North Carolina Emergency Solutions Grants Program – Returning Applicants

FY 2025-2026 Project Application

Funding for the 2026 Program Year (January 1, 2026 - December 31, 2026)

*Please complete every element in the GENERAL APPLICATION (sections 1 - 4) of this application. Once the GENERAL APPLICATION is complete, applicants should complete only the Project Application(s) that are applicable to the projects for which you are requesting funding. Incomplete applications will not be considered.*

*Returning applicants are those who were funded with North Carolina State non-entitlement annual funds for the 2025 program year. For submission information, refer to the NC ESG Application Information Packet.*

# GENERAL APPLICATION

## Section 1: Organization Information

### Applicant Organization Information

|  |
| --- |
| Legal Name of Organization (as it appears on your organization’s tax return):      |
| Physical Address Street, City, State and Zip:      | Mailing Address (if different from physical address) Street, City, State and Zip:      |
| Telephone:      | Website:      |
| Federal Tax ID Number:      | Unique Entity Identifier (UEI) #:[gsa.gov information on UEI#](https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update)         |
| Identify Organization Type (Nonprofit/Local Government)       | Date of Incorporation: mm/dd/yyyy      |
| Name of Contact Person for Organization:       | Title of Contact Person:       |
| Phone Number of Contact Person:          | Email Address for the Contact Person:      |
| Which CoC is your organization in?  [ ] COC NC-500, WINSTON-SALEM/FORSYTH  [ ] COC NC-501, ASHEVILLE/BUNCOMBE  [ ] COC NC-502, DURHAM CITY AND DURHAM  [ ] COC NC-503, NC BALANCE OF STATE  [ ] COC NC-504, GREENSBORO/HIGH POINT  [ ] COC NC-505, CHARLOTTE/MECKLENBURG  [ ] COC NC-506, WILMINGTON/BRUNSWICK, NEW HANOVER, PENDER  [ ] COC NC-507, RALEIGH/WAKE  [ ] COC NC-509, GASTONIA/CLEVELAND, GASTON AND LINCOLN  [ ] COC NC-511, FAYETTEVILLE/CUMBERLAND  [ ] COC NC-513, CHAPEL HILL/ORANGE  [ ] COC NC-516, NORTHWEST NC       |

### Organization Mission

Please provide your organization’s mission, vision, and values and how homeless programs fit within that mission. (Max 1500 Characters):

### Signatory Authority

Provide the information for the person authorized to sign contracts for the organization.

|  |  |
| --- | --- |
| Name:          | Title:          |
| Telephone:       | E-mail:       |
| Mailing Address, including City, State and Zip Code:       |

Provide the information for the person(s) authorized to sign requisitions (if different from above) for the organization.

|  |  |
| --- | --- |
| Name:         | Title:       |
| Telephone:            | E-mail:       |
| Mailing Address, including City, State and Zip Code:             |

Second authorized requisition signatory (if applicable)

|  |  |
| --- | --- |
| Name:            | Title:       |
| Telephone:       | E-mail:            |
| Mailing Address, including City, State and Zip Code:             |

## Section 2: Organizational Capacity & Stability

### Financial Capacity

*In this section, the NC ESG review committee seeks to understand the strength of your organization’s financial position and capacity to manage and appropriately spend NC ESG funds. The NC ESG Office may request additional financial documentation after application review.*

1. Applicant organization’s fiscal year: mm/dd to mm/dd
2. NC ESG funds must be spent within the contract period or funds will be reverted. Therefore, the NC ESG office provides minimal spending targets as guidelines throughout the contract period.

Did you fully expend your ESG funds during 2024?

Yes      No

If no, how will you ensure full expenditure for 2026? (Max 2000 Characters)

1. Provide the difference in revenue and expenses for the organization. If you have audited financial statements, please use this as your source, otherwise, use your 990 Return of Organization Exempt from Income Tax. Note clearly whether the difference is positive or negative and provide an explanation for any negative balances.

2024

Fiscal Year End Date:

Difference in Revenue & Expenses:

Please provide an explanation for a negative balance:

1. If your organization completes an annual audit, did you receive a management letter with your most recent audit?
If yes, please describe any findings and your organization’s action plan to address those findings.

If not, please describe how your organization maintains internal financial controls and what oversight processes your organization has in place. Include specific positions that provide oversight and how often oversight occurs.

