Emergency Solutions Grant

Application

NORTH DAKOTA
housing
FINANCE AGENCY

Community Housing and Grants Management Division
2624 Vermont Ave
PO Box 1535
Bismarck, ND 58502-1535

800-292-8621 or 701-328-8080
800-435-8590 (Spanish)
711 (Voice or TTY)
www.ndhfa.org • hfainfo@nd.gov

One copy of your FY 2025 Application is due to the North Dakota Housing Finance Agency (NDHFA) no later than 5 PM Central Daylight Time, May 30, 2025. The application deadline is firm as to the date and hour. Email completed application to hfahomelessprograms@nd.gov with the subject "ESG 2025 Application" or mail to Attn: Homeless Programs, NDHFA, PO Box 1535, Bismarck ND 58502.

NDHFA will not consider any incomplete applications or applications received after the deadline. Applicants should take this into account and submit applications as early as possible to avoid risk brought about by unanticipated delays or delivery-related problems. Applicants must provide sufficient time to permit delivery on or before the deadline date and hour. Facsimile (FAX) or COD applications will not be accepted. All applications must be typed. **No handwritten applications will be accepted.**

GENERAL INFORMATION

Name of Applicant		Unique Entity ID (sam.gov)		
☐ Nonprofit Organization		☐ Unit of Local Government		
Address		City	State	ZIP Code
County	Contact Person	Title		
Telephone Number	Fax Number	Email Address		
Total amount requested (minimum $50,000)				

ELIGIBLE ACTIVITIES

STREET OUTREACH

DEFINITION: Activities to locate, identify and build relationships with **unsheltered homeless people** for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing program.

ELIGIBLE PARTICIPANTS: Unsheltered individuals and families.

ELIGIBLE EXPENSES: Engagement, case management, emergency health services, emergency mental health services, transportation; and services to special populations.

SHELTER ACTIVITIES

Eligible Activities are:

1. **Renovation**
Eligible Expenses: Labor, materials, tools, and other costs for renovation (including major rehabilitation of an emergency shelter or conversion of a building into an emergency shelter). The emergency shelter must be owned by a government entity or private nonprofit organization.

2. **Operations**
Eligible Expenses: Costs of maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food furnishing 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.

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701-328-8080 • Fax: 701-328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 2 of 21

3. **Essential Services**

a. **Eligible Program Participants:** Individuals and families who are homeless.

b. **Eligible Expenses**: Case management, childcare, education services, employment assistance, outpatient health services, legal services, life skills, mental health services, substance abuse assistance treatment services, transportation, services for special populations.

RAPID RE-HOUSING ACTIVITIES – HUD PRIORITY

DEFINITION: To help homeless individuals or households transition as quickly as possible into permanent supportive housing.

ELIGIBLE PARTICIPANTS: Literally homeless individuals and households currently living in an emergency shelter or a place not meant for human habitation.

Housing Relocation and Stabilization Services: Moving costs, rental application fees, security deposit, last month's rent, utility deposit, utility payments, housing search and placement, housing stability case management, mediation, legal services and credit repair.

Tenant-Based Rental Assistance – Program participants select a housing unit in which to live and receive rental assistance.

a. Short-Term Rental Assistance: Up to 3 months
b. Medium-Term Rental Assistance: 4 to 24 months

Project-Based Rental Assistance – Applicants identify permanent housing units that meet ESG requirements and enter into a rental assistance agreement with the owner to reserve the unit and subsidize its rent so that eligible program participants have access to the units.

a. Short-Term Rental Assistance: Up to 3 months
b. Medium-Term Rental Assistance: 4 to 24 months

HOMELESS PREVENTION ACTIVITIES

DEFINITION: To PREVENT an individual or household from becoming homeless and moving into an emergency shelter or an unsheltered situation.

ELIGIBLE PARTICIPANTS: Individuals or households who are at risk of becoming homeless and who are extremely low income (household income BELOW 30% AMI).

Housing Relocation and Stabilization Services: Transportation, moving costs, rental application fees, security deposit, last month's rent, utility deposit, utility payments, housing search and placement, housing stability case management, mediation, legal services and credit repair.

