

**EXHIBIT 2 – ESG GENERAL PROGRAM DESCRIPTION**

Activity Description and Category Eligibility for Services

<b>ESG Eligible Activity</b>	<b>Description</b>	<b>Types of Persons Served</b>
<b>Emergency Shelter</b>	<p>Essential Services may include case management, childcare, education services, employment assistance and job training, life skills training, and transportation.</p> <p>Shelter Operations may include maintenance, rent, security, fuel, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available for a homeless family or individual, eligible costs may also include a hotel or motel voucher for that family or individual. See 24 CFR 576.102.</p>	All homeless persons meeting Categories 1-4 definitions/requirements.
<b>Street Outreach</b>	<p>Essential Services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Eligible costs include engagement, case management, emergency health and mental health services, transportation, and services for special populations. See 24 CFR 576.101.</p>	Literally homeless Persons or Families meeting Categories 1 & 4 definitions/requirements.
<b>Rapid Re-Housing/ Stabilization</b>	<p>Housing relocation and stabilization services and/or short-and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing. Eligible costs include: rental assistance; financial assistance (rental application fees, security and utility deposits, utility payments, last month's rent, moving costs); services (housing search and placement, housing stability case management). See 24 CFR 576.104.</p>	All homeless persons meeting Categories 1, & 4 definitions/requirements.
<b>Homelessness Prevention/ Stabilization</b>	<p>Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from moving to an emergency shelter or a place not meant for human habitation.</p> <p>The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in their current housing or move into other permanent housing and achieve stability in that housing.</p> <p>Eligible costs include: rental assistance; financial assistance (rental application fees, security and utility deposits, utility payments, last month's rent, moving costs); services (housing search and placement, housing stability case management). See 24 CFR 576.103.</p>	All persons meeting Category 2, 3 & 4 definitions/requirements.
<b>HMIS</b>	<p>All program participants, with the exception of: domestic violence (DV) and/or those assisted under legally protected categories shall be included in HMIS data collection. Exceptions shall be reported in "comparable database" per ESG regulations. See 24 CFR 576.107</p>	All homeless persons meeting Categories 1-4 definitions/requirements.

**EXHIBIT 2 – ESG CV GENERAL PROGRAM DESCRIPTION**

**Activity Description and Category Eligibility for Services**

<b>ESG Eligible Activity</b>	<b>Description</b>	<b>Types of Persons Served</b>
<b>Emergency Shelter</b>	<p>Essential Services may include case management, childcare, education services, employment assistance and job training, life skills training, and transportation.</p> <p>Shelter Operations may include maintenance, rent, security, fuel, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available for a homeless family or individual, eligible costs may also include a hotel or motel voucher for that family or individual. See 24 CFR 576.102.</p> <p>Additional alternative costs include temporary emergency shelter, training, hazard pay, handwashing stations and portable bathrooms, volunteer incentives and personal protective equipment. See HUD Notice CPD 20-08 Section III (E)(a-e) (f), and HUD Notice CPD 21-08 Section III (E)(h).</p> <p>Funds may be used to pay resources to prevent, prepare for, and respond to Coronavirus.</p>	<p>All homeless persons meeting Categories 1-4 definitions/ requirements.</p>
<b>Street Outreach</b>	<p>Essential Services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Eligible costs include engagement, case management, emergency health and mental health services, transportation, and services for special populations. See 24 CFR 576.101.</p> <p>Additional alternative costs include training, hazard pay, handwashing stations, volunteer incentives and personal protective equipment. See HUD Notice CPD 20-08 Section III (E)(c-e) (g), and HUD Notice CPD 21-08 Section III (E)(h).</p> <p>Funds may be used to pay resources to prevent, prepare for, and respond to Coronavirus.</p>	<p>Literally homeless Persons or Families meeting Categories 1 &amp; 4 definitions/ requirements.</p>
<b>Rapid Re-Housing/ Stabilization</b>	<p>Housing relocation and stabilization services and/or short-and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing. Eligible costs include: rental assistance; financial assistance (rental application fees, security and utility deposits, utility payments, last month's rent, moving costs); services (housing search and placement, housing stability case management). See 24 CFR 576.104.</p> <p>Additional alternative costs include training, hazard pay, landlord incentives, volunteer incentives and personal protective equipment. See HUD Notice CPD 20-08 Section III (E)(c-d) (f-g), and HUD Notice CPD 21-08 Section III (E)(h).</p> <p>Funds may be used to pay resources to prevent, prepare for, and respond to Coronavirus.</p>	<p>All homeless persons meeting Categories 1, &amp; 4 definitions/ requirements.</p>
<b>Homelessness Prevention/ Stabilization</b>	<p>Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from moving to an emergency shelter or a place not meant for human habitation.</p> <p>The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in their current housing or move into other permanent housing and achieve stability in that housing.</p> <p>Eligible costs include: rental assistance; financial assistance (rental application fees, security and utility deposits, utility payments, last month's rent, moving costs); services (housing search and placement, housing stability case management). See 24 CFR 576.103.</p> <p>Additional alternative costs include training, hazard pay, landlord incentives, volunteer incentives and personal protective equipment. See HUD Notice CPD 20-08 Section III (E)(c-d) (f-g), and HUD Notice CPD 21-08 Section III (E)(h).</p> <p>Funds may be used to pay resources to prevent, prepare for, and respond to Coronavirus.</p>	<p>All persons meeting Category 2, 3 &amp; 4 definitions/ requirements.</p>
<b>HMIS</b>	<p>All program participants, with the exception of: domestic violence (DV) and/or those assisted under legally protected categories shall be included in HMIS data collection. Exceptions shall be reported in “comparable database” per ESG regulations. See 24 CFR 576.107</p>	<p>All homeless persons meeting Categories 1-4 definitions/ requirements.</p>

### EXHIBIT 3 – ESG PROGRAM REQUIREMENTS

The new Emergency Solutions Grant (ESG) signifies a shift in federal funding from traditional emergency shelter and outreach activities to homeless prevention and re-housing efforts. Effective rapid re-housing programs help people transition out of the homeless assistance system as quickly as possible, thus reducing the number of persons who are homeless within the community. Rapid re-housing also ensures that emergency shelter resources are used to serve individuals and families with the most urgent housing crises.

Written standards for providing ESG assistance in accordance with 24 CFR 576.400(e)(1) and (e)(3).

- a) Eligibility for assistance:
  - i) Eligible applicants must meet the definition of “homeless” or “at risk of becoming homeless according to 24 CFR 576.2 and meet the record keeping requirements in 24 CFR 576.500(b),(c),(d), and (e).
  - ii) Gross household income limit: 30% of Area Median Income (AMI) for ESG funds, or 50% of AMI for ESG-CV (COVID-19) impacted households.
  - iii) Individuals and families who have insufficient resources immediately available to attain housing stability, who have moved frequently due to economic reasons, or who require short-term leasing and/or utility assistance.
- b) Coordination among emergency shelter providers, essential service providers, homelessness prevention and rapid re-housing assistance providers; other homeless assistance providers, and mainstream service and housing providers;
  - i) Promote a strategic, community-wide system to prevent and end homelessness through the coordination and integration of program components with available homeless assistance programs (§576.400[b]) and mainstream housing and service programs (§576.400[c]).

Assistance programs available for coordination and integration may include, but not be limited to:

- San Bernardino County Continuum of Care
- Interagency Council on Homelessness Participation
- County Workforce Development Department
- County Workforce Investment Board
- County Transitional Assistance Department
- Shelter Plus Care Program
- Supportive Housing Program
- HUD Veterans Affairs Supportive Housing
- Education for Homeless Children and Youth Grants
- Healthcare for the Homeless
- Programs for Runaway and Homeless Youth
- Emergency Food and Shelter program
- VA Homeless Providers Grant and Per Diem Program

### ESG PROGRAM SPECIFIC REQUIREMENTS (Continued)

Mainstream Service Programs may include, but not be limited to:

- Temporary Assistance for Needy Families (TANF)
- Social Security (SSI, SSDI)
- Medi-Cal
- Food Stamps
- Unemployment Insurance Benefits
- Veterans Benefits
- Head Start
- Mental Health and Substance Abuse Grants

- ii) Continue use of the HMIS tracking system to enable service providers to access client history and for reporting to the Department of Housing and Urban Development (HUD).
- c) Prioritize which eligible families and individuals will receive homelessness prevention assistance and which eligible families and individuals will receive rapid re-housing assistance:
  - i) Intake and case management designed to target and reach as many needy individuals and families as possible by determining those most in need and limiting resources to the minimum necessary for stabilization.
    - 1) Homeless Prevention to: 1) target those closest to becoming homeless and 2) assess wide ranging risk factors to remedy causal characteristics through case management and training.
    - 2) Rapid Re-Housing to: 1) overcome immediate housing obstacles; 2) connect individuals/families with necessary resources; and 3) identify and remedy causal characteristics through case management and training.
  - d) Share of rent and utility costs program participants must pay, if any, while receiving homelessness prevention and rapid re-housing assistance;
    - i) Rental Assistance Rent Share: client to pay up to 30% of Adjusted Gross Income (based upon "ability to pay").
    - ii) Utility Assistance: client may receive assistance of up to 100% of each eligible utility (based upon "ability to pay"), including up to 6 months in arrears. Utilities are restricted to electricity, gas, and water and include security deposits.
    - iii) Considerations will be made with regard to: 1) the presence, or absence, of other resources available in the community, 2) respective challenges associated with the homelessness, and 3) the presence of exorbitant medical expenses.
- e) Program participant rental assistance eligibility and re-assessment guidance:
  - i) To target and reach as many needy individuals and families as possible; rental assistance will be limited to the minimum necessary to stabilize program participants.
  - ii) As self-sufficiency increases, rental assistance will be reduced.
  - iii) Program participants receiving rapid re-housing assistance must be re-evaluated at least every six (6) months or annually for CV funds.
  - iv) Program participants receiving homelessness prevention assistance must be re-evaluated

at least once every 6 months.

Determination of the type, amount, and duration of housing stabilization and/or relocation services to provide a program participant, including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months the program participant receives assistance; or the maximum number of times the program participant may receive assistance.

Except as provided for housing stability case management, no program participant may receive more than 24 months of assistance in a three-year period.

