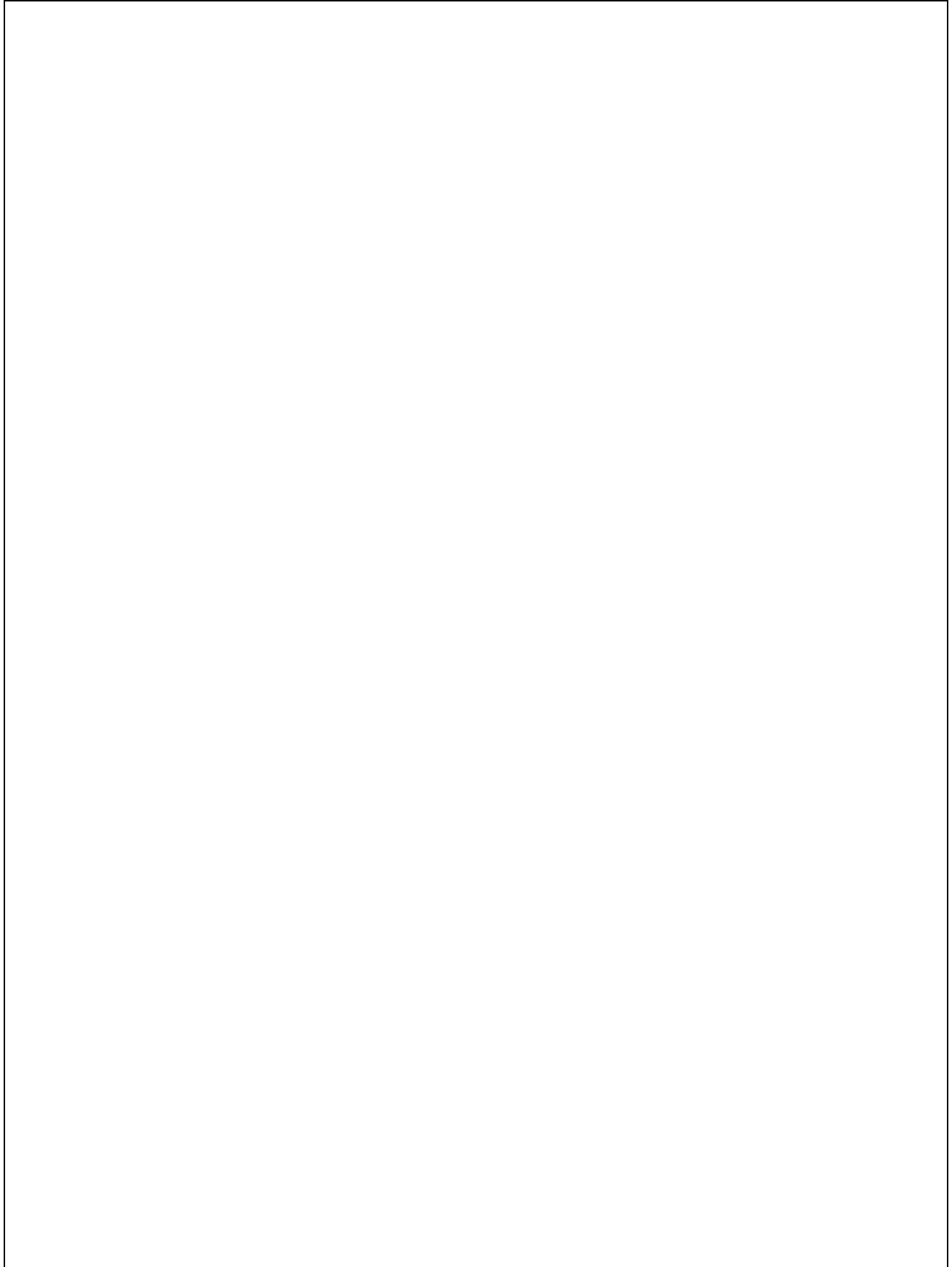
5. In what specific areas of the applicant's community will services be provided?

6. Will these Street Outreach services be integrated with other programs serving homeless persons and with mainstream resources? If so, how?