Tenant Based Rental Assistance – Program participants select a housing unit in which to live and receive rental assistance:
a. Short-Term Rental Assistance: Up to 3 months
b. Medium-Term Rental Assistance: 4 to 24 months

Project-Based Rental Assistance – Applicants identify permanent housing units that meet ESG requirements and enter into a rental assistance agreement with the owner to reserve the unit and subsidize its rent so that eligible program participants have access to the units.
a. Short-Term Rental Assistance: Up to 3 months
b. Medium-Term Rental Assistance: 4 to 24 months

HMIS ACTIVITIES

Eligible Expenses: Hardware, equipment, software costs (license fees), staff salaries and training necessary to contribute data to the North Dakota approved HMIS system.

PROJECT DESCRIPTION
What services will you administer with awarded ESG funds? (Check all that apply)

Emergency Shelter Component

☐ Renovation
☐ Operations
☐ Essential Services – eligible activities include:
- Case Management
- Child Care, education, employment, and life skills services
- Legal Services
- Health, mental health, and substance abuse services
- Transportation
- Services for populations

Street Outreach Component

☐ Outreach – eligible activities include:
- Engagement
- Case Management
- Emergency health and mental health services
- Transportation
- Services for populations

Homeless Prevention Component (At Risk of Homelessness Individuals and/or Households)

☐ Housing Relocation and Stabilization Services – eligible activities include:
- Rental Application Fees
- Security Deposits
- Last Month's Rent
- Utility Deposits
- Utility Payments
- Moving Costs
- Housing Search and Placement
- Housing Stability Case Management
- Transportation
- Mediation
- Legal services
- Credit Repair/Budgeting/Money Management

☐ Short-Term/Medium Term Rental Assistance (Project-Based Assistance)
☐ Short-Term/Medium Term Rental Assistance (Tenant-Based Assistance)

Rapid Re-Housing Component (Homeless Individuals and/or Households)

☐ Housing Relocation and Stabilization Services – eligible activities include:
- Rental Application Fees
- Security Deposits
- Last Month's Rent
- Utility Deposits
- Utility Payments
- Moving Costs
- Housing Search and Placement
- Housing Stability Case Management
- Mediation
- Legal Services

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 4 of 21

- Credit Repair/Budgeting/Money Management
☐ Short-Term/Medium Term Rental Assistance (Project-Based Assistance)
☐ Short-Term/Medium Term Rental Assistance (Tenant-Based Assistance)

HMIS Component
☐ HMIS – eligible activities include:
- Computer hardware, software, and software licenses
- Office space, utilities, and equipment
- Obtaining Technical Support
- Salaries for HMIS operations
- Staff travel for HUD sponsored/approved HMIS training and participant intakes
- Participation fees charged by the HMIS Lead

ESTIMATED NUMBER SERVED
List the Estimated Annual Numbers to be Served with ESG Funds

	Number of Youths	Number of Single Individuals	Number of Families with Children	Number of Families without Children
Street Outreach				
Emergency Shelter				
Prevention				
Re-housing				

All applications should include the following information:

Target Population
Please describe the program target population (Attach additional pages if needed)

Need Narrative (up to 10 points)
Please describe what local needs and service gaps this program seeks to fill or currently fills. Be sure to note any supporting evidence for this need. This should be specific to the proposed service area. (Attach additional pages if needed)

Program Description

Please describe the proposed program. (Attach additional pages if needed). Be sure to include details on the following:

- Outreach methods.
- Details of the types of assistance and services that will be provided to the individuals/households in the program.
- Explain specific triage and screening processes that will be used.
- Details on the length of the program.
- Explain how the program will shorten the length of time that households are homeless (on streets, in emergency shelter, and/or transitional housing).
- How service will be coordinated with other programs within the agency and within the larger community (including mainstream services).
- Program outcomes (current and/or projected); and
- If applicable, explain how the program will prevent homelessness.