**i) Rental Assistance:**

- 1) To support as many needy individuals and families as possible, rental assistance are for rents of “reasonable” expense and be limited to a maximum of 3 months for Short Term, and 4 to 18 months for Medium Term. The justification for “reasonable rents” shall be assessed based upon applicable local sub-market rents, but in no circumstance shall it exceed the local area’s Fair Market Rent (FMR) established by HUD, a waiver may be applied until September 30, 2020 during the COVID-19 pandemic, unless extended by HUD.
- 2) Program to pay rent shortfall after client-paid share of up to 30% of Adjusted Gross Income (AGI) for regular funds and 50% for CV funds are met. Based upon “ability to pay”, the Program may provide up to 100% of first month’s start-up costs (including security deposits).
- 3) Maximum rental assistance is not 24 months of assistance.
- 4) Program participants cannot receive more than 24 months of assistance within a three-year period.

**ii) Utility Assistance**

- 1) Program to pay up to 100% of utility start-up costs, based upon “ability to pay”, (including security deposits) for each eligible utility (electricity, gas, and/or water including up to 6 months in arrears).
- 2) Utility assistance will be limited to a maximum 24 months of assistance in a three-year period.

**iii) Motel Vouchers**

- 1) Motel vouchers may be used for emergency assistance for up to 30 days if no shelter beds available and rental housing is identified but not immediately available.
- 2) Voucher values are to be “reasonable” and are not to exceed \$85 per night, unless approved by Community Development and Housing CDH.

**iv) Housing Relocation and Stabilization Services**

- 1) Case management, counseling, and training will be provided for each program participant to extent needed for the duration of program eligibility.

**f) Emergency Shelter and Street Outreach**

**i) Coordination, targeting, and providing essential services related to street outreach:**

- 1) Target and reach as many homeless individuals and families as possible; and
- 2) Provide emergency shelter/motel vouchers as needed, while maximizing case management services to provide stable housing to the maximum number of eligible recipients.

- ii) Admission, diversion, referral, and discharge by emergency shelters assisted under ESG, including standards regarding length of stay, if any, and safeguards to meet the safety and shelter needs of special populations, e.g., victims of domestic violence, dating violence, sexual assault, and stalking; and individuals and families who have the highest barriers to housing and are likely to be homeless the longest:
  - 1) Shelters may use screening policies such as substance abuse, criminal activity to restrict its services and provide a safe environment for all clients. As necessary, restricted clients are to be referred to applicable service providers as listed under 37(b) above.
  - 2) Maximum length of stay may be determined by the policies of individual shelter service providers.
  - 3) Victim service providers protect client-level data by reporting only aggregate data in HMIS.
- iii) Assessing, prioritizing, and re-assessing individual/family needs for essential services related to shelter.
  - 1) Families will be assessed based on imminent need, and reassessed monthly as case management progresses.

**EXHIBIT 4 – SERVICE PROVIDER AGENCY GRANT MATCH REQUIREMENTS**

Matching contributions for the Emergency Solutions Grant Program must adhere to Matching Requirements set forward in Part 576 Subpart C 576.201. Contributions towards the ESG program must be matched dollar-for-dollar and they must be enacted during the contract period.

**Match/Funding Sources:**

Local Government:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Private:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Fees:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL:**

\$ _____
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**Certification:**

I certify the information above is correct and is in compliance to Part 576, Subpart C 576.201. The ESG program will be matched for the entire contract period and full amount of the agreement. Any Request for Reimbursements submitted will be accompanied with Page 2 of Exhibit 4. Supporting documentation to sustenance the listed funding sources will be submitted to Community Development and Housing before the commencement of this agreement.

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**Signer Name/Title**

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**Date**

**EXHIBIT 4 – SERVICE PROVIDER AGENCY GRANT MATCH REQUIREMENTS**

**Monthly Match Report**

***This form is to be submitted with each Reimbursement Claim. Substantiating Back-up MUST accompany this Match Report***

Match requirements must adhere to the guidelines set forward in Part 576 Subpart C 576.201. Matching contributions may be from other public or private sources or through voluntary efforts provided by any recipient or project sponsor. The match requirements must be consistent with the items list

**Match/Funding Sources:**

Local Government:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Private<sup>2</sup>:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Fees:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Other:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL:**

\$ \_\_\_\_\_

These funds have not been used to match another grant, or a previous ESG grant. In addition, attached you will find the supporting documentation to substantiate the match information for the current month.

\_\_\_\_\_  
**Name/ Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**EXHIBIT 4 – SERVICE PROVIDER AGENCY GRANT MATCH REQUIREMENTS**

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**Match/Funding Sources:**

Local Government:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Private:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Fees:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL:**

\$ \_\_\_\_\_

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**Certification:**

I certify the information above is correct and is in compliance to Part 576, Subpart C 576.201. The ESG program will be matched for the entire contract period and full amount of the agreement. Any Request for Reimbursements submitted will be accompanied with Page 2 of Exhibit 4. Supporting documentation to sustenance the listed funding sources will be submitted to Community Development and Housing before the commencement of this agreement.

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**Signer Name/Title**

---

**Date**

**EXHIBIT 4 – SERVICE PROVIDER AGENCY GRANT MATCH REQUIREMENTS**

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**Match/Funding Sources:**

Local Government:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Private<sup>2</sup>:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Fees:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Other:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL:**

\$ \_\_\_\_\_

These funds have not been used to match another grant, or a previous ESG grant. In addition, attached you will find the supporting documentation to substantiate the match information for the current month.

\_\_\_\_\_  
**Name/ Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**



## Exhibit 6 – Housing Status Certification Forms Instructions

The following instructions are to be used when completing Exhibit 6 – Housing Status Certification Forms. Exhibit 6 must be completed for each individual adult client receiving Emergency Solutions Grant (ESG). Each adult client, considered part of the household, must have all documents completed and in the client file.

### HOUSING STATUS CERTIFICATION

The Housing Status Certification form identifies the housing status for applicants requesting ESG assistance. Subgrantees are responsible for identifying each applicants housing status and collecting all supporting documentation that supports the housing status identified.

Steps:

1. Enter the clients General Information along with the Case Manager’s information who is working with the client.
2. Identify the Clients Housing Status, client should fall under one of the respective categories. Applicants can fall under one of the following categories:
  - a. Chronically Homeless (if client is chronically homeless, they must be identified as such and third-party documentation must be in the client file substantiating chronicity;
  - b. Category 1 - Literally Homeless;
  - c. Category 2- Imminent Risk of Homeless;
  - d. Category 3 - Homeless under Other Federal Statues; or
  - e. Category 4 - Fleeing/ Attempting to Flee Domestic Violence.

**Please note that applicants MUST fall under only one of the identified categories.** The category of homeless classification determines the type of services that prospective client may be eligible to receive. For example, a client that is determined to be homeless under Category 1 may only be eligible for Emergency Shelter, Street Outreach and Rapid Re-Housing services. A client that is determined to meet eligibility under Category 2 is only eligible to receive services under Emergency Shelter and Homelessness Prevention.

3. The Housing Status Certification Form must be completed with the ALL requested information along with all the required signatures and dates. Failure to complete the form will result in the form being considered as “INCOMPLETE” and the expenses related to the client denied. If information is requested on the form and is not readily available, please do not leave the form blank, indicate that the information is either not available or not applicable, and indicate why. It is imperative to ensure all dates are completed, dates help determine eligibility. **If dates are not accurately provided on the forms, the services/clients will be deemed ineligible.**
4. If case manager is determining homeless status based upon written observation, the written observation must contain the following details:
  - a. Date
  - b. Place/location of observation

- c. Details leading case manager to determine homeless status.

Below is a sample of the written observation:

The family of 4 has indicated that they have been homeless and living in their vehicle since Wednesday, June 2, 2018. On July 2, 2018, I, Jane Doe (case manager/street outreach worker, etc.), personally observed what appeared to be the family of 4 living in a black, late model vehicle Ford Escort located near 4<sup>th</sup> and Main Street in the city of Redlands. The family's personal belongings could be observed in the vehicle. The location of the vehicle was parked near a convenience store, I spoke with the convenience store clerk and was able to confirm that the family/vehicle has had a presence in the area for a few weeks and the family appeared to be homeless to the clerk.

### **RECORDKEEPING REQUIREMENTS**

The Recordkeeping Requirement form demonstrates what type of information was collected to support the applicants Housing Status.

Steps:

1. Indicate the type of documentation that was collected in order to identify the client's housing status. Please be sure to collect all supporting documentation and maintain it in the applicants file.
2. Please ensure to keep a log/list of efforts made to obtain third-party documentation before allowing client to self-certify income and/or homeless status.
3. In the event that applicants are unable to provide the required documentation, applicants can complete the "Self-Certification" form and certify their housing status and income verification. **Self-Certification must be the last reasonable attempt towards collecting the required documentation that substantiates a client's housing status and income.**

### **LACK OF AVAILABLE EMERGENCY SHELTER CERTIFICATION**

Motel vouchers are to be used when there is no suitable emergency shelter available. The Lack of Available Emergency Shelter Certification indicates that attempts were made by the servicing agency to place the client in an emergency shelter before a motel voucher was issued. Once form, per household, is required.

Steps:

1. Complete the Lack of Available Emergency Shelter Certification form by providing the information for each shelter contacted in the efforts to place the client(s). There will be instances where a client is not placed in an available. If beds were available and the client was not placed, please provide an explanation as to why the client was not referred to the shelter (i.e. composition of family, age of son, location of shelter and no available transportation for family, etc.).

## Verification Tracking of Income

The Verification Tracking of Income is to certify the applicant's income is at or below the income limit threshold established by the Department of Housing and Urban Development (HUD).

Steps:

1. The case manager must record all attempts made to obtain the necessary information to verify the applicant's income. Attempts to collect the information must be done in the following matter:
  - a. Utilize Third-Party Source Information
  - b. Third-Party Written
  - c. Third-Party Oral
  - d. Self-Certification
  
2. Self-Certification must be the last source of information used by the agency. The agency must make a reasonable attempt towards collecting the applicants information through an external third-party. For the self-certification of income to be accepted, it will be required that agency has documented efforts made to obtain information using other methods, first.

