PY 2025-2026 ConsolidateD NOFA  
Part B - Application  
Homeless Housing and Services

# Application Summary

The City of Fresno (City) invites applicants to submit applications for Homeless Housing and Services Programs for funding through U.S. Department of Housing and Urban Development (HUD) Community Planning & Development entitlement grant programs, including Emergency Solutions Grant (ESG), Housing Opportunities for Persons with HIV/AIDS (HOPWA), and HOME Investment Partnerships Program (HOME). Based on the community needs conveyed during public meetings and the provisional goals of the draft 2025-2029 Consolidated Plan, the City is interested in receiving applications for one or more of the following program activities:

|  |  |
| --- | --- |
| Activity | Potential Funding |
| Street Outreach | ESG |
| Emergency Shelter | ESG |
| Homeless Management Information System | ESG |
| Homelessness Prevention | ESG, HOPWA |
| Rapid Re-Housing | ESG, HOPWA |
| Tenant-Based Rental Assistance (TBRA) | HOPWA, HOME |
| Short Term Rent Mortgage and Utility Assistance (STRMU) | HOPWA |
| Supportive Services | HOPWA |
| Housing Information | HOPWA |

## Activity Definitions

**Street Outreach:** Essential services related to reaching out to unsheltered homeless individuals and families. Eligible costs include engagement, case management, emergency health and mental health services, transportation, and services for special populations.

**Emergency Shelter:** Essential services (case management, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations) and shelter operations (maintenance, rent, repair, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter).

**Homeless Management Information System:** An online software application designed to record and store client-level information on the characteristics and service needs of people experiencing homelessness throughout the Fresno-Madera Continuum of Care jurisdiction. The software is used by homeless assistance providers to coordinate service provision, manage operations, and better service clients.

**Homelessness Prevention**: 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, a place not meant for human habitation, or another place described in the homeless definition included in the 2025-2026 Consolidated NOFA Handbook. Eligible homeless prevention costs under the ESG programs may include 1) Rental Assistance (rental assistance and rental arrears); 2) Financial Assistance (rental application fees, security and utility deposits, utility payments, last month’s rent and moving costs); and 3) Services (housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services and credit repair). Subsistence Payments are defined as one-time, or short-term (no more than three months) emergency payments made on behalf of individuals or families, generally for the purpose of preventing homelessness (i.e., utility payments to prevent cutoff of service and rent/mortgage payments to prevent eviction).

**Homelessness Diversion:** Differs from homelessness prevention and rapid re-housing in terms of timing. Prevention targets people at imminent risk of homelessness, diversion targets people as they apply for entry into shelter, and rapid re-housing targets persons who are already homeless.

**Rapid** **Re-Housing:** 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 homeless prevention costs under the ESG programs may include: 1) Rental Assistance (rental assistance and rental arrears); 2) Financial Assistance (rental application fees, security and utility deposits, utility payments, last month’s rent and moving costs); and 3) Services (housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services and credit repair).

**Tenant-Based Rental Assistance**: TBRA is a rental subsidy that can be used to help individuals and households afford housing costs such as rent, security deposits, and utility deposits.

**Short Term Rent Mortgage and Utility Assistance**: STRMU assistance under the HOPWA program provides short-term, stabilizing interventions to HOPWA eligible households experiencing a financial crisis because of their HIV/AIDS health condition or a change in their economic circumstances. STRMU assistance is a preventive housing intervention intended to reduce the risks of homelessness, and when utilized together with other HOPWA efforts, including access to health care services, case management, benefits counseling, and employment or vocational services, works to stabilize assisted households.

**Supportive Services:** Includes, but is not limited to, health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services.

**Housing Information:** Includes, but is not limited to, counseling, information, and referral services to assist an eligible person to locate, acquire, finance, and maintain housing. This may also include fair housing guidance for eligible persons who may encounter discrimination based on race, color, religion, sex, age, national origin, familial status, or handicap.