Collaboration (up to 20 points)

Please describe the key collaborations (current and/or proposed) specific to this program. Are you a member of the North Dakota Coalition for Homeless People? Are you a member of your local homeless coalition? Do you partner with any other organizations? (Attach additional pages if needed)

Organizational Capacity (Capacity is an abstract term that describes a wide range of capabilities, knowledge, and resources needed in order to be effective). Did you expend 90 percent of your FY 2024 grant, did you have timely reimbursement requests and reporting, do you have any open monitoring findings? (Attach additional pages if needed) (up to 30 points)

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 8 of 21

Housing First (up to 10 points)
Describe how your agency incorporates Housing First when providing homeless and/or prevention services. (Attach additional pages if needed) If your agency does not utilize Housing First, please explain.

HMIS and Coordinated Assessment Plans (up to 15 points)
Describe in detail your agency's current and proposed usage of HMIS. Describe in detail your agency's current and proposed usage of Coordinated Assessment. Describe in detail your agency's involvement and participation in the ND Continuum of Care. Did you attend all the required trainings, monthly and annual? (Attach additional pages if needed)

Involve Homeless Individuals and Families (up to 5 points)
Does your agency involve, to the maximum extent practicable, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the grant, and in providing services for occupants of these facilities? If no, what is your agency's plan to implement this?

Plan for Distribution of the Funds (up to 10 points)
Explain your agency's plan for distribution of funds in an effective, efficient and timely manner.

Explain your agency's plan to expend funds by the following deadlines:

ESG Drawdown Schedule		
Quarter	Dates	Percentage Drawn
1	July 1 – September 30	Award Announced
2	October 1 – December 31	50%
3	January 1 – March 31	75%
4	April 1 – June 19	100%

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 10 of 21

SUMMARY OF FY 2025 FUNDS REQUESTED (FY 2025 ALLOCATION)

Activity Type	Requested Amount
Street Outreach Component	$
Emergency Shelter Component	
Renovation	$
Operations	$
Essential Services	$
Rapid Re-housing Component	
Housing Relocation and Stabilization Services	$
Rental Assistance	$
Homeless Prevention Component	
Housing Relocation and Stabilization Services	$
Rental Assistance	$
HMIS Component	$
Total FY 2025 Request	$

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 11 of 21

PROJECT WORK ITEM PRIORITY

In order to allocate ESG funds, please prioritize funds requested on page 10. Prioritize using number one (1) as your greatest need. If funds are needed in each category, please specify in the (1) work item.

	Work Item	Budget Amount
1		
2		
3		
4		
5		
6		
7		

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 12 of 21

EMERGENCY SHELTER ADDENDUM
CERTIFICATION OF BASIC STANDARDS FOR EMERGENCY HOMELESS SHELTERS

INSTRUCTIONS: The following checklist outlines the minimum requirements for shelters requesting ESG funds through NDHFA. Please check the appropriate box for each question. If you answer 'No' to any of these questions, please add a brief narrative explanation at the end.

GENERAL	Yes	No
The agency assures non-discrimination on the basis of race, color, religion, gender, national origin, age of children or family size, disability, except where limited by the facility.	☐	☐
Client records are secured in a locked area or locked filing cabinet.	☐	☐
There are written policies for intake procedures and criteria for shelter admission.	☐	☐
Alcohol, drugs, and weapons are prohibited in and around the premises. Persons who refuse to relinquish any of these are refused admittance to the shelter.	☐	☐
Clients are allowed to use the shelter as a legal residence for the purpose of voter registration and the receipt of public benefits.	☐	☐
PERSONNEL DETAILS		
There is adequate on-site staff coverage during all hours the shelter is open. (During awake hours, there should be one (1) staff person to 30 residents for an adults-only facility, and one (1) staff person to 20 residents for a facility housing children).	☐	☐
Provide a description of the number of staff and position titles.		
All shelter staff, including volunteers, has received at a minimum, training and orientation regarding: Fire and emergency evacuation procedures for the facility;	☐	☐
Emergency procedures for medical, psychiatric, or other crisis situations;	☐	☐
Special needs of homeless persons;	☐	☐
Client confidentiality requirements;	☐	☐
Appropriate chains of authority or command within the shelter.	☐	☐
There is a written position description for each type of position which includes, at a minimum, job responsibilities, qualifications and salary range.	☐	☐
There are written personnel policies in effect which also include a Code of Conduct for all shelter personnel.	☐	☐
FACILITY DETAILS		
Emergency Shelter Address (list all locations if multiple) and year built.		
Complete the Minimum Habitability Standards for Emergency Shelters (SFN 62377) and attach one for each location.		
The agency complies with all state and local zoning, health, safety and fire codes and regulations that apply to the safe operation of the shelter.	☐	☐
Cooking or heating appliances in any room used for sleeping are prohibited.	☐	☐
The premises and equipment are maintained in a clean and sanitary condition, free of hazards and in good repair. Corrections are made within 30 days of notification of a problem.	☐	☐
A bed or crib is provided for each guest except in extenuating overflow conditions. Provisions for clean linen for each tenant are made. Procedures to provide for the sanitizing of all linens and sleeping surfaces are in place.	☐	☐
Sufficient showers/baths, wash basins and toilets are provided for personal hygiene and are in proper operating condition. Towels, soap and toilet tissues are available to each client.	☐	☐
There is a fire safety plan which includes at least the following: A posted evacuation plan	☐	☐
Fire drills, conducted at least quarterly;	☐	☐
Operating fire detection systems which are tested at least quarterly;	☐	☐
Battery operated alarms which are functional at all times; and	☐	☐

