Emergency Shelter Program COVID-19 Motel Application

The Emergency Shelter Program (ESP) is pleased to announce an application being made available for emergency shelter services necessitated by changes made due to COVID-19. These funds and any subsequent Memorandum of Agreement (MOA) are available for the remainder of FY21 and will not be available beyond September 30, 2021. Funding is made available, in part, by an increase in funding received from the legislature during the FY21 budget process. An overview of the funding is below:

· Funding is available to providers regardless of whether or not they are currently receiving ESP funds.
· For current ESP motels, funding can be requested if there is an increase in demand for ESP motel services due to COVID-19 and the current allocation will not be sufficient for the remainder of FY21
· For non-currently ESP funded motels, funding will only be available in areas where there is no emergency shelter or emergency shelter capacity and availability has been impacted by de-congregation in response to COVID-19
· Any provider applying for this funding must meet the requirements of the ESP

Funding overview
o Approximately $1.6 million will be available statewide
o Funds are projected to be available April 1. Any changes will be communicated to those providers selected to receive funds.
o The size of allocations will be dependent on number of applicants, size of providers, geographic area and the need created by COVID-19
o Reimbursement will be made up to $85 per night for motel providers
o Motel allocations will include 10% for administration costs
o This is one-time funding. Funding approved during this application period does not carry over into FY22, starting October 1, 2021
o Any funds not expended by September 30, 2021 will be returned to the ESP at the end of the fiscal year

Providers interested in applying must do so by 12:00 PM on Friday, February 12, 2021.

If there are issues uploading a document, please send as an attachment via email to Tim Beimers, ESP Supervisor, at tim.beimers@usc.salvationarmy.org.

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Shelter Information

* 1. Agency Name

* 2. Contact Person

* 3. Title

* 4. Contact Email Address

* 5. Agency Mailing Address

* 6. Agency Mailing Address (City)

* 7. Agency Mailing Address (Zip Code)

* 8. What region does your agency serve?

○ Region 1

○ Region 2

○ Region 3

○ Region 4

○ Region 5

○ Region 6

○ Region 7

○ Region 8

○ Region 9

○ Region 10

* 9. Current ESP Provider

○ Yes

○ No

* 10. By providing my name below, I certify that the information provided in this proposal is true and accurate. I also understand that any false statements may result in immediate termination of funding to the agency listed above if this application is accepted.

Authorized Representative's Name

Authorized Representative's Title

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Please address the following in the space provided.

* 11. What would be the coverage area (county/counties) of your agency in regards to ESP services?

* 12. How many households do you anticipate providing motel services for throughout the remainder of FY21?

* 13. Based on the projected number of rooms needed for the remainder of the fiscal year, what is the requested allocation amount of ESP funds for motel services for your agency? For current ESP providers, this would be the amount of additional funding requested and not include the original funding amount for the fiscal year.

* 14. Does your agency currently receive any additional funding for motel services? Please indicate source and amounts.

* 15. Are there currently any shelters or other agencies providing motel services in your area? If so, please explain who is being served there and why additional funds are needed.

* 16. How will these additional funds impact the community's strategic response to COVID-19?

* 17. What external factors are leading to the increase in demand or need for the additional space being provided by your agency?

* 18. What housing-focused case management is provided to households while in motel and what other services and referrals are provided to support a successful exit to positive housing?

* 19. Explain how diversion is used in your agency prior to motel placement.

Please answer the following Yes/No Questions

* **20.** ESP funded motels are required to meet the *Minimum Standards for Emergency Shelter* that apply to motel. Is your agency able to meet or exceed all standards contained in that document?

◯ Yes

◯ No

If no, please explain

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* **21.** Is your agency a 501(c)3?

◯ Yes

◯ No

If no, please explain

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22. Please upload a current and complete W-9 indicating your status as a 501(c)3.

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* 23. Does your agency have a good relationship with the local CoC/LPB and is it regularly represented at meetings?

◯ Yes

◯ No

If no, please explain

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24. If you have a letter of support from your Continuum of Care or Local Planning Body, please attach it here. This will help us in evaluating your application.

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Thank you!

Thank you for applying to participate in the Emergency Shelter Program. Any agency being considered for funding will be contacted by ESP staff to verify the information provided was accurate and confirm the ability of the motel provider to meet ESP requirements.