**North Carolina Emergency Solutions Grants - RUSH2**

**RUSH2 Project Application – New Applicants**

**(organizations not currently funded with 2025 ESG or RUSH funds)**  
For submission information, refer to the RUSH2 Application Instructions.

**All application documents should be uploaded to the Smartsheet.**

### Applicant Organization Information

|  |  |
| --- | --- |
| Legal Name of Organization (as it appears on your organization’s tax return): | |
| Physical Address Street, City, State and Zip: | Mailing Address (if different from physical address) Street, City, State and Zip: |
| Telephone: | Website: |
| Federal Tax ID Number: | Unique Entity Identifier (UEI) #: [gsa.gov information on UEI#](https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update) |
| Identify Organization Type (Nonprofit/Local Government) | Date of Incorporation: mm/dd/yyyy |
| Name of Contact Person for Organization: | Title of Contact Person: |
| Phone Number of Contact Person: | Email Address for the Contact Person: |
| Which CoC is your organization in?  COC NC-500, WINSTON-SALEM/FORSYTH  COC NC-501, ASHEVILLE/BUNCOMBE  COC NC-502, DURHAM CITY AND DURHAM  COC NC-503, NC BALANCE OF STATE  COC NC-504, GREENSBORO/HIGH POINT  COC NC-505, CHARLOTTE/MECKLENBURG  COC NC-506, WILMINGTON/BRUNSWICK, NEW HANOVER, PENDER  COC NC-507, RALEIGH/WAKE  COC NC-509, GASTONIA/CLEVELAND, GASTON AND LINCOLN  COC NC-511, FAYETTEVILLE/CUMBERLAND  COC NC-513, CHAPEL HILL/ORANGE  COC NC-516, NORTHWEST NC | |

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### **Organization Mission**

Please provide your organization’s mission, vision, and values and how homeless programs fit within that mission. (Max 1500 Characters):      

### Signatory Authority

Provide the information for the person authorized to sign contracts for the organization.

|  |  |
| --- | --- |
| Name: | Title: |
| Telephone: | E-mail: |
| Mailing Address, including City, State and Zip Code: | |

Provide the information for the person(s) authorized to sign requisitions (if different from above) for the organization.

|  |  |
| --- | --- |
| Name: | Title: |
| Telephone: | E-mail: |
| Mailing Address, including City, State and Zip Code: | |

Second authorized requisition signatory (if applicable)

|  |  |
| --- | --- |
| Name: | Title: |
| Telephone: | E-mail: |
| Mailing Address, including City, State and Zip Code: | |

### 

### **Section 1: Organizational Capacity and Stability**

### Financial Capacity

*In this section, the NC ESG review committee seeks to understand the strength of your organization’s financial position and capacity to manage and appropriately spend NC ESG RUSH funds. The NC ESG Office may request additional financial documentation after application review.*

1. Applicant organization’s fiscal year: mm/dd to mm/dd
2. What type of accounting software does your organization use, specifically for NC ESG RUSH funds? (Examples include – QuickBooks, SAP, Raisers Edge, etc.)
3. NC ESG RUSH funds must be spent within the contract period or funds will be reverted. Therefore, the NC ESG office provides minimal spending targets as guidelines throughout the contract period.

**NOTE:** Please explain if and how your organization has worked with similar grants with spend down targets and how you will ensure the spending of funds in a timely manner for this grant. Describe the specific workflow that happens within your organization from making a payment (cutting the check) to the reimbursement request showing the approval and oversight process. (Max 2000 Characters)

1. Provide the difference in revenue and expenses for the organization. If you have audited financial statements, please use this as your source, otherwise, use your 990 Return of Organization Exempt from Income Tax. Note clearly whether the difference is positive or negative and provide an explanation for any negative balances.

**2024**

Fiscal Year End Date:

Difference in Revenue & Expenses:

Please provide an explanation for a negative balance:

**2023**

Fiscal Year End Date:

Difference in Revenue & Expense:

Please provide an explanation for a negative balance:

**2022**

Fiscal Year End Date:

Difference in Revenue & Expense:

Please provide an explanation for a negative balance:

1. Does your organization have an annual financial audit?        
   If yes, did you receive a management letter with your most recent audit?        
   If yes, please describe any findings and your organization’s action plan to address those findings.

