

**APPLICATION FOR  
FEDERAL ASSISTANCE**

Version 7/03

|                                                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                              |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application                                                                                                                                                                                                                                                                                  |                                                                                                       | <b>2. DATE SUBMITTED</b><br>November 15, 2006                                                                                                                | Applicant Identifier                                                                                        |
| <input type="checkbox"/> Construction<br><input checked="" type="checkbox"/> Non-Construction                                                                                                                                                                                                                                 | Pre-application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction | <b>3. DATE RECEIVED BY STATE</b>                                                                                                                             | State Application Identifier                                                                                |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                       | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>                                                                                                                    | Federal Identifier                                                                                          |
| <b>5. APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                                                               |                                                                                                       |                                                                                                                                                              |                                                                                                             |
| Legal Name:<br><b>Kansas Housing Resources Corporation</b>                                                                                                                                                                                                                                                                    |                                                                                                       | Organizational Unit:<br>Department:<br><b>Housing with Supportive Services Division</b>                                                                      |                                                                                                             |
| Organizational DUNS:<br><b>137043662</b>                                                                                                                                                                                                                                                                                      |                                                                                                       | Division:                                                                                                                                                    |                                                                                                             |
| Address:<br>Street:<br><b>611 S. Kansas Avenue, Suite 300</b>                                                                                                                                                                                                                                                                 |                                                                                                       | Name and telephone number of person to be contacted on matters involving this application (give area code)<br>Prefix:<br><b>Mr.</b> First Name:<br><b>Al</b> |                                                                                                             |
| City:<br><b>Topeka</b>                                                                                                                                                                                                                                                                                                        |                                                                                                       | Middle Name                                                                                                                                                  |                                                                                                             |
| County:<br><b>Shawnee</b>                                                                                                                                                                                                                                                                                                     |                                                                                                       | Last Name<br><b>Dorsey</b>                                                                                                                                   |                                                                                                             |
| State:<br><b>Kansas</b>                                                                                                                                                                                                                                                                                                       | Zip Code<br><b>66603-3803</b>                                                                         | Suffix:                                                                                                                                                      |                                                                                                             |
| Country:<br><b>United States of America</b>                                                                                                                                                                                                                                                                                   |                                                                                                       | Email:<br><b>adorsey@kshousingcorp.org</b>                                                                                                                   |                                                                                                             |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br><b>71-0950729</b>                                                                                                                                                                                                                                                          |                                                                                                       | Phone Number (give area code)<br><b>(785) 296-5865</b>                                                                                                       | Fax Number (give area code)<br><b>(785) 296-8985</b>                                                        |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>See back of form for description of letters.<br>Other (specify) <input type="checkbox"/> <input type="checkbox"/> |                                                                                                       | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br><b>A. State</b><br>Other (specify)                                                  |                                                                                                             |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br><b>14-231</b><br>TITLE (Name of Program):<br><b>Emergency Shelter Grant Program</b>                                                                                                                                                                              |                                                                                                       | <b>9. NAME OF FEDERAL AGENCY:</b><br><b>U.S. Department of Housing and Urban Development</b>                                                                 |                                                                                                             |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br><b>State of Kansas</b>                                                                                                                                                                                                                              |                                                                                                       | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br><b>Kansas Emergency Shelter Grant Program</b>                                                        |                                                                                                             |
| <b>13. PROPOSED PROJECT</b><br>Start Date:<br><b>01/01/2007</b> Ending Date:<br><b>12/31/2007</b>                                                                                                                                                                                                                             |                                                                                                       | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant<br><b>All Kansas Districts</b> b. Project<br><b>State of Kansas</b>                                   |                                                                                                             |
| <b>15. ESTIMATED FUNDING:</b>                                                                                                                                                                                                                                                                                                 |                                                                                                       | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>                                                                          |                                                                                                             |
| a. Federal                                                                                                                                                                                                                                                                                                                    | \$ <b>888,683.00</b>                                                                                  | a. Yes. <input type="checkbox"/>                                                                                                                             | THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON |
| b. Applicant                                                                                                                                                                                                                                                                                                                  | \$ .00                                                                                                |                                                                                                                                                              | DATE:                                                                                                       |
| c. State                                                                                                                                                                                                                                                                                                                      | \$ .00                                                                                                | b. No. <input checked="" type="checkbox"/>                                                                                                                   | PROGRAM IS NOT COVERED BY E. O. 12372                                                                       |
| d. Local                                                                                                                                                                                                                                                                                                                      | \$ <b>844,249.00</b>                                                                                  | <input type="checkbox"/>                                                                                                                                     | OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW                                                        |
| e. Other                                                                                                                                                                                                                                                                                                                      | \$ .00                                                                                                | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>                                                                                                  |                                                                                                             |
| f. Program Income                                                                                                                                                                                                                                                                                                             | \$ .00                                                                                                | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No                                                          |                                                                                                             |
| g. TOTAL                                                                                                                                                                                                                                                                                                                      | \$ <b>1,732,932.00</b>                                                                                |                                                                                                                                                              |                                                                                                             |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>                                    |                                                                                                       |                                                                                                                                                              |                                                                                                             |
| a. Authorized Representative                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                                                                                                                                              |                                                                                                             |
| Prefix<br><b>Mr.</b>                                                                                                                                                                                                                                                                                                          | First Name<br><b>Stephen</b>                                                                          | Middle Name<br><b>R.</b>                                                                                                                                     |                                                                                                             |
| Last Name<br><b>Weatherford</b>                                                                                                                                                                                                                                                                                               |                                                                                                       | Suffix                                                                                                                                                       |                                                                                                             |
| b. Title<br><b>President</b>                                                                                                                                                                                                                                                                                                  |                                                                                                       | c. Telephone Number (give area code)<br><b>(785) 357-4445</b>                                                                                                |                                                                                                             |
| d. Signature of Authorized Representative                                                                                                                                                                                                                                                                                     |                                                                                                       | e. Date Signed<br><b>November 15, 2006</b>                                                                                                                   |                                                                                                             |

