

PY 2022 - 2023 APPLICATION CYCLE

Emergency Solutions Grant Application



**City of Brownsville
Office of Strategic Initiative
1150 E. Adams Street, 3rd Floor
Brownsville, TX 78520
956-548-6167**

[Office of Strategic Initiatives | Brownsville, TX \(brownsvilletx.gov\)](http://brownsvilletx.gov)

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City of Brownsville, Texas
EMERGENCY SOLUTIONS GRANT
PY 2022 Application Instructions

INTRODUCTION

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amended the McKinney-Vento Homeless Act and authorized the **Emergency Solutions Grant (ESG)** Program. The ESG Interim Rule took effect on January 4, 2012. The ESG program includes a greater emphasis on homelessness prevention, the addition of rapid re-housing, the regulatory requirements for Homeless Management Information System (HMIS) use, increased emphasis on performance, and a requirement for greater coordination and collaboration between the recipient and the Continuum of Care. City of Brownsville participates in the Balance of State Continuum of Care, as administered by the Texas Balance of State.

The regulations implementing the ESG Program are found at 24 CFR Part 576. The City of Brownsville Office of Strategic Initiatives is soliciting applications for the use of ESG funds for emergency shelter, homelessness prevention, and rapid re-housing, street outreach and HMIS coordination.

The purpose of the ESG program is to assist individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness. ESG funds may be used for eligible activities intentionally and specifically focused on housing. Eligible activities must fall within the parameters of five (5) components:

1. Emergency Shelter
2. Rapid Re-Housing
3. Homelessness Prevention
4. Street Outreach
5. Homeless Management Information System (HMIS)

Annually, the Office of Strategic Initiatives requests local agencies submit applications to participate as a sub-recipient in the program. This funding application is for the period beginning October 1, 2022 through **March 30, 2024**.

A Selection Committee will review all applications for compliance with minimum requirements and make funding recommendations to the City of Brownsville Board of Commissioners.

Please note: **Incomplete Applications will not be considered for funding; therefore, please be sure to complete all sections of the applications and provide all requested documentation.**

AVAILABLE FUNDING

This Application is contingent upon the availability of HUD funding for the ESG Program. This program is funded and regulated at the federal level by the U.S. Department of Housing and Urban Development (HUD) and administered locally by the Office of Strategic Initiatives. It is authorized under the McKinney-Vento Homeless Assistance Act as amended by S.896 HEARTH Act of 2009. This funding is subject to availability and there is no guarantee that any funds will be allocated. Submission of an application does not guarantee funding. Costs associated with the application preparation shall be the responsibility of the applicant. Applications will become the property of City of Brownsville.

ELIGIBILITY REQUIREMENTS

- a. The Application must be submitted by, or on behalf of, a nonprofit agency requesting ESG funds to undertake eligible costs and activities.
- b. A minimum of 100% of total expenditures must benefit individuals/families who are homeless or who are at risk of becoming homeless utilizing HUD's Final Rule definition of homeless.

- c. Proposed projects must address the program priorities outlined in the Program Priorities section of this Application.
- d. All proposed projects must serve individuals or families with incomes at or below 30% (See Attachment “A” Income Guidelines).

PY 2022 ESG PROGRAM PRIORITIES

The priorities associated with this Application were determined during the **2021-2025** Consolidated Plan Needs Assessment process. Public meetings were held; surveys collected; and national data resources were consulted to identify the priority needs. The proposed program/project should be designed to address one or more of the priority needs listed below:

- A) **Emergency Shelter** (24 CFR 576.102) includes direct support for shelters and hotel/motel vouchers. Essential services to homeless individuals in emergency shelters are also eligible for agencies providing emergency shelter. Eligible activities include, but are not limited to:
 - Shelter operations activities (e.g. maintenance, utilities, furniture, food, etc.);
 - Hotel/motel vouchers - where no appropriate emergency shelters are available for a family household or individual household that is homeless; and
 - Essential Services
 - Case management;
 - Child care, education, employment, and life skills services;
 - Legal services;
 - Health, mental health, and substance abuse services;
 - Transportation; and
 - Services for special populations.