## Emergency Shelter Information

1. Are ESG funds being requested to support an Emergency Shelter?  
 Yes ***If yes, please complete questions 2-6 below and complete the attached line item budget form for the amount you are requesting.***  
 No ***If no, please skip to the next section.***
  
2. Has the applicant's shelter recently passed an ESG Minimum Habitability Standards for Emergency Shelters Inspection?  
 Yes ***If yes, the inspection must be included as part of the attachments.***  
 No ***If no, Emergency Shelter funds will not be awarded as this is a requirement.***
  
3. What specific needs will the proposed Emergency Shelter project address?

4. What are the goals of the proposed Emergency Shelter project?



5. Can you cite specific, local evidence of the need for this Emergency Shelter?

[Empty response box]

6. Describe the entry requirements for this shelter and explain any requirements clients must meet to remain in the shelter after entry.

7. To whom will this Emergency Shelter offer services?

- Men       Women       Families       Unaccompanied Youth

8. If this Emergency Shelter will not offer bed space to Men / Women / Families / Unaccompanied Youth, how will those not accepted into the Shelter be helped?

9. How far away is the nearest shelter that does accept any demographic (men / women / families) not accepted into this shelter, and how do homeless persons turned away get to the nearest shelter that will accept them?

10. Does this Shelter ever charge a fee for overnight stay?

- Yes       No

11. What was this shelter's average length of stay during the most recent calendar year?



12. Describe your agency's process for assisting clients with obtaining and remaining in permanent housing.

[Empty text box for describing the agency's process for assisting clients with obtaining and remaining in permanent housing.]

13. Explain your agency's strategy for ensuring that clients receive individualized assistance to best meet their needs for housing stability. Please describe the types and frequency of services provided.

14. Please explain this shelter's methods for reducing the length of stay, and describe the strategies used to reduce the length of time shelter residents remain homeless.

15. Discuss any diversion methods your agency utilizes during the initial intake process with clients.

[Empty text box for response]

16. Are you requesting renovations?  Yes  No **If yes, give detailed description.**

**Renovation (do not include this page in the grant application if you're not applying for Renovation funds)**

Types:

- 1) Major rehabilitation: If rehabilitation cost of an emergency shelter exceeds 75 percent of value of the building before rehabilitation, minimum period of use is 10 years.
- 2) Conversion: If cost to convert a building into an emergency shelter exceeds 75 percent of value of the building after conversion, minimum period of use is 10 years.
- 3) Renovation other than major rehabilitation or conversion: in all other cases where ESG funds are used for renovation, minimum period of use is 3 years.

What type of Renovation is applicant proposing?

major rehab  conversion  other renovation

Address of property: \_\_\_\_\_

Owner of property: \_\_\_\_\_

Is the building currently occupied  Yes  No

If yes, is the building occupied as a shelter?  Yes  No

Emergency shelter services planned: number of beds: \_\_\_\_\_; population to be served \_\_\_\_\_

Area to be served \_\_\_\_\_

Describe scope of rehab/conversion/renovation project:

## Rapid Re-Housing and Homelessness Prevention Information

1. Are ESG funds being requested to support Rapid Re-Housing and/or Homelessness Prevention project(s)?
- Yes** *If yes, please complete questions 2-6 below and complete the attached line item budget form for the amount you are requesting.*
- No** *If no, please skip to the next section*

2. What specific needs will the RRH/HP project address? Please list specific goals.

3. Please describe the referral process for how clients are referred to your project. Explain how your project is connected to the Coordinated Entry process of your service area.

4. Please explain the strategy for targeting funds to those most at need within your service area. Explain the methods of outreach your agency will use to engage with these individuals or families.

5. Please explain your agency's strategy for ensuring that clients receive individualized assistance to best meet their needs for housing stability. Please describe the types and frequency of services.

6. Please explain any limitations your agency has within the program, specifically addressing the length of time client can remain in the project and amount of assistance clients are able to receive.

