

CITY OF NEW ORLEANS

C. Ray Nagin, Mayor

Neighborhood 1

Alberta S. Pate, Executive Assistant

SuperNOFA 2006

APPLICATION

for

**EMERGENCY SHELTER GRANT
(ESG)**

CITY OF NEW ORLEANS

OFFICE OF THE MAYOR NEIGHBORHOOD 1

April 3, 2006

NOFA APPLICATION

GENERAL INSTRUCTIONS

1. **Program Description.** A description of the Emergency Shelter Grant/State Emergency Shelter Grant (ESG) as contained in the Notice of Funding Availability (NOFA)-General Information Packet will assist the applicant with identifying the types of programs best suited for the funds that are being requested. Applicants will be competitively selected for funding under a process using selection criteria that is described in the General Information Packet.
2. All applications must be completed using the forms supplied with this Notice of Funding Availability (NOFA). **Use only the number of pages indicated in the application package. Any application not following the prescribed format will not be considered for funding. DO NOT RETURN THE GENERAL INFORMATION PACKET.**
3. Application forms are also available in downloadable format at the Neighborhood 1 website, www.cityofno.com/portals/portal49/portal.aspx
4. An original completed application plus three (3) copies must be received by **4:00 p.m., Tuesday, April 18, 2006** at Neighborhood 1 office, 1340 Poydras Street, 10th Floor, New Orleans, LA 70112. **APPLICATIONS MAY NOT BE SENT BY FACSIMILE (FAX). APPLICATIONS MAY NOT BE SENT BY ELECTRONIC MAIL (E-MAIL). These deadlines are firm as to date and hour.**

Any application received after the application deadline will be penalized 20 points for each 24-hour period the application is submitted late. (For example, applications received 4:31 p.m. **Tuesday, April 18, 2006** - 4:30 p.m. **Wednesday, April 19, 2006** can earn a maximum of 80 points; applications received 4:31 p.m. **Wednesday, April 19, 2006** - 4:30 p.m. **Thursday, April 20, 2006** can earn a maximum of 60 points; etc.)

5. Applicants who physically deliver the proposal must have their proposal logged in and complete a sign-in sheet. Under no circumstance should an applicant leave a proposal at Neighborhood 1 office without completing the required log in procedure. Applicants who mail proposals should do so by certified mail, return receipt requested, or through overnight mail services, allowing enough time for the proposal to be **received** by the deadline date and time.
6. Only one application per applicant will be reviewed in each service category. **Proposals that combine a request for funds in more than one category will not be considered for funding.**
7. Proposals must be complete at the time of submission. No addenda will be accepted after the deadline date for submission of proposals unless specifically requested by the Review Panel.

8. PLEASE INCLUDE THE PAGE IMMEDIATELY FOLLOWING THIS GENERAL INSTRUCTION SHEET AS THE COVER PAGE FOR YOUR APPLICATION.

9. **For Additional Information.** If you have any questions regarding this NOFA, please contact Adrienne Rochon, at Neighborhood 1 office, 1340 Poydras Street, 10th Floor, New Orleans, LA 70112, (504) 658-4200.

**CITY OF NEW ORLEANS - DIVISION OF HOUSING AND NEIGHBORHOOD DEVELOPMENT
SuperNOFA 2006**

ESG ACTIVITIES

(Application Number Assigned by Neighborhood 1)

◆ **ORGANIZATION NAME:** _____

◆ **OFFICIAL MAILING ADDRESS:** _____

□ **EMPLOYER IDENTIFICATION NUMBER:** _____

□ **PERSON(S) TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION:**

<u>Name</u>	<u>Title</u>	<u>Phone/FAX #</u>
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□ **CONTINUUM OF CARE CATEGORY APPLYING FOR (CHECK ONE):**

