Program Overview

Case Id:
Name:
Address:

Program Overview

Please provide the following information.

City of Arlington
ESG Program

City of Arlington
101 West Abram St.
P.O. Box 90231 MS 01-0330
Arlington, TX 76004
817-459-6204

The Emergency Solutions Grant (ESG) Program is authorized by the McKinney-Vento Homeless Assistance Act as amended by S.896 Hearth Act of 2009. As an entitlement community, the City of Arlington receives an annual allocation of ESG funds, contingent upon submission of an approved Consolidated Plan and Annual Action Plan. The regulations implementing the ESG Program are found at 24 CFR Part 576. To review the regulations in their entirety, visit the HUD Exchange website at https://www.hudexchange.info/programs/esg/.

The primary objective of the Emergency Solutions Grant (ESG) Program is to assist individuals and families who are homeless or at risk of homelessness in quickly regaining stability and securing permanent housing.

The City of Arlington receives ESG funding annually from the U.S. Department of Housing and Urban Development (HUD). Each year, the City partners with local organizations to implement eligible activities, leveraging these funds to maximize their impact and address the community's most urgent housing and homelessness needs.

The following application outlines the requirements, guidelines, and submission process for organizations seeking ESG funding. Applicants are encouraged to carefully review all instructions and provide detailed information to ensure full consideration during the selection process.

The City of Arlington receives ESG funds from the U.S. Department of Housing and Urban Development (HUD). Each year the City seeks to maximize the benefits of these funds by partnering with local organizations to conduct eligible activities.

Please reference the Program Guidebook below:
ESG RFP Guidebook

A. Agency Information

Completed by mark.mellette@neighborlysoftware.com on 10/22/2025 3:49 PM

Case Id:
Name:
Address:

Agency Contact Information

Please provide the following information.

AGENCY INFORMATION

A.1. Agency Name:
ACAVV

A.2. Unique Entity Identifier from SAM.gov:
ACQWDQc

A.2a. Unique Entity Identifier Expiration Date:
10/02/2081

A.3. Mailing Address:
VAGwrvbBV vVwevsvb CEWGVRBV, AL 31316--4642

A.4. Organizational Website:
Qfwvfvfv

A.5. Agency Type:
Government Organizations

A.6. Department Name:
Fw bkbojFOPKWMa

A.7. Federal ID Number:
121342536656131

A.8. Year of Incorporation (YYYY)
2,005

A.9. Incorporated in Texas?
Yes

CERTIFICATIONS

A.10. Is the request for federal funding for a construction or renovation project?
Yes

A.10a. Build America Buy America (BABA) link: (BABA | HUD.gov / U.S. Department of Housing and Urban Development (HUD))
By clicking "Yes", you indicate that you have read and agree to comply with the Build America Buy America guidelines and implementation policies from the above link.
Yes

A.10b. Davis Bacon link
By clicking “Yes”, you indicate that you have read and agree to comply with the Davis Bacon guidelines and implementation policies from the above link.
Yes

A.10c. HUD Section 3 link
By clicking “yes”, you indicate that you have read and agree to comply with Section 3 guidelines and implementation policies from the above link.
Yes

B. Agency Contact Information

Case Id:
Name:
Address: 4642

B. Agency Contact Information

Please provide the following information.

EXECUTIVE DIRECTOR
B.1. First Name:

B.2. Last Name:

B.3. E-Mail:

B.4. Phone Number:

BOARD PRESIDENT
B.5. First Name

B.6. Last Name

B.7. E-Mail

B.8. Phone Number

FISCAL POINT OF CONTACT
B.9. First Name:

B.10. Last Name:

B.11. Title

B.12. E-mail:

B.13. Phone Number:

ORGANIZATION PROGRAMMATIC POINTS OF CONTACT - STAFF

Please list all relevant information about the staff member, including notes to explain their role and responsibilities with the activities as a reference for Grants Management Coordinators. Provide information when adding users on who has authority to approve draws.