## Narrative Section

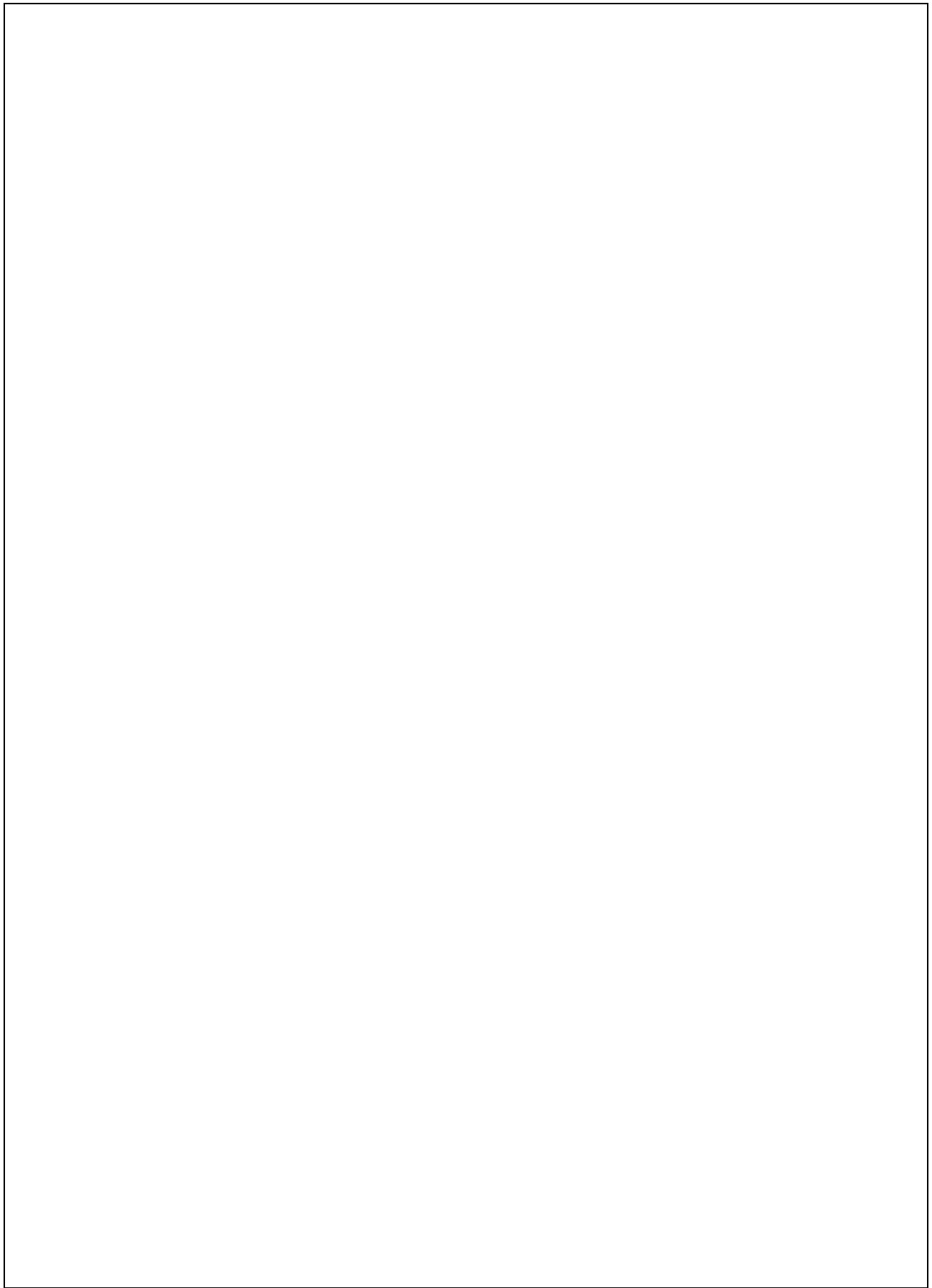
This section will account for 35% of the application score. It should be compelling to both ESG and non-ESG reviewers. It must clearly and concisely address the following six topics:

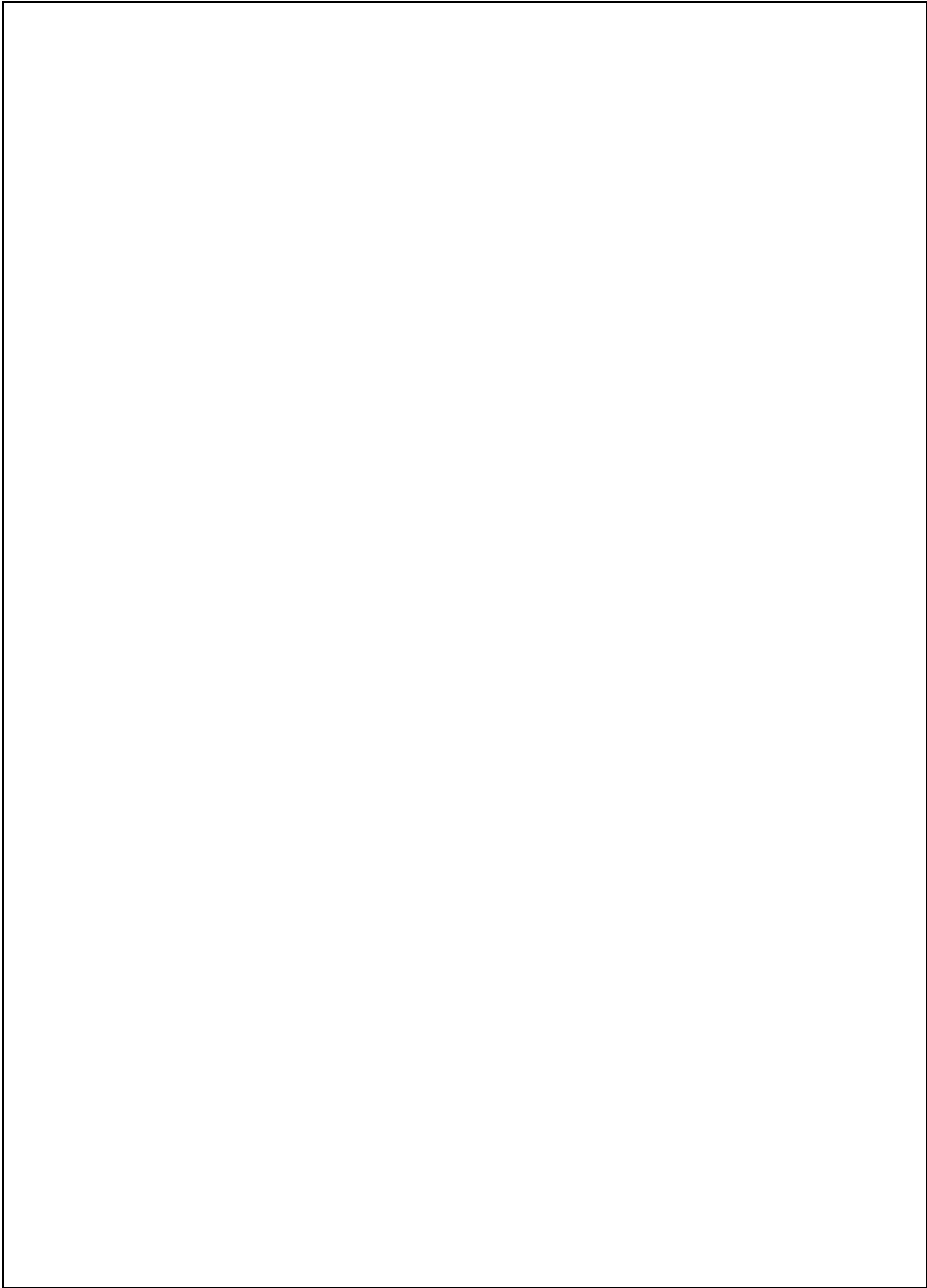
1. What eligible activities does the applicant propose to complete with ESG funds?
2. Who (quantity and demographic) are the eligible participants who will benefit from the proposed activities? Explain the applicant's experience in providing services targeted to these populations.
3. What specific capacity does the applicant possess to provide the proposed activities?
4. What specific capacity does the applicant possess to manage a federal grant?
5. What specific data can the applicant cite to demonstrate a strong need for the proposed project activities?
6. Please identify agencies you are partnering with to provide services using the ESG funding. These partnerships must be presented on the partners' letterhead, be signed by the partners' responsible party, and clearly state the item or service the partner brings to the project.
7. If the applicant received any ESG sub-grant within the past two years, provide a compelling success story.
8. Does the applicant understand and have experienced with HMIS or comparable software for victims of domestic violence? Describe how your agency has an will update HMIS and/or DV software with client information, case management notes, and track the client with the ESG funding. If new to the program, please advise.