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701-328-8080 • Fax: 701-328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 13 of 21

Adequate fire exits.	☐	☐
Provisions have been made for the following services: Pest control services;	☐	☐
Removal of garbage from interior premises;	☐	☐
Properly functioning ventilation and heating systems; and	☐	☐
Heat, electricity and water 24 hours a day.	☐	☐
Entrances, exits, steps, and walkways are kept clear of garbage, debris, and other hazards such as ice and snow.	☐	☐
Adequate natural or artificial illumination is provided to permit normal indoor activities and to support the health and safety of occupants.	☐	☐

FOOD SERVICES (for shelters providing prepared meals for residents)

Adequate provisions for the sanitary storage and preparation of food are made. Meals are nutritionally balanced when provided.	☐	☐
Requirements of a licensed food service establishment under North Dakota Administrative Code 33-33-04.	☐	☐

HEALTH

First aid equipment and emergency medical supplies are available at all times.	☐	☐
Staff has access to a telephone while on duty. Emergency telephone numbers are posted conspicuously near the telephone.	☐	☐

OPERATIONS

Daily attendance logs are maintained and include, at a minimum, the name, age, sex, social security number (if known by the client) and signature of each person residing in the shelter.	☐	☐
Residents are furnished information about available services in the community.	☐	☐
The shelter holds money or food stamps, if requested, by a resident and also keep adequate records of the residents' money and food stamps. The money and food stamps are available to the residents on request without unreasonable delay.	☐	☐
The following are posted and distributed to residents in appropriate language: Rules of the shelter;	☐	☐
Shelter residents' rights and responsibilities;	☐	☐
A list of standards for conditions in shelters; and	☐	☐
The shelter's internal grievance procedures.	☐	☐

If you have answered *'No'* to any of the above questions, please explain what actions you are taking in order to meet these shelter standards. If there are multiple addresses for shelter units, be sure to specify which address a 'No" was answered.

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 14 of 21

EMERGENCY SHELTER ADDENDUM
EMERGENCY SHELTER BUDGET

A. Estimated Annual Operating Expenses

Annual Operating Expenses with copies of supporting documentation provided. All expenses must be broken out by line item. Category totals only will not be accepted. If your facility is currently not in operation and you cannot provide supporting documentation, attach within your narrative how you estimated the annual operating expenses of the facility. If you have your own budget that provides line-item expenses estimates, you may submit as an attachment.

