



COUNTY OF LEXINGTON

EMERGENCY SOLUTIONS GRANT

APPLICATION

2025-2026 PROGRAM YEAR



APPLICATION INSTRUCTIONS

The County of Lexington solicits applications from organizations requesting funds to carry out Consolidated Plan projects. The attached application is required if your organization is requesting funding from the Emergency Solutions Grant Program for the period July 1, 2025 through June 30, 2026.

Only one copy of the application is required. This copy should be on 8 ½ x 11” white paper and clipped in the upper left hand corner. *Do not staple pages or include paper clips.* An **ORIGINAL** signature is required. The completed application and all supporting material should be sent to:

County of Lexington
201 S. Lake Drive, Suite 401
Lexington, South Carolina,
29072

Available Funding

Funding from the Emergency Solutions Grants Program is very limited. Federal funding for Year 2024-2025 is in the amount of \$163,666.

The purpose of the Emergency Solutions Grant Program is for the rehabilitation or conversion of buildings for use as emergency shelter for the homeless, for the payment of certain expenses related to operating emergency shelters, for essential services related to emergency shelters and street outreach for the homeless, and for homelessness prevention and rapid re-housing assistance.

Review Process

Applications will be reviewed by Lexington County Grants. Staff may have additional questions and may want to interview a representative of your organization before making a recommendation on funding.

Applicants are advised that funds cannot be committed until after the HUD has approved the Annual Action Plan and The County of Lexington has received the Release of Funds from HUD.

Evaluation Criteria

The following is the basis that will be used for the 2025-26 Plan Year for recommending applications for funding under the Emergency Shelter Grants Program.

Applicant capacity

The application must demonstrate that the agency staff has adequate credentials and experience to carry out the proposed project. This means that the organization carrying out the project, its employees, or its partners, must have the necessary experience and qualifications to carry out the specific activities proposed.

Factors to be considered will include: prior agency experience and results in the type of work being proposed; suitable agency fiscal capacity and organizational infrastructure to implement the project; and employee experience and credentials in the area to be implemented.

Project quality

The proposed services/project must be appropriate to the needs of the persons to be served. The application must demonstrate a clear understanding of the needs of the clients, the services to be offered (if any), and the effectiveness of the services in meeting those client needs.

In addition, a project may be considered to be of good quality if:

1. The type and scale of housing, shelter and/or services proposed clearly fit the needs of the proposed participants.
2. The project is cost-effective and all costs are reasonable, and do not deviate substantially from the norm in Lexington.
3. The application shows evidence of collaboration with other existing programs and services; letters evidencing collaboration may be attached.
4. If applicable, the building proposed for use meets local codes, health, or safety standards.

Need for Project

It must describe the need for the specific project vis-à-vis existing services or resources. The project may be judged to adequately describe the need if it addresses the following points:

1. The need for the project is documented by use of waiting lists, references to similar programs, etc.
2. The project is consistent with the priorities described in The County of Lexington's five-year Consolidated Plan;
3. The project does not unnecessarily duplicate existing programs and services for the same clients.

Operational Feasibility

The application must include:

1. Clear and complete plans for implementing and completing the project;
2. Adequate committed funding to implement the project. Include letters of commitment.
3. An adequate strategy for securing additional support and commitment;
4. Adequate number of qualified staff to carry out the proposed project;
5. Indicators that demonstrate that the project is ready to be implemented;

You may direct questions about the application to Sara Byrd, Grants Administrator, at (803)785-8523 or sbyrd@lexingtoncounty.sc.gov.

**County of Lexington
ESG Program
Application for Assistance
2025-2026 Program Year**

Emergency Solutions Grant Program Application July 1, 2025 through June 30, 2026

1. Project Information

Project Title: _____

Project Address: _____ Zip: _____

Project Census Tract(s): _____

2. Applicant Information

Legal Name of Agency Requesting Funding: _____

Mailing Address of Agency: _____ Zip: _____

Year incorporated: _____ 501c(3)? Yes No Other _____

Taxpayer Identification Number: _____ DUNS Number: _____

UEI Number: _____

Registered with SC Secretary of State?