# Emergency Shelter Grant Program

## State Use of Funds

The Kansas Housing Resources Corporation (KHRC) administers the Emergency Shelter Grant (ESG) for the state. ESG is allocated to the state through a formula-funded program by the Department of Housing and Urban Development's Office of Special Needs Assistance Programs. The Emergency Shelter Grant program was established by the Homeless Housing Act of 1986 (incorporated into subtitle B of title IV of the McKinney-Vento Homeless Assistance Act in 1987) and will assist in meeting the President's goal to end chronic homelessness in the United States by 2012.

KHRC is awarded these funds annually and makes them available for application to local units of government. As part of their application, local units of government allocate funds for specific activities to private nonprofit organizations that provide services to the homeless in their community. A recipient nonprofit organization must be tax exempt under Section 501 (c) (3) of the Internal Revenue Code and must have an acceptable accounting system, have a voluntary board, and practice non-discrimination in hiring practices and the provision of services.

Grantees must sign and agree to follow all applicable laws, regulations and policies for the program. Recipients must use ESG funds as approved by KHRC for eligible activities. These activities are to serve homeless individuals and families and are not intended solely for low-income populations. Any changes from the planned expenditures must be documented and receive prior approval from KHRC. ESG funds may not be used for activities other than those authorized in the regulations. Furthermore, all expenditures must be in accordance with conditions such as funding ceilings and other limitations on the provision of services.

ESG funds must be matched dollar-for-dollar by the local recipient. Matching funds must be provided *after* the date of the grant award. Funds from other public or private source as well as volunteer hours and donations can be used to meet the recipients' match requirements.

The legislation and regulations provide that up to five (5) percent of a grantee's funds may be spent for administering the grant. KHRC will pass on 2.5 % of this allocation to local units of government.

**Resources Expected.** Approximately \$888,683.

**Proposed Activities.** The Kansas Emergency Shelter Grant (KESG) will be administered in partnership with local units of government. KESG funds are allocated in five categories: administration, rehabilitation, operation, essential services and homeless prevention.

All ESG grant categories require compliance with the K.S.A. 58-1402 Accessibility Standards, Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Fair Housing Act, as applicable.

**Specific Objectives.** The KESG program is designed to be the first step in a continuum of assistance to prevent homelessness and to enable homeless individuals and families to move toward independent living.

**Priority Needs.** The first priority of the KESG is to fund emergency shelter beds in an attempt to decrease the homeless street population in our state.

