

**FOR AGENCIES RECEIVING EMERGENCY SHELTER GRANT (ESG) PROGRAM  
FUNDS  
FROM THE STATE OF GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS,  
THE CITY OF ATLANTA, DEKALB COUNTY, AND/OR FULTON COUNTY:  
INSTRUCTIONS FOR COMPLETING THE ESG BENEFICIARY REPORTING FORM**

**GENERAL INSTRUCTIONS**

**Purpose:**

The purpose of this report is to track the total number of unduplicated clients served during the calendar year/contract period (for ESG funded programs) and to report on the demographic characteristics and special needs of clients, as required to be reported by the U. S. Department of Housing and Urban Development (HUD). The information that must be reported on this form is derived from the mandatory reporting categories in HUD's Integrated Disbursement and Information System, which must be used by state and local jurisdictions to report performance activity and to request funding draws from HUD.

**The Multi-Jurisdictional Form**

The City of Atlanta, DeKalb County, Fulton County, and the Georgia Department of Community Affairs (DCA) have collaborated to create a common reporting document for ESG Beneficiary data. Many programs receive ESG funding from two or more of these jurisdictions. In order to simplify the reporting burden, and in reflection of the fact that substantially the same information is required by all four governments for ESG beneficiary reports, these governments have agreed to adopt and use this common report form.

Please remember that even though the same form is to be used for all four government entities, the nature and time frame for projects will differ. For example, DCA might fund a housing project that includes a service component, running from July through June, and the City might fund just the service component of that project, from March through February. Make sure that your reported client data is accurate for the particular project and contract term that applies, under the specific government grant on which you are reporting.

**Who Is To Be Included On This Form?**

This form is to be used to report on the beneficiaries of programs that provide direct services to individual clients or households through programs funded under the ESG Program. Only those persons who have been verified as being eligible for services (i.e., homeless persons under the HUD definition; see below) and who are *receiving services provided under this contract* should be counted on this ESG form. Each grantee agency must maintain file documentation verifying the eligibility (homeless status) of clients reported.

HUD's definition of homelessness: A homeless person is defined as one who lacks a fixed, regular nighttime residence and an individual whose primary nighttime residence is 1) a shelter for temporary accommodation, including welfare hotels, congregate shelters, and transitional housing for the mentally ill; 2) an institution providing temporary residence for persons needing to be institutionalized; or 3) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.

**Please note** that **data on clients served with “Homeless Prevention” funds** under the Georgia Department of Community Affairs’ (DCA) ESG Program **needs to be reported separately** (on a separate report) from the data on clients served with other Essential Services (ES) funds this year. This form is NOT to be used to collect data for programs funded through the Homeless Prevention and Rapid Re-Housing Program (HPRP).

*HUD’s definition of eligible persons* for prevention activities include those who have received eviction or foreclosure notices or notices of termination of utility services if -

- (A) the inability of the family to make the required payments is due to a sudden reduction in income;
- (B) the assistance is necessary to avoid the eviction, foreclosure or termination of services;
- (C) there is a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and
- (D) the assistance will not supplant funding for pre-existing homelessness prevention activities from other sources.

**THIS SECTION IS NOT APPLICABLE FOR DCA GRANT AT THIS TIME.**

**Special Instructions for Annual (Calendar Year) and Final (Contract Term) Reporting**

~~The ESGP form must be submitted at the end of each calendar year, so that the jurisdictions can prepare the required annual performance report to HUD, and at the end of the contract period, so that the jurisdictions can prepare the project’s contract term service report. Since most contract terms overlap two calendar years, this schedule means that for most contracts, two reports will be needed for that contract. For example, a 12 month contract covering the period from March 1 of one year through February 28 of the next year will need two ESGP reports prepared, a first Annual Report covering March 1—December 31 and a subsequent Final Report covering the entire contract period of March 1—February 28.~~

~~The contract terms vary from jurisdiction to jurisdiction. Please be careful that you have correctly calculated the client figures for the particular contract term being reported on.~~

~~For the first month of a new contract period all individuals who have been served previously but are still receiving services as of the start of the new contract period, will be considered “new” for the purposes of that particular contract and will be recorded in the first month for that contract term. For most projects, therefore, the beneficiary data for the first month of the contract period will be higher than in later months, when only *additional* new clients are reported.~~

~~After the first contract term month, add only clients who are new to the program. For example, if 20 clients were carried over from the previous contract year and 3 new clients were served during the first month of the current contract period, then a total of 23 clients would be served for the first contract month. If 16 of these 23 clients were still being served in the second month of the contract period and 2 new clients were served, only the 2 new clients served in the second contract month would be added to your calculations.~~

## Explanation of ESG Entries

### SECTION A, PROJECT AND REPORT IDENTIFICATION

**Project Name:** Enter the project name as it appears on your grant award/contract.

**Grantee/Agency:** Enter the agency's legal name as it appears on the contract.

**Local ID # if Any.:** Enter the ID code/grant number assigned by the appropriate local/state jurisdiction for which this report is prepared.