### Organizational Capacity to Meet HUD Guidelines

*In this section the NC ESG review committee seeks to understand your organization’s capacity and plan for meeting HUD/ESG guidelines and maintaining integrity to regulations per the* [*ESG Interim Rule*](https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/)*.*

1. Has the organization received any HUD/ESG finding in the past 5 years, whether resolved or unresolved?
If yes, please list the program and the funding amount.

***NOTE:*** *This includes direct HUD funds applied for through your CoC (NOFA/NOFO awards) as well as local ESG entitlement (City ESG, County ESG) funds. You do not need to report any findings from NC ESG state funding.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year:  | List the activity funded by HUD or ESG. *(Street Outreach; Emergency Shelter; etc.)* | List the funding amount and source. (Example: HUD: $35,000) | Briefly describe the finding: (Max 250 Characters) | Was the finding resolved? (Yes, No, or Resolution pending) | Was the contract terminated?(Yes/No) |
| 2024 |       |       |       |       |       |

1. Please check and describe the ways your organization will self-monitor for success and HUD/ESG compliance for this funding.

***NOTE:*** *The following are a few examples of how agencies can self-monitor. If you identify one of these, please describe in more detail* *how your organization conducts this activity. Also, please describe additional ways that you work to ensure compliance.* ***For any checked box, please include description of activities.***

[ ] Peer review of client files and other internal self-auditing processes

Add Description:

[ ] Description of processes and documentation of spending requests

Add Description:

[ ]  Process for Updating Program Manual that meet HUD guidelines

Add Description:

[ ] Procedures for monitoring HUD and NC ESG communications and ensuring policies and procedures are updated accordingly

Add Description:

[ ] Oversight of staff who work directly with clients to ensure quality of services and adherence to program policies and procedures and CoC written standards.

Add Description:

[ ]  Describe your agency’s process to ensure timely and accurate entry of data, evaluation of program outcomes including oversight of data collection and corrections including how your organization uses the CAPER.

Add Description:

[ ] Other:

Add Description:

[ ] Other:

Add Description:

[ ] Other:

Add Description:

### Board Capacity

*In this section, the NC ESG review committee seeks to understand the strength and capacity of your board governance body. The committee will be looking at the board list that you attach with your application along with answers to these questions.*

1. Please describe the efforts you have taken in the past year to further develop your board, including ways that you are working to improve board leadership and governance, and inclusion of persons with lived experience. (Max 2000 Characters)

1. Please describe how progress on program priorities is relayed to the board and how board members provide input?

### Organizational Staff Capacity

*In this section, the NC ESG review committee is seeking to understand the capacity of your organization’s staff to implement the program(s) in this application.*

***NOTE:*** *The information shared in this section should coincide with the organizational chart that you submit with this application.*

***NOTE:*** *A key volunteer is an unpaid position with responsibilities that are key to organizational capacity (i.e., bookkeeper, shelter evening staff, etc.). You do not need to list the number of volunteers that serve your organization on a minimal or one time basis (i.e., church groups that occasionally serve meals, etc.)*

1. For your whole organization, please provide the total current number of

Full-time paid positions:

Part-time paid positions:

Key volunteer positions utilized by your organization:

1. For the projects for which you are requesting NC ESG funding, please identify in the table below, the total number or fraction of Full Time Equivalent (FTE) paid staff, key volunteer positions, and the number or fraction of FTE positions that will be added with this funding request.

***NOTE:*** *If a staff person works in more than one area, estimate their time by % of FTE in each area.*

***NOTE:*** *include ALL staff supporting the projects regardless of funding source: Administrative, HMIS, Finance, Program Staff, Supervisors and Management*

|  |  |  |  |
| --- | --- | --- | --- |
| List Activity: (Prevention, Street Outreach, Emergency Shelter, Rapid Rehousing, HMIS) | Number of current FTE paid staff  | Number of key volunteer positions | Number of FTE staff being added with this funding request |
| Support Staff for all Projects(Administrative, HMIS administrator/data entry, Finance) |       |       |       |
| Management staff for all projects (supervisors, program managers, executive director) |       |       |       |
| Program staff for Street Outreach |       |       |       |
| Program staff for Emergency Shelter |       |       |       |
| Program staff for Rapid Rehousing |       |       |       |
| Program staff for Prevention |       |       |       |
| HMIS staff for those applying for HMIS Project funds (include only staff that are not included in line one as Support Staff for other projects) |       |       |       |
| Other (please list):  |       |       |       |

1. Does your organization employ persons with lived experience of homelessness. If yes, please describe how they serve your agency? If no, please discuss why not and whether or not you plan to employ persons with lived experience?

