

Application I, Emergency Shelter

From the ESG regulations, “*emergency shelter means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.*” In limited cases emergency shelter may include hotel/motel vouchers.. Shelter stays should be avoided, if possible, and when not possible, limited to the shortest time necessary to help participants regain permanent housing. Emergency shelter projects should be closely linked to an array of projects within the community in order to accomplish this goal of stable permanent housing including, but not limited to, rapid re-housing, transitional housing, affordable housing placement, and employment. Linkages should also be made to applicable mainstream projects such as SOAR, SNAP, TANF, etc.

Applicants may apply for \$30,000 - \$60,000 in funding.

Project Information and Background

Applicant (Agency) Legal Name	
HMIS Agency Key	
Contact Person	
Contact Person Phone	
Contact Person Email	
*(Current) HMIS Project Name	
*(Current) HMIS Project Key	

*Please note that project name and key referenced here will be used by DCA in all future correspondence if grant is awarded. If this is a new project please indicate by entering “new” for the Project Key.

List Primary Site Name(s) to be Utilized for Project: Name: _____ Name: _____ Name: _____	Local Approval(s) for This Project Submitted From: Name(s): _____ <input type="checkbox"/> N/A - Local Approval is Not Required for My Agency
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HUD Local Consolidated Plan Certification of Consistency for this project attached from:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cobb County
(including Marietta) | <input type="checkbox"/> Gainesville | <input type="checkbox"/> Sandy Springs |
| <input type="checkbox"/> Athens-Clarke | <input type="checkbox"/> Columbus-Muscogee | <input type="checkbox"/> Gwinnett County | <input type="checkbox"/> Savannah |
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Dalton | <input type="checkbox"/> Henry County | <input type="checkbox"/> Valdosta |
| <input type="checkbox"/> Augusta-Richmond | <input type="checkbox"/> DeKalb County | <input type="checkbox"/> Hinesville | <input type="checkbox"/> Warner Robins |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Fulton County
(including Roswell) | <input type="checkbox"/> Johns Creek | <input type="checkbox"/> Not Applicable –
Balance of State |
| <input type="checkbox"/> Cherokee County | | <input type="checkbox"/> Macon-Bibb County | |
| <input type="checkbox"/> Clayton County | | <input type="checkbox"/> Rome | |

Does this project exclusively serve victims of domestic violence? Yes No

Are you applying for operating assistance? Yes No

Are you applying for supportive services? Yes No

Are you also applying for HMIS funding for this project? Yes No

Check all the counties that will have access to services offered by this project:

- | | | | | |
|--|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Appling | <input type="checkbox"/> Cobb | <input type="checkbox"/> Grady | <input type="checkbox"/> McDuffie | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Atkinson | <input type="checkbox"/> Coffee | <input type="checkbox"/> Greene | <input type="checkbox"/> McIntosh | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Bacon | <input type="checkbox"/> Colquitt | <input type="checkbox"/> Gwinnett | <input type="checkbox"/> Meriwether | <input type="checkbox"/> Taliaferro |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Columbia | <input type="checkbox"/> Habersham | <input type="checkbox"/> Miller | <input type="checkbox"/> Tattnall |
| <input type="checkbox"/> Baldwin | <input type="checkbox"/> Cook | <input type="checkbox"/> Hall | <input type="checkbox"/> Mitchell | <input type="checkbox"/> Taylor |
| <input type="checkbox"/> Banks | <input type="checkbox"/> Coweta | <input type="checkbox"/> Hancock | <input type="checkbox"/> Monroe | <input type="checkbox"/> Telfair |
| <input type="checkbox"/> Barrow | <input type="checkbox"/> Crawford | <input type="checkbox"/> Haralson | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Terrell |
| <input type="checkbox"/> Bartow | <input type="checkbox"/> Crisp | <input type="checkbox"/> Harris | <input type="checkbox"/> Morgan | <input type="checkbox"/> Thomas |
| <input type="checkbox"/> Ben Hill | <input type="checkbox"/> Dade | <input type="checkbox"/> Hart | <input type="checkbox"/> Murray | <input type="checkbox"/> Tift |
| <input type="checkbox"/> Berrien | <input type="checkbox"/> Dawson | <input type="checkbox"/> Heard | <input type="checkbox"/> Muscogee | <input type="checkbox"/> Toombs |
| <input type="checkbox"/> Bibb | <input type="checkbox"/> Decatur | <input type="checkbox"/> Henry | <input type="checkbox"/> Newton | <input type="checkbox"/> Towns |
| <input type="checkbox"/> Bleckley | <input type="checkbox"/> DeKalb | <input type="checkbox"/> Houston | <input type="checkbox"/> Oconee | <input type="checkbox"/> Treutlen |
| <input type="checkbox"/> Brantley | <input type="checkbox"/> Dodge | <input type="checkbox"/> Irwin | <input type="checkbox"/> Oglethorpe | <input type="checkbox"/> Troup |
| <input type="checkbox"/> Brooks | <input type="checkbox"/> Dooly | <input type="checkbox"/> Jackson | <input type="checkbox"/> Paulding | <input type="checkbox"/> Turner |
| <input type="checkbox"/> Bryan | <input type="checkbox"/> Dougherty | <input type="checkbox"/> Jasper | <input type="checkbox"/> Peach | <input type="checkbox"/> Twiggs |
| <input type="checkbox"/> Bulloch | <input type="checkbox"/> Douglas | <input type="checkbox"/> Jeff Davis | <input type="checkbox"/> Pickens | <input type="checkbox"/> Union |
| <input type="checkbox"/> Burke | <input type="checkbox"/> Early | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pierce | <input type="checkbox"/> Upson |
| <input type="checkbox"/> Butts | <input type="checkbox"/> Echols | <input type="checkbox"/> Jenkins | <input type="checkbox"/> Pike | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Effingham | <input type="checkbox"/> Johnson | <input type="checkbox"/> Polk | <input type="checkbox"/> Walton |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Elbert | <input type="checkbox"/> Jones | <input type="checkbox"/> Pulaski | <input type="checkbox"/> Ware |
| <input type="checkbox"/> Candler | <input type="checkbox"/> Emanuel | <input type="checkbox"/> Lamar | <input type="checkbox"/> Putnam | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Evans | <input type="checkbox"/> Lanier | <input type="checkbox"/> Quitman | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Catoosa | <input type="checkbox"/> Fannin | <input type="checkbox"/> Laurens | <input type="checkbox"/> Rabun | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Charlton | <input type="checkbox"/> Fayette | <input type="checkbox"/> Lee | <input type="checkbox"/> Randolph | <input type="checkbox"/> Webster |
| <input type="checkbox"/> Chatham | <input type="checkbox"/> Floyd | <input type="checkbox"/> Liberty | <input type="checkbox"/> Richmond | <input type="checkbox"/> Wheeler |
| <input type="checkbox"/> Chattahoochee | <input type="checkbox"/> Forsyth | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Rockdale | <input type="checkbox"/> White |
| <input type="checkbox"/> Chattooga | <input type="checkbox"/> Franklin | <input type="checkbox"/> Long | <input type="checkbox"/> Schley | <input type="checkbox"/> Whitfield |
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Fulton | <input type="checkbox"/> Lowndes | <input type="checkbox"/> Screven | <input type="checkbox"/> Wilcox |
| <input type="checkbox"/> Clarke | <input type="checkbox"/> Gilmer | <input type="checkbox"/> Lumpkin | <input type="checkbox"/> Seminole | <input type="checkbox"/> Wilkes |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Glascock | <input type="checkbox"/> Macon | <input type="checkbox"/> Spalding | <input type="checkbox"/> Wilkinson |
| <input type="checkbox"/> Clayton | <input type="checkbox"/> Glynn | <input type="checkbox"/> Madison | <input type="checkbox"/> Stephens | <input type="checkbox"/> Worth |
| <input type="checkbox"/> Clinch | <input type="checkbox"/> Gordon | <input type="checkbox"/> Marion | <input type="checkbox"/> Stewart | |

COMPLIANCE

1. McKinney-Vento Education Requirements

If your project services families, please describe how you ensure all children are connected with McKinney services within their school. Write N/A if your project does not serve minors.