(DCA Grantees, Please Note: If your DCA grant ID code includes EO, you have an ESG Shelter Operations grant. If your grant code includes ET, you have an ESG Transitional Operations grant. If your grant code includes ES, you have a Services grant. If your grant code has an EP, you have an ESG-funded Homeless Prevention grant. Agencies with a grant for EO, ET, ES, and/or EP are to *fill out a separate form for each grant*; however, on the beneficiary report for your ES grant, only include data on homeless persons who are *not* covered under your EO grant.)

**Contract Term:** Indicate the month and year in which this contract began (Starting With) and ends (Through). The starting date refers to the month/year when the contract began (effective date), not the contract signature date (execution date).

**Annual Reporting vs. Contract Term Reporting:** Select the correct row to use, for an annual report or a final, contract-term report. For example, if the project covers the period from March 1, 2001 through February 28, 2002, an *annual* report will cover March 1, 2001 through December 31, 2001, while a *final* report will cover March 1, 2001 through February 28, 2002.

**Government for Which Report Prepared:** Check the applicable box.

**Project Component:** For temporary housing programs such as emergency shelter and transitional housing, check the box "Residential Services." For service programs not providing housing, such as financial aid or employment assistance, check the box "Non-Residential Services." If the ESG-funded activities include both a residential component and a service component, *separate* ESG forms must be prepared for each component.

**Preparer Section:** Provide the name of the person who prepared the report, and that person's job title within the agency and the phone number where they can be reached.

### SECTION B, PROJECT PERFORMANCE AND BENEFICIARIES

**1. ESG Shelter Operations and/or Transitional Operations and/or Services and/or Prevention:** Check the service or program type that applies to this project. If more than one service or activity is provided by *this particular project*, check all the boxes that apply, but indicate the primary purpose or activity by placing a "P" rather than a checkmark in the appropriate box.

**2.a. Total Unduplicated Number of Persons Served for the Reporting Period:** Enter in *numbers* the total number of adults (persons 18 or over) and children (persons under 18) served by the project during this reporting period.

**2.b. Estimated Daily Average # of Clients:** Enter in *numbers* the estimated daily average of adults (persons 18 or over) and children (persons under 18) served by the project during this reporting period. (This figure is not a calendar-year or contract-term total unduplicated count.)

**3. Racial Composition, in Numbers: Clients Served for Contract/Reporting Period:** Each individual is to be reported in only one racial-composition category. The total served under Racial Composition must include all clients served for the reporting period. This is an *actual, unduplicated count* for the reporting period, not a daily average or a percentage estimate.

Column a. should indicate the total number of clients under each separate racial category. The first five categories are single-race and the next four are multiple-race. Column b. should indicate, for each racial category, the number of clients who self-identify as being Hispanic. The number in column b. can never be larger than the number in column a.

**4. Age/Demographic Composition, in Numbers of Households and Persons (Unduplicated Count) and Percentages:** These entries are *actual numerical counts* and *percentages*, broken down by age and family composition, for clients served during the reporting period. Count all households and individuals. Each individual is to be reported in only one age/demographic category; these categories are mutually exclusive. The total number here should be the same as the total number in item 3. above, and percentages should total 100%.

**5. Special-Needs Breakdown, in Numbers and Percentages: Estimated Annual/Contract Unduplicated Clients:** Enter the appropriate *percentages* of clients served who exhibit, *to the extent that you can reasonably determine*, each of these characteristics or special needs. A client may be counted in more than one category.

Percentages cannot be added together in this chart to equal 100% because these categories are not always mutually exclusive.

For purposes of *this reporting form only*, this guidance on special-needs definitions is provided:

Chronically Homeless (HUD definition) = HUD definition of ‘chronically homeless’ is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness (documented) in the past three (3) years. Disabling condition is defined as “a diagnosable (by physician) substance abuse disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” For this definition only, the term “homeless” means a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter.