- B) **Rapid Re-Housing** (24 CFR 576.104) services are designed to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability. Eligible activities include, but are not limited to:
 - Medium-term rental assistance from 3 months up to 6 months;
 - Payment of rental arrears;
 - Housing stability case management services;
 - Financial assistance costs;
 - Housing search and placement necessary to assist participants locate, obtain, and retain permanent housing;
 - Mediation;
 - Legal service; and
 - Credit Repair.

- C) **Homeless Prevention** (24 CFR 576.103) includes services such as housing relocation and stabilization services, and short/medium term rental assistance. Eligible activities include, but are not limited to:
 - Short-term rental assistance for up to 3 months;
 - Payment of rental arrears;
 - Housing stability case management services;
 - Financial assistance costs;
 - Housing search and placement necessary to assist participants locate, and obtain permanent housing;
 - Mediation;
 - Legal services; and
 - Credit repair.

- D) **HMIS** (24 CFR 576.104) Grantees/Sub-grantees receiving such assistance must collect and report data on the use of the funds awarded and persons served with this assistance in the Client Track HMIS a HUD approved Homeless Management Information System (HMIS) compatible system. These are the rules and regulations of the ESG program. For agencies serving survivors of domestic violence, City of Brownsville currently recognizes the Alice or OSNIUM databases as comparable systems.

- E) **Street Outreach** (24 CFR 576.101) includes but is not limited to: costs of providing essential services necessary to reach out to unsheltered homeless individuals; connect them with services including Emergency Shelter, housing, or critical services; and providing urgent, non-facility based care to those individual who are unwilling or unable to access emergency shelter, housing or an appropriate health facility.

REQUIRED APPLICATION CONTENTS

The following information is required in each application and should be submitted and tabbed as follows:

Tab A. Cover Sheet

The authorized submission of the application.

Tab B. Application Submission Requirements

A checklist of submission requirements and requested documentation.

Tab C. Executive Summary Objectives and Guidelines

This section should include a brief summary of the proposed project.

Tab D. Eligibility Profile

Type/Duration/Location of Project

The type, duration, and location of the project.

Project Service Area

The geographic area to be served by the project activities.

Service Population and Selection Process

In this section, please indicate the target population who will primarily benefit from your proposed project. Also, state the estimated number of persons who will directly benefit from the proposed project and the units of service provided should be identified. (i.e. number of bed nights, number utility bills, etc.)

Proposed Need: This section should identify the need or problem to be addressed by the proposed project. Also, this section should include methods used to identify the need. Include specifics as to documentation used and/or meetings held to assess the needs.

Tab E. Project Proposal

Program Description: The overall purpose of the project and how it addresses ESG program priorities.

Goals and Objectives: This section identifies goals and objectives. Identify at least one (1) objective for each identified need/problem. Identify the activities to be conducted to achieve the stated goals and objectives. Identify how the expected outcomes would be measured. Lastly, identify any collaboration activities with other agencies to address the identified need.

Performance: Reporting, Monitoring & Record-Keeping: ESG requires HMIS reporting of client-level data, such as the number of persons served and their demographic information. Additionally, the Office of Strategic Initiatives will require organizations to provide data and information for the submission of monthly, quarterly, and annual reports pertaining to expenditure of ESG-funded activities. This section should identify the applicants' efforts to meet performance requirements.

Affirmative Marketing and Recruitment Activities: This section should include the outreach and recruitment activities your organization will conduct to advertise the availability of services to the community and your target client population.

Project Staffing: This section identifies the program staffing for the proposed project, including current employees, new hires, and volunteers to be utilized in any capacity of the project.

Implementation Schedule: The project implementation schedule identifies what you plan to achieve, and what it will cost per quarter. Include any major anticipated accomplishments.

Supplemental Questions: This section allows applicants the opportunity to identify operational procedures in place to meet programmatic needs. Additional questions are asked to facilitate collaboration with the Balance of State Continuum of Care.

