

# City of Pasadena Emergency Shelter Grant (ESG) FY 2013-2014 Request for Proposals

I. Agency Inforn	nation			_	_			
Agency Name:					Tax I.D. Number:		DUNS Number:	
Mailing Address:					City:		State:	Zip Code:
Contact Person:		Title:			Phone Number:		E-mail A	Address:
Program Contact Person:		Title:			Phone Number:		E-mail Address:	
Financial Contact Person:		Title:			Phone Number:		E-mail Address:	
Person authorized to make orginizational commitments:		Title:		Phone Number:		E-mail A	Address:	
Check One: Non-l	Profit 🔲	Government	ther:					
II. Project Fundi	ina							
Requested this application				Project Na	mo			
All other funding	ation			Physical Ac				
Total cost to complete	project			Zip Code	adress			
What is the anticipate	د ما ما مس		Zip Code					
Will the requested fur	1 0		n 10/01/11	and 0/20/	100	Yes	☐ No	<del></del>
If you have <b>previously</b> received CDBG or Funding Source Entitlement Juristi					Amount		Month/Yr Received	
Funding Source Entitlemen		it Juristiction		Amount		Willing	11 Received	
If you are <b>currently</b> p	l ursuing fur	ding for thi	s project fro	m other sou	rces nleas	list in the	snace nro	
		iding for thi	project no.	in other sou		Approved,	<del>,                                      </del>	ard Date
Funding Source			Amount		Pending or Denied			nth/year)
					8			
III. Project Desc	ription							
Provide a brief descripthe project will serve in Example: ABC Agency and 70 unduplicated p	in <b>each</b> proj y will provid	ect year. e case mand						
IV. Signature								
I certify that all inforn	nation provi	ded in this a	application i	s true.				
Signature of authorized person listed above				Date				
Printed Name				-	Title			

V. Eligibility Information	
Activity (Choose primary activity)	Primary Homeless Beneficiaries
☐ Conversion to emergency shelter	Runaway/throwaway youth
☐ Major Rehabilitation/Renovation	☐ Battered Spouses
☐ Homeless Prevention	☐ Chronically mentally ill
☐ Shelter Operating Expenses	☐ Physically disabled
☐ Essential Services	Developmentally disabled
	☐ Alcohol dependent individuals
	☐ Drug dependant individuals
	☐ Elderly
	☐ Veterans
	☐ Other
Has your organization carried out or attempted this proje	ct before? Yes No
When? Start date (MM/YY)	End date (MM/YY)
How was it funded?	. , ,
Are you aware of other organizations providing similar se	rvices/activities in Pasadena? Yes No
Briefly explain how your project is different from similar	· — —
VI. Organizational Experience	
Provide an overview of your agency, including: mission s	tatement, year of incorporation, number of years active
years of direct experience, current intake procedures and	
project personnel, federal grant management experience,	
organizational chart and a project organizational chart as	

	Rehabilitation, Renovation, and Co	onversion Projects Only
If the pr	e project involve construction?	☐ Yes ☐ No
ļ	roject includes rehabilitation or renovation, i	is it:
	Major rehabilitation or renovation	☐ Yes ☐ No
I	Minor repairs	☐ Yes ☐ No
	Major repairs	□ Yes □ No
	Addition or expansion of existing building	
	have site control?	,
		w you intend to secure site control prior to the start of the
project.		
Ì		
Does the	e project involve rehab/renovation or conve	rsion on property not owned by you? Yes No
		re permission from the property owner to undertake this
project.		
Is your 1	project site located in Pasadena?	□ Yes □ No
-	xplain other HUD entitlement jurisdiction's 1	
(Include For any	ed as attachments to this application, inclusion of Project description  Proposed amenities and unit feature of Property improvement  Property survey  Appraisal information  Project personnel  Photo of property/structure	or this application.)  or conversion, provide a detailed plan of the work to be adding:
	<ul><li>Construction schedule</li><li>Detailed cost estimates, including</li></ul>	date prepared, by whom, preparer's address/phone number
VIII. S	° Detailed cost estimates, including	
	<ul> <li>Detailed cost estimates, including</li> <li>Other information describing the v</li> </ul>	
	<ul> <li>Detailed cost estimates, including</li> <li>Other information describing the v</li> </ul> Scope of Work	
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Develop a Need Statement identifying: causes of the problem, the resulting need within the community, and the significance of this project to the beneficiaries/community. Include relavant statistics to support your statement For conversion projects, indicate the level of community support for the proposed project.
Based on your Need Statement, and using only the space provided, indicate the general project goal that capture the overall outcome your project is seeking to attain.
Example: The ABC Children's Support Center aims to provide a healthier support system for women and their children who are faced with fleeing domestic violence situations by providing 24-hour childcare services.
State how your organization will involve at least one homeless or formerly homeless person(s) in a policy-makin function with the organization. For example, including the individual on the Board of Directors, or similar entity or position that considers and sets policy or makes decisions for the organization.
Develop a sound work plan narrative that details the Service Activities the project will undertake to achieve the
project's goal. Include the following:
° Service activity plan of action for each service activity to be provided, including service area
° Intake procedures and eligibility doumentation, including methods to be used to implement
Pasadena's Individual Eligibility Form

Work Plan		

# IX. Budget Narrative

Provide a budget narrative for **each** program year. The narrative should explain the total project budget in detail and the budget items in the order they are listed on the budget forms. Please be sure to include the Project Budget and Fiscal Management for each year.

## A. Project Budget

Describe the organization's budget, itemized revenues and expenses. Provide an explanation for each line item expense, including all of the following that are applicable:

- ° Staff and overhead costs
- ° Rental assistance
- ° Utility assistance
- ° Service delivery costs
- ° Other eligible costs

### B. Fiscal Management

Describe the organization's fiscal management, including:

- ° Financial reporting
- Record keeping
- ° Accounting systems
- Payment procedures
- Audit requirements

Do not use more than the space provided on each of the following two sheets. Each sheet is labeled at the top for the program year it represents.

Provide the most recent financial audit or certified financial statement as an attachment.

Budget Narrative PY2011	

Budget Narrative PY2012