

FY 2023 EMERGENCY SOLUTIONS GRANT CHECKLIST

A few tips regarding the required information:

1. Forms from previous ESG grant applications are not allowed, as they will not be valid for the new grant year. All document dates will need to coincide/agree with the ESG 23 funding dates. ESG23 Grant Application forms can be found [here](#).
2. The Certificate of Consistency, HUD Form 2991, will need to be sent to ODOC for a signature by the Director of Community Development once applicant completes their part of the form. DO NOT wait until the last minute.
3. DO NOT wait until the last minute to contact your local government or CoC for documents or signatures. The ESG grant deadline is **5pm on May 31, 2023** and is very strict. Applications submitted after the deadline will not be considered under any circumstance.
4. Check your [sam.gov](#) registrations early. Applications will be returned for non-valid or expired registrations.
5. All new applicants or returning applicants who have changed addresses and/or banking/financial updates, must complete and upload a W-9 and OMES Vendor/Payee Form.
6. Applications sent back through OKGrants for changes need to be corrected and resubmitted back to ODOC within 14 calendar days to meet the ESG23 Application/Grant timelines. Any delay can and will affect your ability to meet the spending requirements. Check the status of your application frequently in your OKGrants Task box during the ESG application process.

OKGRANTS SECTIONS:

Application Summary

Fill this section out completely.

Include all counties where ESG funds will be used, if more than one county.

Ensure signature is the OKGrants Authorized Official.

Ensure grant dates are correct: October 1, 2023 – September 30, 2024.

Project Narrative Exhibits

Enter detailed explanations of programs on this page.

Exhibits must align with Budget Detail and Budget Narrative.

Demographics Comparison Report, CAPER for last 12 months, Letters relating to match, and CoC Agreement for HMIS Data Entry must be uploaded in the appropriate answers on this page.

Risk Assessment questions must all be answered.

Budget Detail

Must be in line with Project Narrative and Budget Narrative.

Match does not have to equal 'ESG Requested Funds' per line item, though the Match total must equal the 'ESG Requested Funds' total. *For example, if \$1,000 in ESG funds is budgeted for HMIS, it is not necessary to budget \$1,000 in data collection funds from another source to use as match.*

Budget Narrative

Must be in line with Project Narrative and Budget Detail.

Audit

Most recent audit must be uploaded to this section.

If most recent audit is not complete, provide a document (letter) from agency auditor stating when expected completion and upload to ESG 23 application will be.

NOTE: Funding could be held up if most recent audit is not received.

Match Certification

Match funds must equal ESG grant amount awarded.

This same match supporting documentation should also be uploaded in the Project Narrative Exhibits. DO NOT upload this information in the Uploads section.

Date of availability of match funds must coincide with ESG 23 funding dates and match documentation should clearly provide dates and amounts.

OKGRANTS UPLOADS SECTION – LIST OF FORMS THAT MUST BE UPLOADED TO THIS SECTION

- Program Certifications and Assurance, which includes
 - Section I. Applicant Assurances
 - Section II. Program Certifications
 - Section III. Drug-Free Workplace
 - Section IV. Anti-Lobbying Certification
- Applicant/Recipient Disclosure/Update Report
- Certification of Consistency with Consolidated Plan HUD 2991 (signed by ODOC's Director of Community Development)
- Environmental Review Record for Exemptions/Release of Funds
- Continuum of Care Agreement for HMIS Data Entry (same agreement was also uploaded to Project Narrative Exhibits)
 - Victim Service Providers using a comparable database should upload the agreement with the comparable database provider (i.e., EmpowerDB agreement between agency and EmpowerDB).
- Continuum of Care Lead Agency Participation letter
- System for Award Management (sam.gov) PDF Verification of Non-Debarred Status, UEI#, and date of expiration
- Current Board Roster including email addresses for each Board member
- Documentation showing proof of Annual Board Review of ESG Written Policies and Procedures
- Sponsor/Shelter agreement (for applicants who are sponsoring shelters)
- Shelter Habitability Standards Checklist
- Shelter Lead-Based Paint Checklist

Required forms for Units of General Local Government

- Local Government Certification

-Or-

Required forms for Community Action Agency (CAA) or Independent Nonprofit

- Private Non-Profit Certification
- Certification of Local Government Approval for Nonprofit Organizations

All new applicants, or returning applicants who have changed addresses, contact personnel, and/or banking/financial updates, must complete and upload the following:

- W-9 (found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- [OMES Vendor/Payee form](#)

NOTE: If uploading a document to a space in the uploads section that is not pre-labeled, PLEASE use the space provided to label the document.