Proposed Project Budget Summary- *Program requires a 100% match:* In Exhibit A, complete the table outlining the total expenses for the proposed project, including source and amount of required match contribution and optional leverage I (in-kind donations or service costs).

Collaboration and Resource Leveraging: Collaboration and Resource Leveraging represents the resources the proposing agency will bring to the project to supplement the funds being requested. Collaboration/resource leveraging can be in the form of monetary resources or in-kind services. Please include other resources in the budget summary.

TECHNICAL ASSISTANCE

Technical assistance questions should be directed to Office of Strategic Initiatives

El Tapiz
1150 E. Adams St, 3rd Floor
Brownsville, TX 78520
E-mail: [Office of Strategic Initiatives | Brownsville, TX \(brownsvilletx.gov\)](mailto:Office of Strategic Initiatives | Brownsville, TX (brownsvilletx.gov))
Phone: 956.548.6167

SUBMITTAL INSTRUCTIONS

Provide a **complete digital copy** of your completed ESG application with attachments via the online [submission form](#). Applications missing attachments will be considered incomplete.

Applications must be submitted to the Office of Strategic Initiatives no later than Monday, May 2, 2022 at 5:00PM.

Applicant must receive a date/time-stamped receipt to confirm a timely submission.

Office/Mailing Address
El Tapiz
1150 E. Adams Street, 3rd Floor
Brownsville, TX 78520

**City of Brownsville, TX
PY 2022 ESG APPLICATION**

TAB A- COVER SHEET

1. Official Name of Agency/Organization:	<input type="text"/>
2. How long has the Organization existed?	<input type="text"/>
3. How long has the Organization had its 501(c) (3) status? (N/A government entity)	<input type="text"/>
4. How many years has the Organization conducted the project/program for which funding is requested?	<input type="text"/>
5. Applicant's DUNS #:	<input type="text"/>
6. Registered with SAM.gov?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Applicant's Federal Tax Identification #:	<input type="text"/>
8. Name of Executive Director/President: *Please specify correct title	<input type="text"/>
9. Mailing Address:	<input type="text"/>
10. Telephone Number:	<input type="text"/>
11. Facsimile Number:	<input type="text"/>
12. Executive Director's Email Address:	<input type="text"/>
13. Agency Website Address:	<input type="text"/>
14. Contact person other than the Executive Director that is able to act on behalf of the Agency: (Please include Name, Title, Telephone Number, and Email Address.)	<input type="text"/>
15. Current Board President, or Chairperson *Please specify title	<input type="text"/>
16. Current Board Secretary	<input type="text"/>

TAB B - APPLICATION SUBMISSION REQUIREMENT

Please properly label and place all required documentation in the Appendix.

ALL APPLICANTS		
SUBMISSION REQUIREMENTS	DOCUMENTATION	
1. The applicant must have at least twelve (12) months experience directly related to the proposed project or program.	Funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project. Please also include descriptions of the applicant's previous related program activities.	
2. The applicant must have audited financial statements prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation.	One copy each of the audited financial statement that meets the criteria described. Include management letters if applicable.	
3. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.	A copy of the agency's written financial management procedures. Please also include current organization chart.	
4. Identifying eligible project service areas and eligible clientele to be served.	Provide a project map that includes Census Tracts where services will take place; or Provide a description of clientele to benefit from project, identifying that the service is City-wide.	
5. Each applicant must submit one original hard copy and one digital copy (flash drive or disk only) of their application.	Must submit an original hard copy and one digital copy (flash drive or disk only).	

In addition to the submission requirements detailed above, nonprofit organizations must also meet the requirements below.