2. Coordinated Entry

All ESG subgrantees are required to use the common assessment as designated by their Continuum of Care. Do you agree to implement use of coordinated entry for use with all potential ESG project participants once it is created?

- Yes No

3. Organizations that provide ESG funds for projects that serve families with children under age 18 may not deny admission to any family based on the age of any child. Will you accommodate all families regardless of familial status?

- N/A, this project does not serve families with children.
 Yes, applicant assures that its projects are in compliance with this HEARTH Act provision.

If Yes, describe arrangements to be provided in order to accommodate all families with children, particularly those with teenage boys.

4. Any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served together as such.

- N/A, this project does not serve families.
 Yes, applicant assures that its projects are in compliance with this HEARTH Act provision.

If Yes, describe arrangements made in the project in order to accommodate families regardless of composition.

5. Homeless Involvement

Describe the involvement of homeless persons in carrying out this project: Note that by ESG regulation, and “to the maximum extent practicable, the applicant must involve homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under ESG, in providing services assisted under ESG, and in providing services for occupants of facilities assisted under ESG. This involvement may include employment or volunteer services.”

What steps do you take, if any, to ensure meaningful access to programs and activities for limited English proficiency (LEP) persons and persons with disabilities?

PROJECT DESIGN

6. Homeless Need

Describe **HOMELESS** need in your area. Utilize the most recent complete DCA Homeless Count Report and Continuum of Care bed data, including the number of sheltered and unsheltered homeless families and individuals for the geographic project area.

7. Targeted Populations

Individuals

Families

Describe populations targeted, how your organization will reach these populations and verify homelessness for all households. Describe how this project will reduce the number of unsheltered homeless in the proposed service area.

8. Bed and Unit Capacity for this project:

How many beds does this project have TOTAL?

How many beds does this project have for households without children?

How many beds does this project have for households with children?

Do the household types in the beds fluctuate based on need?

Notes on Capacity:

9. Total PROJECTED Served Annually (Project)

Number of Project Participants served from 7/1/2016 through 6/30/2017

(Please note: If funded, this number will be referenced later to determine project progress.)

Individuals

Number of families

Average family size

Number of persons in families

Total unduplicated persons (12 months) assisted

Total households assisted*

Generally, households assisted = individuals + number of families. However, multiple individuals can be assisted in a single household (unrelated roommates). Less likely, but possible: multiple families can be assisted in a single household.

10. Length of Stay

What is the average length of stay for this project?

What is the maximum length of stay for this project?

Explain rationale for average and maximum lengths of stay.

Typically, how much time passes from initial assessment to permanent housing referral?

11. Entry/Eligibility Requirements

Briefly discuss eligibility requirements including intake processes and requirements for clients upon entering project, etc. Describe how you will verify homelessness.

12. Reasonable Accommodations

Describe access for persons with disabilities and list any reasonable accommodations your project provides to ensure that prospective clients with a wide range of needs can be served.

13. Site Information

Briefly discuss layout, conditions, and hours of operation, if 24-hour staff available on site or on call.

14. Project Requirements

- a. Briefly discuss fees, house rules, requirements of participants during enrollment, reasons for dismissal, termination/eviction processes, appeal procedures, etc.

b. Briefly describe what other interventions, besides shelter, are presented to clients upon entering your emergency shelter. (i.e. family re-unification, diversion, etc.)

c. Does the project ensure that participants are not screened out for service? Yes No

Describe your policy supporting this.

15. Are participants required to have income for entry? Yes No

Describe your policy supporting this.

16. Are participants screened out for active substance abuse? Yes No

Describe your policy supporting this.

a. Do you conduct drug or alcohol testing at entry? Yes No

b. Does a positive drug or alcohol test keep a participant out of the program? Yes No

17. Are participants required to have a criminal background check for entry? Yes No

Describe your policy supporting this.