**Please note: regardless of how the income information was obtained, if the client receives any income, the Income Calculation Worksheet must be completed for all sources for all adult household members to demonstrate 50% income limits are met at initial intake for homeless prevention and at recertification for homelessness prevention and rapid rehousing.**

**EMERGENCY SOLUTIONS GRANT (ESG)**  
**HOUSING STATUS/HOMELESS CERTIFICATION FORM**  
*This form must be completed for each adult household member*

Service Provider: \_\_\_\_\_

Service Provider Case Manager: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Intake Date (Date of Entry): \_\_\_\_\_

Date of Entry into HMIS: \_\_\_\_\_ HMIS (Client Identification): \_\_\_\_\_

**Check one, please complete a form for each adult household member:**

- I am a household size of \_\_\_\_ adults with no dependent children  
 I am a household size of \_\_\_\_ adult(s) with \_\_\_\_ dependent children

**This is to certify that the above named individual or household is currently homeless based on the following and other indicated information and the signed declaration by the applicant. (See page 4 for recordkeeping requirements)**

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**CHRONICALLY HOMELESS: (If chronically homeless, the General Homeless Certification must also be completed).**

- Individual or family:
- (i) Homeless and lives or resides in a place not meant for human habitation, a safe haven or in an emergency shelter;  
**or**
  - (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last three years;  
**and**
  - (iii) Has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.

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**CATEGORY 1 – Literally Homeless**

- Emergency Shelter  
 Street Outreach  
 Rapid Re-Housing

**Check only one: I am an individual or family who lacks a fixed, regular, and adequate nighttime residence as follows:**

- My primary nighttime residence is a public or private place not meant for human habitation;
- I [and my children] are living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs);
- I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

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**CATEGORY 2 – Imminent Risk of Homelessness**

- Emergency Shelter  
 Homelessness Prevention

**I am an individual or family at imminent risk of losing my primary nighttime residence homelessness and have all of the following circumstances:**

- My residence will be lost within 14 days of the date of this notice; and  
 No subsequent residence has been identified; and  
 I (and my children) lack the resources or support networks needed to obtain permanent housing
- 

**CATEGORY 3 – Homeless under other Federal Statutes**

- Emergency Shelter  
 Homelessness Prevention

**I am an unaccompanied youth under 25 years of age, or a family with children and youth, who do not otherwise qualify as homeless, but am meet all of the following circumstances:**

- I am defined as homeless under another federal statute;  
 I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance;  
 I have experienced persistent instability as measured by two moves or more during the preceding 60 days; and  
 I expect to continue in such status for an extended period of time due to special needs or barriers defined as follows:
- 
- 
- 

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**CATEGORY 4 – Fleeing/ Attempting to Flee Domestic Violence**

- Emergency Shelter  
 Homelessness Prevention  
 Street Outreach  
 Rapid Re-Housing

- I am an individual or family that is:
- Fleeing , or attempting to flee, domestic violence;
  - Have no other residence; and
  - Lack the resources or support networks to obtain other permanent housing
- 

**Applicant must certify the following if true and correct:**

- I hereby certify, under penalty of perjury, that no subsequent residence has been identified for me at this time.  
**(Category 1, Category 2, and Category 4)**  
 I hereby certify, under penalty of perjury, the information above and any other information I have provided in applying for ESG assistance under ESG and the ESG-CV CARES Act funding is true and complete.

ESG Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For Official Use Only:

**ESG Staff Certification (Complete if Third-Party Documentation is Not Available)**

I understand that third-party verification should be provided and is the preferred method of certifying homeless status and verification of income. I understand self-declaration of housing status is only permitted when attempt(s), though unsuccessful have been made obtaining third party verification or confirmation could not be made by observation..

*I hereby certify that I have attempted to document and/or obtain the third-party verification reflected on page 3 of this form. The attempted actions were (please provide details of how information was attempted to be verified i.e. calls made, dates, etc.):*

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ESG Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Client Certification**

I hereby certify, under penalty of perjury, that the information I have provided on this Housing Status and Homeless Certification Form is true and correct, to the best of my knowledge, and that I do not have any documents or forms in my possession, nor am I able to obtain such documents to verify homelessness, at risk of homelessness, income or other information hereby provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.**

**RECORDKEEPING REQUIREMENTS**

ESG Applicant Name: \_\_\_\_\_

This client meets the HUD definition of At-Risk of Homelessness and is classified in the following category, as documented:

<b>RECORDKEEPING REQUIREMENTS</b>	<p align="center"><b>CATEGORY 1</b> EMERGENCY SHELTER STREET OUTREACH RAPID RE-HOUSING</p>	<p>Literally Homeless</p>	<input type="checkbox"/> Written observation by the outreach worker; <u>or</u> <input type="checkbox"/> Written referral by another housing or service provider; <u>or</u> <input type="checkbox"/> Certification by individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter <input type="checkbox"/> For individuals exiting an institution-one of the forms of evidence above; <b>and:</b> <input type="checkbox"/> <b><i>Discharge paperwork <u>or</u> written/oral referral, <u>or</u></i></b> <input type="checkbox"/> <b><i>Written record of intake worker's due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution</i></b>
	<p align="center"><b>CATEGORY 2</b> EMERGENCY SHELTER HOMELESSNESS PREVENTION</p>	<p>Imminent Risk of Homelessness</p>	<input type="checkbox"/> A letter of delinquency, Three-day Pay or Quit Notice with proper proof of service <input type="checkbox"/> A court order resulting from an eviction action notifying the individual or family that they must leave <u>or</u> <input type="checkbox"/> For individual and families leaving a motel-evidence that they lack the financial resources to stay; <u>or</u> <input type="checkbox"/> A documented and verified oral statement; <b>and</b> <input type="checkbox"/> <b><i>Certification that no subsequent residence has been identified; <u>and</u></i></b> <input type="checkbox"/> <b><i>Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing</i></b>
	<p align="center"><b>CATEGORY 3</b> EMERGENCY SHELTER HOMELESSNESS PREVENTION</p>	<p>Homeless under other Federal statutes</p>	<input type="checkbox"/> Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <b>and</b> <input type="checkbox"/> Certification of no Permanent Housing in last 60 days; <b>and</b> <input type="checkbox"/> Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <b>and</b> <input type="checkbox"/> Documentation of special needs <u>or</u> 2 or more barriers
	<p align="center"><b>CATEGORY 4</b> EMERGENCY SHELTER STREET OUTREACH RAPID RE-HOUSING HOMELESSNESS PREVENTION</p>	<p>Fleeing/ Attempting to Flee Domestic Violence</p>	<p><b>For victim service providers:</b></p> <input type="checkbox"/> An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have not subsequent residence; and they lack resources. Statement must be documented by a self-certification or certification by the intake worker. <p><b>For non-victim service providers:</b></p> <input type="checkbox"/> Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <b>and</b> <input type="checkbox"/> Certification by the individual or head of household that no subsequent residence has been identified; <b>and</b> <input type="checkbox"/> Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

**WRITTEN OBSERVATION OF HOMELESS STATUS**

**Instructions:** This form is to be completed by the servicing agency when third-party documentation verifying homeless status of a client is not readily available. The written observation is to be used as the second method of verifying status and is preferred over self-certification by the client. The client’s self-certification is only acceptable when it is absolutely not practical or feasible to obtain a third-party verification or a written observation by the case worker, intake worker, outreach worker, etc. The self-certification may be used when it is the only way the agency is able to verify information related to the ESG program eligibility.

**This section MUST provide the date of the observation, place/location of the observation and details leading the case manager to determine homeless or at risk status. See attached instruction for a sample of the expected language on page 2.**

**Date:** \_\_\_\_\_

**Name of Head of Household:** \_\_\_\_\_

**Unit address:**

\_\_\_\_\_

Street Address	Apt. #	City	State	Zip Code
----------------	--------	------	-------	----------

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**(Select one of the following)**

- Lack of sufficient financial resources and/or support networks and no subsequent residence has been identified;
- Fleeing domestic violence;
- Living on street or in shelter;
- Exiting from institution
- Other (please describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**ESG Case Manager Name:** \_\_\_\_\_

**ESG CM Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



VERIFICATION TRACKING OF INCOME

PLEASE COMPLETE ONE FOR EACH ADULT HOUSEHOLD MEMBER

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Intake:  Intake/Screening  Three-month Certification

Agencies must record all attempts to obtain required verifications in the order specified. Only choose the method used to verify income:

Step 1. Third-Party Source: Were verification documents provided by the client?

- Yes – Please Complete Income Calculation Worksheet\* to determine eligibility.
 No – Proceed to Third-Party Written (provide explanation). Go to Step 2 if income could not be verified by Step 1 and explanation has been provided.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Step 2. Third-Party Written: Request verification of income from stated income source(s).

Date of request: \_\_\_\_\_ (Retain copy of request in client file)

- Documents received within 10 business days – complete Income Calculation Worksheet.
 Documents not received within 10 business days – Proceed to Third-Party Oral. Go to Step 3 if income could not be verified in Step 2.

Step 3. Third-Party Oral: Intake staff contacts third-party sources identified by the household. Record date, source(s)/person(s) contacted. Please document income information, if provided, or reason(s) for not obtaining information:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

If sufficient income information is provided, complete Income Calculation Worksheet to determine eligibility; otherwise, proceed to Step 4, Self-Certification.

\*\*\*\*\*

Step 4. Self-Certification: ONLY use Step 4 to verify income after attempting and documenting attempts made in Steps 1-3.

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_
Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_
Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Total Monthly Income: \_\_\_\_\_

I certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge and that I do not have income from any source at this time. This is true and correct to the best of my knowledge.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Staff Use Only – PLEASE SIGN IF CLIENT IS SELF-CERTIFYING INCOME
I have made one or more attempts to obtain the required income verification and have documented those efforts.
Staff Name/ Title \_\_\_\_\_ Date \_\_\_\_\_

ESG Income Limits and Income Eligibility Calculator located on the HUD Exchange: https://www.hudexchange.info/incomecalculator/

## EXHIBIT 7 – REIMBURSEMENT CERTIFICATIONS

Please verify, through signature below, the following activities have been completed for the attached claims submitted for the month(s) of \_\_\_\_\_.