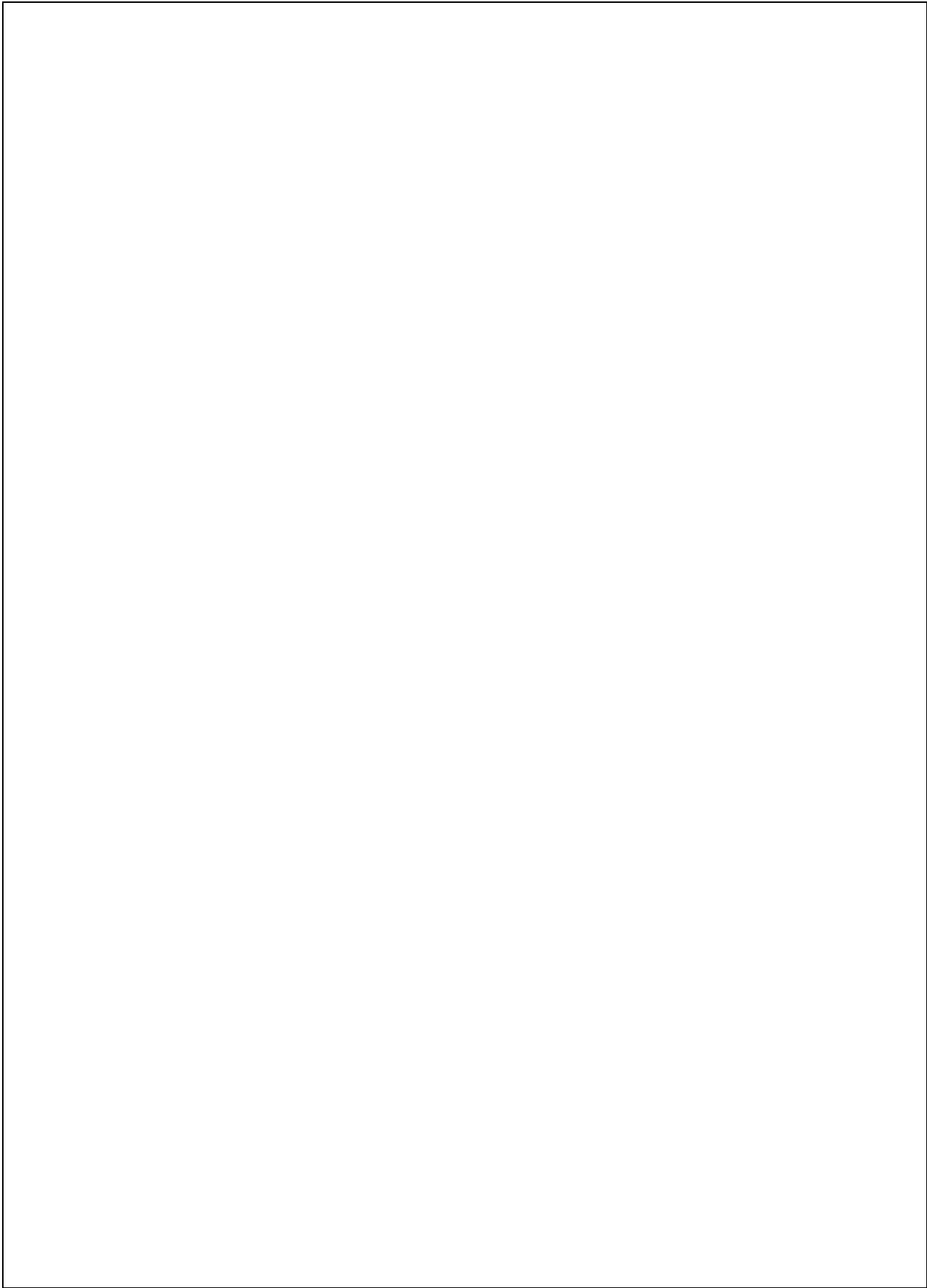
The Narrative is limited to not more than six pages, but there is no minimum length requirement. Six pages of repetitive, poorly written narrative will not score as well as fewer pages of well-written and informative content. The Narrative will be scored on the quality, not the quantity, of the content.