___ HOPWA

___ ESG

___ SESG

□ **FUNDING REQUEST/AMOUNT:** _____

□ **TARGET/SERVICE DELIVERY AREA:** _____

□ **Neighborhood 1 *REGISTRY OF NEIGHBORHOOD ORGANIZATIONS* STATUS:**

___ CERTIFIED

___ PENDING

CERTIFICATION:

To the best of my knowledge and belief, all of the information provided in this application is true and correct:

Typed Name of Authorized Representative

Title

Signature of Authorized Representative

Date Signed

City of New Orleans - Neighborhood 1 SuperNOFA 2006

EXHIBIT 1: PROGRAM FUNDING

Use only the page and space provided.

a. Identify and list amounts of prior period Federal and/or State funding (for the last two (2) years and not limited to Neighborhood 1):

SOURCE	AMOUNT	TIME PERIOD
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
TOTAL FEDERAL/STATE FUNDING	\$	

b. Identify and list requested (pending) Federal and/or State funding (not limited to Neighborhood 1):

SOURCE	AMOUNT	TIME PERIOD
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
TOTAL PENDING FEDERAL/STATE FUNDING	\$	

c. Identify and list other funding including non-federal and private funding

1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
TOTAL NON-FEDERAL/PRIVATE FUNDING	\$	

TOTAL PROGRAM BUDGET: _____

TOTAL REQUEST FROM Neighborhood 1 UNDER THIS NOFA: _____

City of New Orleans – Neighborhood 1 SuperNOFA 2006

Exhibit 2 – Please answer the following 19 questions in a maximum of 10 pages.

Please answer one question at a time, listing the question topic (e.g. “1. Background about measuring the problem”) followed by the response.

[See the “General Information Package for Funding Sources” for further instructions on eligible activities as well as hints about how to answer these questions.]

A. COMMUNITY NEED & TARGET POPULATION

1. Background about measuring the problem

Write a sentence that identifies the problem being addressed by your program. Write another sentence that educates the reader about which data source is used in the field to measure the problem. If data that directly measures the problem is unavailable for the community you serve, write a sentence that identifies other available data that is proven to be strongly related to the problem. Identify only the type(s) of data that are *relevant to your program* and not all types of data that are strongly related to the problem. Cite published evidence of the relationship between this data and the actual problem.

2. Target geographic area and magnitude of need in target area

Define the geographic area from which most participants are or will be recruited. Using data that measures the problem or is strongly related to the problem (from the data sources identified in #1 above); document the level of need in this target geographic area. Demonstrate that the level of need is *relatively* high in the target area by providing comparative data for larger geographic areas (i.e.: state and national).

3. Similar services in the same target area

What other providers are offering similar services in your target area and to the same target population you serve? Demonstrate that your program is not a duplication of services.

4. Understanding of target population

Demonstrate an understanding of potential participants’ characteristics, circumstances, behaviors and needs relative to the program offering, using data (participant data or data from external sources) and other descriptions of your target population. These descriptions might be based on published research, or direct observation and interaction with participants and potential participants.

B. GOAL & PROGRAM PLANNING

5. Goal

What is the goal of the program? Your goal should be a broadly stated summary of your anticipated program outcomes. Therefore, it should reflect expected changes in the lives of participants – either changes in behavior, knowledge, skill, attitude, status, or social condition. A goal is not a summary of program activities. Do not state means to achieving outcomes.

6. Systems interaction

What specific organizations provide complementary or allied services to this population? What contact have you had with them? What relationships have you sought that are supportive of the program’s mission? (These may include mutual referral relationships as well as partnerships around service delivery.) Name specific partners and describe specific ways you will work together.

7. Best/promising practices and/or relevant research

Determine whether there are model programs nationally that have been demonstrated to be effective. If so, describe those programs and explain how your program design incorporates the elements from those model programs that are crucial for effectiveness. If there are no model programs, describe research that supports your theory that your specific program design will be effective. Whether based on a model program or research in related fields, explain any adaptations you made to the program to ensure it will be effective under local conditions and with your target population.