18. Does having a criminal record (with exceptions for state-mandated restrictions) prohibit a referral from entering the project? Yes No

Describe your policy supporting this.

19. Does a history of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement) prohibit someone from entering the project?

Yes No

Explain your policy supporting this.

20. Does the project ensure that participants are not terminated from the program for the following reasons? (check all that apply)

- Failure to participate in supportive services
- Failure to follow the individual service plan
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Being a victim of domestic violence

CASE MANAGEMENT AND STABLE HOUSING

21. Case Management

Does the applicant develop goals and a personalized, formal plan for participants? Discuss how supportive services OUTSIDE OF THOSE APPLIED FOR IN THIS APPLICATION are provided to shelter residents (on site, off site, other agencies involved, etc.). *Describe services for which you are seeking DCA ESG shelter funding in the table provided at the end of this application.*

On how many occasions will participants receive a case management service from your agency during an average enrollment period?

Describe:

This project does not provide case management

Housing Support Standards

If awarded funding, do you agree to incorporate the elements of the Housing Support Standards your case management structure? Yes No

Do you agree to conduct the Barriers to Housing Stability Assessment for heads of households for EACH household served by this project?

Yes No

If no, please explain.

Housing Support Standards, Continued

If your project received DCA funding in the past year, describe how your agency is implementing the Housing Support Standards:

22. Stable Housing Performance Measures

List and describe the permanent housing options made available to participants of this project.

This project does not provide permanent housing options

23. Employment Assistance

Are residents in applicant's project generally required or expected to obtain a job if they are not currently employed?

Yes No

If yes, what time frame?

What support does the Applicant provide to shelter residents for obtaining or maintaining employment? If employment support is provided by a 3rd party, please describe. Include a formal Memorandum of Agreement (MOA) in application upload if a 3rd party is used.

This project does not provide employment assistance

24. Mainstream Benefits

Describe the efforts your project makes to connect participants with mainstream benefits. If benefits support is provided by a 3rd party, please describe. Include a formal Memorandum of Agreement (MOA) in application upload if a 3rd party is used.

This project does not provide mainstream benefits

List the mainstream benefits projects with which participants in this project receive application assistance (TANF, SSI/SSDI, etc).

What percentage of eligible participants will complete applications for benefits while in project?

What percentage of eligible applicants will receive benefits while in project?

SHELTER SERVICES

25. Summary of Supportive Services REQUESTED in this application - Please indicate services requested as a part of application.

Applied for in this application?	Service Type <i>(Note that for ESG eligibility, services must be "related to emergency shelter or street outreach." All services provided by applicant or partners are not expected to be ESG-eligible!)</i>	Name the key staff person or outside organization responsible for providing each service	Provider of Service Applicant or staff member Outside Agency	
a <input type="checkbox"/> Yes	LIFE SKILLS		<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe:				
b <input type="checkbox"/> Yes	ONGOING CASE MANAGEMENT		<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe:				
c <input type="checkbox"/> Yes	EMPLOYMENT ASSISTANCE / JOB TRAINING		<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe:				
d <input type="checkbox"/> Yes	SUBSTANCE ABUSE SERVICES		<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe				
e <input type="checkbox"/> Yes	EDUCATION SERVICES		<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe				

Applied for in this application?	Service Type <i>(Note that for ESG eligibility, services must be "related to emergency shelter or street outreach." All services provided by applicant or partners are not expected to be ESG-eligible!)</i>	Name the key staff person or outside organization responsible for providing each service	Provider of Service Applicant or staff member Outside Agency	
f. <input type="checkbox"/> Yes	OUTPATIENT HEALTH SERVICES		<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe:				
g. <input type="checkbox"/> Yes	CHILD CARE		<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe:				
h. <input type="checkbox"/> Yes	MENTAL HEALTH SERVICES		<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe:				
i. <input type="checkbox"/> Yes	LEGAL SERVICES		<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe:				
j. <input type="checkbox"/> Yes	TRANSPORTATION FOR HOUSING SEARCH, EMPLOYMENT, HEALTH CARE		<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe:				

26. Staffing

What is the TOTAL number of staff and/or volunteers utilized for this project?

