

**Bucks County**

**Housing & Community  
Development**

**Emergency Solutions Grant**

**2023 Sub-Recipient Application for Funds**

**Jeffrey S. Fields, Director**

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### **Program Goals/Description**

The Emergency Solutions Grant Program is designed to assist people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

### **Application Requirements**

Application must be complete with all attachments and submitted by the due date and time.

### **Eligible Applicants**

Non-profit agencies that provide direct services to homeless persons or persons at risk of being homeless according to HUD's definition of Homelessness.

### **Eligible Activities**

- Street Outreach
- Emergency Shelter
- Rapid Rehousing
- Homeless Prevention

### **Application Instructions**

Applications must be submitted electronically to [hcd@buckscounty.org](mailto:hcd@buckscounty.org) by **4:00 PM, Wednesday, March 1, 2023**. Late entries will not be considered.

### **Scoring Criteria for Decision Making**

The County will assess ESG applications based on the following criteria;

- Project Description/Service Plan
- Cost Effectiveness/Reasonableness
- Capacity/Past Performance
- Participation in Housing Link, Bucks County's CoC

### **Fair Housing Training Requirement**

HUD's Office of Fair Housing and Equal Opportunity (FHEO) works to eliminate housing discrimination, promote economic opportunity, and achieve diverse, inclusive communities. The Housing Equality Center of Pennsylvania (HECP), formerly the Fair Housing Council of SEPA, has partnered with the County to help provide fair housing education to all ESG applicants and sub-recipients. Attendance of at least one staff member from each applicant agency is required for the 2023 ESG program application.

**Bucks County  
Housing & Community Development  
2023 ESG Sub-Recipient Application**

Date/Time Application  
Received: \_\_\_\_\_  
Score: \_\_\_\_\_

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Person's phone/email address \_\_\_\_\_

Applicant DUNS \_\_\_\_\_ Applicant Federal ID \_\_\_\_\_

**Brief Description of Proposed Project**

Describe the project, population and number served and amount being requested. Do not add attachments.

Certification (Electronic signature will be accepted)

I \_\_\_\_\_ hereby certify that the contents of this project application and required attachments are accurate to the best of my knowledge.

Print Name and Title: \_\_\_\_\_

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

**DUE NO LATER THAN 4:00 PM WEDNESDAY, MARCH 1, 2023**

## **I. Statement of Work/Scope of Services**

Develop a narrative that details the service activities the project will undertake to achieve the program's goals. Include the following:

- Service Activity Plan for each activity to be provided
- Program location and hours of operation
- Key staff required to implement the project
  - Provide job descriptions
- Program specific procedures
  - Determining eligible households
  - Standards for determining share of assistance per household
  - Standards for determining maximum length of time households will remain in the program
  - Status at exit
- Specific performance measures and outcomes to evaluate the success of your project

(add attachments as needed)

**II. Reporting and Outcomes**

- Provide a description of HMIS participation

- Provide detail as to how your project will achieve specific ESG outcome goals (*example 1; HH will receive rental assistance, 10 HH, include detail; example 2; employment status at entry and exit*).

Outcome	Goal	Detail

(add attachments as needed)

### **III. Project Budget**

Complete **Attachment A: 2023 ESG Budget**. (attached)

In the section below, provide a budget narrative that includes:

- Specific justification of how the amount for each category was determined by line item  
For example: 10 months of rental assistance @\$500 per month = \$5,000 or 20 hours of counseling at \$50 per hour = \$1,000
- Describe the source of funding to meet the one-to-one match requirements. Attach a letter from each funding source identified to ensure Match funding is available.

**IV. Contact Information**

	Name	Title	Phone/Email
Project Contact (person who can answer program specific questions)			
Finance Contact (for budget/invoicing purposes)			
Application Contact (person who prepared the application)			
Authorized Contact (person authorized to make commitments on behalf of the organization)			

**V. Additional Attachments**

- If a first time applicant of Bucks County Housing & Community Development ESG funds, please submit a letter or email from a current/recent public funder confirming overall compliance as a recipient/sub-recipient.
- Most recent completed Financial Audit/Report plus the previous year (total 2)



**2023 Emergency Solutions Grant  
Attachment A: Project Budget  
All Components**

<b>Date:</b>				
<b>Applicant:</b>				
<b>Project Name:</b>				
	<b>Bucks County Request</b>	<b>Local Match</b>	<b>Match Source</b>	<b>Total Project</b>
<b>Street Outreach Component</b>				
Case Management				
Essential Services				
<b>Emergency Shelter Component</b>				
Renovations				
Operations				
Essential Services				
<b>Rapid Rehousing Component</b>				
Financial Assistance				
Services				
Rental Assistance				
<b>Homelessness Prevention Component</b>				
Financial Assistance				
Services				
Rental Assistance				
<b>Total</b>				