8. Program plan

Describe how the program will work to achieve the goals, and be sure to include the following:

- a. Articulate clear steps for reaching (communicating to and enrolling) the intended target population. Use input from potential participants or knowledge of best practices to inform methods for reaching the intended target population.
- b. Describe major interventions and completion/disengagement strategies.
- c. How many persons will be served?
- d. Demonstrate that it is reasonable to expect the stated outcomes given the research about best practices for addressing this problem, the intensity of the intervention, and the knowledge of the target population

9. Coordination with governmental plans and activities

Indicate how the proposed activity is provided in the context of existing ongoing initiatives in the City of New Orleans and its surrounding parishes (i.e., Consolidated Plan, Workforce Investment Act, etc.)

10. Coordination with collaborative plans and activities

Indicate how the proposed strategy is consistent with current plans of Unity for the Homeless and other homeless services collaboratives. If proposed activities are inconsistent with existing initiatives, identify the agency plan to reach consistency/integration over the next year.

11. Staff competencies

Describe the staff's experience in working in the proposed service area or in similar service areas. (maximum one short paragraph per staff person – DO NOT SEND RESUMES).

12. Management

Describe how the project will be managed.

13. Critical thinking

Describe anticipated problems or challenges in the operation of the project in delivering the services or activities to the target population. Problems both internal and external to the operating agency along with those that could impact the timing of program implementation should be listed.

C. PROGRAM EFFECTIVENESS

14. Outcomes

Articulate anticipated program outcomes that reflect expected changes in the lives of participants – either changes in behavior, knowledge, skill, attitude, status, or social condition.

15. Target achievement levels for outcomes

Describe the target achievement levels you have set for your program outcomes, and provide justification for each target achievement level. Set these targets based on relevant research about achievements of similar programs locally or nationally, if available.

16. Past evaluations

Describe the results of any past evaluations of this organization providing these types of services. Include documentation of the evaluation with your proposal.

17. Past performance

Indicate the agency's performance in completing contractual agreements between the agency and the City of New Orleans for the past two (2) years. For each contractual agreement, indicate the agency's percentage of achievement of contract deliverables outlined in the contact's scope of work.

D. PROGRAM MANAGEMENT

18. Data collection methods

Explain your plan for collecting outcome data, including timetable and methods. Make sure that your methods will actually result in the successful collection of the data necessary to track outcomes.

E. FINANCIAL [Provide proposed program budget on budget forms provided.]

19. Sustainability

Identify how the project will continue in the long term with or without federal funding.

City of New Orleans - Neighborhood 1 SuperNOFA 2006
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

Agency proposals must include a line item budget and budget narrative that explains and justifies how each line item will be expended. The budget should be reasonable and consistent with the proposed level of service delivery. In the general narrative comments section include and identify in-kind contributions and fund raising activities to support program activities.

The budget section consists of ten (10) pages. Including:

- X Budget Forms
- X Narrative Forms
- X Classification of Expenditures and Line Item Numbers

FORM INSTRUCTIONS: The budget form consists of nine pages, one page each for the following categories:

Budget Page 1:	Budget At A Glance/Budget Summary
Budget Page 2:	General Narrative Comments/Match
Budget Page 3:	1000 - Personal Services
Budget Page 4:	Personal Services Budget Justification Narrative
Budget Page 5:	2000 - Contractual Services
Budget Page 6:	Contractual Services Budget Justification Narrative
Budget Page 7:	3000 - Supplies and Materials
Budget Page 8:	Supplies and Materials Budget Justification Narrative
Budget Page 9:	4000 - Equipment
Budget Page 10:	Equipment Budget Justification Narrative

All line item requests must be placed in these general categories. Please use the Classification of Expenditures and Line Item Numbers to determine the correct budget category.

In the *ACCT. NO.* column list the line item number. The ***LINE ITEM*** column contains the line item description taken from the List of Line Items. Fill in the amount requested in the column marked ***REQUESTED BUDGET***. When preparing the Budget forms, complete all sub-totals and totals.