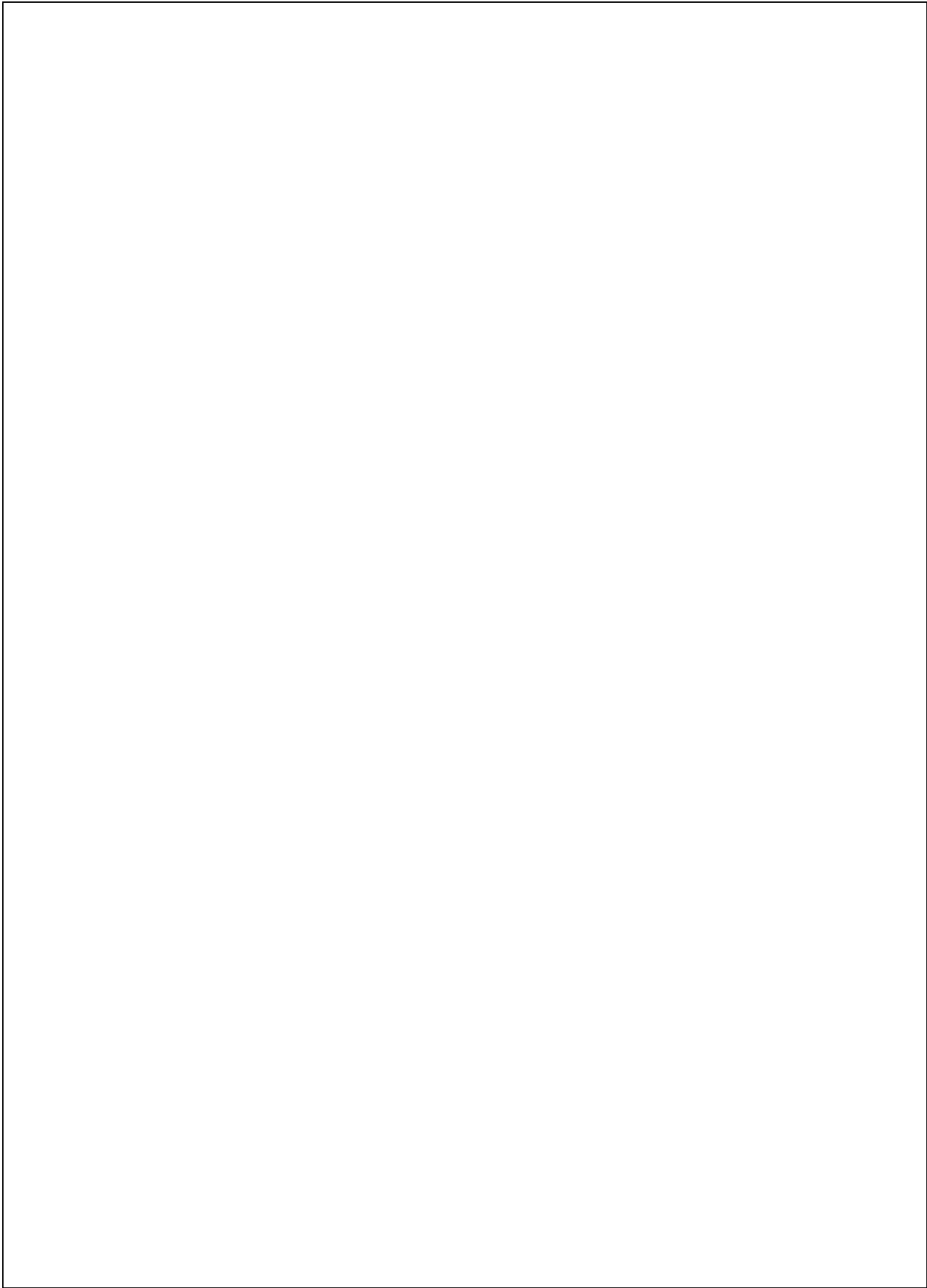
**I acknowledge that I have read these instructions.**