If not, please describe how your organization maintains internal financial controls and what oversight processes your organization has in place. Include specific positions that provide oversight and how often oversight occurs.

### **Section 2: Organizational Capacity to Meet HUD Guidelines**

*In this section the NC ESG review committee seeks to understand your organization’s capacity and plan for meeting HUD/ESG guidelines and maintaining integrity to regulations per the* [*ESG Interim Rule*](https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/)*.*

1. Has the organization received any HUD/ESG finding in the past 5 years, whether resolved or unresolved?        
   If yes, please list the program and the funding amount.

***NOTE:*** *This includes direct HUD funds applied for through your CoC (NOFA/NOFO awards) as well as local ESG entitlement (City ESG, County ESG) funds.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year: | List the activity funded by HUD or ESG. *(Street Outreach; Emergency Shelter; etc.)* | List the funding amount and source. (Example:  HUD: $35,000) | Briefly describe the finding: (Max 250 Characters) | Was the finding resolved? (Yes, No, or Resolution pending) | Was the contract terminated?  (Yes/No) |
| 2024 |  |  |  |  |  |
| 2023 |  |  |  |  |  |
| 2022 |  |  |  |  |  |
| 2021 |  |  |  |  |  |
| 2020 |  |  |  |  |  |

1. For any HUD/ESG findings identified above, please describe your organization’s resolutions/response (Max 2000 Characters):
2. Please check and describe the ways your organization will self-monitor for success and HUD/ESG compliance for this funding.

***NOTE:*** *The following are a few examples of how agencies can self-monitor. If you identify one of these, please describe in more detail* *how your organization conducts this activity. Also, please describe additional ways that you work to ensure compliance.* ***For any checked box, please provide a description of activities.***

Peer review of client files and other internal self-auditing processes

Add Description:

Description of processes and documentation of spending requests

Add Description:

Program manuals that meet HUD guidelines

Add Description:

Procedures for monitoring HUD and NC ESG communications and ensuring policies and procedures are updated accordingly

Add Description:

Oversight of staff who work directly with clients to ensure quality of services and adherence to program policies and procedures and CoC written standards.

Add Description:

Evaluation of program outcomes including oversight of data collection and corrections.

Add Description:

Other:

Add Description:

Other:

Add Description:

Other:

Add Description:

### **Section 3: Organizational Staff Capacity**

*In this section, the NC ESG review committee is seeking to understand the capacity of your organization’s staff to implement the program(s) in this application.*

***NOTE:*** *The information shared in this section should coincide with the organizational chart that you submit with this application.*

***NOTE:*** *A key volunteer is an unpaid position with responsibilities that are key to organizational capacity (i.e., bookkeeper, shelter evening staff, etc.). You do not need to list the number of volunteers that serve your organization on a minimal or one time basis (i.e., church groups that occasionally serve meals, etc.)*

1. For your whole organization, please provide the total current number of

Full-time paid positions:

Part-time paid positions:

Key volunteer positions utilized by your organization:

1. For the projects for which you are requesting NC ESG RUSH funding, please identify in the table below, the total number or fraction of Full Time Equivalent (FTE) paid staff, key volunteer positions, and the number or fraction of FTE positions that will be added with this funding request.

***NOTE:*** *If a staff person works in more than one area, estimate their time by % of FTE in each area.* *Include ALL staff supporting the projects regardless of funding source: Administrative, HMIS, Finance, Program Staff, Supervisors and Management*

|  |  |  |  |
| --- | --- | --- | --- |
| List Activity:  (Prevention, Street Outreach, Emergency Shelter, Rapid Rehousing, HMIS) | Number of current FTE paid staff | Number of key volunteer positions | Number of FTE staff being added with this funding request |
| Support Staff for all Projects  (Administrative, HMIS administrator/data entry, Finance) |  |  |  |
| Management staff for all projects (supervisors, program managers, executive director) |  |  |  |
| Program staff for Street Outreach |  |  |  |
| Program staff for Emergency Shelter |  |  |  |
| Program staff for Rapid Rehousing |  |  |  |
| Program staff for Prevention |  |  |  |
| HMIS staff for those applying for HMIS Project funds (include only staff that are not included in line one as Support Staff for other projects) |  |  |  |
| Other (please list): |  |  |  |
| Other (please list): |  |  |  |
| Other (please list): |  |  |  |