List staff employed by your agency to work in this project by position (house managers, case managers, etc.). Check the box that describes their employment status, and describe their duties and qualifications as relevant.

Position 1:

Employment status: **Full-time or equivalent** **Part-time** **Volunteer**

Duties:

Position 2:

Employment status: **Full-time or equivalent** **Part-time** **Volunteer**

Duties:

Position 3:

Employment status: **Full-time or equivalent** **Part-time** **Volunteer**

Duties:

Position 4:

Employment status: **Full-time or equivalent** **Part-time** **Volunteer**

Duties:

Position 5:

Employment status: **Full-time or equivalent** **Part-time** **Volunteer**

Duties:

Position 6:

Employment status: **Full-time or equivalent** **Part-time** **Volunteer**

Duties:

Position 7:

Employment status: **Full-time or equivalent** **Part-time** **Volunteer**

Duties:

HOMELESS MANAGEMENT INFORMATION SYSTEM/APRICOT

27. DV Comparable Database (DOMESTIC VIOLENCE PROJECTS ONLY)

Are you currently using a DV comparable database to track participants served by this project?

Yes No

28. Homeless Management Information System (HMIS) (NON-DOMESTIC VIOLENCE AGENCIES)

Does your agency currently use PATHWAYS COMPASS HMIS?

Yes No N/A

If you are not a family violence agency and you selected “No,” explain why you aren’t currently using Pathways HMIS, and describe your plan for using Pathways to implement this project.

MATCHING

29. Match Sources

A 100% match is required. The applicant may include the value of any donated material or building, the value of any lease on a building, any salary paid to staff to carry out the project of the recipient, and the value of the time and services contributed by volunteers to carry out the project according to guidance provided by DCA in the application guidelines. Discuss match sources.

Other Cash and Matching Resources Available for Emergency Shelter Project

A 100% match is required. The matching requirement may be met by one or both of the following:

(1) *Cash contributions.*

(2) *Noncash contributions.* The value of any real property, equipment, goods, or services contributed to the grantee's ESG project, provided that if the grantee had to pay for them with grant funds, the costs would have been allowable.

Noncash contributions may also include the purchase value of any donated building.

o *Calculating the amount of non-cash contributions.*

(1) To determine the value of any donated material or building, or of any lease, the grantee must use and document a method reasonably calculated to establish the fair market value.

(2) Services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the grantee's organization. If the grantee does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market.

(3) Some noncash contributions are real property, equipment, goods, or services that, if the grantee had to pay for them with grant funds, the payments would have been indirect costs. Matching credit for these contributions must be given only if the grantee has established, along with its regular indirect cost rate, a special rate for allocating to individual projects or projects the value of those contributions.

DCA will verify these amounts for compliance!

Be realistic and be prepared to provide verification if funds are awarded!

<u>Funds Provided for THIS PROJECT ONLY!</u> Funds otherwise provided to the agency may not be included!	<u>Project Name</u>	<u>Amount - Use * to indicate cash</u>
Department of Community Affairs	ESG	
Department of Housing and Urban Development	SHP	
Local Government (City)		
Local Government (County)		
GA Department of Human Services		
GA Dept. BH & DD		
Other State Agency		
United Way		
Faith Based Organizations		
Foundations		
Fundraising Events		
In-kind Professional Services		
Cash Donations		
Volunteer Services		
Donations		
Participant Fees		
Other		
Total (Include Additional Pages if Necessary)		

Provide a **COMPLETE PROJECT** budget below. Include all matching funds in Column b. **whether you are seeking DCA funding for that category or not.**