## Section 4: Application Certification

### Application Certification

To the best of my knowledge and belief, all information in this application (General Application and all Project Application Components) is true and correct.

|  |
| --- |
| Name of Applicant Organization:       |
| Name of Authorized Signatory:       |
| Title:         | Date:       |
| Signature      |

#

# Street Outreach Project Application

***NOTE:*** *only complete this section if you are seeking NC ESG funding for a Street Outreach Project.*

## Street Outreach Project Description

1. List all counties that this project will serve, even if crossing multiple CoCs or regions.

1. Please identify the population served by this project.

[ ] Single men

[ ] Single women

[ ] Youth aged 18 - 24

[ ] Unaccompanied youth 17 years old or younger

[ ] Households with adults and children

[ ] Households with unaccompanied youth and children

[ ] Veterans

[ ] Domestic Violence

[ ] Other (please describe):

1. Please describe your program’s alignment with HUD/ESG guidelines, your local CoC guidelines, and your CoC’s priorities for those experiencing homelessness.
2. Describe your program design to include the following:
	1. Eligibility Requirements:
	2. How outreach is conducted:
	3. Location of Outreach:
	4. Frequency of Outreach:
	5. Hours of Operation:
	6. Changes/improvements implemented in the past year:
	7. Staffing:
3. Please describe how your Street Outreach participates in your CoC’s coordinated entry system and collaborates with the CoC and community partners, including Permanent Supportive Housing, Rapid Rehousing, and Shelter Programs. (Max 2000 Characters)
4. Please provide the estimated number of people and households that you anticipate serving in the coming year *by this funding request* including the percentage expected to exit to positive housing destinations and the expected cost of services per household.

***NOTE:*** *Please provide as accurate of a cost estimate as possible taking into consideration staffing, agency capacity, CoC written standards processes, Coordinated Entry requirements, and any other agency or community considerations that impact service.*

Total number of households you expect to serve:

Percentage of households exiting to positive housing destination:

Cost per household:

1. You may include here any additional information that would be helpful for the NC ESG review committee to know regarding your program. (Max 2000 Characters)

***NOTE****: This must be a narrative, not a reference to additional attached information*

# Emergency Shelter Project Application

***NOTE:*** *Only complete this section if you are seeking NC ESG funding for an Emergency Shelter Project.*

## Emergency Shelter Project Description

1. List all counties that this project will serve, even if crossing multiple CoCs or regions.

1. Please identify the population served by this project.

[ ] Single men

[ ] Single women

[ ] Youth aged 18 - 24

[ ] Unaccompanied youth 17 years old or younger

[ ] Households with adults and children

[ ] Households with unaccompanied youth and children

[ ] Veterans

[ ] Domestic Violence

[ ] Other (please describe):

1. Please describe your program’s alignment with HUD/ESG guidelines, your local CoC guidelines, and your CoC’s priorities for those experiencing homelessness. (Max 2000 Characters)

***NOTE:*** *Please ensure that the description of your program matches the eligible expenses in your project budget.*

*Please include any changes made or program improvements you have made over the past year.*

1. Describe your program design to include the following:
	1. Eligibility Requirements:
	2. How Shelter is Accessed/How Referrals are Made:
	3. Hours of Operation:
	4. Changes/improvements implemented in the past year:
	5. Staffing:
2. Please describe how your Emergency Shelter works with your CoC’s coordinated entry system and collaborates with your CoC and community partners, including Permanent Supportive Housing, Rapid Rehousing, and Street Outreach programs. (Max 2000 Characters)
3. Please provide the estimated number of people and households that you anticipate serving in the coming year by this funding request including the percentage expected to exit to positive housing destinations and the expected cost of services per household.