B.14. First Name:

B.15. Last Name:

B.16. Email:

B.17. Phone Number:

B.18. Title/ Staff Position:

B.19. Description of role:

Would you like to add an additional staff member? (Can add multiple staff)
Yes or No

First Name:

Last Name:

Email:

Title/ Staff Position:

Phone Number:

Description of role:

B.20. Neighborly User Access

First Name	Last Name	Email	Phone Number	Description

ADD another User

C. Organization Capacity and Experience

Case Id:
Name:
Address:

C. Organization Capacity and Experience

Please provide the following information.

ORGANIZATIONAL MISSION AND CAPACITY

C.1. What is your organizational mission statement?

C.2. Describe the services that your organization provides.

C.3. Please select the types of funding your organization has previously managed: *(Select all that apply)*

- ☐ **ESG (Emergency Services Grant)**
- ☐ **Other Federal Programs (e.g., HOME, CDBG, ARPA, HHS, SAMHSA, DOE)**
- ☐ **State or Local Government Grants**
- ☐ **Foundation or Private Grants**
- ☐ **Other**

Other Funding:

FUNDING HISTORY & EXPERIENCE

C.4. For each funding source selected above, describe your organization's experience managing the funds. In your response, include the name of the funding source, number of years of experience, total grant amounts received, the purpose of the funding, the populations served, and any outcomes or performance metrics achieved.

NOTE: For organizations selecting the ESG funding type, include the number of years of direct experience, the most recent full year funding was received, the amount awarded that year.

PROGRAM PERFORMANCE

C.5. Has your organization implemented a program that is similar in scope or purpose to the one proposed in this application? (This includes, but is not limited to, prior years programs funded with ESG)

Yes or No

C.5a. If yes, describe the program, including the source of funding, target population served, services provided, and key accomplishments or outcomes.

C.5b. For your most recent program year, provide your planned versus actual service levels.

Planned number of clients served:

Actual number of clients served:

C.5c. If your actual number served was lower than planned, please explain the reason and describe what corrective actions were taken or planned.

C.5d. Identify the eligible activities for which your program will request ESG funds. Choose from the following:

- ☐ **Homeless Prevention**
- ☐ **Emergency Shelter**
- ☐ **Rapid Rehousing**
- ☐ **HMIS**
- ☐ **Street Outreach**

C.5e. How long was clients' average length of stay in the shelter for the last program year? Percentage of adults at exit or annual assessment who gained or increased employment income.

NOTE: If not a shelter program, indicate not applicable (n/a)

C.5f. What steps is your organization taking to reduce the total average length of stay at the shelter, and ensure housing stability at program exit?

NOTE: If not a shelter program, indicate not applicable (n/a).

C.5g. How many clients where permanently housed due to your efforts?

C.6. How many individuals does your organization currently serve annually in Arlington versus other locations?

Clients served in Arlington:

Clients served in other locations:

C.7. What percentage of your organization's total annual budget is allocated to programs serving the City of Arlington? Please provide a percentage estimate reflecting Arlington-specific program funding relative to your entire organizational budget.

C.8. Describe your organization's internal capacity to manage grant-funded programs, including ESG if applicable. Please include the roles and qualifications of staff responsible for program oversight, grant administration, financial management, and compliance monitoring.

WRITTEN PROCEDURES AND COMPLIANCE

C.9. Does your organization have formal written policies and procedures for administering grant-funded programs, including those related to financial management, procurement, program oversight, and compliance?

Yes or NO

MONITORING AND COMPLIANCE HISTORY

C.10. Has your organization been monitored or audited for compliance by any public or private agency in the last five (5) years related to CDBG or other grant funding?

Yes or NO

C.10a. If yes, indicate the date of the most recent review, the agency that conducted it, and the purpose of the monitoring.

C.10b. Were any findings, concerns, or required corrective actions identified in your most recent audit or monitoring review?

Yes or No

C.10c. If yes, describe the issues, explain the steps your organization took to address them, and indicate whether they have been fully resolved.

