



CITY OF SOUTH BEND
COMMUNITY INVESTMENT

**EMERGENCY
SOLUTIONS GRANT
(ESG)**

REQUEST FOR PROPOSALS

PY2025 FUNDS

Issue Date: August 12, 2024

Due Date: September 9, 2024

PLEASE NOTE: The timeframe of any federal budget discussions, modifications, and/or approvals cannot be projected. The City of South Bend will proceed as usual with the RFP/application process for its HUD-funded programs. Please be aware that this is done with the understanding that FY 2025 funding is not confirmed. Recommendations are subject to change.



SUBMISSION INFORMATION

Important information, please read this page in its entirety.

This Request for Proposal (RFP) contains material required to apply for Emergency Solutions Grant (ESG) funds through the City of South Bend's Department of Community Investment. This packet includes:

Information Section: ESG Background, Priorities, Specific Objectives, General Requirements, Faith-Based Organizations, Evaluation Criteria, and Eligible and Ineligible Activities

Proposal: Application Requirement List, Proposal Cover Sheet, Table of Contents, Project Description, Table 1: Description of Project Activities, Table 2: Matching Funds, Table 3: Source(s) of Funds for Operating Expenses, Board Resolution, ESG Funds Previously Received

Proposals must be received by 4:45 p.m. on **Monday, September 9, 2024**, and may be hand-delivered or emailed. NO FAX OR MAIL DELIVERIES WILL BE ACCEPTED.

If hand-delivering, the **original and one (1) copy** of the proposal and its attachments must be submitted to:

City of South Bend
Department of Community Investment (DCI)
227 W. Jefferson Blvd., Suite 1300S
South Bend, IN 46601

If submitting electronically, please send proposal and all attachments to federalgrants@southbendin.gov.

All proposals submitted by public or private non-profit agencies must be submitted in the legal name of the organization with whom a contract will be executed. An authorized representative of the organization who has the legal authority to enter into an agreement with the City of South Bend must sign each original proposal.

PLEASE NOTE: Proposals that are incomplete, request activities other than outlined in this document, lack required attachments, or proposals submitted after the published deadline will not be considered for funding. Changes and/or additions to the proposal after the submission will not be accepted unless specifically requested by DCI.

PROPOSAL COVER SHEET

**City of South Bend
Department of Community Investment
PY2025 Emergency Solutions Grant (ESG)
Request for Proposals**

Application Organization: _____

Contact Person: _____

Office Address: _____

Phone Number: _____ Email Address: _____

UEI Number: _____ Federal ID Number: _____

Organization Fiscal Year: _____ though _____

Organization Type: Public agency OR Private non-profit agency

Tax exempt non-profit status under Section 501(c)(3)? Yes No

Project Name: _____

Location of Project: _____

ESG Requested

Emergency Shelter

Operations: \$ _____

Essential Services: \$ _____

Total Shelter: \$ _____

Rapid Re-housing

Housing Relocation and Stabilization: \$ _____

Tenant-Based Rental Assistance: \$ _____

Total Rapid Re-housing: \$ _____

TOTAL REQUESTED: \$ _____

Target Median Income Population: 30% 50% 60% 80%

Number of unduplicated individuals to be assisted: _____

Number of unduplicated households to be assisted: _____

Population to be Served: _____

Proposed Project Start Date: _____

Proposed Project Completion Date: _____

(Note: all projects must be started within one (1) year of contract execution and completed within four (4) years of contract execution. NO EXCEPTIONS! Any projects not completed within 4 years will be closed and all funds used will be required to be repaid.)

ATTACHMENT A: PROJECT DESCRIPTION

All questions below must be answered individually.

PROJECT DESCRIPTION

1. Indicate proposed use of funds by category – check all categories that apply:
 - Emergency Shelter (to include Shelter Operations and/or Essential Services)
 - Rapid Re-Housing (to include Housing Relocation and Stabilization and TBRA)
2. Number of unduplicated individuals to be served (indicate those which apply to the project). (Number may be an approximation).

a. Indicate the number of unduplicated persons to be served w/ESG funds:

b. Indicate the number of unduplicated households to be served w/ ESG funds:

3. Target population:

a. Indicate the target population of area median income this project proposes to assist:

30% AMI	50% AMI	60% AMI	80% AMI	81%+ AMI
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project not eligible

b. Target Population:

Please indicate the target population (homeless, domestic violence survivor, etc.)