### Section 4: Data Collection and Evaluation

*In this section, the NC ESG review committee seeks to understand your organization’s capacity to capture, manage and report on data according to HUD requirements. For new organizations, this includes the preparation you have done to be able to meet these requirements.*

1. What HMIS/Comparable Data System is your organization planning to use in the coming year?

NCHMIS

HMIS@NCCEH

Apricot

Osnium

Bit Focus

OTHER (please identify):

1. If you are not yet using HMIS or a comparable database, please describe the steps being taken and your timeline for meeting this requirement, including what system you will be using and how you will ensure that it can produce the CAPER. (Max 2000 Characters)

1. Describe your agency’s process to ensure timely and accurate entry of data. (Max 2000 Characters)

### Application Certification

To the best of my knowledge and belief, all information in this application (General Application and all Project Application Components) is true and correct.

|  |  |
| --- | --- |
| Name of Applicant Organization: | |
| Name of Authorized Signatory: | |
| Title: | Date: |
| Signature | |

# **HOUSING STABILITY PROJECT APPLICATION – Rapid Rehousing and/or Homelessness Prevention**

# **Section 1: Community Need and Housing Stability Proposed Project(s)**

|  |  |
| --- | --- |
| **1. Statement of Need** – Describe the community need that this proposal will be solving. How was this need identified? How will be these needs be addressed with RUSH funding?   |  | | --- | | Enter Response Here- Maximum 2000 Characters | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Proposed Housing Stability Project** – Describe the Housing Stability project your agency is proposing to meet the identified need. How will you prioritize those who are disaster impacted?   |  |  |  | | --- | --- | --- | | |  | | --- | | Enter Response Here- Maximum 2000 Characters | |  | | |
| **3. Counties** – What counties do you plan to serve (including across CoCs, if applicable)?   |  |  | | --- | --- | | |  | | --- | | Enter Response Here- Maximum 2000 Characters | | |
| 1. **4. Project Timeline—** Can your agency start this project immediately? What is your organization’s ramp up plan and timeline?  |  | | --- | | Enter Response Here- Maximum 2000 Characters |  1. **5. Project Outcomes—** How many people/households will this project enroll? How many households will be housed?  |  | | --- | | Enter Response Here- Maximum 2000 Characters | |
|  |

# **Section 2: Connection to Community**

**1.** **Coordination of Services** – Please explain how your agency will coordinate with local and state partners (e.g., local health department, DSS, LME-MCOs, hospitals, FQHCs, Community Action Agencies, etc.) to coordinate services.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**2.** **Leveraging Additional Funding** – Please explain if your agency plans to leverage additional federal, state or other funding (e.g., CDBG, FEMA, ESG, etc.). **Describe how you will prevent duplication of benefits.**

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

# **Section 3: Policies**

**1.** Describe the coordinated entry process for RUSH funds? Will CE be modified for RUSH? How will disaster impacted households be prioritized?

Enter Response Here- Maximum 2000 Characters

**2.** Has the organization and/or CoC updated policies and procedures to reflect any changes made to address RUSH programming? If so, please describe modifications made.Enter Response Here- Maximum 2000 Characters

# **Section 4. Budget**

**1.** What is the average direct financial assistance you anticipate? How did you come to this number?

*For example: FMR is $700. I anticipate that the average household will receive 6 months of rental assistance, plus security deposit. Average direct assistance: $4900.*

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**2.** How much RUSH funding is your agency requesting to support your project(s)?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**3.** What specifically will the funding be used for? Please describe any additional staff that will be hired with this funding.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