NARRATIVE: Each budget submitted must include a justification narrative. In each section complete the required information and make any additional comments.

1. Salaries--List the name, title, percent of time, and annual salary for **each** employee to be funded by the proposed project in this section.
2. Contractual Services--List a description of all Professional services, i.e., sub-contracts.
3. Supplies & Materials--Describe supplies that are directly related to your proposed program, i.e., food, paper, paint, lumber, etc.
4. Equipment & Property--Describe any equipment you wish to purchase and its use.
5. General Comments--Include descriptions of funding matches, as well as any in-kind services, facilities, and/or personnel that may be available to your organization. This could include rent, utilities and the like. Please explain fully these leveraging factors.
6. The Expenditure Sheet indicates Miscellaneous/Other Line Item(s). If your organization elects to use these items, you must clearly identify what miscellaneous/other is and how it will be utilized.

**City of New Orleans - Neighborhood 1 SuperNOFA 2006
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

First of ten single spaced pages.

<i>DIVISION OF HOUSING AND NEIGHBORHOOD DEVELOPMENT BUDGET LINE ITEM DETAIL</i>			
<i>BUDGET:</i>		<i>YEAR:</i>	
<i>ORGANIZATION NAME:</i>			
<i>PROJECT NAME AND NUMBER:</i>		<i>DEPARTMENT:</i> Neighborhood 1	<i>PROGRAM:</i> ESG
		<i>OPTION CODE</i>	
<i>ACCT. NO.</i>	<i>LINE ITEM</i>	<i>REQUESTED BUDGET</i>	<i>FOR Neighborhood 1 USE ONLY</i>
1000	PERSONAL SERVICES		
2000	CONTRACTUAL SERVICES		
3000	SUPPLIES AND MATERIALS		
4000	EQUIPMENT		
	MATCH/OTHER		
	TOTAL	\$	

City of New Orleans - Neighborhood 1 SuperNOFA 2006
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

Second of ten single spaced pages.

BUDGET JUSTIFICATION NARRATIVE - GENERAL COMMENTS/MATCH

City of New Orleans - Neighborhood 1 SuperNOFA 2006
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

Third of ten single spaced pages.

<i>DIVISION OF HOUSING AND NEIGHBORHOOD DEVELOPMENT</i> <i>BUDGET LINE ITEM DETAIL</i>			
<i>BUDGET:</i>		<i>YEAR:</i>	
<i>ORGANIZATION NAME:</i>			
<i>PROJECT NAME AND NUMBER:</i>	<i>DEPARTMENT:</i> <i>Neighborhood 1</i>	<i>PROGRAM:</i> <i>ESG</i>	<i>OPTION CODE</i>
<i>ACCT. NO.</i>	<i>LINE ITEM</i>	<i>REQUESTED BUDGET</i>	<i>FOR Neighborhood 1 USE ONLY</i>
1000	PERSONAL SERVICES		
	TOTAL	\$	

City of New Orleans - Neighborhood 1 SuperNOFA 2006
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

Fourth of ten single spaced pages.

BUDGET JUSTIFICATION NARRATIVE: 1000 - PERSONAL SERVICES

**City of New Orleans - Neighborhood 1 SuperNOFA 2006
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

Fifth of ten single spaced pages.

<i>DIVISION OF HOUSING AND NEIGHBORHOOD DEVELOPMENT BUDGET LINE ITEM DETAIL</i>			
<i>BUDGET:</i>		<i>YEAR:</i>	
<i>ORGANIZATION NAME:</i>			
<i>PROJECT NAME AND NUMBER:</i>	<i>DEPARTMENT:</i> Neighborhood 1	<i>PROGRAM:</i> ESG	<i>OPTION CODE</i>
<i>ACCT. NO.</i>	<i>LINE ITEM</i>	<i>REQUESTED BUDGET</i>	<i>FOR Neighborhood 1 USE ONLY</i>
2000	CONTRACTUAL SERVICES		

	TOTAL	\$	
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City of New Orleans - Neighborhood 1 SuperNOFA 2006
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)
Sixth of ten single spaced pages.