I certify that the following has taken place relative to the reimbursements requested:

- ESG Service Provider Agency's Grant Match Report (Exhibit 4)- NOT APPLICABLE
- ESG Client Reporting Data
- The Request for Reimbursement submitted is for eligible cost listed in Part 576 – Emergency Solutions Grant Program and adheres to all program requirements.
- Client Information has been inputted into HMIS and has been completed for each person receiving Emergency Solutions Grant (ESG). Active Client or Enrollment HMIS Report
  - CES Referral for all Clients
- A Housing Status Certification form (Exhibit 6 Page 1 and 2) and all Record Requirements (Exhibit 6 Page 3) have been completed and placed in the client file.
- A Verification Tracking of Income (Exhibit 5) form and related documentation has been completed and placed in the client's file for each individual/household for whom these claims pertain. In addition, for each individual/household for whom required verifications or other documentation cannot be provided for their respective claims, a Self-Certification Form (Exhibit 6) has been completed, signed by the client, and placed in the client's file.
- For Rapid Re-Housing Rental Assistance, the following has been completed and placed in the client file:
  - 1) Homeless status has been verified;
  - 2) Rent Reasonableness analysis has been completed;
  - 3) Initial HQS inspection has been performed;
  - 4) Fair Market Rent (Exhibit 8) *minus utility costs* has not been exceeded, if so, a waiver has been placed to file; and (If applicable)
  - 5) Lease/Rent Agreement
  - 6) Program Agreement with Client & Landlord
- For Homelessness Prevention Rental Assistance, the following has been completed and placed in the client file:
  - 1) Homeless status has been verified;
  - 2) Rent Reasonableness analysis has been completed;
  - 3) Initial HQS inspection has been performed;
  - 4) Fair Market Rent (Exhibit 8) *minus utility costs* has not been exceeded, if so, a waiver has been placed to file; and
  - 5) Lease/Rent Agreement
  - 6) Program Agreement with Client & Landlord
- If an individual/household is no longer eligible for rental assistance, a written notice containing a clear statement for the reason has been provided.

Authorized Signature \_\_\_\_\_ Agency Name: \_\_\_\_\_

Signer's Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

## EXHIBIT 8

### ESG FAIR MARKET RENT AND RENT REASONABLENESS CERTIFICATION

*(Please complete for ESG Applicants receiving Rapid Re-Housing and/or Homelessness Prevention)*

Providing rental assistance through the Emergency Solutions Grant (ESG) program, which includes ESG-CV1 and ESG-CV2 funding, requires adherence to both Fair Market Rents (FMRs) and Rent Reasonableness standards to determine whether a specific unit can be assisted with short-or medium-term rental assistance. The ESG program allows short-and medium-term rental assistance to be provided to eligible program participants only when the rent, including utilities (gross rent), for the housing unit:

- Does not exceed the annual Fair Market Rent (FMR) established by HUD for each geographic area, as provided under 24 CFR 888 and 24 CFR 982.503. **PLEASE NOTE: AS AN EXCEPTION MADE AS A RESULT OF THE COVID-19 PANDEMIC, IF THE FMR TEST IS NOT MET, A WAIVER MAY BE PLACED TO FILE. THE WAIVER IS CURRENTLY AVAILABLE UNTIL SEPTEMBER 30, 2020 OR UNTIL EXTENDED BY HUD;** and
- Complies with HUD’s standard of Rent Reasonableness, as established under 24 CFR 982.507.2

Please use this form to ensure the subject unit meets the Fair Market Rent **AND** Rent Reasonable Tests. If a unit does not meet both tests, it is not deemed eligible and ESG funds, in whole or part, may not be used to assist the client for the ineligible unit.

**A. Fair Market Rent:** Please complete the table below to determine if the Proposed Unit is in compliance with the FMR’s<sup>1</sup> set forward by the Department of Housing and Urban Development (HUD).

Enter the number of bedroom(s) \_\_\_\_\_

$$\frac{\text{Contract Rent}}{\text{Contract Rent}} + \frac{\text{Utility Allowance}}{\text{Utility Allowance}} = \frac{\text{Proposed Gross Rent}}{\text{Proposed Gross Rent}}$$

Proposed gross rent  does  does not exceed applicable Fair Market Rent of \$\_\_\_\_\_ for the unit size. If the gross rent exceeds Fair Market Rent, a waiver is required to be placed on file.

Year	Efficiency (Studio)	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom
<b>Final FY 2022 FMR</b> Effective October 1, 2021	\$1,062	\$1,202	\$1,509	\$2,065	\$2,542
<b>Final FY 2021 FMR</b> Effective Until September 30, 2021	\$955	\$1,160	\$1,390	\$1,917	\$2,369

<sup>1</sup>[https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021\\_code/2021summary.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn)

**B. Rent Reasonableness:** To determine whether the proposed unit is eligible for assistance under the ESG program, the Service Provider must complete a Rent Reasonableness test to evaluate the items listed in the table below (Table 1.2). Rent Reasonableness<sup>2</sup> is designed to ensure rent being charged for the subject unit is reasonable in relation to rents being charged for comparable units in the same market.

	Subject Unit	Comparable Unit #1	Comparable Unit #2	Comparable Unit #3
Address				
Number of Bedrooms				
Square Feet				
Type of Unit/Construction				
Housing Condition				
Location/Accessibility (i.e. near bus, transit, freeways, etc.)				
Amenities Site (i.e. pool): Neighborhood (park, etc.):				
Age in Years				
Utilities (type) (i.e. gas, electric)				
Utilities Tenant or Property Paid				
Utility Allowance				
Unit Rent				
Gross Rent (Utility Allowance + Unit Rent)				
Handicap Accessible				

Based upon a comparison with rents for comparable units, I have determined that the proposed rent for the unit is:

reasonable       not reasonable

I hereby certify that the FMR and the Rent Reasonableness tests have been conducted and this unit is determined to be:  eligible, meeting both tests

not eligible, waiver placed to file

Name:	Signature:	Date:
-------	------------	-------

<sup>2</sup> <https://www.hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf>

# EXHIBIT 9

## Habitability Standards Checklist for Permanent Housing

***(Checklist must be completed for Rapid Re-Housing and Homelessness Prevention activities)***

The standards for housing unit inspections under are the limited HQS standards described in 24 CFR 576.403. Inspections must be conducted on units used for Rapid Re-Housing and Homeless Prevention even if only a minimal amount of assistance is provided for rental assistance. The Habitability Standards are different from Housing Quality Standards (HQS) used for other HUD programs. If ESG funds are used for a program participant to remain in or move into a unit, a habitability inspection must be conducted. **PLEASE NOTE: DURING THE COVID-19 PANDEMIC, HABITABILITY INSPECTIONS MAY BE CONDUCTED REMOTELY USING TECHNOLOGICAL MEANS SUCH AS WITH DATE-STAMPED PHOTOGRAPHS AND VIDEOS.**

### Property Information

Tenant name: _____	Unit Street Address: _____
City: _____	State: _____ Zip: _____
*****	
Landlord Name: _____	Landlord Phone#: _____
Landlord Address: _____	City: _____ State: _____ Zip: _____

**Instructions:** Mark each statement as 'A' for approved or 'D' for deficient. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved (A) Deficient (D)	Element
	1. <i>Structure and materials:</i> The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
	2. <i>Space and security:</i> Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep.
	3. <i>Interior air quality:</i> Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
	4. <i>Water Supply:</i> The water supply must be free from contamination.
	5. <i>Sanitary Facilities:</i> Residents have access to sufficient sanitary facilities that are in proper operating condition and are adequate for personal cleanliness and disposal of human waste.
	6. <i>Thermal environment:</i> Housing has adequate heating and/or cooling facilities in proper condition.
	7. <i>Illumination and electricity:</i> The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
	8. <i>Food preparation and refuse disposal:</i> All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
	9. <i>Sanitary condition:</i> The housing and any equipment must be maintained in sanitary condition.
	10. <i>Fire safety:</i> A.) There is a second means of exiting the building in the event of fire or other emergency. B.) Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. C.) If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied. D.) The public areas are equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors.
	11. Meets additional recipient/subrecipient standards, if any

### Certification Statement

I certify that I have evaluated the property located at the address above using the modified process as permitted during the COVID-19 Pandemic and determine the following:

Property Meets All of the Above Standards       Property Does not Meet all of the Above Standard

Therefore, property is:     Approved       Not Approved

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Date

# EXHIBIT 10

## UNIT TYPE: APARTMENT

### ESG Income Limits, Fair Market Rents and Utility Allowance Schedules Riverside-San Bernardino Counties – 50% Area Median Incomes

**Note:** Rents are effective on the date provided by HUD; however, the tenant(s) must receive a minimum of 30 days written notice prior to adjusting the rents. Rents, Income Limits, and Utility Allowance schedules are updated annually.

**ESG PROGRAM INCOME LIMITS – 50% of Area Median Income<sup>1</sup> (ESG-CV funding permits AMI limits up to 50% as opposed to the typical 30%). If annual ESG is used for purposes NOT related to preventing, preparing for, responding to, and mitigating the impacts of coronavirus, individual and family income must be below 30% of AMI at intake and at or below 30% of AMI at re-evaluation.**

ESG ANNUAL INCOME LIMITS								
Family Size	1	2	3	4	5	6	7	8
<b>2021 – 50% AMI</b> Effective date April 1, 2021	\$27,650	\$31,600	\$35,550	\$39,500	\$42,700	\$45,850	\$49,000	\$52,150
<b>2020 –</b> Effective date April 1, 2020	\$26,400	\$30,150	\$33,900	\$37,650	\$40,700	\$43,700	\$46,700	\$49,700

MAXIMUM FAIR MARKET RENT BY UNIT SIZE AND INCOME LIMIT RESTRICTIONS <sup>2</sup>					
Unit Size by No. of Bedrooms	0	1	2	3	4
<b>2022–</b> Effective date <b>October 1, 2021</b>	\$1,062	\$1,202	\$1,509	\$2,065	\$2,542
<b>2021–</b> Effective date <b>October 1, 2020</b>	\$955	\$1,106	\$1,390	\$1,917	\$2,369
<b>Example:</b> <b>Utility Allowance for a 2 bedroom unit <u>may</u> include:</b> \$27 Heating – Gas \$36 Air Conditioning - Electric \$58 Other Electric - Lighting & Refrigeration \$14 Water Heating <b>\$135 Total Utility Allowance</b>			<b>Example:</b> <b>Tenant Paid Utilities</b> \$1,374 Net Rent paid by tenant \$ 135 Utility Allowance <b>\$1,509 Maximum Rent</b>		

The monthly rent plus utility allowance cannot exceed Fair Market Rents (FMR) indicated below for the appropriate number of bedrooms.