C.11. Has your organization ever been required to return funds to a funder (including ESG or other funding sources) due to noncompliance, ineligible expenses, or failure to meet program requirements?

Yes or No

C.11a. If yes, describe the specific grant, the amount repaid, the reason the repayment was required, and what corrective actions your organization implemented to prevent a recurrence.

FINANCIAL MANAGEMENT

C.12. What financial management system(s) does your organization currently use to track and report grant expenditures? In your response, explain how your accounting software and internal financial controls ensure accurate financial reporting, grant compliance, and transparency.

C.13. Does your organization have audited financial statements?

Yes or No

C.13a. When was your most recent financial audit completed?

C.13b. Did the audit include any findings?
Yes or No

C.13c. If yes, please describe the issues, explain the steps your organization took to address them, and indicate whether they have been fully resolved.

ORGANIZATIONAL GOVERNANCE
C.14. Does your organization have a Board of Directors?
Yes or No

C.14a. What percentage of your Board members live or work in Arlington?

C.14b. Outline the requirements to be a board member.

Include any eligibility criteria such as residency or community ties, professional qualifications or lived experience, term limits, conflict of interest policies, and any other relevant requirements.

C.14c. State how your organization will involve at least one homeless or formerly homeless person(s) in a policy making function AND at least one homeless or formerly homeless person(s) in the operation of the ESG funded program:
teGWRHGwrrwjyjh

C.14d. Describe the orientation and training provided to board members. Include how often orientation is held, the topics covered—such as governance roles, fiduciary duties, bylaws, conflict of interest, and federal grant compliance—and whether ongoing training or refresher sessions are provided for current board members.

C.14e. How often does your Board meet, and what types of decisions are made at the Board level? Please include examples such as budget approvals, program oversight, strategic planning, and grant compliance.

C.14f. Does your organization maintain Board Liability Insurance?
Yes or No

C.15. Describe how your organization is governed in lieu of a board of directors.

D. Evidence of Need for Service

D. Evidence of Need for Service

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Case Id:
Name:
Address:

D. Evidence of Need for Service

Please provide the following information.

D.1. Describe the need for this service within the community.

NOTE: Support your description with recent data, including local statistics when available, and cite all sources. You may also include relevant data collected by your organization, such as the number of referral calls, clients on waiting lists, or average wait times.

D.2. Describe how the need has changed in the past three years and how the organizations have responded to the changes.

NOTE: Explain any trends or emerging challenges that have increased or shifted demand for the proposed service.

D.2a. Explain how your program is unique in addressing this need.

Note: Are there other programs offering similar services in the area? If so, how does your program differ or fill a gap? Discuss any possible duplication of efforts with other programs or organizations.

D.3. Describe the population within your service area that could benefit from the proposed program.

NOTE: The population includes individuals or households who may benefit directly from program activities. Identify the specific population your program will serve within the service area. Describe key demographic characteristics such as age, income level, housing status, or other relevant factors. Explain why this group was selected, highlighting their vulnerability, barriers to accessing services, or lack of support from existing programs.

D.4. Does the proposed program collaborate with other programs in the city of Arlington?

D.4a. Provide a brief description of collaborations.

NOTE: Describe how your organization coordinates with other local providers to deliver this service.

E. Project Scope/Work of Services

Please provide the following information.

E.1. Project Title:

E.2. Project Location:

E.3. Please select the geographic region where your proposed program is located: City wide, Central Arlington Neighborhood Revitalization Strategy Area (NRSA), or East Arlington target area.

E.4. Describe who will be served with the ESG funding:

E.5. Develop a sound statement of work or work plan narrative that details the service activities the program will undertake.

E.6. What is your program goal (long-term expectation of what should happen as a result of your program, include, specific outcome, baseline and numeric targets, and deadline?

E.6a. What is the total planned number of unduplicated adults, children and/or households that will be served by the proposed program inclusive of all activities?