ADMINISTRATIVE EXPENSES	
Advertising	$
Accounting/Audit	$
Legal/Partnership	$
Total Staff Salaries Wages, Benefits, and Payroll Taxes	$
Office Supplies/Telephone	$
Other (specify)	$
Other (specify)	$
Other (specify)	$
Total Administrative Expenses	$

MAINTENANCE EXPENSES	
Furniture and Fixtures	$
Elevator	$
Exterminating	$
Grounds (including snow removal)	$
Maintenance and/or Janitorial Contracts	$
Maintenance Supplies	$
Repairs	$
Cleaning Supplies	$
Other (specify)	$
Other (specify)	$
Other (specify)	$
Total Maintenance Expenses	$

OPERATING EXPENSES	
Shelter Food	$
Shelter Building Lease/Mortgage Payment ☐ Lease or ☐ Mortgage (specify)	$
Fuel Oil	$
Electricity	$
Natural Gas or Propane	$

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 15 of 21

Water and Sewer	$
Trash Removal	$
Other (specify)	$
Other (specify)	$
Total Operating Expenses	$

FIXED EXPENSES	
Real Estate Taxes	$
In Lieu of Taxes	$
Insurance	$
Other Taxes, Fees, Licenses	$
Other (specify)	$
Total Fixed Expenses	$
Total Operating Expenses	$

B. Annual Operating Support

Identify each source of funding that will be used to pay for the emergency shelter annual operating costs. Sources may include state and/or federal funding contracts, ongoing donor commitments, foundations. For each source provide a letter of commitment or award letter from the source.

Source	Annual Amount	Secured	
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
Total			

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 16 of 21

ADMINISTRATIVE COMPLIANCE

INSTRUCTIONS: Review the NDHFA and/or HUD requirements listed below and respond by checking the appropriate boxes. **Failure to adhere to these guidelines may result in findings, disallowed costs, and/or withdrawal of funding.**

Fair Housing (check all the following)

☐ The applicant will maintain and continuously update a listing of Fair Housing Resources

☐ The applicant will use the fair housing logo on all materials relating to their housing programs distributed to the general public.

☐ The individual (staff person or contractor) appointed as the fair housing contact person, who will be available during the following business hours:

Name	Telephone Number

☐ The fair housing contact person indicated above will maintain a running log to record fair housing issues, complaints, and distribution of fair housing materials.

☐ The applicant will conduct business and provide emergency housing from a barrier-free facility or make a reasonable accommodation for persons with impaired mobility.

Assurance of Equal Access to Program Benefits

☐ The applicant will assure equal access to program benefits through effective outreach and assessment.

Assurance of Fair Selection of Participating Households

☐ The applicant will assure that all eligible households will have fair and equal access to services and opportunities provided by the program.

Lead-Based Paint Requirements

☐ The grantee is aware of and will abide by lead-based paint requirements that are applicable to Emergency Solutions Grants funding.
.

☐ Provide copies of the Certification of completion HUD Visual Assessment Training for all staff who will perform LBP Visual Assessments

Coordinated Assessment

☐ The applicant will assure the use of the Coordinated Assessment System. (Victim service providers must use the alternative database.)

Audit (Check all that apply. Note: only check one of the first two below)

☐ The grantee is a local government or nonprofit expected to expend more than $750,000 annually in combined federal funds during the fiscal years covered by the grant and will have an audit conducted by an eligible CPA firm or local government audit organization in accordance with 2 CFR Part 200 Uniform Guidance.

☐ The grantee is a local government or nonprofit expected to expend less than $750,000 annually in combined federal funds and is exempt from federal audit requirements for the fiscal years included in the grant period.

☐ Records will be available for review by appropriate officials of NDHFA.

☐ The applicant recognizes that this provision does not limit NDHFA to conduct or arrange for an audit (e.g., financial audit, performance audit, evaluation, inspection, and review).

☐ The grantee understands that costs of audits are not allowable.

Participation in Homeless Management Information System

☐ The applicant understands that, as a recipient of ESG funds, our organization is obligated to maintain both client services activity records and performance outcome measures utilizing HMIS in accord with standards published by NDHFA. If a recipient is a victim services provider or a legal services provider, it may use ESG funds to establish and operate a comparable database that collects client-level data.

☐ Environmental - See Section 6 in the ESG Administrative Manual

Compliance with Programs

☐ The applicant certifies that there are no outstanding monitoring or audit findings issued by the Internal Revenue Service, HUD, Department of Commerce, or NDHFA.