4. Describe proposed activity(s) to be funded, amount of funds requested and provide total project cost estimates and basis for cost estimates.

5. Describe the current service/conditions of your current program and indicate the target group (homeless population/special group) being assisted.

6. Describe the nature and the extent of the unmet need for adequate emergency shelter or essential supportive services for the homeless that exists in your jurisdiction. (Please state the source of your information, e.g., previous studies, inventory of existing shelters, local unemployment data, welfare statistics, housing authority estimates, etc.)

7. Explain how the funding requested will address the needs of the population served.

8. Describe other funding that may affect the proposed activity.

9. Explain your agency's action plan which incorporates the St. Joseph County - Region 2a Homeless Planning Council (RPC) philosophy into your daily operations and services provided to your clients; include an explanation of your agency's level of participation in the RPC.

10. Describe the method by which your agency tracks/will track your clients as a means of determining how well the RPC approach toward rental housing/home ownership, is working. Is your agency affiliated with the Homeless Management Information System (HMIS)?

11. Per HUD guidelines, assisting the homeless population is a community-wide endeavor, rather than an agency-by-agency endeavor. How will you and your agency participate and help to coordinate a community-wide approach to assisting the homeless population in South Bend?

12. Indicate a projected start-up and a completion date for the proposed activity. Identify all major milestones, by approximate date, to be undertaken with the project.

ATTACHMENT B: Organizational Information

1. History, mission and goals of organization.

2. Describe responsibilities of the board, staff and volunteers. Note any new personnel added to staff within last 12 months.

3. Describe the organization's management experience in ESG or similar funding; including the experience of key staff (do not include resumes).

4. Describe other collaborative activities in which the organization is involved.

5. If monitored for other Federal grants, provide the extent and results of the monitoring (e.g., a letter from the Federal agency that conducted the monitoring).

ATTACHMENT C: DESCRIPTION OF PROJECT ACTIVITIES

Agency Name: _____

TABLE 1:

Eligibility Category	Description of Activities	Line-Item Subtotals	Total Project Cost Estimate
Emergency Shelter: Operations			
Emergency Shelter: Essential Services			
Rapid Re-housing: Housing Relocation/ Stabilization+-+			
Rapid Re-housing: Tenant-Based Rental Assistance			
Total \$ Requested			

Instructions for Completing Table 1: Provide the following information:

- a. In the “Description of Activities” column indicate line items for activities that will be funded, such as staff costs, utilities, maintenance, etc.
- b. In the column entitled “Line Item Subtotals” column, enter the subtotal of each budget item.
- c. In the “Total Project Cost Estimate” column, enter the sum of all the subtotals for each category.
- d. Enter the total amount of funds being requested at the bottom of the last page. Make sure this amount matches the amount of funds requested.

ATTACHMENT D: MATCHING FUNDS

Agency Name: _____

Organizations must match awarded ESG funds at a 1:1 rate, or 100 percent, from non-ESG sources. Matching funds must be provided after the date of the grant award. **Funds used to match a previous ESG activity may not be used to match a subsequent grant award.**

Identify the sources and amounts of match as one of the following and submit supporting documentation. Supporting documentation examples are provided on Information Section Page R. In order to be eligible for an award, all match sources must have supporting documentation.

Source	\$ Value	Method of Calculation (How Value Determined)
Donations		
Materials		
Building		
Funds		
Lease		
Salaries		
Volunteers (@ \$/hr.)		
Other:		
Total		

According to Section 576.201, each grantee must supplement its Emergency Solutions Grant amounts with an equal amount of funds from sources other than ESG funds.

Note: Volunteers providing professional services such as medical or legal services are valued at the reasonable and customary rate in the community. All other volunteers are valued at \$10/hour.

ATTACHMENT E: SOURCES OF FUNDS FOR OPERATING EXPENSES

Agency Name: _____

Source	Current FY 2023 Amount	Proposed FY 2024 Amount
City of South Bend		
Federal Grants		
State Grants		
Local Grants		
United Way		
Other Non-Federal Grants		
Contributions		
Special Events		
Gifts		
Organizations		
Program Income		
Other:		
Total		

* Operating expenses include such items as personnel services (including fringe benefits), other services, materials, supplies and depreciation.