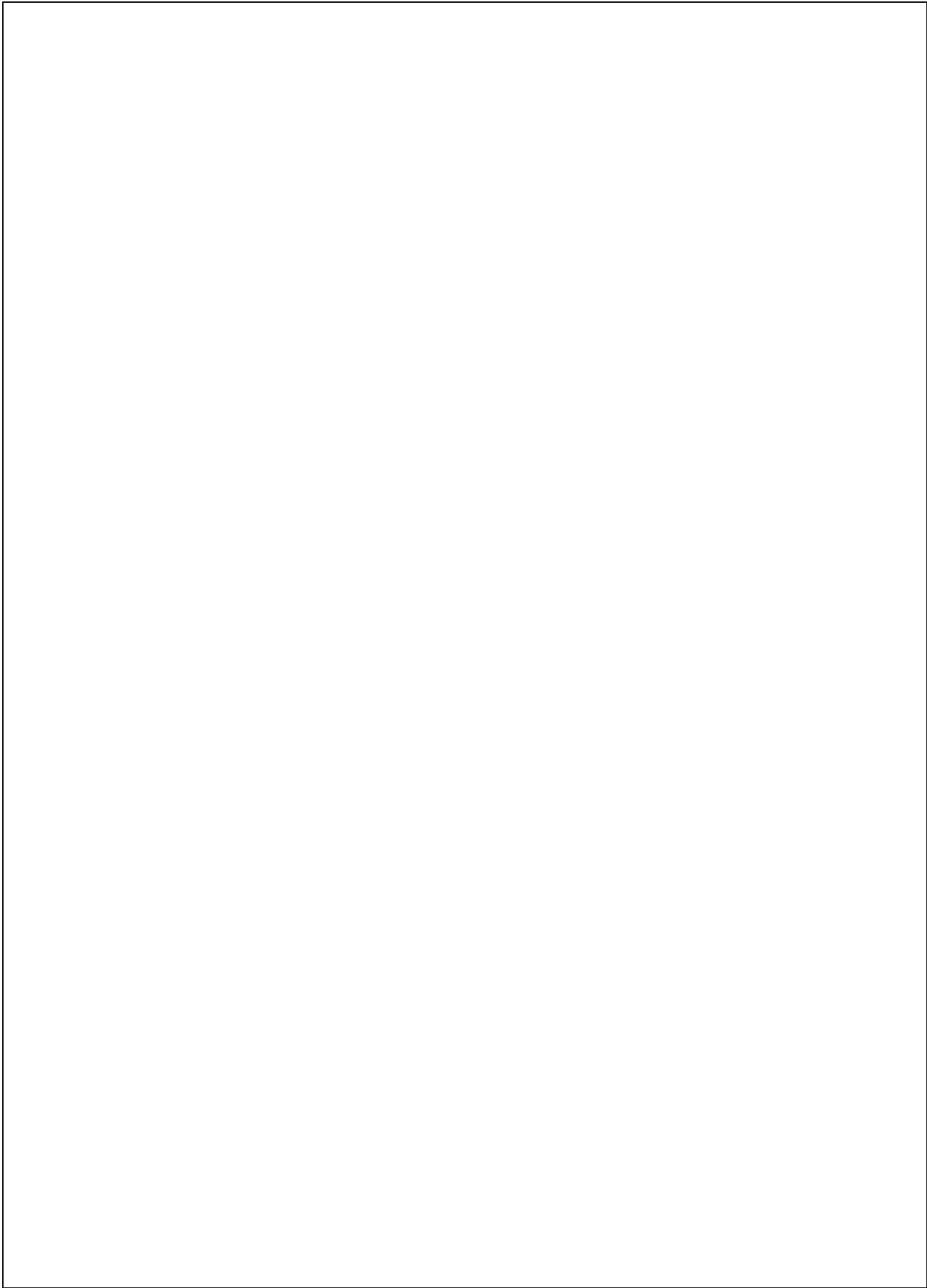