30. <u>Emergency Shelter Project Budget</u> <u>Item</u>	a. <u>ESG</u> <u>Request (Cash</u> <u>Only)</u>	b. <u>Matching</u> <u>Funds(may</u> <u>be non-cash)</u>	c. <u>Total</u> <u>Budget</u>
Case Management:			
1. Personnel / Services			
2. Matching, Name:			
3. Matching, Name:			
Child Care:			
4. Personnel / Services			
5. Matching, Name:			
6. Matching, Name:			
Education Services:			
7. Personnel / Services			
8. Matching, Name:			
9. Matching, Name:			
Employment Assistance and Job Training			
10. Personnel / Services			
11. Matching, Name:			
12. Matching, Name:			
13. Matching, Name:			
14. Matching, Name:			
Legal Services			
15. Personnel / Services			
16. Matching, Name:			
Life Skills Training			
17. Personnel / Services			
18. Matching, Name:			
19. Matching, Name:			
Mental Health Services			
20. Personnel / Services			
21. Matching, Name:			
Outpatient Health Services			
22. Personnel / Services			
23. Matching, Name:			

<u>Emergency Shelter Project Budget</u> <u>(Continued)</u> <u>Item</u>	<u>a. ESG</u> <u>Request (Cash</u> <u>Only!)</u>	<u>b. Matching</u> <u>Funds(may</u> <u>be non-cash)</u>	<u>c.</u> <u>Total</u> <u>Budget</u>
Substance Abuse Treatment Services			
24. Client Intake and Assessment			
25. Outpatient Treatment			
26. Group & Individual Counseling			
27. Drug Treatment			
28. Matching, Name:			
Transportation			
29. Public Transportation for Consumers			
30. Mileage Allowances for Staff			
31. Leasing / Vehicle Operations			
32. Public Transportation for Staff			
33. Matching, Name:			
Shelter Operations			
34. Maintenance / Repairs			
35. Rents			
36. Security			
37. Equipment, Name:			
38. Insurance			
39. Utilities			
40. Food			
41. Furnishings, Name:			
42. Supplies, Name:			
43. Hotel / Motel Vouchers			
44. Matching, Name:			
45. Matching, Name:			
1. <u>TOTAL EXPENSES</u>	_____	_____	_____
		<u>This column must meet or exceed Column a. to document the 100% match requirement</u>	
<i>*Note that matching funds by source must be disclosed. If this project is approved for ESG funds, DCA may, at its sole discretion, choose not to participate in all “proposed” cost items.</i>			

Budget Guidance

Emergency Shelter - ESG funds may be used for costs of providing essential services to homeless families and individuals in emergency shelters and operating emergency shelters. Further note that the age, of a child under age 18 must not be used as a basis for denying any family's admission to an emergency shelter or services to families with children under age 18.

a. Case management. The cost of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the project participant is eligible. Component services and activities consist of: (A) Using the centralized or coordinated assessment system as required under § 576.400(d); (B) Conducting the initial evaluation required under § 576.401(a), including verifying and documenting eligibility; (C) Counseling; (D) Developing, securing, and coordinating services and obtaining Federal, State, and local benefits; (E) Monitoring and evaluating project participant progress; (F) Providing information and referrals to other providers; (G) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and (H) Developing an individualized housing and service plan, including planning a path to permanent housing stability.

b. Child care. The costs of child care for project participants, including providing meals and snacks, and comprehensive and coordinated sets of appropriate developmental activities, are eligible. The children must be under the age of 13, unless they are disabled. Disabled children must be under the age of 18. The child-care center must be licensed by the jurisdiction in which it operates in order for its costs to be eligible.

c. Education services. When necessary for the project participant to obtain and maintain housing, the costs of improving knowledge and basic educational skills are eligible. Services include instruction or training in consumer education, health education, substance abuse prevention, literacy, English as a Second Language, and General Educational Development (GED). Component services or activities are screening, assessment and testing; individual or group instruction; tutoring; provision of books, supplies and instructional material; counseling; and referral to community resources.

d. Employment assistance and job training. The costs of employment assistance and job training projects are eligible, including classroom, online, and/or computer instruction; on-the-job instruction; and services that assist individuals in securing employment, acquiring learning skills, and/or increasing earning potential. Learning skills include those skills that can be used to secure and retain a job. Services that assist individuals in securing employment consist of employment screening, assessment, or testing; structured job skills and job-seeking skills; special training and tutoring, including literacy training and prevocational training; books and instructional material; counseling or job coaching; and referral to community resources.

