PROPOSAL NUMBER	
FUNDING SOURCE	**EMERGENCY SOLUTIONS GRANT**
APPLICANT NAME	
ACTIVITY NAME	

Emergency Solutions Grant Proposal
2027 Proposal Form
Department of Metropolitan Development
City of Evansville, Indiana

Cover Page - For Admin Use Only

DMD staff will complete this form at a scheduled Proposal Review meeting, to determine the eligibility of the proposed activity. A proposal may not be submitted if the following requirements are not met.

Performance Objective		**Performance Outcome**	
	Create Suitable Living Environments		Accessibility/Availability
	Provide Decent Housing		Affordability
	Expand Economic Opportunities		Sustainability

ESG Priority Need and Level	
Priority Level - High	
	Homeless Assistance: Street Outreach - 24 CFR 576.101
	Homeless Assistance: Shelter - 24 CFR 576.102
	Rapid Rehousing - 24 CFR 576.104

Secondary Activity Categories			
	Housing Relocation/Stabilization - Financial Assistance		Essential Services
	Housing Relocation/Stabilization - Financial Services		Operations
	Rental Assistance		Renovation/Rehab

Application Prerequisites	**Date Completed**
Grant Training – PY 2027	
Proposal Review Meeting with DMD staff	

Reviewer Name

Date Stamp

Payment Receipt

_____

☐ **Original Submission**

☐ **Amended Submission**

Version # _____

PROPOSAL NUMBER	
FUNDING SOURCE	**EMERGENCY SOLUTIONS GRANT**
APPLICANT NAME	
ACTIVITY NAME	

General Information

For the purposes of this application, "activity" refers to either a one-time project or ongoing program for which the applicant ("organization") is requesting funds. The organization's designated contact will receive all notices concerning ESG funds and must be able to answer questions regarding this proposal.

1. Applying Organization Information:					
Organization Full Legal Name (and "dba" as applicable)					
Organization Address		Phone Number		E-Mail	
City		State		Zip Code	

2. Contact Person Information:			
Name		Title	
Mailing Address		Phone #	
City		E-mail	
State		Zip Code	

3. Is the organization a 501(c) (3) or 501(c) (4)? If **YES**, **provide the Federal I.D. Number below. Also submit the IRS Determination Letter and the Annual State Entity Report.** If **NO**, please explain below.			
☐ **Yes – DUNS or EIN#**		☐ **No**	

4. For how many years has the organization been in existence?	
5. For how many years has the organization received ESG funds?	

6. Is the organization currently registered with System for Award Management (SAM)? If **YES, provide proof of active status with SAM (SAM.gov).** If **NO**, provide the date on which the organization applied.			
☐ **Yes – UEI#**		☐ **No – Application Date**	

7. Does the organization attend the Homeless Services Council of Southwest Indiana meetings at least 75% of the time? If **NO**, please explain below.			
Yes		**No**	

8. Activity Information:	
Activity Name	
Activity Location (Street Address, City, State, Zip)	

9. For how many years has the activity been in existence?	
10. For how many years has the activity received ESG funds?	

11. Proposed Allocation Amount:	
a. ESG Amount Requested for this activity	$
b. Total (or annual) cost of activity	$
c. ESG Percentage of total activity costs	0.00 %

PROPOSAL NUMBER	
FUNDING SOURCE	**EMERGENCY SOLUTIONS GRANT**
APPLICANT NAME	
ACTIVITY NAME	

Activity Information

12. What eligible expenses will the funds be used for (i.e. program operating costs, rent payments, etc.)?

13. Is the activity currently in the Homeless Management Information System (HMIS), or an equivalent system for Domestic Violence programs?	**Yes**		**No**	

14. Summary - **Briefly** describe the proposed activity (500-word limit).

15. How is homeless verification determined to qualify for participation in the activity? Describe the verification method and select each Categorical Definition (outlined in 24 CRF 578.53) that applies.

Category 1: Literally Homeless		**Category 2:** Imminent Risk	
Category 3: Homeless Under Other Statutes		**Category 4:** Fleeing Domestic Violence	

16. List and **provide copies of any certifications or licenses** necessary to perform the planned work, applicable to this activity. Enter "N/A" otherwise.

PROPOSAL NUMBER	
FUNDING SOURCE	**EMERGENCY SOLUTIONS GRANT**
APPLICANT NAME	
ACTIVITY NAME	

Activity Information continued

"Unduplicated" means that a client is not counted more than once per program year, even if they receive services over multiple months.