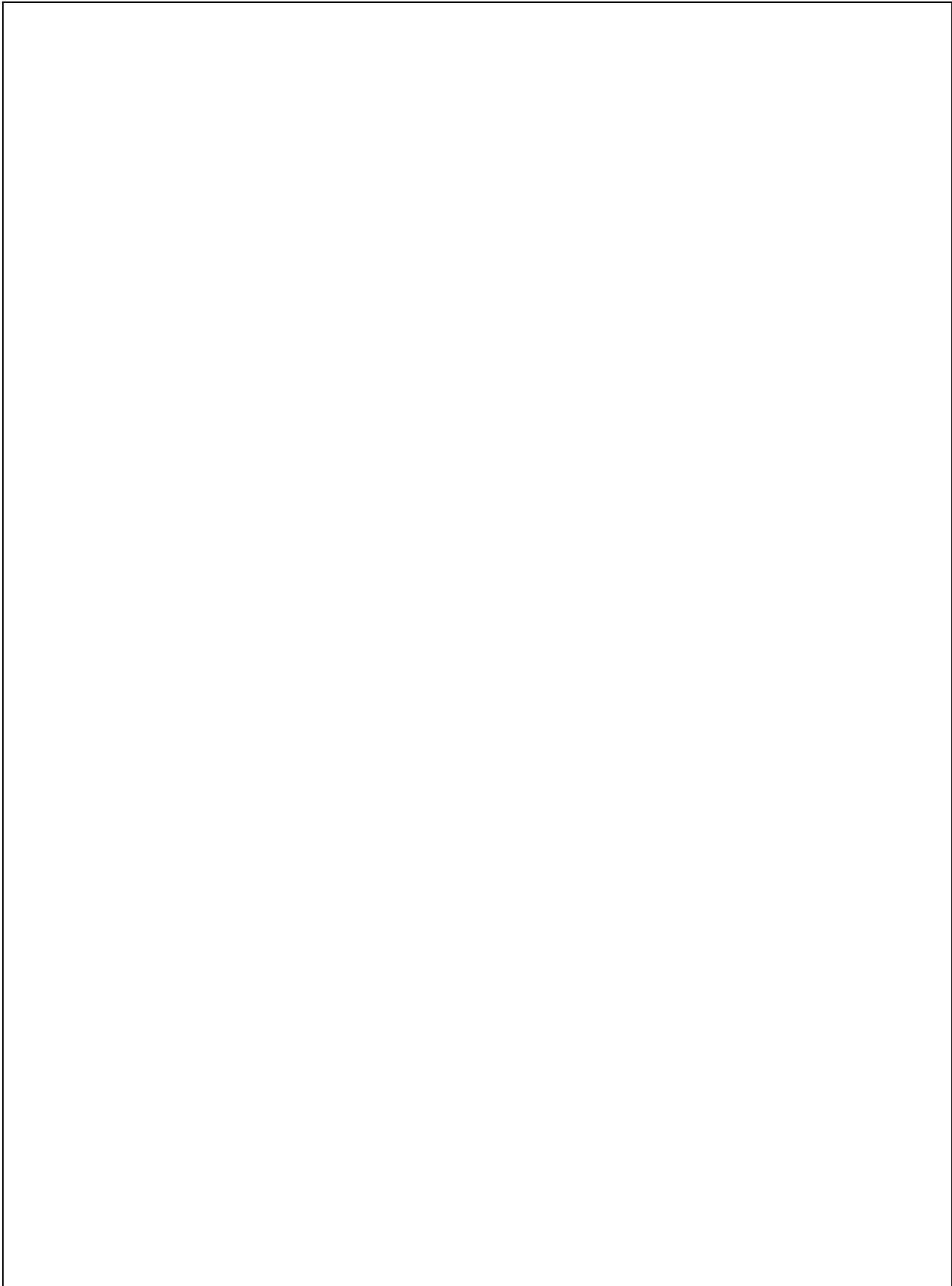












**End of application.**