E.6b. Of the total planned number of unduplicated adults, children, and/or households to be served by the proposed program (as indicated in the previous question), how many will be served specifically with ESG funds?

E.7. Please select your programs expected outcomes. ***(Select 1 Outcome)***
Reduce the number of unsheltered homeless persons in Arlington.

E.8. Please select your programs outputs for the selected outcome above:

- ☐ **a. Unduplicated homeless persons served with emergency shelter and food.**
- ☐ **b. Unduplicated sheltered persons enrolled in case management.**
- ☐ **c. Unduplicated homeless person/families move to transitional housing.**
- ☐ **d. Unduplicated persons/families moved to permanent housing.**
- ☐ **e. Unduplicated persons/families prevented from homelessness through rental assistance.**
- ☐ **f. Unduplicated persons/families rapidly rehoused**

☐ **g. Unduplicated persons/families moved from unsheltered settings to shelters and homeless assistance programs through street outreach.**

ACTIVITIES & TARGETS

E.9. Activity #1:

Provide emergency shelter and food services for homeless persons/families.

E.9a. Activity Description:

E.9b. Please provide Quarter target and measurement below:

Quarter 1 Target (July-September)

Measurement

Quarter 2 Target (October-December)

Measurement

Quarter 3 Target (January-March)

Measurement

Quarter 4 Target (April-June)

Measurement

E.10. Add Another Activity? (can add up to 5 activities)

E.11. Describe Methods and tools the program uses to measure outcomes:

E.12. Did you operate an ESG or similar grant-funded program in prior years?

Yes or No

E.12a. Describe your outcomes from the latest prior year program and the associated measurable results. If performance goals were not met, provide explanation why.

E.12b. How did you improve or change your programs based on the results?

E.13. Tarrant County Homeless Coalition (TCHC) is the lead agency for the Tarrant County Continuum of Care (CoC). Please describe your organization's involvement with the CoC and how many TCHC meetings your organization attended last year:

PROGRAM PRIORITIES

E.14. Check the City of Arlington Consolidated Plan Objectives the proposed program will address.

Objective 14: Other Public Service Needs

E.15. Check the City of Arlington Council Priorities related to HUD grant activities the proposed program will address.

- ☐ **Enhance Regional Mobility**
- ☐ **Grow Our Economy**
- ☐ **Preserve Financial Stability and Resilience**
- ☐ **Strengthening Our Communities**

E.16. Check the Arlington Community Priority the proposed program will address.

- ☐ **Food Insecurity**
- ☐ **Mental Health**
- ☐ **Quality Childcare**
- ☐ **Substance Abuse Services**

E.17. Please identify the primary beneficiaries this program will serve. Be cognizant of the target population you name in the narrative portion of this proposal. Please check the appropriate categories below:

- ☐ **Low and moderate income population**
- ☐ **Presumed Benefit Clientele**

E.18. Who are the program beneficiaries (target group) to be served? Please check all that apply.

- ☐ **Male**
- ☐ **Female**
- ☐ **Substance Abusers**
- ☐ **At Risk Status**
- ☐ **Special Needs**
- ☐ **Elderly**
- ☐ **Veterans**
- ☐ **Youth**

F. Program Budget

Case Id:
Name:
Address:

F. Program Budget

Please provide the following information.

PROGRAM REQUEST SUMMARY
F.1. Total Organizational Budget:

F.2. Total Program Budget:

ESG REQUEST SUMMARY
F.3. Amount of ESG Funds Requested:

F.4. ESG Cost Per Person

F.4a. Number of Unduplicated individuals (or households served) with ESG funds (E.6b)

F.5. Describe the organization's fiscal management structure, addressing financial reporting, record-keeping, accounting systems, internal controls, payment processes, and audit requirements.

F.6. Provide a detailed breakdown of ESG-funded expenses in your proposed program budget. For each line item, include the amount and a brief description. If your proposal includes multiple ESG components (e.g., Emergency Shelter, Rapid Rehousing, or Street Outreach), indicate which program each line item supports. Totals by program category should be provided in the budget narrative.