# **EMERGENCY RESPONSE PROJECT APPLICATION – Street Outreach and/or Emergency Shelter**

# **Section 1: Community Need and Emergency Response Proposed Project(s)**

|  |  |
| --- | --- |
| **1. Statement of Need** – Describe the community need that this proposal will be solving. How was this need identified? How will be these needs be addressed with RUSH funding?   |  | | --- | | Enter Response Here- Maximum 2000 Characters | |

|  |  |  |
| --- | --- | --- |
| **2. Proposed Emergency Response Project** – Describe the Emergency Response project(s) your agency is proposing to meet the identified need. How will you prioritize those who are disaster impacted?   |  |  | | --- | --- | | |  | | --- | | Enter Response Here- Maximum 2000 Characters | | |
| **3. Counties** – What counties do you plan to serve (including across CoCs, if applicable)?   |  |  | | --- | --- | | |  | | --- | | Enter Response Here- Maximum 2000 Characters | | |
| 1. **4. Project Timeline—** Can your agency start this project immediately? What is your organization’s ramp up plan and timeline?  |  | | --- | | Enter Response Here- Maximum 2000 Characters |  1. **5. Project Outcomes—** How many people/households will this project enroll? How many households will be housed?  |  | | --- | | Enter Response Here- Maximum 2000 Characters | |
|  |

# **Section 2: Connection to Community**

**1.** **Coordination of Services** – Please explain how your agency will coordinate with local and state partners (e.g., local health department, DSS, LME-MCOs, hospitals, FQHCs, Community Action Agencies, etc.) to coordinate services.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**2.** **Leveraging Additional Funding** – Please explain if your agency plans to leverage additional federal, state or other funding (e.g., CDBG, FEMA, etc.). **Describe how you will prevent duplication of benefits.**

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

# **Section 3: Policies**

**1.** Describe the coordinated entry process for RUSH funds? Will CE be modified for RUSH? How will disaster impacted households be prioritized?

Enter Response Here- Maximum 2000 Characters

**2.** Has the organization and/or CoC updated policies and procedures to reflect any changes made to address RUSH programming? If so, please describe modifications made.Enter Response Here- Maximum 2000 Characters

# **Section 4. Budget**

**1.** What is the average direct financial assistance you anticipate? How did you come to this number?

*For example: FMR is $700. I anticipate that the average household will receive 6 months of rental assistance, plus security deposit. Average direct assistance: $4900.*

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**2.** How much RUSH funding is your agency requesting to support your project(s)?

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

**3.** What specifically will the funding be used for? Please describe any additional staff that will be hired with this funding.

|  |
| --- |
| Enter Response Here- Maximum 2000 Characters |

Attachment Checklist

|  |  |  |  |
| --- | --- | --- | --- |
|  | Document | Nonprofit Applicant | Unit of Local Government Applicant |
| A | Signed, Completed Application |  |  |
| B | Project budget worksheet |  |  |
| C | CAPER (January 1, 2025 – Present) |  |  |
| D | Current year operating budget for the entire organization, not just NC ESG (with Revenues and Expenditures) |  | - |
| E | CoC Participation and Coordination Agreement Form |  |  |
| F | Organizational Chart for the entire organization, not just the NC ESG program |  | - |
| G | Board of Directors Information: Name, contact information, board position/officer/committee leadership, term, occupation and employer or representing entity, race, gender, lived experience, professional skills that add to the capacity of your organization’s leadership. |  | - |
| H | The organization’s audit for the most recent closed fiscal year. Include management letter if applicable. If the organization does not have an audit, submit the most recent 990 |  | - |
| I | ESG Program Operations Guidelines. |  |  |
| J | HUD Corrective Action Plan (if applicable) |  |  |
| City or County ESG Corrective Action Plan (if applicable) |  |  |
| K | NC DHHS Required Contract Certification Forms & Documents in the order below | | |
| 1. No Overdue Taxes Certification Form |  | - |
| 2. Annual IRS Tax Exemption Verification Form |  | - |
| 3. Annual Conflict of Interest Verification |  | - |
| 4. Conflict of Interest Policy |  | - |
| 5. Current Certificate of Insurance |  | - |
| 6. IRS Tax exemptions Letter |  | - |
| 7. Substitute W-9 |  |  |
| L | Organization’s Financial Policies |  |  |
| M | SHELTER SERVICES AND OPERATIONS PROJECTS ONLY – Submit Shelter Habitability Inspection that occurred no earlier than March 2025 |  |  |