NONPROFIT ORGANIZATIONS		
SUBMISSION REQUIREMENTS	DOCUMENTATION	
1. Submission Requirement Items 1-5 for ALL APPLICANTS have been appended.	See items detailed above.	
2. Must have a minimum two-year operating history after the date of receipt of its 501(c) (3) classification from the Internal Revenue Service.	A copy of a 501(c) (3) designation letter from the Internal Revenue Service.	
3. Must have an annual operating budget of more than \$100,000 as reflected in the most recently filed IRS Form 990 or 990 EZ.	Most recent IRS Form 990 or 990 EZ.	
4. The applicant must be registered to conduct business in the State of Texas at the time of application.		
5. Must have a Board of Directors with representation from the community served and committee structure that ensures the necessary mix of skills to succeed. During the last fiscal year, 100% of the members must have made a personal cash donation or made financially measurable in-kind contributions.	Provide: (1) a list of board members complete with their demographics and contact information; (2) a copy of your agency's By-Laws; (3) a copy of Conflict of Interest Statement; and (4) a brief narrative confirming your agency meets the Board submission requirements regarding representation and financial contributions.	
6. Must have a current written strategic plan for the whole organization that covers at least 24 months which includes the organization's entire current fiscal year and includes the following: mission statement, evidence of an environmental scan, stakeholder participation (staff, board, etc.), strategic goals and measurable objectives, organizational chart , implementation plan with assigned staff/board responsibilities, and on-going evaluation.	Current Business/Strategic Plan	

TAB C - EXECUTIVE SUMMARY

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

Proposing Agency:

Project Name:

Project Location:

ESG Funds Requested:

Please indicate the status of this funding request.

New Project

Existing Project/Additional Funding

If an existing project, in the narrative below please indicate year(s) and the amount of awarded funds. Please also include detailed information on how existing service will be expanded if ESG funds are awarded, the estimated increase of persons receiving the service and/or discussion of additional services to be provided. Please also discuss the total budget for this project and how much funding is already secured.

Please check the appropriate box (1 box per application submitted) for the type of activity you are

requesting ESG funding for: Emergency Shelter

Street Outreach

Rapid Re-Housing Homelessness

Prevention

Homeless Management Information System (HMIS)

Summary

In the following space provided, summarize your grant request. This should include a brief description of the project and its mission, the need or problem to be addressed, the goals and objectives for meeting those needs, and the funding request for the project. Please include additional pages as needed and label accordingly.

TAB D ELIGIBILITY PROFILE

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

A. Type/Duration/Location of Project (6 points)

1. Type of Project

- Emergency Shelter
- Street Outreach
- Rapid Re-Housing
- Homelessness Prevention
- Homeless Management Information System (HMIS)

2. Duration of Project

- One Year

Other: Please specify.

3. Location of Project (For Emergency Shelter Only):

Table 1 - Emergency Shelter Facility Details

Include the following information about this location:		Include the number of persons housed daily:	
1. Total Number of Beds		1. Barracks/Dormitories	
A. # of Family Beds		2. Group/Large Homes	
B. # of Individual Beds		3. Scattered Site Apartment	
2. Daily Average of Persons Served		4. Single Family Detached Home	
A. Adults Served ≤ 18		5. Single Room Occupancy	
B. Children Served ≥ 18		6. Mobile Home/Trailer	
		7. Hotel/Motel	
		8. Other:	

Table 2 - Environmental Information

Is your organization's facility:	Yes	No	Don't Know
In a historic building, in a historic district, or in a building that is over 50 years old?			
In a floodplain?			
Near a military or civilian airport?			

TAB- D ELIGIBILITY PROFILE (continued)

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

B. Service Population and Selection Process (25 points)

1. Indicate the target population this project will serve.

Table 3 - Target Population

	Persons Served in PY2019	Proposed Persons Served in PY2020
Adults		
Children		

2. If the target population includes a special population please identify.

Table 4 - Special Population

	Persons Served in PY2019	Proposed Persons Served in PY2020
Chronically Homeless		
Elderly		
Persons with HIV/AIDS		
Persons with Disabilities		
Veterans		
Victims of Domestic Violence		
Other:		

3. Describe why you have chosen that population. Describe the need the project will address. Describe the methods used to identify the need for the proposed services (i.e. community input, surveys, input from other agencies).