NOTE: Since grant funds are to be used only for direct project delivery, budget line items must include only non-administrative costs. Administrative costs are expenses related to the overall management and administration of the grant. Include an explanation of how each line item is directly related to project delivery in the Detailed Narrative Description.

Project Budget ESG Expenses Category	Detailed Narrative Description	CDBG Budget

F.7. Does your program budget include salaries for project delivery?
Yes or no

F.7a. Add & complete a row for each position funded with ESG

Position Title	Specific Programmatic Duties/Tasks	Full/Part Time (F/P)	Annual Salary	% FTE Paid by ESG	Amount of Salary paid by ESG

F.8. List all non-ESG funding sources, including donations, that will make up the difference between your requested ESG grant and your total program budget. Provide the status, date awarded and amount(s) for each source.

NOTE: The ESG Budget Total (from F.6) and non-ESG Budget funding should total the Total Program Budget. This ensures the budget demonstrates adequate or near-adequate funding for program success.

Funding Source Name	Funding Category	Funding Status	Date Awarded	Amount Awarded

BUDGET NARRATIVE
F.9. Match Table

NOTE: Applicants are required to budget for a minimum 110% match when preparing their proposed budget. This is mandatory and must be fully demonstrated in the application.

At the time of application, the 110% match must be calculated based on the ESG funds requested. Once awards are finalized, the required match will be recalculated at 110% of the actual ESG award. Any difference between the amount requested and the amount awarded will result in a corresponding adjustment to the required match.

Match Funding Source Name	Description of Match	Amount of Match

F.10. Use this section to provide any additional information, explanations, or details about the budget and match that were not fully addressed in the previous questions and tables. Include further descriptions of budget line items, salaries, and funding sources as needed to present a complete picture of your budget. For any funding sources that are not yet committed or secured, describe the next steps to secure the funds and explain how the program will be funded if those sources are not received.

G. Required Documents

Last modified by mark.mellette@neighborlysoftware.com on 10/22/2025 3:53 PM

Case Id: 30446
Name: NBLY CT Test - 2025
Address: VAGwrvbBV, vVwevsvb, CEWGVRBV, AL 31316--

G. Required Documents

Please provide the following information.

Documentation

☐ **1. Cover Letter (optional)**
***No files uploaded*

☐ **2. Letters of Support (Optional)**
***No files uploaded*

☐ **3. Board Members *Required**
***No files uploaded*

☐ **4. By-laws *Required**
***No files uploaded*

☐ **5. Client Intake Form *Required**
***No files uploaded*

☐ **6. Code of Conduct Listing Prohibited Behavior for Board and Employees *Required**
***No files uploaded*

☐ **7. Director's & Officers' Liability & Errors & Omissions Insurance *Required**
***No files uploaded*

☐ **8. Financial Audit/Certified Financial Statement *Required**
***No files uploaded*

☐ **9. Internal Control Policies and Procedures *Required**
***No files uploaded*

☐ **10. Job Descriptions and Resumes of Key Personnel *Required**
***No files uploaded*

☐ **11. Non-Profit Documentation from the IRS *Required**

***No files uploaded*

☐ **12. Organization Certification Form *Required**

***No files uploaded*

☐ **13. Organization Chart (not program specific) *Required**

***No files uploaded*

☐ **14. Performance Measurement Tools and Results *Required**

***No files uploaded*

☐ **15. Policies and Procedures for Employees *Required**

***No files uploaded*

☐ **16. Program-Specific Organizational Chart *Required**

***No files uploaded*

☐ **17. Minutes Authorizing Submittal of Proposal *Required**

***No files uploaded*

☐ **18. Articles of Incorporation *Required**

***No files uploaded*

☐ **19. W-9 *Required**

***No files uploaded*

☐ **20. Other**

***No files uploaded*

☐ **21. SAM.gov Registration (SAMPLE Doc link) *Required**

***No files uploaded*