***NOTE:*** *Please provide as accurate of a cost estimate as possible taking into consideration staffing, agency capacity, CoC written standards processes, coordinated entry requirements, and any other agency or community considerations that impact service.*

Total number of households you expect to serve:

Percentage of households exiting to positive housing destination:

Cost per household:

1. You may include here any additional information that would be helpful for the NC ESG review committee to know regarding your program. (Max 2000 Characters)

***NOTE****: This must be a narrative, not a reference to additional attached information*

# Rapid Rehousing Project Application

***NOTE:*** *only complete this section if you are seeking NC ESG funding for a Rapid Rehousing Project.*

## Rapid Rehousing Project Description

1. List all counties that this project will serve, even if crossing multiple CoCs or regions.

1. Please identify the population served by this project.

[ ] Single men

[ ] Single women

[ ] Youth aged 18 - 24

[ ] Unaccompanied youth 17 years old or younger

[ ] Households with adults and children

[ ] Households with unaccompanied youth and children

[ ] Veterans

[ ] Domestic Violence

[ ] Other (please describe):

1. Please describe your program’s alignment with HUD/ESG guidelines, your local CoC guidelines, and your CoC’s priorities for those experiencing homelessness (Max 2000 Characters)

***NOTE:*** *Please ensure that the description of your program matches the eligible expenses in your project budget. Please include any changes made or program improvements you have made over the past year.*

1. Describe your program design to include the following:
	1. Eligibility Requirements:
	2. How Program is Accessed/How Referrals are Made:
	3. Hours of Operation:
	4. Staff Availability After Hours or in Disaster Situations:
	5. Changes/improvements implemented in the past year:
	6. Staffing:
	7. Landlord Recruitment:
2. Please describe how your Rapid Rehousing program works with your CoC’s coordinated entry system and collaborates with your CoC and community partners, including Permanent Supportive Housing, Street Outreach, and Emergency Shelter programs. (Max 2000 Characters)

1. Please provide the estimated number of people and households that you anticipate serving in the coming year by this funding request including the percentage expected to exit to positive housing destinations and the expected cost of services per household.

***NOTE:*** *Please provide as accurate of a cost estimate as possible taking into consideration staffing, agency capacity, CoC written standards processes, coordinated entry requirements, and any other agency or community considerations that impact service.*

Total number of households you expect to serve:

Percentage of households exiting to positive housing destination:

Cost per household:

Example: total funding requested = $100,000; average number of months served (across population) = 6 months; average rental cost in county = $500; average other financial assistance cost per HH (utilities, deposits, fees, etc.) = $1000; total cost per household on average = $4000; total households served: 25

1. You may include here any additional information that would be helpful for the NC ESG review committee to know regarding your program. (Max 2000 Characters)

***NOTE****: This must be a narrative, not a reference to additional attached information.*

# Homeless Prevention Project Application

***NOTE:*** *only complete this section if you are seeking NC ESG funding for a Homeless Prevention Project.*

## Homeless Prevention Project Description

1. List all counties that this project will serve, even if crossing multiple CoCs or regions.

2. Please identify the population served by this project.

[ ] Single men

[ ] Single women

[ ] Youth aged 18 - 24

[ ] Unaccompanied youth 17 years old or younger

[ ] Households with adults and children

[ ] Households with unaccompanied youth and children

[ ] Veterans

[ ] Domestic Violence

[ ] Other (please describe):

1. Please describe your program’s alignment with HUD/ESG guidelines, your local CoC guidelines, and your CoC’s priorities for those experiencing homelessness (Max 2000 Characters)

***NOTE:*** *Please ensure that the description of your program matches the eligible expenses in your project budget.*

*Please include any changes made or program improvements that you have made over the past year.*

1. Describe your program design to include the following:
	1. Eligibility Requirements:
	2. How Program is Accessed/How Referrals are Made:
	3. Hours of Operation:
	4. Staff Availability After Hours or in Disaster Situations:
	5. Changes/improvements implemented in the past year:
	6. Staffing:
	7. Landlord Recruitment:
2. Please describe how your Homeless Prevention program works with your CoC’s coordinated entry system and works together with other CoC and community partners, other homeless prevention or crisis housing assistance programs, landlord engagement programs within your CoC/Region, Permanent Supportive Housing, and other housing voucher programs. (Max 2000 Characters)

1. Please provide the estimated number of people and households that you anticipate serving in the coming year by this funding request including the percentage expected to exit to positive housing destinations and the expected cost of services per household.