**1) MAXIMUM RENTS IF UTILITIES ARE PAID BY THE PROPERTY OWNER:** If the property owner pays the utilities, the maximum allowable rent (including the owner paid utilities) may not exceed the amount indicated below for the appropriate number of bedrooms; or

**2) MAXIMUM RENTS IF UTILITIES ARE PAID BY THE TENANT(S):** If the some or all of the utilities are paid by the tenant(s), the maximum allowable rent plus utilities based on the “Utility Allowance Schedule” cannot exceed the amounts indicated below for the appropriate number of bedrooms.

**1 Source for Incomes:** [https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021\\_code/2021summary.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn)

\* ESG does not use the ELI measure to establish income limits but instead uses the 30% of Area Median Income (AMI) income limits. Please use the 50 percent AMI tables. If ESG recipients/subrecipients were to use the ELI standard, some applicants for ESG assistance might be falsely determined to be eligible for homelessness prevention assistance, when actually their incomes were over 30 percent AMI. Under the ESG program, income eligibility is based on the HUD income limits in effect at the time of income verification. Income eligibility is not based on HUD income limits that correspond with the grant year under which the ESG funds were awarded.

**2 Source for Fair Market Rents (FMR):** [FY 2022 Fair Market Rent Documentation System — Calculation for Riverside-San Bernardino-Ontario, CA MSA \(huduser.gov\)](#)

**3 Source for Utility Allowance Schedule:** Housing Authority of the County of San Bernardino  
<http://ww2.hacsb.com/files/pdf/hcv/hcv-utility-allowances-combined-oct-2019.pdf>

APARTMENTS UTILITY ALLOWANCE SCHEDULE <sup>3</sup> EFFECTIVE 10/01/2021						
Utility or Service		Unit Size Allowance By Number of Bedrooms				
		0-BR	1-BR	2-BR	3-BR	4-BR
Heating	Natural Gas	22	25	27	30	33
	Electric	23	29	38	45	53
	Bottle Gas	53	61	65	73	80
Air Conditioning		19	23	36	49	60
Cooking	Natural Gas	4	4	6	8	10
	Electric	9	11	16	23	31
	Bottle Gas	10	10	15	19	24
Other Electric		35	42	58	74	92
Water Heating	Natural Gas	8	9	14	18	23
	Electric	22	25	36	47	58
	Bottle Gas <sup>19</sup>	22	34	44	56	68
Water Service - Domestic Use		44	47	61	82	104
Sewer Service		36	36	36	36	36
Trash Collection		26	26	26	26	26
Refrigerator (if supplied by tenant)		5	5	5	5	5
Stove/Range/Microwave (if supplied by tenant)		4	4	4	4	4

## UNIT TYPE: DETACHED HOMES (SINGLE FAMILY)

### ESG Income Limits, Fair Market Rents and Utility Allowance Schedules Riverside-San Bernardino Counties – 50% Area Median Incomes

**Note:** Rents are effective on the date provided by HUD; however, the tenant(s) must receive a minimum of 30 days written notice prior to adjusting the rents. Rents, Income Limits, and Utility Allowance schedules are updated annually.

**ESG PROGRAM INCOME LIMITS – 50% of Area Median Income<sup>2</sup> (ESG-CV funding permits AMI limits up to 50% as opposed to the typical 30%)**

ESG ANNUAL INCOME LIMITS								
Family Size	1	2	3	4	5	6	7	8
<b>2021 – 50% AMI</b> Effective date April 1, 2021	\$27,650	\$31,600	\$35,550	\$39,500	\$42,700	\$45,850	\$49,000	\$52,150
<b>2020 –</b> Effective date April 1, 2020	\$26,400	\$30,150	\$33,900	\$37,650	\$40,700	\$43,700	\$46,700	\$49,700

MAXIMUM FAIR MARKET RENT BY UNIT SIZE AND INCOME LIMIT RESTRICTIONS <sup>2</sup>					
Unit Size by No. of Bedrooms	0	1	2	3	4
<b>2022–</b> Effective date <b>October 1,2021</b>	\$1,062	\$1,202	\$1,509	\$2,065	\$2,542
<b>2021–</b> Effective date <b>October 1,2020</b>	\$955	\$1,106	\$1,390	\$1,917	\$2,369

<p><b>Example:</b> Utility Allowance for a 2 bedroom unit <u>may</u> include:</p> <ul style="list-style-type: none"> <li>\$38 Heating – Gas</li> <li>\$49 Air Conditioning - Electric</li> <li>\$85 Other Electric - Lighting &amp; Refrigeration</li> <li>\$17 Water Heating</li> <li><b>\$189 Total Utility Allowance</b></li> </ul>	<p><b>Example:</b> <u>Tenant Paid Utilities</u></p> <ul style="list-style-type: none"> <li>\$1,320 Net Rent paid by tenant</li> <li>\$ 189 Utility Allowance</li> <li><b>\$1,509 Maximum Rent</b></li> </ul>
--	--

The monthly rent plus utility allowance cannot exceed Fair Market Rents (FMR) indicated below for the appropriate number of bedrooms.

**1) MAXIMUM RENTS IF UTILITIES ARE PAID BY THE PROPERTY OWNER:** If the property owner pays the utilities, the maximum allowable rent (including the owner paid utilities) may not exceed the amount indicated below for the appropriate number of bedrooms; or

**2) MAXIMUM RENTS IF UTILITIES ARE PAID BY THE TENANT(S):** If the some or all of the utilities are paid by the tenant(s), the maximum allowable rent plus utilities based on the “Utility Allowance Schedule” cannot exceed the amounts indicated below for the appropriate number of bedrooms.

**1 Source for Incomes:** [https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021\\_code/2021summary.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn)

\* ESG does not use the ELI measure to establish income limits but instead uses the 30% of Area Median Income (AMI) income limits. Please use the 50 percent AMI tables. If ESG recipients/subrecipients were to use the ELI standard, some applicants for ESG assistance might be falsely determined to be eligible for homelessness prevention assistance, when actually their incomes were over 30 percent AMI. Under the ESG program, income eligibility is based on the HUD income limits in effect at the time of income verification. Income eligibility is not based on HUD income limits that correspond with the grant year under which the ESG funds were awarded.

**2 Source for Fair Market Rents (FMR):** [FY 2022 Fair Market Rent Documentation System — Calculation for Riverside-San Bernardino-Ontario, CA MSA \(huduser.gov\)](#)

**3 Source for Utility Allowance Schedule:** Housing Authority of the County of San Bernardino <http://ww2.hacsb.com/files/pdf/hcv/hcv-utility-allowances-combined-oct-2019.pdf>

DETACHED HOMES (SINGLE FAMILY) UTILITY ALLOWANCE SCHEDULE <sup>3</sup> EFFECTIVE 10/01/2021						
Utility or Service		Unit Size Allowance By Number of Bedrooms				
		0-BR	1-BR	2-BR	3-BR	4-BR
Heating	Natural Gas	29	34	38	43	47
	Bottle Gas	70	82	92	104	114
	Electric	53	62	70	78	87
Air Conditioning		15	19	49	76	103
Cooking	Natural Gas	4	4	6	8	10
	Bottle Gas	10	10	15	19	24
	Electric	9	11	19	25	33
Other Electric		52	61	85	114	143
Water Heating	Natural Gas	10	11	17	23	29
	Bottle Gas	24	27	41	56	70
	Electric	27	35	49	64	76
Water Service - Domestic Use		44	47	61	82	104
Sewer Service		36	36	36	36	36
Trash Collection		26	26	26	26	26
Refrigerator (if supplied by tenant)		5	5	5	5	5
Stove/Range/Microwave (if supplied by tenant)		4	4	4	4	4

# UNIT TYPE: MANUFACTURED HOMES

## ESG Income Limits, Fair Market Rents and Utility Allowance Schedules Riverside-San Bernardino Counties – 50% Area Median Incomes

**Note:** Rents are effective on the date provided by HUD; however, the tenant(s) must receive a minimum of 30 days written notice prior to adjusting the rents. Rents, Income Limits, and Utility Allowance schedules are updated annually.

**ESG PROGRAM INCOME LIMITS – 50% of Area Median Income<sup>3</sup> (ESG-CV funding permits AMI limits up to 50% as opposed to the typical 30%)**

ESG ANNUAL INCOME LIMITS								
Family Size	1	2	3	4	5	6	7	8
<b>2021 – 50% AMI</b> Effective date April 1, 2021	\$27,650	\$31,600	\$35,550	\$39,500	\$42,700	\$45,850	\$49,000	\$52,150
<b>2020 –</b> Effective date April 1, 2020	\$26,400	\$30,150	\$33,900	\$37,650	\$40,700	\$43,700	\$46,700	\$49,700

MAXIMUM FAIR MARKET RENT BY UNIT SIZE AND INCOME LIMIT RESTRICTIONS <sup>2</sup>					
Unit Size by No. of Bedrooms	0	1	2	3	4
<b>2022–</b> Effective date <b>October 1, 2021</b>	\$1,062	\$1,202	\$1,509	\$2,065	\$2,542
<b>2021–</b> Effective date <b>October 1, 2020</b>	\$955	\$1,106	\$1,390	\$1,917	\$2,369

<p style="text-align: center;"><b>Example:</b> Utility Allowance for a 2 bedroom unit <u>may</u> include: \$33 Heating – Gas \$45 Air Conditioning - Electric \$85 Other Electric - Lighting &amp; Refrigeration \$17 Water Heating <b>\$180 Total Utility Allowance</b></p>	<p style="text-align: center;"><b>Example:</b> <u>Tenant Paid Utilities</u> \$1,329 Net Rent paid by tenant <u>\$ 180 Utility Allowance</u> <b>\$1,509 Maximum Rent</b></p>
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The monthly rent plus utility allowance cannot exceed Fair Market Rents (FMR) indicated below for the appropriate number of bedrooms.