4. Do the services duplicate services available to the population to be served?

TAB E- PROJECT PROPOSAL (60 points)

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

A. Project Description (9 points)

- Please describe, in narrative format, the services you propose to provide using the grant funds requested and the matching funds your agency will be providing to the project.

B. Goals and Objectives (5 points)

Indicate goals, objectives, and activities that will be implemented to accomplish during the grant period.

- What performance measurement outcome does your project best exemplify? (If all relevant, please rank from 1-3.)

Improving Availability/Accessibility

Improving Affordability

Improving Sustainability

- What performance measurement objective does your project best exemplify? (If all relevant, please rank from 1-3.)

Suitable Living Environment

Decent Housing

Creating Economic Opportunity

- Complete the table below to identify how expected outcomes will be measured to meet performance goals.

Table 5 - ESG Performance Goals

Proposed Performance Goal	# of Households Served with Benchmarks	Prior Year Performance	# of Households Served with Benchmarks
PY 2022 To assist 40 families with rapid re-housing services	20 Families housed by 2QTR 20 Families housed by 4QTR	PY 2021 Assisted 35 families with rapid re-housing services	10 Families housed in 2QTR 20 Families housed in 3QTR 5 Families housed by 4QTR

TAB E- PROJECT PROPOSAL (continued)

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

C. Performance: Reporting, Monitoring, and Record-Keeping (10 points)

ESG requires HMIS reporting of client-level data, such as the number of persons served and their demographic information. Additionally, Office of Strategic Initiatives will require organizations to provide data and information for the submission of monthly, quarterly, and annual reports pertaining to the expenditure of ESG-funded activities. Therefore, projects funded are required to use ClientTrak (or ALICE or OSNIUM for DV agencies) to report ESG activities.

1. Describe and discuss your organization's experience with utilizing the HMIS/ClientTrak and/or other reporting systems. Please be sure to submit a contractual agreement affiliated with Client track or comparable HMIS.

2. Describe and discuss any experiences you have in reporting, monitoring, or record-keeping compliance requirements with other funding agencies.

D. Affirmative Marketing & Recruitment Activities

1. Identify affirmative marketing activities to be utilized in conducting the program, publicizing it, and making it accessible.

TAB E- PROJECT PROPOSAL (continued)

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

E. Project Staffing (10 points)

Staff Capacity Highlight: Discuss the number of direct staff and programmatic staff employed by your agency to work in this program by position (number of case managers, number of shelter staff, etc.) and their qualifications (please attach job description), requirements for professional certification, etc.

1. On average, program/administrative staff participate in how many training opportunities per year? Identify what types of trainings.

- 1-2
- 3-4
- 5 or more

2. Do any family relationships (by blood or marriage) exist between staff and/or agency Board members? If yes, please explain in detail.

- Yes No

3. Do any family relationships (by blood or marriage) exist between staff and/or City of Brownsville Board of Commissioners? If yes, please explain in detail. Please be sure to include your organization's Conflict of Interest Statement as indicated in the Application Submission Requirements.

- Yes No

4. Proposed jobs to be created by project?

5. Proposed jobs to be retained project?

Full Time	Part Time	Total

TAB E- PROJECT PROPOSAL (continued)

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

F. Project Implementation Schedule (10 points)

Detail your project implementation schedule, what you plan to achieve, and what it will cost per quarter. List the major activity accomplishments anticipated for each quarter.

First Quarter Expenditures (January - March):

\$

Describe
Major
Activity
Accomplishments:

Second Quarter Expenditures (April - June):

\$

Describe
Major
Activity
Accomplishments:

Third Quarter Expenditures (July - September):

\$

Describe
Major
Activity
Accomplishments:

Fourth Quarter Expenditures (October - December):

\$

Describe
Major
Activity
Accomplishments:

TOTAL FUNDING REQUEST:

\$

1. If you have been awarded ESG funds previously, what percentage of ESG funds awarded to your agency was unspent at the end of the 2019 program (calendar) year?