***NOTE:*** *Please provide as accurate of a cost estimate as possible taking into consideration staffing, agency capacity, CoC written standards processes, coordinated entry requirements, and any other agency or community considerations that impact service.*

Total number of households you expect to serve:

Percentage of households exiting to positive housing destination:

Cost per household:      Example: total funding requested = $100,000; average number of months served (across population) = 6 months; average rental cost in county = $500; average other financial assistance cost per HH (utilities, deposits, fees, etc.) = $1000; total cost per household on average = $4000; total households served: 25

1. You may include here any additional information that would be helpful for the NC ESG review committee to know regarding your program. (Max 2000 Characters)

***NOTE****: this must be narrative, not reference to additional attached information*

# HMIS/Comparable Data System Application

***NOTE:*** *only complete this section if you are seeking NC ESG funding for a HMIS/Comparable Data System Project.*

1. List all counties that this project will serve, even if crossing multiple CoCs or regions.

1. What HMIS/Comparable Data System is your organization planning to use in the coming year?

[ ] NCHMIS

[ ] HMIS@NCCEH

[ ] Apricot

[ ] Osnium

[ ] Bit Focus

[ ] OTHER (please identify):

1. Please indicate the way you plan to use this funding in the chart below.

Use Column 1 - Use this column if you are a subrecipient.

Use Column 3 - Use this column if you are a HMIS Lead Agency

|  |  |  |
| --- | --- | --- |
|  | **Column 1** | **Column 2** |
| **HMIS/Comparable Data System** | **Subrecipients ONLY** | **HMIS Lead Agency Applicants ONLY** |
| Supplies, Hardware, and Software | [ ]  | [ ]  |
| Salary and/or Fringe Benefits | [ ]  | [ ]  |
| Database Licenses and Fees | [ ]  | [ ]  |
| Continuum of Care Staff Cost | N/A | [ ]  |
| HMIS Lead Organization Costs | N/A | [ ]  |
| HMIS Local System Administrator Costs | N/A | [ ]  |

1. Describe how these funds will contribute to your ability to collect, analyze, and report data. (Max 2000 Characters)
2. Please describe your staffing structure for your HMIS/Comparable Database project. Include staff qualifications and what segments of work are completed by volunteers. Also indicate the number of years your organization has been using and managing an HIMS/Comparable Database. (Max 2000 Characters)
3. You may include here any additional information that would be helpful for the NC ESG review committee to know regarding your program. (Max 2000 Characters)

***NOTE****: This must be a narrative, not a reference to additional attached information*

Attachment Checklist

|  |  |  |  |
| --- | --- | --- | --- |
|  | Document | Nonprofit Applicant | Unit of Local Government Applicant |
| A | Signed, Completed Application  | [ ]  | [ ]  |
| B | Project budget worksheet  | [ ]  | [ ]  |
| C | CAPER (January 1, 2024 – Present) | [ ]  | [ ]  |
| D | Current year operating budget for the entire organization, not just NC ESG (with Revenues and Expenditures) | [ ]  | - |
| E | Organizational Chart for the entire organization, not just the NC ESG program | [ ]  | - |
| F | Board of Directors Information: Name, contact information, board position/officer/committee leadership, term, occupation and employer or representing entity, race, gender, lived experience, professional skills that add to the capacity of your organization’s leadership. | [ ]  | - |
| G | The organization’s audit for the most recent closed fiscal year. Include management letter if applicable. If the organization does not have an audit, submit the most recent 990 | [ ]  | - |
| H | ESG Program Operations Guidelines. | [ ]  | [ ]  |
| I | HUD Corrective Action Plan (if applicable) | [ ]  | [ ]  |
| City or County ESG Corrective Action Plan (if applicable) | [ ]  | [ ]  |
| J | NC DHHS Required Contract Certification Forms & Documents in the order below |
| 1. No Overdue Taxes Certification Form  | [ ]  | - |
| 2. Annual IRS Tax Exemption Verification Form  | [ ]  | - |
| 3. Annual Conflict of Interest Verification  | [ ]  | - |
| 4. Conflict of Interest Policy | [ ]  | - |
| 5. Current Certificate of Insurance | [ ]  | - |
| 6. IRS Tax exemptions Letter | [ ]  | - |
| 7. Substitute W-9 | [ ]  | [ ]  |
| K | Organization’s Financial Policies | [ ]  | [ ]  |
| L | SHELTER SERVICES AND OPERATIONS PROJECTS ONLY – Submit Shelter Habitability Inspection that occurred no earlier than July 2025 | [ ]  | [ ]  |