ATTACHMENT F: HMIS REPORTING

Agency Name: _____

The HEARTH Act makes HMIS participation a statutory requirement for ESG recipients and subrecipients.* The City is required to generate reports from HMIS to verify compliance. In addition, HMIS reports are imbedded in the Comprehensive Annual Performance and Evaluation Report (CAPER) to convey accomplishments to HUD.

Please provide the **exact** name(s) of the HMIS program(s) into which your organization enters data for ESG beneficiaries ONLY.

Activity	HMIS Program Name
Emergency Shelter	
Shelter Operations	
Essential Services	
Rapid Re-housing	
Housing Relocation/Stabilization	
Tenant-Based Rental Assistance	

* Victim service providers cannot participate in HMIS, and Legal Services Organizations may choose to not participate in HMIS.

ATTACHMENT G: RESOLUTION

The following language is an example of an acceptable resolution that may be used to meet the application requirements funding for the City of South Bend ESG Program.

At a meeting held on the _____ day of _____, 2024 the Board of Directors of _____ (Subrecipient) passed the following resolution(s):

The Board of Directors authorizes the application for and use of funds from the City of South Bend ESG program for activities described in the funding proposal entitled 2024 ESG Funding Proposal.

The Board of Directors certifies that, if awarded funds by the City of South Bend, _____ (Subrecipient) shall implement the activities in a manner that ensures compliance with all applicable federal, state, and local laws, rules, and regulations.

The Board of Directors certifies that _____ (Subrecipient) is not debarred or suspended under federal or state ruling from participation in the receipt or expenditure of federal or state funds.

The Board of Directors certifies that _____ (Subrecipient) is current with all taxes, including ad valorem, assessments, and other government charges lawfully imposed on _____ (Subrecipient).

Upon an award of federal ESG funding, the Board of Directors authorizes _____ (title or named person), on behalf of _____ (Subrecipient) to execute a binding agreement with the City of South Bend for the expenditure of the funds.

Depending on the nature of the activity or the agency, if applicable, include the following statement:

The Board of Directors attests that _____ (Subrecipient) administers a policy which ensures the confidentiality of records pertaining to any individual provided family violence prevention or treatment services.

Depending on the nature of the activity or the agency, if applicable, include the following statement:

The Board of Directors certifies that _____ (Subrecipient) administers a policy which ensures that homeless facilities are free from the illegal use, possession and distribution of drugs and alcohol by its beneficiaries.

Signature of Board President

Date

Signature of Board Secretary

Date

ATTACHMENT H: ESG FUNDS

PREVIOUSLY USED

Please provide the following information to identify ESG funds **previously** received (the last three years) by your organization, either directly from the Department of Community Investment (CI) or with the Indiana Housing & Community Development Authority (IHCDA).

Name of Agency: _____

Amount of ESG Grant Award: \$ _____ Dates of Contract: _____

Was grant (check one): Direct from City Subcontract from State Federal Funds

Use of Funds by Category:

Renovation, Major Rehabilitation, or Conversion \$ _____

Essential Services \$ _____

Maintenance, Operations & Furnishings \$ _____

Homelessness Prevention \$ _____

Is this project still open? YES NO Estimated Completion Date: _____

Amount Remaining to Expend: _____

Name of Agency: _____

Amount of ESG Grant Award: \$ _____ Dates of Contract: _____

Was grant (check one): Direct from City Subcontract from State Federal Funds

Use of Funds by Category:

Renovation, Major Rehabilitation, or Conversion \$ _____

Essential Services \$ _____

Maintenance, Operations & Furnishings \$ _____

Homelessness Prevention \$ _____

Is this project still open? YES NO Estimated Completion Date: _____

Amount Remaining to Expend: _____

Name of Agency: _____

Amount of ESG Grant Award: \$ _____ Dates of Contract: _____

Was grant (check one): Direct from City Subcontract from State Federal Funds

Use of Funds by Category:

Renovation, Major Rehabilitation, or Conversion \$ _____

Essential Services \$ _____

Maintenance, Operations & Furnishings \$ _____

Homelessness Prevention \$ _____

Is this project still open? YES NO Estimated Completion Date: _____

Amount Remaining to Expend: _____

ATTACHMENT I: NOTIFICATION OF A SINGLE ANNUAL AUDIT FORM

Applicants for a ESG grant from the City of South Bend must provide the following information:

1. **Applicant:** _____
2. **Expenditures** (from all federal sources for the recent fiscal year ended): _____
(Attach a separate sheet if necessary)

SOURCE	\$ AMOUNT
TOTAL Fiscal Year Expenditures	

3. **Single Audit not required** (total federal expenditures **less than \$750,000** for fiscal year).
If a Single Audit is not required, applicants must have a CPA Audited Financial Statement, or at a minimum a Certified Annual Financial Statement (CFA). Statements are due to the City of South Bend's Department of Community Investment six (6) months after the end of the fiscal year.

 Single Audit required (total federal expenditures **greater than or equal to \$750,000** for fiscal year)
If a Single Audit is required, the applicant must have it conducted in accordance with 2 CFR Part 200 and Generally Accepted Government Auditing Standards for the fiscal year noted above. The Single Audit must be submitted to the Federal Audit Clearinghouse (<http://harvester.census.gov/sac/>), and is due to the City of South Bend's Department of Community Investment nine (9) months after the end of the fiscal year.

4. **Certification by Authorized Representative:**
I certify that the amounts shown above accurately reflect the federal funds expended by this organization for the fiscal year indicated.

Signature _____ Date _____
Title _____

ATTACHMENT J: CERTIFICATION REGARDING DEBARMENT

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS:

A person who is debarred or suspended shall be excluded from Federal financial and nonfinancial assistance and benefits under Federal programs and activities. The undersigned representative of the Agency certifies, to the best of his or her knowledge and belief, that:

- a. Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract; and
- b. It will include the following clause without modification, in all proposals, agreements, contracts, proposals, or other lower tier covered transactions:

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transaction

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

CERTIFYING AGENCY REPRESENTATIVE:

By: _____

Typed Name

Signature

Title: _____

Date: _____

ATTACHMENT K: SIGNATURE PAGE

I hereby certify that the submission of this proposal has been duly authorized by our governing body. I understand that if it is found to not be authorized by our governing body or any information contained in this document has been falsified, this application will not receive funding.

Initial: _____

I hereby acknowledge that all sections of this Request for Proposal have been reviewed and understood.

Initial: _____

I understand that if any portion of this proposal is incomplete or submitted after the deadline, it will not be considered for funding.

Initial: _____

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim, or makes false statements is subject to criminal and civil penalties, including confinement for up to 5 years, fines, and civil penalties. (18 U.S.C. §287, 1001 and 31 U.S.C. §3729)**

Initial: _____

I hereby certify that I have the legal authority to apply for the grant, and to execute the proposed program.

Initial: _____

Authorized Representative

Signature: _____

Title: _____

Date: _____

Email Address: _____

Phone Number: _____

PROPOSAL CHECK LIST

All information and documentation must be included to be considered for funding (no exceptions)

Additional information of what is required can be found in the information packet!

Complete this checklist when completing your proposal:

- Proposal cover sheet
- Program proposal outline and timeline (Attachment A)
- Organizational Information (Attachment B)
- Description of Project Activities (Attachment C)
- Matching Funds (Attachment D)
- Source of Funds for Operating Expenses (Attachment E)
- HMIS Reporting (Attachment F)
- Board Resolution (Attachment G)
- ESG Funds Previously Used (Attachment H)
- List of Board Members (indicate homeless affiliation)
- List of Key Staff Members (indicate staff participating in Coordinated Entry)
- IRS 501(c)(3) designation letter
- Results of most recent federal monitoring & any outstanding Findings/Concerns
- Most Recent Audit
- Agency Articles of Incorporation
- Agency By-Laws
- Agency Code/Standard of Conduct
- Certification of Participation in the Regional Planning Council
- Accessibility Standards NOT APPLICABLE
- Notification of a Single Annual Audit Form (Attachment I)
- Certification of Non-Debarment (Attachment J)
- Signature Page (Attachment K)

Certification by Authorized Representative:

I certify that the above required information is included in the submission of a request for proposal and all information is true and correct.

Signature _____

Date _____

Title _____