BUDGET JUSTIFICATION NARRATIVE: 2000 - CONTRACTUAL SERVICES

City of New Orleans - Neighborhood 1 SuperNOFA 2006
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

Seventh of ten single spaced pages.

<i>DIVISION OF HOUSING AND NEIGHBORHOOD DEVELOPMENT</i>			
<i>BUDGET LINE ITEM DETAIL</i>			
<i>BUDGET:</i>		<i>YEAR:</i>	
<i>ORGANIZATION NAME:</i>			
<i>PROJECT NAME AND NUMBER:</i>	<i>DEPARTMENT:</i> Neighborhood 1	<i>PROGRAM:</i> ESG	<i>OPTION CODE</i>
<i>ACCT. NO.</i>	<i>LINE ITEM</i>	<i>REQUESTED BUDGET</i>	<i>FOR Neighborhood 1 USE ONLY</i>
3000	SUPPLIES AND MATERIALS		
	TOTAL	\$	

City of New Orleans - Neighborhood 1 SuperNOFA 2006
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

Eighth of ten single spaced pages.

BUDGET JUSTIFICATION NARRATIVE: 3000 - SUPPLIES AND MATERIALS

City of New Orleans - Neighborhood 1 SuperNOFA 2006
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

Ninth of ten single spaced pages.

<i>DIVISION OF HOUSING AND NEIGHBORHOOD DEVELOPMENT</i>			
<i>BUDGET LINE ITEM DETAIL</i>			
<i>BUDGET:</i>		<i>YEAR:</i>	
<i>ORGANIZATION NAME:</i>			
<i>PROJECT NAME AND NUMBER:</i>	<i>DEPARTMENT:</i> Neighborhood 1	<i>PROGRAM:</i> ESG	<i>OPTION CODE</i>
<i>ACCT. NO.</i>	<i>LINE ITEM</i>	<i>REQUESTED BUDGET</i>	<i>FOR Neighborhood 1 USE ONLY</i>
4000	EQUIPMENT		
	TOTAL	\$	

City of New Orleans - Neighborhood 1 SuperNOFA 2006
EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

Tenth/last of ten single spaced pages.

BUDGET JUSTIFICATION NARRATIVE: 4000 - EQUIPMENT

CLASSIFICATION OF EXPENDITURE AND LINE ITEM NUMBERS

PERSONAL SERVICES (1000)

1010 Salaries
1011 Sick Leave
1020 Overtime
1021 Part-Time Payroll
1110 Employees= Retirement Plan
1200 Social Security Taxes (FICA)
1300 Group Hospital Insurance
1400 Workers Comp. Insurance
1600 Terminal Leave
1710 Auto Allowance
1720 Uniform Allowance
1730 Chauffeurs Licenses
1740 Tool Allowance
1760 Pay Increment
1790 Life Insurance
1800 Unemployment Comp. (SUTA)
1900 Sick Leave

CONTRACTUAL SERVICES (2000)

2010 Advertising
2020 Cleaning and Waste Removal
2030 Contributions & Prizes
2040 Convention & Travel Expen.
2041 Conv. & Travel Reimb.
2050 Dues and Subscriptions
2060 Education
2080 Fees of Board Members
2090 Fees, Taxes, and Assessment
2091 Photograph Expense
2092 Conveyance Certificates
2093 Mortgage Certificates
2094 Recordation Wens Exp.
2095 Demolition Expense
2110 Ins-Liab & Prop Damage
2111 Adj Contact
2112 Stop Loss Policy
2113 Physical Dam Auto
2114 Gen Liab Claims Reserve
2115 Auto Claims Reserve
2120 Ins-Surety Bonds
2130 Postage Freight Express
2140 Printing and Binding
2150 Professional Services
2160 Rents & Leases-Land Bldg
2170 Rents & Leases Other Prop
2180 Motor Vehicle Rep General
2181 Motor Vehicle Rep PM Insp.
2182 Mtr Vehicle Rep-Component
2185 Repairs and Maintenance
2187 Loan Subsidy
2190 Telephone - Local
2210 Telephone - Long Distance & Tel.
2240 Utilities