17. In the table below list the **projected** activity outputs and corresponding ESG expenditures per month within the program year. Be specific - Define what service (shelter, outreach, subsidy, etc.) will be provided and whether individuals or households are measured. Then, estimate the **unduplicated** number anticipated to benefit each month. If the activity is a one-time project, indicate milestones toward completion on the timeline.

ESG Expected Outputs - Accomplishments defined below			**ESG Anticipated Expenditures**
July 2027			
August 2027			
September 2027			
October 2027			
November 2027			
December 2027			
January 2028			
February 2028			
March 2028			
April 2028			
May 2028			
June 2028			
***ESG** Total Outputs (Accomplishments)*		***ESG** Total of Expenditures**	**$ 0.00**

*Total of expenditures must equal the proposed ESG funding amount.

PROPOSAL NUMBER	
FUNDING SOURCE	**EMERGENCY SOLUTIONS GRANT**
APPLICANT NAME	
ACTIVITY NAME	

Financial Information

18. Describe what financial system your organization uses to track program activity and grant usage.

19. Are there any fees associated with any services provided through this activity? If **YES**, please explain.

No		**Yes**	

20. Will your organization spend more than $1,000,000 of federal funds in PY 2027? This information is required to maintain grant funding with the Indiana State Board of Accounts and the City of Evansville.

Yes		**No**	

21. What was the date of the organization's last audit?
Please provide a copy of the most recent full audit report.

Were there any material defects? If **YES**, please explain. **No** **Yes**

22. Provide the 2027 total budget for this **activity** from all sources. $

23. Provide the 2027 total budget for this **organization** from all sources. $

24. List all City-allocated funds for this organization which are still open.

Activity Name	Year Received	Source of Funds	Amount Received	Status	$ Funds Remaining
			$		$
			$		$
			$		$
			$		$
			$		$

25. List all essential activity positions and salaries, regardless of funding source. Include anyone employed by the agency who will be working on the activity. **Attach copies of resumes, job descriptions, and/or qualifications for employees working at time of submission.**

Position Title	# of Positions	Duties/Responsibilities for Projects	Total Annual Salary	ESG Portion of Salary
			$	$
Case Manager			$	$
			$	$
			$	$

PROPOSAL NUMBER	
FUNDING SOURCE	**EMERGENCY SOLUTIONS GRANT**
APPLICANT NAME	
ACTIVITY NAME	

Financial Information continued

26. List all **sources** of funding for the proposed activity. For any funds listed in the "Other" row, briefly describe. Under the Status column, indicate whether the funds are "pending" or "secured" – further detail will be provided at questions 28 and 29.

SOURCES OF FUNDS

Source	2026 Amounts	2027 Amounts	Status	Date Applied or Received
ESG (City)				
United Way				
Membership Dues				
State Government				
Federal Government				
Total Fundraising / Donation				
Total Private Grants				
Other				
Total(s)	$ 0.00	$ 0.00		

27. List all **uses** of funding for the proposed activity. Include ESG-specific budgetary items, as well as the total activity budget from all sources described in question 26. For any expenses listed in the "Other" row, briefly describe. Expenses are subject to DMD approval.

USES OF FUNDS

Budget Item	2026 ESG BUDGET	2027 ESG BUDGET	2027 TOTAL BUDGET
Salaries - Full and Part Time			
FICA / Insurance / Benefits			
Insurance (Liability)			
Supplies / Materials			
Printing, Postage, and Publication			
Rent			
Utilities			
Travel / Training			
Mileage			
Maintenance / Repair			
Professional / Contractual Services			
Direct Subsidy			
Developer Fee			
Other			
Total(s)	$ 0.00	$ 0.00	$ 0.00

The ESG 2026 cell total on the SOURCES table should match the 2026 ESG Budget column total on the USES table. The ESG 2027 cell total on the SOURCES table should match the 2027 ESG Program Budget Request column total on the USES table. The 2027 cell total on the SOURCES table should match the 2027 Total Program Budget column total on the USES table.

PROPOSAL NUMBER	
FUNDING SOURCE	**EMERGENCY SOLUTIONS GRANT**
APPLICANT NAME	
ACTIVITY NAME	

Financial Information continued

28. Describe the organization's plans to use funds to supplement ESG funding. Only include funding sources which are **secured.** **Provide additional documentation verifying that funds are secured (chart of accounts, commitment letter, grant agreement, etc.).**

Source of Funds	$ Amount	Use of Funds

29. Describe the organization's plans to seek new funds to supplement ESG funding. Describe any funding sources which are **pending** or for which the organization **will apply**.

Source of Funds	$ Amount	Use of Funds

30. Are there other funding sources contingent upon the amount awarded through this proposal? If **YES**, briefly describe.