**1) MAXIMUM RENTS IF UTILITIES ARE PAID BY THE PROPERTY OWNER:** If the property owner pays the utilities, the maximum allowable rent (including the owner paid utilities) may not exceed the amount indicated below for the appropriate number of bedrooms; or

**2) MAXIMUM RENTS IF UTILITIES ARE PAID BY THE TENANT(S):** If the some or all of the utilities are paid by the tenant(s), the maximum allowable rent plus utilities based on the “Utility Allowance Schedule” cannot exceed the amounts indicated below for the appropriate number of bedrooms.

**1 Source for Incomes:** [https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021\\_code/2021summary.odn](https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn)

\* ESG does not use the ELI measure to establish income limits but instead uses the 30% of Area Median Income (AMI) income limits. Please use the 50 percent AMI tables. If ESG recipients/subrecipients were to use the ELI standard, some applicants for ESG assistance might be falsely determined to be eligible for homelessness prevention assistance, when actually their incomes were over 30 percent AMI. Under the ESG program, income eligibility is based on the HUD income limits in effect at the time of income verification. Income eligibility is not based on HUD income limits that correspond with the grant year under which the ESG funds were awarded.

**2 Source for Fair Market Rents (FMR):** [FY 2022 Fair Market Rent Documentation System — Calculation for Riverside-San Bernardino-Ontario, CA MSA \(huduser.gov\)](#)

**3 Source for Utility Allowance Schedule:** [Housing Authority of the County of San Bernardino](http://ww2.hacsb.com/files/pdf/hcv/hcv-utility-allowances-combined-oct-2019.pdf)

DETACHED HOMES (SINGLE FAMILY) UTILITY ALLOWANCE SCHEDULE <sup>3</sup> EFFECTIVE 10/01/2021						
Utility or Service		Unit Size Allowance By Number of Bedrooms				
		0-BR	1-BR	2-BR	3-BR	4-BR
<b>Heating</b>	Natural Gas	26	30	33	36	40
	Bottle Gas	63	73	80	87	97
	Electric	57	67	69	70	72
<b>Air Conditioning</b>		18	23	45	64	82
<b>Cooking</b>	Natural Gas	4	4	6	8	10
	Bottle Gas	10	10	15	19	24
	Electric	9	11	19	25	33
<b>Other Electric</b>		52	61	85	114	143
<b>Water Heating</b>	Natural Gas	10	11	17	23	29
	Bottle Gas	24	27	41	56	70
	Electric	27	35	49	64	76
<b>Water Service - Domestic Use</b>		44	47	61	82	104
<b>Sewer Service</b>		36	36	36	36	36
<b>Trash Collection</b>		26	26	26	26	26
<b>Refrigerator (if supplied by tenant)</b>		5	5	5	5	5
<b>Stove/Range/Microwave (if supplied by tenant)</b>		4	4	4	4	4



## **EXHIBIT 12 – REQUEST FOR REIMBURSEMENT (CLAIM) CHECKLIST**

The following supporting documentation must be submitted accompanying the agency's Request for Reimbursement. The Community Development & Housing Department (CDH) reserves the right to request additional documentation as required.

### **General Grant Requirements**

- Signed and approved Request for Reimbursement form.
- Proof receipts/invoices and proof of payment for expenses, not just incurrence of cost
- Completed Exhibit 4 – Match Report (NOT REQUIRED FOR CV FUNDS)
- Completed Exhibit 7 – Claims Certification
- Exhibit 16 & 17 – HMIS Client reports for service period being billed
- Exhibit 6- for All clients served, & CES Referral

If costs are shared by another program or funding source the ESG allocable costs must be clearly identified and documented.

### **General ESG Eligible Costs**

#### Staff Salaries

- Copy of recent paystub and proof of payment
  - Copy of recent timesheet and activity tracker indicating staff is performing eligible ESG program activity
  - Copy of recent invoice for staff performing eligible ESG program activity
- \*\*New contracts and staff/consultants copy of their job description/contract identifying salary information and job duties with ESG\*\***

#### Transportation

- Copy of mileage log for service worker's travel using personal vehicle to visit program participants.
- Copy of mileage log for transporting unsheltered people to emergency shelters.
- Receipt copy of public transportation costs for program participant and staff to assist participant
- The cost of renting or leasing a vehicle for the purpose of assisting program participants.
- Purchase or lease agreement copy as well as maintenance cost of vehicle for program participant transportation.

### **Street Outreach (Essential Services) – 576.101**

#### Engagement

- Copy of receipts for providing meals, blankets, clothing or toiletries
- Copy outreach worker's cell phone bill for ESG services
- Timesheets, payroll reports for staff costs

Transportation ( See General ESG Eligible Costs)

Supplies Cost

- Copy of receipt, invoice, bill for expenses and proof of payment for purchase of Personal Protective equipment, volunteer incentives, and vaccine incentive and proof of payment.
- Record of supplies provided to clients, volunteers, program staff.

### **Emergency Shelter – 576.102**

Shelter Operations

- Copy of bills /invoices and proof of payment for operations i.e. minor or routine repairs, food, shelter furnishings, rent, equipment and or cleaning of the shelter building and/ or its supplies.
- Invoice with client's name, room number, duration of stay, cost per day, total cost paid, etc. and proof of payment emergency hotel/ motel voucher expense.

Essential Services

1. Child Care

- Copy of receipts of providing meals and snacks and coordinating developmental/educational activities.

2. Education

- Receipt of training in General Education Development (GED) English as a Second Language (ESL) or any other health, consumer education for client housing placement.

3. Employment assistance/ job or life skills training

- Copy of job training program, employment assistant program or life skills training receipt or stipend.

4. Transportation

- Copy of mileage log for service worker's travel using personal vehicle to visit program participants.
- The cost of leasing or purchasing a vehicle for the purpose of assisting program participants.
- Receipt copy of public transportation costs for program participant and/or staff to assist participant.

### **Temporary Shelter**

- Agreement/Contract outlining the service cost, terms & conditions, dates, and scope of work.
- Copy of Lease/Rental agreement of Temporary Shelter,
- Copy of Invoice/bill/receipt
- Proof of payment (Check Stub, Bank Statement)

## **Rapid Re-Housing – 576.104**

### Rental Assistance

- Copy of Lease Agreement
- Copy of Rental Assistance Agreement
- Habitability Certification
- FMR and Rent Reasonableness Certification ( If Applicable)
- Copy of invoice from property management/landlord
- Proof of payment to property management/landlord

### Financial Assistance

- Copy of invoice/bill reflecting client's information and proof of payment for rental applications fees, security and utility deposit and payments, and/or last month's rent.

### Landlord Incentive

- Copy of the rent/lease/bill or documentation identifying the charges for Landlord Incentives (deposit, holding deposit, bonus, etc.),and proof of payment.

### Service Costs

- Copy of credit repair invoice/proof of payment for client housing placement.
- Copy of invoice/ proof of payment for legal assistance that may prohibit program participant for accessing or keeping permanent housing.
- Copy of receipt for moving cost such as rental truck or temporary storage fees up to three months.

### Supplies Cost

- Copy of receipt, invoice, bill for expenses and proof of payment for purchase of Personal Protective equipment, volunteer incentives, and vaccine incentive and proof of payment.
- Record of supplies provided to clients, volunteers, program staff.

## **Homeless Prevention – 576.103**

### Rental Assistance

- Copy of proof at risk of losing housing (i.e. 3-Day Pay or Quit, Eviction Summons, etc.); Notification to vacate the premises (timeframe to vacate must be clearly stated)
- Copy of Lease Agreement
- Copy of Rental Assistance Agreement
- Habitability Certification
- ~~FMR~~ and Rent Reasonableness Certification
- Copy of invoice from property management/landlord
- Proof of payment to property management/landlord

### Financial Assistance

- Copy of invoice/bill reflecting client's information and proof of payment for rental applications fees, security and utility deposit and payments, and/or last month's rent.

### Landlord Incentive

- Copy of the rent/lease/bill or document identifying the charges for Landlord Incentives (deposit, holding deposit, bonus, etc..) and proof of payment.

### Service Costs

- Copy of credit repair invoice/proof of payment for client housing placement.
- Copy of invoice/ proof of payment for legal assistance that may prohibit program participant for accessing or keeping permanent housing.
- Copy of receipt for moving cost such as rental truck or temporary storage fees up to three months.

### Supplies Cost

- Copy of receipt, invoice, bill for expenses and proof of payment for purchase of Personal Protective equipment, volunteer incentives, and vaccine incentive.
- Record of supplies provided to clients, volunteers, program staff.

### **Homeless Management Information System (HMIS) – 576.107**

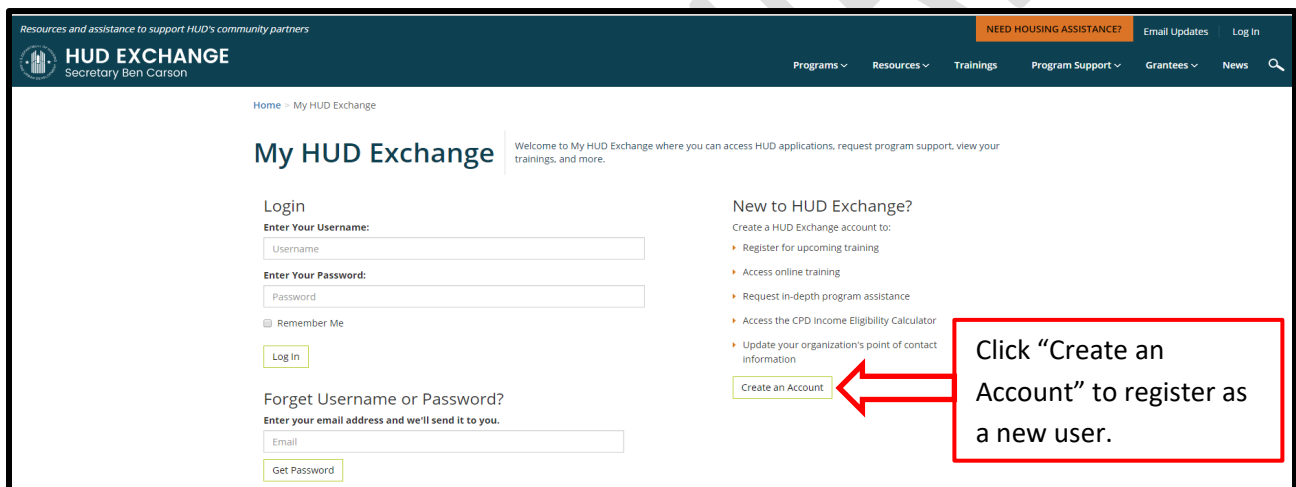
- Copy of invoice/proof of payment for purchasing or leasing computers hardware and software and/or software licensing.
- Copy of invoice/proof of payment for technical support.
- Proof of space rent, copy of lease agreement, bills for utilities associated with the space, proof of payment.
- Copy of timesheet for staff who collects/enters data, conducts assessments/intakes, monitors report and/or review HMIS data.
- Receipt of staff travel for HMIS training.