%

2. If you have been awarded ESG funds previously, what percentage of ESG funds awarded to your agency were spent during the first 6 months of the 2020 program (calendar) year?

%

TAB E- PROJECT PROPOSAL (continued)

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

G. Supplemental Questions

1. Operations Procedures: The applicant must provide its Board of Directors' approved Operations Procedures Manual.

If the only available document is in draft form, please provide.

Agency's Operations Procedures for proposed funding project are attached in

2. What are barriers to clients obtaining housing in your service area? (Check all that

apply.) Area landlords aren't interested in working with organization

Area rents are too high

Available units aren't the right size

Available units don't pass

inspection Criminal backgrounds

Income

Lack of transportation between units, services, jobs, and

amenities- Not enough existing rental housing in area

Poor credit

Poor rental history

Other: Please specify.

If one or two are most extreme, please list them below.

1.

2.

Please discuss the strategies your organization has implemented to reduce these barriers.

TAB E- PROJECT PROPOSAL (continued)

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

3. What are barriers to clients maintaining housing in your service area? (Check all that

- apply.) Clients' incomes are too low
- Lack of employment opportunities
- Lack of knowledge of tenant/landlord rights and responsibilities
- Lack of mental health services
- Lack of tenancy supports
- Lack of transportation between units, services, jobs, and
- amenities- Unhealthy social network
- Other: Please specify.

If one or two are most extreme, please list them below.

1.

2.

Please discuss the strategies your organization has implemented to reduce these barriers.

TAB E- PROJECT PROPOSAL (continued)

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

H. Project Budget Summary (20 points)

1. How much of your organization's annual budget is generated from grant

revenue? Less than 30%

31-50%

51-60%

61-70%

71-80%

More than 80%

2. What is the total budget for this project and how much funding do you already have in place for this project? If this project is not funded with ESG, does your organization have the financial means to support the proposed services? Identify your sources and amounts of leveraged funds.

TAB E- PROJECT PROPOSAL (continued)

Your responses may not be fully completed on this page; please add additional pages as needed and tab accordingly.

Please identify ESG program costs in Exhibit A on the following page.

Exhibit A - Emergency Solutions Grant (ESG) Budget

Staff and overhead expenses must be directly related to carrying out the proposed project/activity.

Please include matching funds that are immediately accessible and firmly committed to the project. Matching funds can include a blend of cash, loans, or in-kind resources available to finance the project costs.

In-kind contributions must have a specific dollar value established in accordance with generally accepted accounting principles. The basis of determining the value for personal services and donated materials and supplies must be identified. Volunteer services may be counted if the service is an integral and necessary part of the project. To determine in-kind volunteer contributions, use the estimated amount of what a paid worker would earn doing the same type of work (verification documentation may be requested).

EXHIBIT A
EMERGENCY SOLUTIONS GRANT PROPOSED BUDGET SUMMARY

Emergency Shelter Component				
	Total Project Costs	ESG Request	Match Amount	Match Source
Essential Services				
1. Case Management				
2. Outpatient Health Services				
3. Mental Health Services				
4. Transportation				
5. Services for Special Populations				
6. Child Care				
7. Educational Services				
8. Employment Assistance				
9. Legal Services				
10. Life Skills Training				
11. Substance Abuse Treatment				
Shelter Operations				
1. Custodial Supplies				
2. Office Supplies/Printing				
3. Utilities				
4. Insurance				
5. Emergency Medical Supplies				
6. Telephone				
7. Transportation				
8. Rent/Lease Payments				
9. Legal Costs				
10. Furnishings/Bedding				
11. Shelter Staff				
Total Emergency Shelter				