2023 ESG GRANT APPLICATION FORMS

SECTION I. APPLICANT ASSURANCES

Emergency Solutions Grant (ESG) Program – Program Certifications and Assurances

To be submitted by all Applicants.

I, _____ (Name of Elected Official / Executive Director),

_____ (title) certify that if awarded FY 2023 Emergency Solutions Grant funding

_____ (Name of local unit of government, Community Action Agency or
Nonprofit) does assure the following:

Homeless individuals and families will be given assistance in obtaining:

1. Appropriate case management, assistance in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living); and other Federal, State, local, and private assistance available for such individuals.
2. Homeless individuals will be provided the opportunity for participation on the policymaking entity in accordance with 42 U.S.C. 11375 (d).
3. Homeless individuals and families will be involved in providing work or services pertaining to facilities or activities assisted under this part, in accordance with 42 U.S.C. 11375 (c) (7).

INITIALS of Authorized Elected Official / Executive Director

Date

SECTION II. PROGRAM CERTIFICATIONS

Emergency Solutions Grant (ESG) Program – Program Certifications and Assurances

To be submitted by all Applicants.

Consolidated Plan – The 2023 HUD-approved Consolidated Plan.

Consistency with Plan – Housing activities to be undertaken with ESG funds are consistent with the strategic plan.

Confidentiality – Grant recipients must develop and implement procedures to ensure:

1. The confidentiality of records pertaining to any individual provided with assistance; and
2. That the address or location of any assisted housing will not be made public, except to the extent that this prohibition contradicts a preexisting privacy policy of the grantee.

Discharge Policy – Grant recipients must agree to develop and implement, to the maximum extent practicable, appropriate policies and protocols for the discharge of persons from applicant’s shelter and/or housing programs in order to prevent such discharge from immediately resulting in homelessness (or going back into homelessness) for such persons. Policies and protocols should also include how agency is working/will work with their CoC, partner agencies, and publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) to prevent such discharge from immediately resulting in homelessness for such persons.

Affirmatively Further Fair Housing -- The local government or nonprofit will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction or state, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

Homeless Persons Involvement – To the maximum extent practicable, the subrecipient will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities, in providing services assisted under the ESG program, and in providing services for occupants of facilities assisted by ESG.

HMIS – HUD’s standards for participation in a local Homeless Management Information System and the collection and reporting of client-level information. (Domestic Violence Shelters exempt as stated in “VAWA Protections”)

INITIALS of Authorized Elected Official / Executive Director

Date

SECTION III. CERTIFICATION FOR DRUG-FREE WORKPLACE

Emergency Solutions Grant (ESG) Program – Program Certifications and Assurances

To be submitted by all Applicants.

Drug-Free Workplace -- Applicant will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about:
 - a. The dangers of drug abuse in the workplace;
 - b. The applicant's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
3. Making it a requirement that each employee engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will –
 - a. Abide by the terms of the statement; and
 - b. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
5. Notifying ODOC in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted –
 - a. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, state, or local health, law enforcement, or other appropriate agency.
7. Make a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

Additional Instructions for Drug-Free Workplace Certification

By signing and/or submitting this application or grant agreement, applicant is providing the certification.

The certification is a material representation of fact upon which reliance is placed when ODOC awards the grant. If it is later determined that the applicant knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, ODOC and HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

Workplaces under grants, for applicants other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the applicant does not identify the workplaces at the time of application, or upon award, if there is no application, the applicant must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the applicant's drug-free workplace requirements.

Workplace identifications must include the actual address of buildings (or parts of buildings), shelters, or other sites where work under the grant takes place. Categorical descriptions may be used.

If the workplace identified to ODOC changes during the performance of the grant, the applicant shall inform ODOC of the change(s), if it previously identified the workplaces in question.

The applicant may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (Street address, city, county, state, zip code):

Check ___ if there are workplaces on file that are not identified here.

The certification with regard to the drug-free workplace is required by 24 CFR part 24, subpart F.

Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Applicants' attention is called, in particular, to the following definitions from these rules:

- "Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);
- "Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;
- "Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;
- "Employee" means the employee of an applicant directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the applicant's payroll. This definition does not include workers not on the payroll of the applicant (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the applicant's payroll; or employees of subrecipients or subcontractors in covered workplaces).

INITIALS of Authorized Elected Official / Executive Director

Date

SECTION IV. ANTI-LOBBYING CERTIFICATION

Emergency Solutions Grant (ESG) Program – Program Certifications and Assurances

To be submitted by all Applicants.

Anti-Lobbying --To the best of the local government or nonprofit's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraphs 1 and 2 of this certification be included in the award documents for all subawards at all funding categories (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Additional Instructions for Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

INITIALS of Authorized Elected Official / Executive Director

Date

Authorized Signature & Official Title

Date

APPLICANT/RECIPIENT DISCLOSURE/UPDATE REPORT

Applicant/Recipient Disclosure/Update Report	U.S. Department of Housing and Urban Development	OMB Approval No 2510-0011
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Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2 of this [document](#). Also read the HUD PROGRAMS SUBJECT TO THE DISCLOSURE REQUIREMENTS in this RFA before filling out this document.)

Applicant/Recipient Information	Indicate whether this is an Initial Report	or an update report
1. Applicant/Recipient Name, Address, and Phone (include area code):	2. Social Security Number or Employer ID Number:	
3. HUD Program Name	4. Amount of HUD Assistance Requested /Received	
5. State the name and location (street address, City and State) of the project or activity:		

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). Yes No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during the fiscal year (Oct.1-Sep.30)? For further information Yes No
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If you answered, "No" to either question 1 or 2, Stop! You do not need to complete the remainder of this form. **However**, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.
 Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use additional pages as necessary.)

Part III Interested Parties. You must disclose:
 All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity, and any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.
 I certify that this information is true and complete.

Signature:	Date: (mm/dd/yyyy)
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X

CERTIFICATION OF CONSISTENCY WITH CONSOLIDATED PLAN HUD 2991

To be submitted by all Applicants.

Instructions: Complete the form with applicant information, then email to ODOC ESG liaison so Director of Community Development signature can be obtained. Form could take up to 3-5 business days to process.

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information :)

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of the Federal Program to which the applicant is applying: _____

Name of Certifying Jurisdiction: Oklahoma Department of Commerce

Certifying Official of the Jurisdiction Name: Marshall Vogts

Title: Director of Community Development

Signature: _____

Date: _____

**Form
HUD-2991**

ENVIRONMENTAL REVIEW RECORD FOR EXEMPTIONS/RELEASE OF FUNDS

Oklahoma Department of Commerce/Office of Community Development

Emergency Solutions Grant Program

Environmental Review or Activity/Project that is Exempt or Categorically Excluded Not Subject to Section 58.5

Pursuant to 24 CFR Part 58.34(a) and 58.35(b)