e. Outpatient health services. Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals. Emergency Solutions Grant (ESG) funds may be used only for these services to the extent that other appropriate health services are unavailable within the community. Eligible treatment consists of assessing a project participant's health problems and developing a treatment plan; assisting project participants to understand their health needs; providing directly or assisting project participants to obtain appropriate medical treatment, preventive medical care, and health maintenance services, including emergency medical services; providing medication and follow-up services; and providing preventive and non-cosmetic dental care.

f. Legal services. (A) Eligible costs are the hourly fees for legal advice and representation by attorneys licensed and in good standing with the bar association of the State in which the services are provided, and by person(s) under the supervision of the licensed attorney, regarding matters that interfere with the project participant's ability to obtain and retain housing. (B) Emergency Solutions Grant (ESG) funds may be used only for these services to the extent that other appropriate legal services are unavailable or inaccessible within the community. (C) Eligible subject matters are child support, guardianship, paternity, emancipation, and legal separation, orders of protection and other civil remedies for victims of domestic violence, dating violence, sexual assault, and stalking, and appeal of veterans and public benefit claim denials. (D) Component services or activities may include client intake, preparation of cases for trial,

provision of legal advice, representation at hearings, and counseling. (E) Fees based on the actual service performed (i.e., fee for service) are also eligible, but only if the cost would be less than the cost of hourly fees. Filing fees and other necessary court costs are also eligible. If the subrecipient is a legal services provider and performs the services itself, the eligible costs are the subrecipient's employees' salaries and other costs necessary to perform the services. (F) Legal services for immigration and citizenship matters and issues relating to mortgages are ineligible costs. Retainer fee arrangements and contingency fee arrangements are ineligible costs.

g. Life skills training. The costs of teaching critical life management skills that may never have been learned or have been lost during the course of physical or mental illness, domestic violence, substance use, and homelessness are eligible costs. These services must be necessary to assist the project participant to function independently in the community. Component life skills training are budgeting resources, managing money, managing a household, resolving conflict, shopping for food and needed items, improving nutrition, using public transportation, and parenting.

h. Mental health services. (A) Eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions. (B) ESG funds may only be used for these services to the extent that other appropriate mental health services are unavailable or inaccessible within the community. (C) Mental health services are the application of therapeutic processes to personal, family, situational, or occupational problems in order to bring about positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or symptom management. (D) Eligible treatment consists of crisis interventions; individual, family, or group therapy sessions; the prescription of psychotropic medications or explanations about the use and management of medications; and combinations of therapeutic approaches to address multiple problems.

i. Substance abuse treatment services. (A) Eligible substance abuse treatment services are designed to prevent, reduce, eliminate, or deter relapse of substance abuse or addictive behaviors and are provided by licensed or certified professionals. (B) ESG funds may only be used for these services to the extent that other appropriate substance abuse treatment services are unavailable or inaccessible within the community. (C) Eligible treatment consists of client intake and assessment, and outpatient treatment for up to 30 days. Group and individual counseling and drug testing are eligible costs. Inpatient detoxification and other inpatient drug or alcohol treatment are not eligible costs.

j. Transportation. Eligible costs consist of the transportation costs of a project participant's travel to and from medical care, employment, child care, or other eligible essential services facilities. These costs include the following: (A) The cost of a project participant's travel on public transportation; (B) If service workers use their own vehicles, mileage allowance for service workers to visit project participants; (C) The cost of purchasing or leasing a vehicle for the recipient or subrecipient in which staff transports project participants and/or staff serving project participants, and the cost of gas, insurance, taxes, and maintenance for the vehicle; and (D) The travel costs of recipient or subrecipient staff to accompany or assist project participants to use public transportation.

k. Shelter operations. Eligible costs are the costs of maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available for a homeless family or individual, eligible costs may also include a hotel or motel voucher for that family or individual.