Rapid Re-Housing Component				
	Total Project Costs	ESG Request	Match Amount	Match Source
Housing Relocation and Stabilization Services				
1. Moving Costs				
2. Rental Application Fees				
3. Security Deposit				
4. Last Month's Rent				
5. Utility Deposit/Payments				
6. Housing Search/Placement				
7. Housing Stability Case Management				
8. Mediation and Legal Service				
9. Credit Repair/Budgeting				
Rental Assistance				
1. Short Term Rental Assistance (up to 3 months)				
2. Medium Term Rental Assistance (4-24 months)				
Total Rapid Re-Housing				

EXHIBIT A
EMERGENCY SOLUTIONS GRANT PROPOSED BUDGET SUMMARY

Homelessness Prevention Component				
	Total Project Costs	ESG Request	Match Amount	Match Source
Housing Relocation and Stabilization Services				
1. Moving Costs				
2. Rental Application Fees				
3. Security Deposit				
4. Last Month's Rent				
5. Utility Deposit/Payments				
6. Housing Search/Placement				
7. Housing Stability Case Management				
8. Mediation and Legal Service				
9. Credit Repair/Budgeting				
Rental Assistance				
1. Short Term Rental Assistance (up to 3 months)				
2. Medium Term Rental Assistance (4-24 months)				
Total Homelessness Prevention				

HMIS Coordination Component				
	Total Project Costs	ESG Request	Match Amount	Match Source
1. Computer hardware, software, licenses				
2. Equipment				
3. Participation Fees charged by HMIS Lead				
Total HMIS				

Total Program Costs				
	Total Project Costs	ESG Request	Match Amount	Match Source
Grand Total				

SIGNATURE PAGE

This page must be submitted with the application.

Letter from Authorized Certifying Official is attached

Name of Applicant:

Be it resolved that the City Council/Commission/Board of Directors of the above referenced Applicant resolved at its meeting, date referenced below, to authorize the Applicant to submit an application to the Office of Strategic Initiatives. The individual referenced below is authorized to execute any documents necessary for application submission and funding.

Meeting Date:

Amount Requested:

Executor:

Authorized Certifying Official (Signature, Name & Title)

Signature Date

Insert Corporate Seal

I certify that I have completed the application for City of Brownsville Emergency Solutions Grant funding. All of the information contained in the submission has been completed as thoroughly and as accurately as possible and a governing body resolution or letter from an authorized certifying official approving this submission has been attached to this submission.

Prepared by: _____ Date: _____
Signature

Prepared by:
Name & Title

Approved by: _____ Date: _____
Signature

Approved by:
Name & Title

Signature

APPENDIX

Place Required Documentation in this Appendix
(Number All Pages)

ATTACHMENT A

Income Guidelines

MAXIMUM HOUSEHOLD INCOME LIMITS [Brownsville, Texas]

PY 2022 Income Limits Effective: April 1, 2021

THIRTY PERCENT INCOME LIMITS
STATE:TEXAS

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-----30% L O W I N C O M E L I M I T S-----

	MEDIAN	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Abilene, TX MSA	63400	13300	15200	17100	19000	20550	22050	23600	25100
Amarillo, TX MSA									
Amarillo, TX HMFA	72100	15050	17200	19350	21450	23200	24900	26600	28350
Oldham County, TX HMFA	77500	16300	18600	20950	23250	25150	27000	28850	30700
Austin-Round Rock, TX MSA	98900	20800	23750	26700	29650	32050	34400	36800	39150
Beaumont-Port Arthur, TX MSA									
Beaumont-Port Arthur, TX HMFA	65800	13850	15800	17800	19750	21350	22950	24500	26100
Newton County, TX HMFA	53600	12800	14600	16450	18250	19750	21200	22650	24100
Brownsville-Harlingen, TX MSA	45900	12800	14600	16450	18250	19750	21200	22650	24100
College Station-Bryan, TX MSA	75600	14500	16550	18600	20650	22350	24000	25650	27300
Corpus Christi, TX MSA									
Aransas County, TX HMFA	61700	12950	14800	16650	18500	20000	21500	22950	24450
Corpus Christi, TX HMFA	69300	14600	16650	18750	20800	22500	24150	25800	27500

https://www.huduser.gov/portal/datasets/il.html#2021_data