Yes ☐ **No** ☐

31. Each ESG subrecipient must match funding provided with an equal (1:1) amount of funds from other sources (24 CFR 576.201). How will the agency meet this requirement?

Board of Directors Information

32. List fundraising and/or capital campaign activities that the organization has engaged in for this activity during the past twelve months. Describe the results and net proceeds amount. Explain the participation of the Board of Directors.

PROPOSAL NUMBER	
FUNDING SOURCE	**EMERGENCY SOLUTIONS GRANT**
APPLICANT NAME	
ACTIVITY NAME	

Board of Directors Information continued

33. List the Officers of the Board of Directors and their complete contact information. Do not use the organization address or phone number. Occasionally, information is sent directly to the Board. **Attach the current roster of Board member names and positions, as well as a copy of the Policies and Procedures for Board member participation.**

President		**Vice-President**	
Name		Name	
Mailing Address		Mailing Address	
Email		Email	
Phone		Phone	

President Role

Vice-President Role

Secretary		**Treasurer**	
Name		Name	
Mailing Address		Mailing Address	
Email		Email	
Phone		Phone	

Secretary Role

Treasurer Role

34. Does the Board target or reserve any positions toward low- to moderate-income individuals?	**Yes**		**No**	
35. Does the Board membership include any homeless or formerly homeless individuals?	**Yes**		**No**	
If **YES**, what percentage?		%		

36. Describe the role the Board has in directing the organization's operation. Also describe expectations for member attendance at meetings and monetary or in-kind contributions.

PROPOSAL NUMBER	
FUNDING SOURCE	**EMERGENCY SOLUTIONS GRANT**
APPLICANT NAME	
ACTIVITY NAME	

ESG Proposal Verification Form

I hereby affirm that I am a representative of the above-named organization and certify that the information and representations of fact made in this funding proposal are true and complete.

I hereby affirm my understanding that this proposal is for federal Emergency Solutions Grant (ESG) funding administered by the City of Evansville in accordance with 24 CFR Part 576.

I hereby affirm and certify that this application regards an activity that serves the homeless, and the organization has the capacity to carry out the activity detailed within.

I hereby affirm and certify that the organization complies with the requirements of Indiana's Region 12 Continuum of Care and Coordinated Entry System.

I hereby affirm that I understand the following requirements of an ESG Subrecipient:

- **Attend 75% of Homeless Services Council meetings**
- **Utilize the Homeless Management Information System (HMIS) to track and report data associated with the funded program**
- **Provide 1:1 match of eligible non-ESG funds**
- **Maintain 501(c)(3) or 501(c)(4) status and be active and in good standing with the IN Secretary of State**
- **Maintain active status in SAM.gov for federal award eligibility**
- **Maintain suitable insurance coverage in accordance with City requirements**
- **Follow generally accepted accounting principles (GAAP) for grant management**
- **Notify DMD of any significant changes to activity or organization functions, such as, but not limited to, key personnel, board officers, financial status, or compliance with grant requirements from any funding source**

Representative Signature

Printed Name, Title	**Date**

PROPOSAL NUMBER	
FUNDING SOURCE	**EMERGENCY SOLUTIONS GRANT**
APPLICANT NAME	
ACTIVITY NAME	

Proposal Completion Checklist

Throughout this proposal, additional supporting documents are described in **bold red print**. These are summarized below in the order of appearance. Unless otherwise indicated, **all additional documents are required and must be provided to DMD by the application due date**.

Required Document	Attached	Not Attached	N/A
IRS Determination Letter establishing 501(c) (3) or (4) status			
Annual State Entity Report showing good/active standing			
Proof of active SAM status from SAM.gov			
If applicable, certifications and/or licenses for work performed			
Most recent full audit report			
Resume, job descriptions, qualifications of essential personnel			
If applicable, verification of secured funding sources			
Current Board member roster, including names and positions			
Policies and procedures for Board participation			
Signed Conflict of Interest Questionnaire			
$20 proposal submission fee - check only, no cash			

I understand that DMD reserves the right to reject any application, without refund, which does not provide the above documents in a timely manner.

I hereby affirm that I am a representative of the above-named organization and certify that the documents corresponding with this funding proposal have been provided to DMD.

Representative Signature

Printed Name, Title	**Date**

This proposal must be submitted in-person to the DMD office, where it will receive a date stamp. Sufficient payment must occur at the time of submission; the applicant will receive a payment receipt. Proposal fee is required for an original application only; subsequent versions submitted will not be subject to additional fees.