REQUEST FOR RELEASE OF FUNDS AND CERTIFICATION

Contractor Name:		Funds Requested:
Address:		Date of Request:
Project Description (Brief):		
I have reviewed and determined that the above-mentioned project is a Categorically Excluded activity (subject to §58.5) per 24 CFR §58.35(a) as follows: (Place checkmark by each requirement to verify that Applicant's project does not include any item listed)		
<input type="checkbox"/>	58.35(a) (1). Acquisition, repair, improvement, reconstruction, or rehabilitation of public facilities and improvements (other than buildings) when the facilities and improvements are in place and will be retained in the same use without change in size or capacity of more than 20 percent (e.g., replacement of water or sewer lines, reconstruction of curbs and sidewalks, repaving of streets);	
<input type="checkbox"/>	58.35(a) (2). Special projects directed to the removal of material and architectural barriers that restrict the mobility of and accessibility to elderly and handicapped persons;	
<input type="checkbox"/>	58.35(a) (3). Rehabilitation of buildings and improvements when the following conditions are met:	
<input type="checkbox"/>	58.35(a) (3) (i). In the case of a building for residential use (with one to four units), the density is not increased beyond four units, the land use is not changed, and the footprint of the building is not increased in a floodplain or in a wetland;	
<input type="checkbox"/>	58.35(a) (3) (ii). In the case of multifamily residential buildings: (A) Unit density is not changed more than 20 percent; (B) The project does not involve changes in land use from residential to non-residential; and (C) The estimated cost of rehabilitation is less than 75 percent of the total estimated cost of replacement after rehabilitation.	
<input type="checkbox"/>	58.35(a) (3) (iii). In the case of non-residential structures, including commercial, industrial, and public buildings: (A) The facilities and improvements are in place and will not be changed in size or capacity by more than 20 percent; AND (B) The activity does not involve a change in land use, such as from non-residential to residential, commercial to industrial, or from one industrial use to another.	
<input type="checkbox"/>	58.35(a) (4) (i) An individual action on up to four dwelling units where there is a maximum of four units on any one site. The units can be four one-unit buildings or one four-unit building or any combination in between; or	
<input type="checkbox"/>	58.35(a) (ii) An individual action on a project of five or more housing units developed on scattered sites when the sites are more than 2,000 feet apart and there are not more than four housing units on any one site. 58.35(a) (iii) Paragraphs (a) (4) (i) and (ii) of this section do not apply to rehabilitation of a building for residential use (with one to four units) (see paragraph (a) (3) (i) of this section).	
<input type="checkbox"/>	58.35(a) (5). Acquisition (including leasing) or disposition of, or equity loans on an existing structure, or acquisition (including leasing) of vacant land provided that the structure or land acquired, financed, or disposed of will be retained for the same use.	
<input type="checkbox"/>	58.35(a) (6). Combinations of the above activities.	
Signature of Authorized Official: _____		
Name & Title of Authorized Official: _____		
Date: _____		

LOCAL GOVERNMENT CERTIFICATION

Emergency Solutions Grant (ESG) Program

To be submitted ONLY by Units of General Local Government Applicants.

I, _____, Chief Elected Official of

_____, certify that the units of general local government will comply with the following:

The requirements of 24 CFR Sec. 576 and the current Federal Register Notice of Fund Availability; Amended Program Requirements, concerning the continued use of buildings for which Emergency Solutions Grants are used for rehabilitation or conversion of buildings for use as emergency shelters for the homeless; or when funds are used solely for operating costs or essential services, concerning the population to be served.

The building standards requirement of 24 CFR Sec. 576.55.

The requirements of 24 CFR Sec. 576, concerning assistance to the homeless.

The requirements of 24 CFR Sec. 576.330, other appropriate provisions of 24 CFR Part 576, and other applicable Federal laws concerning nondiscrimination and equal opportunity.

I further certify that the units of general local government will comply with the provisions of, and regulations and procedures applicable under, section 104(g) of the Housing and Community Development Act of 1974 with respect to the environmental review responsibilities under the National Environmental Policy Act of 1969 and related authorities as specified in 24 CFR Part 58.

I further certify that the units of general local government and the shelter(s) conducting activities, funded in whole or in part with McKinney Act funds, to assist the homeless population in this jurisdiction, will administer, in good faith, a policy designed to ensure that the assisted homeless facility is free from the illegal use, possession, or distribution of drugs or alcohol by its beneficiaries.

I further certify that the submission of an application for an emergency solutions grant is authorized under state and/or local law and that the local government possesses legal authority to carry out emergency solutions grant activities in accordance with applicable law and regulations of the Department of Housing and Urban Development.

Name of Chief Elected Official and Title

Signature of Chief Elected Official

Date

PRIVATE NON-PROFIT CERTIFICATION

Emergency Solutions Grant (ESG) Program

To be submitted ONLY by Community Action Agencies (CAA) or Independent Nonprofits.

I, _____, Executive Director of

_____, certify that the Community Action Agency (CAA) / Nonprofit will comply with the following:

1. The requirements of 24 CFR Sec. 576 and the current Federal Register Notice of Fund Availability; Amended Program Requirements, concerning the continued use of buildings for which Emergency Solutions Grants are used for rehabilitation or conversion of buildings for use as emergency shelters for the homeless; or when funds are used solely for operating costs or essential services, concerning the population to be served;
2. The building standards requirement of 24 CFR Sec. 576.55;
3. The requirements of 24 CFR Sec. 576 concerning assistance to the homeless; and
4. The requirements of 24 CFR Sec. 576.330, other appropriate provisions of 24 CFR Part 576, and other applicable Federal laws concerning nondiscrimination and equal opportunity.