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701-328-8080 • Fax: 701-328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 17 of 21

UNIT OF LOCAL GOVERNMENT CERTIFICATION (SHELTERS ONLY)

The city official named below, duly authorized to act on behalf of the jurisdiction hereby approve the following shelter projects proposed by the Nonprofit.

Name of City Official	Title of City Official
Name of Jurisdiction	Name of Nonprofit
Location(s)	
Shelter Address(es)	
Signature	Date

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 18 of 21

REQUIRED ORGANIZATIONAL DOCUMENTS (NONPROFITS ONLY)
Submit one copy of the following documents to NDHFA by the due date of the application.

Fiscal Year Operating Budget
☐ I will/have mailed this attachment
Certificate of Good Standing or proof of good standing (date within the last 12 months)
☐ I will/have mailed this attachment

If copies have been submitted in the past and there are no changes, there is no need to resubmit. Please check with NDHFA to make sure documents have been submitted.

IRS-501 (C) 3 Designation	
☐ I will/have mailed this attachment	☐ Copy on file with NDHFA is current
Articles of Incorporation	
☐ I will/have mailed this attachment	☐ Copy on file with NDHFA is current
Organizational Bylaws	
☐ I will/have mailed this attachment	☐ Copy on file with NDHFA is current
List of Board of Directors and Officers	
☐ I will/have mailed this attachment	☐ Copy on file with NDHFA is current
Current Organizational Chart	
☐ I will/have mailed this attachment	☐ Copy on file with NDHFA is current
Most recent available Fiscal Year Audit	
☐ I will/have mailed this attachment	
At least 2 competitive bids for renovations/rehabilitation activities.	
☐ I will/have mailed this attachment	☐ N/A
Lead Based Paint Visual Assessment Training Certification	
☐ Provide copies of training certificate for each staff who will conduct visual assessments.	
Emergency Solutions Grant Operations Manual to Include	
☐ Organization Mission	
☐ Housing First	
☐ Low Barrier Policy (meet client where they are approach, non-punitive)	
☐ Fair Housing Policy (Affirmatively Furthering Fair Housing Policy)	
☐ Anti-Discrimination Policy	
☐ Equal Access Policy	
☐ VAWA Policy and Transfer Policy	
☐ Confidentiality Policy	
☐ Record Keeping Policy	
☐ HMIS/Alternative Database Use (data collection)	
☐ Program Grievance and Appeals Policy	
☐ Coordination (with agencies to provide services)	
☐ Program Design Components and Policies including 1. Program Design or Overview (type of assistance offered) 2. Intake Procedures 3. Assistance Time Limit 4. Participant Eligibility Requirements 5. Specific Populations Served (if applicable) 6. Case Management Expectations 7. Procedures for Determining Rental Assistance 8. Procedures for Determining Participants Share of Rent 9. Program Rules for Participants	

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 19 of 21

REQUIRED ORGANIZATIONAL DOCUMENTS (LOCAL UNITS OF GOVERNMENT ONLY)
Submit one copy of the following documents to NDHFA by the due date of the application.

Most recent available Fiscal Year Audit
☐ I will/have mailed this attachment
Current Fiscal Year Operating Budget
☐ I will/have mailed this attachment

If copies have been submitted in the past and there are no changes, there is no need to resubmit. Please check with NDHFA to make sure documents have been submitted.

Roster of Members of Governing Board	
☐ I will/have mailed this attachment	☐ Copy on file with NDHFA is current
Current Organizational Chart	
☐ I will/have mailed this attachment	☐ Copy on file with NDHFA is current
Fair Housing Policy	
☐ I will/have mailed this attachment	

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 20 of 21

CERTIFICATION

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining funds under the Emergency Solutions Grant Program and is true and complete to the best of the Applicant's knowledge and belief. The Applicant shall not, in the provisions of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status or handicap. Verification of any of the information contained in this application may be obtained from any source named herein.

I certify that I am authorized to execute this application on behalf of the Applicant.

Signature	Date

North Dakota Housing Finance Agency • 2624 Vermont Ave • PO Box 1535 • Bismarck, ND 58502-1535
Ph.: 701/328-8080 • Fax: 701/328-8090 • Toll Free 800/292-8621 • 711 (TTY)

SFN 58290
Page 21 of 21