# NOT REQUIRED

## EXHIBIT 13 – CPD INCOME ELIGIBILITY CALCULATOR (ESG Annual Income Calculation)

Clients receiving assistance with the Emergency Solutions Grant (ESG) must meet the Income Limit threshold established by the United States Department of Housing & Urban Development (HUD). Subgrantees are recommended to complete the “CPD Income Eligibility Calculator”<sup>1</sup> available in the HUD Exchange Website. The CPD Income Eligibility Calculator can be accessed by registering on the HUD Exchange Website<sup>2</sup>. Once registered the CPD Income Eligibility Calculator shall be available for use.

### Creating an Account under the HUD Exchange Website



The screenshot shows the HUD Exchange website interface. At the top, there is a navigation bar with the HUD Exchange logo and the text "Secretary Ben Carson". Below the navigation bar, the main content area is titled "My HUD Exchange" and includes a welcome message. On the left side, there is a "Login" section with fields for "Enter Your Username:" and "Enter Your Password:", a "Remember Me" checkbox, and a "Log In" button. Below the login section is a "Forget Username or Password?" section with an "Email" field and a "Get Password" button. On the right side, there is a "New to HUD Exchange?" section with the text "Create a HUD Exchange account to:" followed by a list of options: "Register for upcoming training", "Access online training", "Request in-depth program assistance", "Access the CPD Income Eligibility Calculator", and "Update your organization's point of contact information". A "Create an Account" button is located at the bottom of this list. A red box highlights the "Create an Account" button, and a red arrow points to it from a text box that says "Click 'Create an Account' to register as a new user."

### Accessing the CPD Income Eligibility Calculator

<sup>1</sup> <https://www.hudexchange.info/incomecalculator/>

<sup>2</sup> <https://www.hudexchange-portal/?display=editProfile&returnURL=https%3A%2F%2Fwww%2Ehudexchange%2Einfo%2Fhudexchange-portal%2F>



Important Note: The calculator is a tool designed to help a user calculate income in accordance with an allowable definition, but it does not *verify* income. The calculator does not replace the documentation that must be collected and retained by the user. The user must maintain all necessary documentation, which, when using the calculator, will include saving and retaining the summary documents generated by the calculator. **The Dashboard feature is designed to allow you to more easily update a beneficiary's income in the future - however it is not a repository for all previous years' income calculations completed in the past. Users must be sure to save and retain summary documents at the time of creation.** Record retention requirements depend upon the CPD program; users should be aware of the length of time records must be kept as well as their own state or local laws related to record retention and privacy.

The FY 2018 income limits are in effect for all programs within the CPD Income Calculator (note that the effective date for ESG is 4/1/2018). The 30 percent income limits for the CDBG, HOME, ESG, and HOPWA programs have been calculated based on the de  
Submission for CPD Programs section of [24 CFR part 91.5](#). Therefore, the ELI Limit is calc  
same as the Section 8 ELI Limit for your jurisdiction. The Section 8 Limit is calculated bas  
[Act](#), (Section 238 on page 128 Stat 635) which defines ELI as very low-income families wh  
median income.

Select the "ESG" Program  
and click on "Start"

described in Consolidated  
the area and may not be the  
[4 Consolidated Appropriations](#)  
rural poverty level or 30% of area

Select a program and start a new calculation

Emergency Solutions Grants (ESG)

Start

NOT REQUIRED

EXHIBIT 14

**Emergency Solutions Program (ESG) Homeless Participation Certification**

Pursuant to 24 CFR 576.56 of the ESG Regulations and Section 21 of your service provider Contract, each local unit of government, Indian Tribe, and non-profit recipient that receives funds under the ESG Program must provide for the participation of homeless individuals on its policy making entity in accordance with 42 U.S.C. 11375(D). Additionally, each State, territory, Indian tribe, and nonprofit recipient that receives funds under the ESG Program must involve homeless individuals and families in providing work or services pertaining to facilities assisted by or activities/services provide through the ESG Program. To ensure compliance, please provide the following information:

**Name of Organization** \_\_\_\_\_

Please list the name of the homeless individuals participating on our policymaking body/board of directors:

Name of Participant	Role/Capacity	Dates of Service

Please list the name of the homeless individuals providing work or services pertaining to facilities or activities provided under the ESG Program:

Name of Participant	Role/Capacity	Dates of Service

We certify that we are in adherence of 24 CFR 576.56 and we currently have homeless individuals serving as participating members of our board of directors or other equivalent policymaking entity. As part of the recordkeeping requirement, we have adequately documented their participation (i.e. minutes, sign-in sheets, logs, etc.). We also certify that we involve homeless individuals and families in providing work or services pertaining to facilities or activities under the ESG program.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

# EXHIBIT 15

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# Protect Your Family From Lead in Your Home

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United States  
Environmental  
Protection Agency



United States  
Consumer Product  
Safety Commission



United States  
Department of Housing  
and Urban Development

# Are You Planning to Buy or Rent a Home Built Before 1978?

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Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

## **Read this entire brochure to learn:**

- How lead gets into the body
- About health effects of lead
- What you can do to protect your family
- Where to go for more information

## **Before renting or buying a pre-1978 home or apartment, federal law requires:**

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint and lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

## **If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:**

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



## **Simple Steps to Protect Your Family from Lead Hazards**

### **If you think your home has lead-based paint:**

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at [epa.gov/lead](http://epa.gov/lead).
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children avoid fatty (or high fat) foods and eat nutritious meals high in iron and calcium.
- Remove shoes or wipe soil off shoes before entering your house.

# Lead Gets into the Body in Many Ways

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## Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

## Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



## Women of childbearing age should know that lead is dangerous to a developing fetus.

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

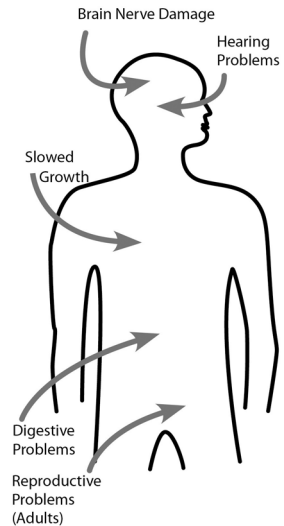
# Health Effects of Lead

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**Lead affects the body in many ways.** It is important to know that even exposure to low levels of lead can severely harm children.

## **In children, exposure to lead can cause:**

- Nervous system and kidney damage
- Learning disabilities, attention deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and, in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

## **In adults, exposure to lead can cause:**

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

## Check Your Family for Lead

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**Get your children and home tested if you think your home has lead.**

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

**Your doctor can explain what the test results mean and if more testing will be needed.**

# Where Lead-Based Paint Is Found

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In general, the older your home or childcare facility, the more likely it has lead-based paint.<sup>1</sup>

**Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint.** In 1978, the federal government banned consumer uses of lead-containing paint.<sup>2</sup>

Learn how to determine if paint is lead-based paint on page 7.

## **Lead can be found:**

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at [epa.gov/lead](http://epa.gov/lead).

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<sup>1</sup> "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm), or more than 0.5% by weight.

<sup>2</sup> "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

# Identifying Lead-Based Paint and Lead-Based Paint Hazards

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**Deteriorating lead-based paint (peeling, chipping, chalking, cracking, or damaged paint)** is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

**Lead-based paint is usually not a hazard if it is in good condition** and if it is not on an impact or friction surface like a window.

**Lead dust** can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) and higher for floors, including carpeted floors
- 250  $\mu\text{g}/\text{ft}^2$  and higher for interior window sills

**Lead in soil** can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

**Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.**

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

# Checking Your Home for Lead

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You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
  - Portable x-ray fluorescence (XRF) machine
  - Lab tests of paint samples
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
  - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
  - Sample dust near painted surfaces and sample bare soil in the yard
  - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.



## Checking Your Home for Lead, continued

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In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit [epa.gov/lead](http://epa.gov/lead), or call **1-800-424-LEAD (5323)** for a list of contacts in your area.<sup>3</sup>

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<sup>3</sup> Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8399.

## What You Can Do Now to Protect Your Family

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**If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:**

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children avoid fatty (or high fat) foods and eat nutritious meals high in iron and calcium. Children with good diets absorb less lead.

## Reducing Lead Hazards

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**Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.**

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.



- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.

**Always use a certified contractor who is trained to address lead hazards safely.**

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement professional. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

## Reducing Lead Hazards, continued

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**If your home has had lead abatement work done** or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) for floors, including carpeted floors
- 250  $\mu\text{g}/\text{ft}^2$  for interior windows sills
- 400  $\mu\text{g}/\text{ft}^2$  for window troughs

For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 14 and 15), or visit [epa.gov/lead](http://epa.gov/lead), or call 1-800-424-LEAD.

# Renovating, Remodeling, or Repairing (RRP) a Home with Lead-Based Paint

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**If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:**

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



**RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:**

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
  - Open-flame burning or torching
  - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment and
  - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects visit [epa.gov/getleadsafe](http://epa.gov/getleadsafe), or read *The Lead-Safe Certified Guide to Renovate Right*.

## Other Sources of Lead

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**While paint, dust, and soil are the most common sources of lead, other lead sources also exist:**

- **Drinking water.** Your home might have plumbing with lead or lead solder. You cannot see, smell, or taste lead, and boiling your water will not get rid of lead. If you think your plumbing might contain lead:

- Use only cold water for drinking and cooking.
- Run water for 15 to 30 seconds before drinking it, especially if you have not used your water for a few hours.