**Geographic Areas.** State of Kansas

**Continuum of Care Approach.** The State of Kansas supports a continuum of care approach among State ESG recipients. Continuum of Care components include affordable, accessible, and integrated permanent housing and homeless services that enable individuals and families to reach the maximum degree of self-sufficiency possible. In reviewing ESG applications, the State relies on local units of government to determine what their communities' unique homeless needs may be, and how the ESG program can assist with those needs. This approach allows local jurisdictions to determine their own priorities and needs in addressing homelessness in their communities.

**Chronic Homelessness.** KHRC has not designated beds or programs specifically for the chronically homeless. While we have received public comments regarding designating programs specifically for the chronically homeless, the best data available on the current number of chronically homeless indicates that a specific set-aside for these activities would not be an efficient use of scarce homeless funding. KHRC has no objection to prioritizing programs or beds for the chronic homeless and will continue to monitor the need in our state.

**Distribution of Funds.** Funds are made available annually to local units of government, who in turn distribute them to agencies in their community that assist the homeless.

**Criteria for Selection.** An ESG Application Review Committee will evaluate applications for eligibility and funding. ESG applications will be rated on descriptions of need, capacity to complete proposed projects, expected outcomes, targeting of vulnerable populations, leveraging of additional resources, community planning and coordination. ESG application packages provide complete details.

**Threshold Factors.** Rehabilitation funds have a three or ten year use requirement depending on the amount of funds invested in the shelter. Essential service funds have a 30 percent regulatory cap that can be waived by request. Homeless prevention funds have a 30 percent cap that is statutory and can not be waived. Staff salaries under Operations are limited to 10 percent of the grant.

**Grant Size Limits.** The grant size to the local unit government is determined by the amount of funds the state receives and the number of eligible applicants funded.

**Recapture.** Funds may be recaptured if they are not spent in a timely manner.

## **ESG Program Monitoring**

The Emergency Shelter Grant Program accepts applications annually from local units of government. A team of at least three individuals from Kansas Housing Resources Corporation (KHRC) reviews each application. Recommendations are then sent to the Director of Housing with Supportive Services, the Deputy Director and Executive Director of KHRC and the President of KHRC for final review and approval. Once local governments have been awarded they in turn award agencies in their community who serve the homeless. The ESG application is posted on our website.

### **Desk monitoring**

Tracking and monitoring progress is done by the submission of quarterly reports and financial status reports. ESG monitoring includes review of progress reports, telephone consultation, and performance of on-site assessments. Grantees are monitored to ensure compliance with ESG regulations and program requirements.

### **On-site visits**

In 06 ESG will increase on-site visits to approximately twelve a year. This will generally represent fifty percent of all ESG recipients being monitored on-site every two years. The ESG monitoring tool that is used is posted on our website. Annual training sessions are provided at the beginning of each application period.

## **Timetable for Awarding and Expending Funds**

| <b><u>Actions</u></b>                        | <b><u>Deadlines</u></b> |
|----------------------------------------------|-------------------------|
| 1. Application Posted on Website             | January 9, 2007         |
| 2. Grantee Workshops                         | January 15 & 19 2007    |
| 3. Application Deadline                      | March 10, 2007          |
| 4. Conditional Awards Announced              | May 15, 2007            |
| 5. Technical Submission Packets Due          | June 1, 2007            |
| 6. State Obligation of All Funds             | July 1, 2007            |
| 7. Local Government Expenditure of All Funds | June 30, 2008           |

## Continuum of Care Planning

The Kansas Housing Resources Corporation (KHRC) continues to support the continuum of care planning efforts of the Kansas Statewide Homeless Coalition. In 2005, the KHRC provided the coalition with a \$25,000 grant to assist with this process. The KHRC has provided financial assistance to the Coalition since its inception.

The KHRC is committed to assisting rural Kansas communities in the competition for homeless assistance dollars. The KHRC has assigned extensive staff time to this process.

In federal fiscal year 2005, six continuums in Kansas were awarded a total of \$5,381,461 in Continuum of Care funds. The communities receiving these funds include the following:

|                                 |             |
|---------------------------------|-------------|
| 1) Lawrence/Douglas County      | \$48,877    |
| 2) Wichita/Sedgwick County      | \$1,921,617 |
| 3) Topeka/Shawnee County        | \$1,380,240 |
| 4) Overland Park/Johnson County | \$233,986   |
| 5) Kansas City/Wyandotte        | \$766,634   |
| 5) Kansas – Balance of State    | \$1,030,107 |
| STATE TOTAL                     | \$5,381,461 |