Major Sources of Agency Funding: _____

3. Project Contact Person (This is who will correspond with the Grants Administrator)

Name: _____ Title: _____

Phone: _____ Email: _____

4. Agency's Authorized Signee and Signature (This is the person who has legal authority to sign the application such as the President of the organization.)

Name: _____ Title: _____

Phone: _____ Email: _____

Signature _____ Date _____

5. Amount of Funds Requested (Please round numbers to the nearest dollar. Note that ESG requires a 1:1 match)

Amount ESG Grant Request: _____ MATCH: _____ TOTAL: \$ _____

6. Timeline

Projected Starting Date: _____ Expected Date of Completion: _____

7. Population Served – Select which population your project will be serving.

Men Women Families Youth (under 25) Children

8. Emergency Shelter Facilities Not Applicable

Shelter Address: _____

Maximum Bed Capacity per night: _____ Average Length of Stay: _____

Annually, how many individuals do you expect to serve in the Emergency Shelter using ESG funds? _____

9. Transitional Housing Not Applicable

Shelter Address: _____

Total Number of Units: _____ Average Length of Stay: _____

Annually, how many individuals do you expect to serve in the Transitional Housing using ESG funds? _____

10. Homelessness Prevention Not Applicable

Annually, how many individuals do you expect to serve with ESG Homelessness Prevention Funds? _____

11. Rapid Re-Housing Programs Not Applicable

Annually, how many individuals do you expect to serve with ESG Rapid Re-Housing Funds?

12. Eligible Project Activities - Check the eligible activity(ies) to be undertaken by this project:

- Street Outreach Component** —ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.
- Emergency Shelter Component**—ESG funds may be used for costs of providing essential services to homeless families and individuals in emergency shelters, renovating buildings to be used as emergency shelter for homeless families and individuals, and operating emergency shelters.
- Homelessness Prevention Component**-- ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place
- Rapid Re-Housing Assistance Component**--ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.
- HMIS Component**-- ESG funds may be used to pay the costs of contributing data to the HMIS designated by the Continuum of Care for the area. **All applicants for ESG funds must be licensed and correctly inputting client data into the KYHMIS system.**

13. Services – Describe the essential services that will be offered if this application is funded.

14. **Need and Relationship to the 2015 five-year strategic plan** - Describe how your agency determined the local needs your program will address. Include local data substantiating your decision to serve the population you are serving

Examples of priorities include: Youth Services, Homelessness Prevention, Rapid Re-Housing, etc.

15. Target Population - Describe the client target population for the project.

Provide a brief history of your agency's experience in serving this target population.

Target Population – continued. Explain how you will identify/admit clients and how you will document their eligibility.

What will your project accomplish to address the needs of homeless persons in your community?

16. Capacity and Experience - Using the chart below, please name all other grant and/or housing programs your agency has successfully implemented within the past three years, and identify the number of times your agency has received that type of funding during that time.

Activity	Funding Source	# of Allocations in past 3 years	Type(s) of Funding (identify program name and avoid using just acronyms when possible)
Shelter Operations			
Rental Assistance			
Case Management/ Services			
HMIS			
Other:			

Please complete this table to identify all staff at your agency who will be involved with your ESG program for which you are requesting ESG funds.

Position	Name(s)	Start date with agency (mo/year)	List Federal housing programs name - administered in last 2 years – even if administered at a different agency
Exec. Dir./CEO			
Program Manager or Other Key Leadership Position			
ESG Program Finance Staff			
Case Manager or Other Key Program Staff Position			
Lead HMIS or Data Collection Staff			

Please complete the following table.

Experience and Capacity	Response	Explanation
Has your organization or one of its staff persons administered one or more federally funded programs in the last 3 years?		
Has there been staff turnover or reorganization that has negatively or positively impacted your capacity?		
Does your organization have effective procedures and controls for program/project management?		
Have your audits identified any issues in the last 3 years?		
If previously funded by the County of Lexington, have you been timely in your response to requests for documentation?		
Does your organization have a system in place to accurately track receipts, expenditures, and budgets? Please note that applicants must have capacity on their own without the use of a fiscal agent.		