2600 Miscellaneous
2800 Indirect Cost

SUPPLIES AND MATERIALS (3000)

3010 Books and Pamphlets
3020 Building Supplies
3030 Clothing
3040 Education Supplies
3050 Electrical Supplies
3060 Electronic Supplies
3070 Engineering Supplies
3080 Parts-Not Motor Vehicle
3110 Food Supplies
3120 Fuel-Not Motor Vehicle
3130 General Plant Supplies
3140 Hand Tools and Instrument
3150 Horticulture & Farm Supplies
3160 Household Supplies
3170 Ident Plates and Badges
3180 Janitor & Cleaning Supplies
3190 Medical Supplies
3210 Motor Vehicle-Gasoline
3211 Motor Vehicle-Diesel
3212 Motor Vehicle-Hydraulic Oil
3213 Motor Vehicle-Lubricants
3214 Motor-Vehicle-Fluids
3215 Motor Vehicle-Other
3220 Motor Vehicle-Parts
3240 Photographic Supplies
3250 Office Supplies
3260 Safety Supplies
3271 Vehicle Supplies-Battery
3272 Vehicle Supplies-Tires
3273 Vehicle Supplies-Welding
3274 Lawn Equip. Parts
3299 Miscellaneous Supplies

EQUIPMENT & PROPERTY (4000)

4101 Land
4201 Buildings & Improvements
4352 Bldg. & Power Plant Equip
4354 Cleaning & Laundry Equip
4356 Communications Equip
4358 Construction Equip
4362 Educ. & Recreation Equip.
4364 Engineering Equipment
4368 General Plant Equip.
4374 Medical Equipment
4376 Motor Vehicle
4378 Office Furniture & Equip.
4382 Refrig. & Air Cond. Equip.
4390 Miscellaneous

City of New Orleans - Neighborhood 1 SuperNOFA 2006
EXHIBIT 5: EVACUATION PLAN/ZONING

EVACUATION PLAN: Organizations that propose to run a shelter/residential care facility must attach a clear evacuation plan for its staff and residents. All plans must include clear identifiable stairs, exists fire escapes and designated essential employees. **Essential employees are those persons responsible for carrying the evacuation plan.**

ZONING: All organizations applying for CDBG, ESG, HOPWA, and SESG funds for the purpose of operating/staffing residential programs must submit a clearance from the **Department of Safety and Permits** approving the use of the building/activities before Neighborhood 1 will consider awarding funds.

FEDERAL AND STATE EMERGENCY SHELTER GRANT PROGRAM

(ESG)

CONTRACT FORMS

NOTE: Organizations applying for Federal Emergency Shelter (ESG) or State Emergency Shelter (SESG) funding must complete this section as well as the Budget and Cost Control and the Narrative section of this proposal.

PROPOSED USE OF FUNDS FORM

EACH ACTIVITY PROPOSED FOR FUNDING UNDER THE EMERGENCY SHELTER GRANTS PROGRAM MUST ADDRESS ONE OF THE ELIGIBLE CATEGORIES LISTED BELOW.

Indicate proposed use of funds by category:

- A. _____ Provision of **essential services** to the homeless, including services concerned with employment, health, drug abuse, and education.

- B. _____ Payment of maintenance, **operations**, (including administration but excluding staffing costs), rent, repair, security, fuels and equipment, insurance, utilities and furnishings.

- C. _____ Developing and implementing **homeless prevention** activities.