I further certify that the CAA/ Nonprofit and the shelter(s) conducting activities, funded in whole or in part with McKinney-Vento Act funds, to assist the homeless population in this jurisdiction, will administer, in good faith, a policy designed to ensure that the assisted homeless facility is free from the illegal use, possession, or distribution of drugs or alcohol by its beneficiaries.

I further certify that the submission of an application for an Emergency Solutions Grant is authorized under state and/or local law and that the CAA/ Nonprofit possesses legal authority to carry out Emergency Solutions Grant activities in accordance with applicable law and regulations of the U.S. Department of Housing and Urban Development.

Name of Executive Director

Signature of Executive Director

Date

CERTIFICATION OF LOCAL GOVERNMENT APPROVAL FOR NONPROFIT ORGANIZATIONS

Emergency Solutions Grant (ESG) Program

To be submitted ONLY by Community Action Agencies (CAA) or Independent Nonprofits and to be prepared by Units of General Local Government.

I, _____, (name of local government official and title) duly authorized to act on behalf of the _____ (name of jurisdiction) hereby approve the following emergency shelter activities proposed by _____ (name of CAA/Nonprofit) which is (are) to be located in _____ (name of jurisdiction).

Name of Chief Elected Official and Title

Signature of the Chief Elected Official

Date

DEMOGRAPHICS COMPARISON REPORT

Emergency Solutions Grant (ESG) Program

To be submitted by all Applicants.

Equity refers to proportional representation (by race, class, gender, etc.) of opportunities in housing, healthcare, employment, and all indicators of living a healthy life.

By collecting information and asking how the data gathered is used to strategize and evaluate decisions; planning can improve to better serve the whole community. Provide the data requested on this form. Upload the form in the space provided under the applicant's response for question II-7 on the *Project Narrative Exhibits Form* in OK Grants.

Applicant Name: _____

Shelter Name: _____

Data Collection Method (ex.HMIS, DV Comparable, etc.) _____

Service Area Population: _____ Total
 Individuals Served: _____ Total

Provide combined totals for all Counties in service area. This data can come from the Census or State data resource.

Provide data from the HMIS CAPER report or comparable report when using comparable database.

Race	Service Area Population	Community
	Totals (If possible)	Percentages
White		
Black or African American		
Asian		
American Indian or Alaska Native		
Native Hawaiian or Other Pacific Islander		
Multiple Races		
Client Doesn't Know/Client Refused		
Data Not Collected		
TOTAL		

Race	Individuals Served	HMIS Client
	Totals	Percentages
White		
Black or African American		
Asian		
American Indian or Alaska Native		
Native Hawaiian or Other Pacific Islander		
Multiple Races		
Client Doesn't Know/Client Refused		
Data Not Collected		
TOTAL		

Ethnicity	Service Area Population	Community
	Totals (If possible)	Percentages
Non-Hispanic/ Non-Latino		
Hispanic/Latino		
Client Doesn't Know/Client Refused		
Data Not Collected		
TOTAL		

Ethnicity	Individuals Served	HMIS Client
	Totals	Percentages
Non-Hispanic/ Non-Latino		
Hispanic/Latino		
Client Doesn't Know/Client Refused		
Data Not Collected		
TOTAL		

SHELTER HABITABILITY STANDARDS CHECKLIST

Instructions: Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. A copy of this checklist should be placed in the shelter's files. For more information about ESG Minimum Habitability Standards, refer to HUD's [ESG Minimum Habitability Standards for Emergency Shelter and Permanent Housing](#).