17. Previously Funded – If you have previously received federal funding from the County of Lexington, please describe the status of your most recently funded project and whether or not you have expended all of your funding.

18. Sustainability - Describe budgetary plans for future needs (three years). Describe your operating plan if ESG funds are not available. Please list your efforts to secure other funds. If this project is approved for funding, only one year of funding can be guaranteed.

19. Collaboration with Other Agencies - Describe your agency's relationship and collaborative partnerships with other community partners. You **may** attach letters. Label them as **Attachment 7 – Collaboration Letters**.

20. Project Budget

Emergency Shelter Essential Services	ESG Request	Match	Match Source	Total
Case Management				0
Other				0
Emergency Shelter Operations	ESG Request	Match	Match Source	Total
Maintenance				0
Rent				0
Security				0
Equipment (greater than \$1,000)				0
Insurance				0
Utilities				0
Food				0
Supplies				0
Renovations				
Assistance to Displaced Persons (Relocation Payments)				
SUBTOTALS	0	0		0
Street Outreach	ESG Request	Match	Match Source	Total
Engagement				0
Emergency Mental Health Services				0
Emergency Health Services				0
Case Management				0
Transportation				0
Services for Special Populations				0
SUBTOTALS	0	0		0
Rapid Re-Housing	ESG Request	Match	Match Source	Total
Rental Assistance				0
Housing Relocation and Stabilization Services				0
SUBTOTALS	0	0		0

Homeless Prevention				
Rental Assistance				
Housing Relocation and Stabilization Services				
SUBTOTALS				
HMIS	ESG Request	Match	Match Source	Total
HMIS Participation Fees				0
SUBTOTALS	0	0		0
TOTAL:	0	0		0

ESG requires a 100% cash or in-kind match. A 100% match is the amount equal to the federal funding requested.

Budget Narrative – Please itemize costs for each category indicated on the budget.

- For personnel costs, indicate the position title (s), the name of the staff member(s), hourly wage, and number of hours per week on the proposed activity. For Fringe Benefits, identify all benefits and how they were calculated.
- Supplies and Equipment should be itemized and need should be justified.
- Itemize and justify all travel.
- If proposing renovation activities (including rehabilitation or conversion), describe the renovations to be completed and the rationale for undertaking these activities at this time. For example, if you are proposing to replace a roof, identify the age and condition of the current roof.)
- Explain anything included in “other.”
- Attach pages as necessary and **Label as Attachment 8 – Budget Narrative.**

21. Source of Other Funds

To complete the chart, list all sources of project funds below. Indicate whether they are firmly committed or tentative. All non-ESG project funds require written verification submitted with the proposal. Unverified sources will not be counted as committed.

The total ESG funds and non-ESG funds must be adequate, as determined by Lexington County staff to complete the project. Projects that are financially infeasible will not be considered for funding. Attach the letters of financial commitment to the proposal and label as **Attachment 7 - Commitment Letters**.

Source	Cash Resources	In-Kind Contribution	Status of Commitments	Date Available
TOTAL	\$ 0	\$ 0		

Emergency Solutions Grants Program funds represent _____% of the total project

Provide explanation of tentative commitments. EXAMPLE: You have made application for additional funds from an additional source, but have not been informed of approval of funds.

ESG APPLICATION CHECKLIST

The following items must be included in this application for funding unless noted otherwise.

<u>ITEM</u>	<u>ATTACHED</u>	<u>NOT APPLICABLE</u>
Attachment 1: Organization’s most recent financial audit	<input type="checkbox"/>	<input type="checkbox"/>
Attachment 2: Articles of Incorporation & Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
Attachment 3: South Carolina Secretary of State - proof of current active status	<input type="checkbox"/>	<input type="checkbox"/>
Attachment 4: IRS 501c (3) letter	<input type="checkbox"/>	<input type="checkbox"/>
Attachment 5: Organizational Chart and List of Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>
Attachment 6: Budget Narrative, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
Attachment 7: Commitment Letters or Reference Letters	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>