Severely Mentally ill

= client with a long-term history of mental illness

Chronic Substance Abuse	= client has known or suspected alcohol &/or drug abuse (addiction)
Persons with HIV/AIDS	= client is diagnosed as HIV+ or client has AIDS
Other Disability	= client has functional limitations due to a developmental disability (examples are Mental Retardation, Downs Syndrome, Fetal, Alcohol Syndrome, etc.) or client that has a long-term and functionally disabling physical impairment
Veterans	= client that has served in the national military
Victims of Domestic Violence	= client is homeless due to domestic violence by spouse, boyfriend, or girlfriend (including children/other family members presenting with head of household)
Elderly	= client at or above the age of 62 years old
Criminal history	= client has been convicted of a felony
Other special need, specify	= other special needs issue not listed
General population (none of above)	= homeless client that does not have any medical, physical, or mental issues that meet a special need definition

**6. Funding Sources and Dollar Amounts:** Show the total funding from all sources, broken down by source that is supporting *this particular project*. Do *not* show the total agency budget here, only the costs related to this project. But these figures should include any reasonable pro-rated share of overall agency costs such as administration, financial management, and fundraising expenses that can be allocated to this project.

Indicate in the "Source(s)" line for the City, DeKalb, and Fulton grants which grant source(s) the funds come from, CDBG and/or ESG, and the appropriate dollar breakdown for each.

"Other local gov't" might include HOPWA, the City's General Fund, or Fulton Human Services funds. "Other federal gov't" would include any funds received directly from HUD (e.g., SHP) or funds received directly from any other federal agencies, including HHS or the Department of Labor. "Other state gov't" would include any funds received from DCA that are not ESGP, such as Housing Trust Fund, or directly from other state agencies such as DHR, Labor, or the Department of Corrections. Please be sure to indicate the sources of these other funds.

The lines "Other, Cash Value" should be your best estimates of the value of volunteer services, donated materials, and in-kind contributions such as free or reduced-rate space that help to support this project. Please provide a brief description of these contributions.

The final "Total" line should correspond to the overall budget for this project.

**7. Bed Count and Days of Service, in Numbers:** If this is a residential program, enter the number of beds the program offers. (Each sleeping space for a single person – a cot, a mat, a crib, etc. – counts as one bed.) For both residential and service programs, enter the # of days the program is open annually. If your program operations include half-days or partial days, please convert these to full-day equivalents for purposes of completing this entry.

**8. Total Unduplicated Daily Number of Persons Housed, by Shelter Type (for Residential Programs Only):** Indicate next to the appropriate housing type, the estimated daily average of persons housed during this reporting period. This figure cannot exceed the total number of persons provided in 2.a.

For purposes of *this reporting form only*, this guidance on shelter type is provided:

Barracks/Dormitory	=	emergency shelter, regardless of facility type, <i>except for</i> very short-term hotel and motel rentals used for sheltering—see below
Group/Large House	=	transitional housing, including programs that have common living/dining areas and individual bedrooms; <i>excluding</i> transitional programs that offer individual housing units such as apartments
Scattered Site Apartment	=	transitional living units provided in housing units that include living, cooking, sleeping, and bathroom facilities; this category includes townhomes, condos, etc.
Single Family Detached House	=	transitional living units provided in free-standing single-family structures; <i>excluding</i> trailers and mobile homes – see below
Single Room Occupancy Hotel	=	a facility that provides single-room private sleeping accommodations for unaccompanied individuals, with private or shared bathroom facilities; generally no cooking facilities are provided and common areas if any are limited
Mobile Home/Trailer	=	self-explanatory
Hotel/Motel	=	very short-term rentals of private hotel and motel units for emergency sheltering (longer-term rentals for transitional housing programs should not be reported here, but instead under SRO if single rooms or Scattered Site Apartment if “suite” units)

**9. Total Households and Persons Served through Homeless Prevention Programs – by service type, in Numbers:** If this is a Homeless Prevention Program funded through the ESG Program, enter the number of households and persons (separately) that received Emergency Financial Assistance and/or Emergency Legal Assistance to prevent homelessness. Note: DCA grantees, report for entire agency, regardless of funding source used to assist client. (*Atlanta/Fulton/DeKalb grantees, report only those clients served using the city/county grant.*) Please remember that data collection for clients served with HPRP funds will be addressed separately.

**Further Information**

If further information is needed in understanding how to complete the ESGP form, please contact:

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