Approved	Deficient	Standard <i>(24 CFR part 576.403(b))</i>
		1. <i>Structure and materials:</i> a. The shelter building is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents. b. Any renovation (including major rehabilitation and conversion) carried out with ESG assistance uses Energy Star and WaterSense products and appliances.
		2. <i>Access.</i> Where applicable, the shelter is accessible in accordance with: a. Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8; b. The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and c. Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35.
		3. <i>Space and security:</i> Except where the shelter is intended for day use only, the shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.
		4. <i>Interior air quality:</i> Each room or space within the shelter has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
		5. <i>Water Supply:</i> The shelter's water supply is free from contamination.
		6. <i>Sanitary Facilities:</i> Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
		7. <i>Thermal environment:</i> The shelter has any necessary heating/cooling facilities in proper operating condition.
		8. <i>Illumination and electricity:</i> a. The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety. b. There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter.
		9. <i>Food preparation:</i> Food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
		10. <i>Sanitary condition:</i> The shelter is maintained in sanitary condition.
		11. <i>Fire safety:</i> a. There is at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors are located near sleeping areas. b. All public areas of the shelter have at least one working smoke detector. c. The fire alarm system is designed for hearing-impaired residents. d. There is a second means of exiting the building in the event of fire or other emergency.
		12. If ESG funds were used for renovation or conversion, the shelter meets state or local government safety and sanitation, as applicable.

Certification Statement

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

- Property meets all of the above standards.
- Property does not meet all of the above standards.

COMMENTS:

ESG Recipient Name: _____

ESG Subrecipient Name: _____

Program Participant Name: _____

Street Address: _____

Apartment: _____

City: _____ State: _____ Zip: _____

Evaluator Signature: _____ Date of review: _____

Evaluator Name: _____

Approving Official Signature (if applicable): _____ Date: _____

Approving Official Name (if applicable): _____

LEAD SCREENING WORKSHEET

About this Tool

The *Lead Screening Worksheet* is intended to guide grantees through the lead-based paint inspection process to ensure compliance with the rule. ESG staff can use this worksheet to document any exemptions that may apply, whether any potential hazards have been identified, and if safe work practices and clearance are required and used. A copy of the completed worksheet along with any additional documentation should be kept in each program participant's case file.

Instructions

To prevent lead-poisoning in young children, ESG grantees must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant's file.

Note: ALL pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

Basic Information

Name of Participant
Address
City
ESG Program Staff

State

Zip

Unit Number

Part 1: Determine Whether the Unit is Subject to Visual Assessment

If the answer to one or both of the following questions is 'no,' a visual assessment is not triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant's file.

If the answer to both of these questions is 'yes,' then a visual assessment is triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978?

Yes
 No

2. Will a child under the age of six be living in the unit occupied by the household receiving ESG assistance?

Yes
 No

Part 2: Document Additional Exemptions

If the answer to any of the following questions is 'yes,' the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant's file.

If the answer to all of these questions is 'no,' then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit?

Yes
 No

2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?

Yes
 No

3. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?
- Yes
 No
4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving HPRP assistance for a security deposit or arrears)?
- Yes (Obtain documentation for the case file.)
 No
5. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a).
- Yes
 No
- Please describe the exemption and provide appropriate documentation of the exemption.

Part 3: Determine the Presence of Deteriorated Paint

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing ESG financial assistance to the unit as outlined in the following training on HUD's website at: <http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. Place this screening sheet and certification form (Attachment A) in the program participant's file.

If any problems with paint surfaces are identified during the visual assessment, then continue to Part 4 to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?
- Yes
 No
2. Were any problems with paint surfaces identified in the unit during the visual assessment?
- Yes
 No (Complete Attachment 1 – Lead-Based Paint Visual Assessment Certification Form)

Part 4: Document the Level of Identified Problems

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?
- 20 square feet on exterior surfaces Yes No
 - 2 square feet in any one interior room or space Yes No
 - 10 percent of the total surface area on an interior or exterior component with a small surface area, like windowsills, baseboards, and trim Yes No

If *any* of the above are 'yes,' then safe work practices and clearance are required prior to clearing the unit for assistance.

Part 5: Confirm all Identified Deteriorated Paint has been Stabilized

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the ESG program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?
 Yes
 No
 2. Have all identified problems with the paint surfaces been repaired?
 Yes
 No
 3. Were all identified problems with paint surfaces repaired using safe work practices?
 Yes
 No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
 4. Was a clearance exam conducted by an independent, certified lead professional?
 Yes
 No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
 5. Did the unit pass the clearance exam?
 Yes
 No
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
- Note: A copy of the clearance report should be placed in the program participant's file.

LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION

I, _____, certify the following:
 (print name)

- I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment at _____ on _____.
 (property address and unit number) (date of assessment)
- No problems with paint surfaces were identified in the unit or in the building's common areas.

 (Signature)

 (Date)

Client Name: _____

Case Number: _____