Grant Administration:

Mark the space below if grant proposal includes ESG funding for applicant's administrative costs, as allowed under Program rules. (Leave this item blank if applicant unit of local government is not proposing use of any grant funds for administrative purposes.)

_____ **Administration of grant assistance** by applicant unit of local government is a proposed use of grant funds. Administrative costs will be limited to not more than 2.5765% of grant total (or 2.6447 percent calculated on budgeted/invoiced categorical costs).

PROJECT SUMMARY

(to be completed for each shelter/facility/project to receive ESGP assistance)

Applicant Unit of Govt. City of New Orleans-Division of Housing & Neighborhood Development

Project/Sponsor Name:

Address:

Contact Person: _____ Phone No:

Bed Capacity If the proposed project is a shelter, indicate the nightly bed capacity for homeless persons to be served.

If facility is to be newly established, enter planned capacity

If an existing facility, enter Current Capacity _____ and

capacity after Increase from ESG assistance _____ * when applicable
(*Enter N/A if no increase in shelter capacity anticipated)

Homeless Beneficiaries Using the codes listed below, indicate on the following line the type(s) of beneficiaries to be served by the proposed project. If more than one type is to be served, list all with the predominant type of beneficiary first.

- | | | | |
|------------|-------------------------------------|------------|--------------------------------|
| UM | Unaccompanied Men | SPF | Single Parent Families |
| UW | Unaccompanied Women | TPF | Two parent families |
| UFY | Unaccompanied Female Youth Under 18 | AC | Adult couples without children |
| UMY | Unaccompanied Male Youth Under 18 | DK | Don't Know |

ESG Assistance and Proposed Accomplishments by Eligible Activity Indicate the proposed amount of ESG assistance by activity type and briefly describe the accomplishments anticipated through use of ESG funds.

Essential Services \$ _____ (ESG assistance requested)
Summary of Proposed Services:

Operations \$ _____ (ESG assistance requested)
Proposed Operational Cost Items to be met:

Homeless Prevention \$ _____ (ESG Assistance requested)
Summary of Proposed Homeless Prevention Activities:

TOTAL ASSISTANCE REQUEST: \$ _____

Attachment B-1(a)

ESG BUDGET CATEGORY Essential Services

Applicant Unit of Govt. **City of New Orleans-Neighborhood 1**

Project/Sponsor

Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total
TOTAL				

Attachment B-1(b)

ESG BUDGET CATEGORY Operations

Applicant Unit of Govt. City of New Orleans-Neighborhood 1

Project/Sponsor

Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total
TOTAL				

Attachment B-1(c)

ESG BUDGET CATEGORY **Homeless Prevention**

Applicant Unit of Govt. **City of New Orleans-Neighborhood 1**

Project/Sponsor

Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total
TOTAL				

MATCHING FUNDS TABLE

Source	(%)	\$ Value	Method of Calculation (Determined by)
DONATIONS			
Materials	_____	\$ _____	_____

Building	_____	\$ _____	_____

Funds	_____	\$ _____	_____

LEASE or RENT	_____	\$ _____	_____

SALARIES	_____	\$ _____	_____

VOLUNTEERS	_____	\$ _____	_____
(at \$5/hr.)			_____
OTHER	_____	\$ _____	_____

MATCH TOTAL*		\$ _____	

**** Matching funds must equal the total ESG funding proposed for eligible Program activities, unless an exception to match requirements is being requested. If the above match total does not equal requested ESG Program funding, complete the spaces below:**

Exception to Match requirements is requested for ESG Amount of \$ _____

If the above item is checked, attach information to this form supporting the request on grounds that the applicant local government, and proposed subgrantee agencies and non-profit organizations, are incapable or have limited capability to provide the required match amounts. An exception may be requested for all or part of necessary matching funds. The amount of the match exception request must be requested for all or part of necessary matching funds. The amount of the match exception request must be specified.