Call your local health department or water supplier to find out about testing your water, or visit [epa.gov/lead](http://epa.gov/lead) for EPA's lead in drinking water information.

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.<sup>4</sup>
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon,**" used to treat an upset stomach.

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<sup>4</sup> In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint (16 CFR 1303). In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products (76 FR 44463).

## For More Information

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### **The National Lead Information Center**

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at [epa.gov/lead](http://epa.gov/lead) and [hud.gov/lead](http://hud.gov/lead), or call **1-800-424-LEAD (5323)**.

### **EPA's Safe Drinking Water Hotline**

For information about lead in drinking water, call **1-800-426-4791**, or visit [epa.gov/lead](http://epa.gov/lead) for information about lead in drinking water.

### **Consumer Product Safety Commission (CPSC) Hotline**

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at [cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov).

### **State and Local Health and Environmental Agencies**

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at [epa.gov/lead](http://epa.gov/lead), or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

# U. S. Environmental Protection Agency (EPA)

## Regional Offices

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The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

**Region 1** (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact  
U.S. EPA Region 1  
5 Post Office Square, Suite 100, OES 05-4  
Boston, MA 02109-3912  
(888) 372-7341

**Region 2** (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 205, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 321-6671

**Region 3** (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact  
U.S. EPA Region 3  
1650 Arch Street  
Philadelphia, PA 19103  
(215) 814-2088

**Region 4** (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact  
U.S. EPA Region 4  
AFC Tower, 12th Floor, Air, Pesticides & Toxics  
61 Forsyth Street, SW  
Atlanta, GA 30303  
(404) 562-8998

**Region 5** (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact  
U.S. EPA Region 5 (DT-8J)  
77 West Jackson Boulevard  
Chicago, IL 60604-3666  
(312) 886-7836

**Region 6** (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact  
U.S. EPA Region 6  
1445 Ross Avenue, 12th Floor  
Dallas, TX 75202-2733  
(214) 665-2704

**Region 7** (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact  
U.S. EPA Region 7  
11201 Renner Blvd.  
WWPD/TOPE  
Lenexa, KS 66219  
(800) 223-0425

**Region 8** (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact  
U.S. EPA Region 8  
1595 Wynkoop St.  
Denver, CO 80202  
(303) 312-6966

**Region 9** (Arizona, California, Hawaii, Nevada)

Regional Lead Contact  
U.S. EPA Region 9 (CMD-4-2)  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-4280

**Region 10** (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact  
U.S. EPA Region 10  
Solid Waste & Toxics Unit (WCM-128)  
1200 Sixth Avenue, Suite 900  
Seattle, WA 98101  
(206) 553-1200

## **Consumer Product Safety Commission (CPSC)**

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The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

### **CPSC**

4330 East West Highway  
Bethesda, MD 20814-4421  
1-800-638-2772  
[cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov)

## **U. S. Department of Housing and Urban Development (HUD)**

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HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact HUD's Office of Healthy Homes and Lead Hazard Control for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

### **HUD**

451 Seventh Street, SW, Room 8236  
Washington, DC 20410-3000  
(202) 402-7698  
[hud.gov/offices/lead/](http://hud.gov/offices/lead/)

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# **IMPORTANT!**

## **Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly**

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

**Exhibit 16  
HMIS Report**

Clients Entering Programs  
6/1/2018 to 6/30/2018



*Report Criteria:*

Organizations: [REDACTED]  
 Programs: [REDACTED] ESG HSS State (RR-H)  
 Head of Household Only

[REDACTED]				Enrolled	Exited	Total	Clients		
[REDACTED] ESG HSS State (RR-H)				2	0	2	2		
Name	SSN Last 4	Race	Gender	Age	Enroll Date	Exit Date	Days	Enrollment Length	
[REDACTED]	XXX-XX-[REDACTED]	Black or African American	Female	21	6/5/2018	7/1/2018	26	26	
[REDACTED]	XXX-XX-[REDACTED]	White	Female	37	6/10/2018	8/28/2018	21	21	
Program Total	2 still enrolled		0 exited		2 total		2 clients		
Organization Total			2	0	2	2			
Total			2	0	2	2			

# EXHIBIT 17

## HMIS Data Quality Report Card

Sample Reporting Period 10/1/2017 to 5/31/2018



### PROGRAM INFORMATION

Agency Name:

### Data Quality and Completeness

Complete and accurate records are required to ensure data quality. Required Data that is missing, incomplete or not collected has a negative impact on the quality of data. The higher a programs' percentage of missing or erroneous data, the less useful the data becomes.

Total Clients Served: 250

### Client Demographic Data

Data Element	Client Doesn't Know / Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	0	0	0	0.00%
Social Security Number (3.2)	17	2	4	9.20%
Date of Birth (3.3)	0	0	1	0.40%
Race (3.4)	3	0		1.20%
Ethnicity (3.5)	2	0		0.80%
Gender (3.6)	0	0		0.00%

### Universal Data

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	2	0.80%
Project Entry Date (3.10)	6	2.40%
Relationship to Head of Household (3.15)	2	0.80%
Client Location (3.16)	2	1.24%
Disabling Condition (3.8)	11	4.40%

### Income and Housing Data

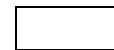
Data Element	Error Count	% of Error Rate
Destination (3.12)	0	0.00%
Income and Sources (4.2) at Start	0	0.00%
Income and Sources (4.2) at Annual Assessment	0	0.00%
Income and Sources (4.2) at Exit	0	0.00%



Fields with values over 5% errors.



Fields with values 5% or less.



Fields with no errors.

Error rate includes data not collected, missing information, client doesn't know and client refused options. A program should have less than a 5% error rate in order to ensure accurate data. Missing intake and exit data needs to be reviewed by staff on a regular basis. Any additional Data received from the client after enrollment, should be entered into the Homeless Management Information System (HMIS) within a timely manner.

**HUD Policy:** A 95% standard of completeness rate for all funded homeless projects should be established and expected. Programs should work toward ensuring that 95% of all required data elements for each client served are collected and entered correctly into the HMIS.

# HMIS Data Quality Report Card

Sample Reporting Period 10/1/2017 to 5/31/2018



## PROGRAM INFORMATION

Agency Name:

### Data Timeliness

Type	0 days	1-3 days	4-6 days	7-10 days	Over 10 days	Average
Entry Timeliness	22	18	5	0	47	52.89
Exit Timeliness	0	0	0	0	4	71.5

This report calculates the difference between the program entry date specified for the client and the date the client's application was entered into the system. For example, if a client's Program Entry date of "April 4, 2016" was recorded on "April 9, 2016," then the report would calculate a 5 day lag time in recording data. The report groups the number of applications by program and has 5 buckets for the number of days an application has been lagging.

**HUD Policy:** Data entry should be current within 5 business days of intake, exit, and service provision.

### HMIS Users

Below is a list of all HMIS Users currently active within your agency. If any user on this list has left your agency during the last reporting period, then please email the HMIS helpdesk. Users are considered inactive if they have not logged into the system for 30 days or left the agency. If a user is inactive, or if you have additional staff needing HMIS access or training, please contact HMIS.

Agency	Name	Email

**EXHIBIT 18**

**CERTIFICATION REGARDING LOBBYING – EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM**

Certification for Contracts, Grants, Loans, and Cooperative Agreements.

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, 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 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, the undersigned shall complete and submit OMB Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontract, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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.

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Name of Organization

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Certifying Representative of Organization

OMB Standard Form- LLL "Disclosure of Lobbying Activities" and the instructions page for completing the form may be obtained at <https://www.hudexchange.info/resource/308/hud-form-sflll/>

<b>DISCLOSURE OF LOBBYING ACTIVITIES</b>		Approved by OMB 0348-0046
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)		
<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____ if known: _____  Congressional District, if known: 4c _____	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> _____ _____ _____ _____ Congressional District, if known: _____	
<b>6. Federal Department/Agency:</b> _____	<b>7. Federal Program Name/Description:</b> _____ CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b> _____	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i> _____ _____ _____	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i> _____ _____	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the bar above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)



### INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.



# Homeless Definition

<b>ELIGIBILITY BY COMPONENT</b> (Emergency Solutions Grants Program)	<b>Street Outreach</b>	<p>Individuals defined as Homeless under the following categories are eligible for assistance in SO:</p> <ul style="list-style-type: none"> <li>• Category 1 – Literally Homeless</li> <li>• Category 4 – Fleeing/Attempting to Flee DV (where the individual or family also meets the criteria for Category 1)</li> </ul> <p>SO projects have the following additional limitations on eligibility within Category 1:</p> <ul style="list-style-type: none"> <li>• Individuals and families must be living on the streets (or other places not meant for human habitation) and be unwilling or unable to access services in emergency shelter</li> </ul>
	<b>Emergency Shelter</b>	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in ES projects:</p> <ul style="list-style-type: none"> <li>• Category 1 – Literally Homeless</li> <li>• Category 2 – Imminent Risk of Homeless</li> <li>• Category 3 – Homeless Under Other Federal Statutes</li> <li>• Category 4 – Fleeing/Attempting to Flee DV</li> </ul>
	<b>Rapid Re-housing</b>	<p>Individuals defined as Homeless under the following categories are eligible for assistance in RRH projects:</p> <ul style="list-style-type: none"> <li>• Category 1 – Literally Homeless</li> <li>• Category 4 – Fleeing/Attempting to Flee DV (where the individual or family also meets the criteria for Category 1)</li> </ul>
	<b>Homelessness Prevention</b>	<p>Individuals and Families defined as Homeless under the following categories are eligible for assistance in HP projects:</p> <ul style="list-style-type: none"> <li>• Category 2 – Imminent Risk of Homeless</li> <li>• Category 3 – Homeless Under Other Federal Statutes</li> <li>• Category 4 – Fleeing/Attempting to Flee DV</li> </ul> <p>Individuals and Families who are defined as At Risk of Homelessness are eligible for assistance in HP projects.</p> <p>HP projects have the following additional limitations on eligibility with homeless and at risk of homeless:</p> <ul style="list-style-type: none"> <li>• Must only serve individuals and families that have an annual income <u>below</u> 30% of AMI</li> </ul>