# Application Submission

## **Application Deadline**

**January 17, 2025 by 5 PM**

***Resolutions Authorizing Application Submission Deadline*February 1, 2025 by 5 PM**

## Application Delivery

* **Ple**ase submit an electronic version of your application by:

Email [HCDD@fresno.gov](mailto:HCDD@fresno.gov), or  
  
If your file is over 40 MB, email [HCDD@fresno.gov](mailto:HCDD@fresno.gov) to receive a link to upload large files

Hard copies of applications and authorizing resolutions are not requested or accepted. If assistance is required for digital submission, please reach out to the contact person listed below.

We will email you within one business day of receipt to confirm application submission – if you do not receive a confirmation, please contact the relevant person.

## Contact Person

* Erika Lopez, Senior Management Analyst  
  559-396-5066  
  [Erika.Lopez@fresno.gov](mailto:Erika.Lopez@fresno.gov)
* General Inquiries  
  Housing & Community Development Division | 559-621-8300 | [HCDD@fresno.gov](mailto:HCDD@fresno.gov)

# Application Overview and Instructions

The City of Fresno (City) Community Development Division is accepting proposals from eligible organizations providing assistance to people who are experiencing homelessness or are at-risk of homelessness within the city.

Funds to be used for this NOFA are from the HUD Federal ESG, HOPWA, and HOME programs. The program requirements are attached to the Consolidated NOFA Handbook.

The three HUD programs provide funding to meet the following objectives: engage homeless individuals and families living on the street; improve the quantity of emergency shelters for homeless individuals and families; help operate these shelters; provide essential services to shelter and service residents with HIV/AIDS; rapidly re-house homeless individuals and families; help to prevent individuals, families, and youth 18-24 years of age from becoming homeless using diversion services; and provide tenant-based rental assistance, security deposits, and utility payments for very-low and low-income individuals and families.

Under this NOFA, the following Homeless Housing and Services objectives have been prioritized:

* Provide eligible recipients with rental assistance
* Provide eligible recipients with assistance paying utility bills
* Provide emergency shelter for senior victims of physical, financial, and other abuse
* Provide emergency shelter for families with more than four family members
* Emergency shelters with pet-friendly policies
* Outreach to encampments with behavioral health and medical services
* Programs that provide lockers or other storage for people experiencing homelessness
* Programs that prioritize reducing the client-to-case manager ratio
* Provide personalized, individual job training to people residing in emergency shelters
* Programs that provide credit repair services necessary to assist eligible participants with resolving personal credit problems
  + Cannot include the modification or payment of debt

## Instructions:

Applications have been designed to support a standardized method of evaluation for eligibility and consideration. Applicants are encouraged to carefully review their applications prior to submission to ensure all questions are complete and narrative attachments are included. Once the application is submitted, additional information will not be accepted. In the event additional clarification is needed, City staff will contact the agency. In most instances, applicants will have 24 hours to provide clarifying information in order to be considered responsive.

Prior to completing their applications, applicants should review the 2025-2026 Consolidated NOFA Handbook. The Handbook provides additional information regarding funding priorities, threshold eligibility requirements, applicant support options, and information on the timeline and process for application review and funding.

An organization’s completed application includes one Part A (Cover Page), and one or more Part B (Application) including all relevant exhibits and attachments. Organizations are required to provide separate Applications for each program they want funded.

* Applicants may provide as an attachment a maximum of two, single-page letters of support. Additional pages beyond the maximum will not be reproduced. For this reason, applicants should select the two “best” support letters.

## Evaluation Process

Applications will be scored and ranked according to the below criteria.

| **Category** | **Points** |
| --- | --- |
| **Qualified / Disqualified:**   * Are the proposed activities and costs eligible under the applicable funding source? (If no, in part or full, the application may be disqualified in part or full) * Is the applicant an established corporation chartered and in good standing with the State of California or a 501(c)(3) tax-exempt organization? (if no, the application may be disqualified) * Is the applicant excluded from doing business with the government according to SAM.gov? (if yes, the application is disqualified) * Does the applicant have established financial and management systems? (if no, the application may be disqualified) * Has the applicant identified the target population? (If no, the application may be disqualified) * Does the applicant have any unresolved monitoring findings? (if yes, the application may be disqualified) * ESG Funding Applications- Has the applicant submitted a fully complete Match attachment? (If no, the application may be disqualified) * Has the applicant failed to meet any other threshold eligibility requirements in the accompanying 2025-2026 Consolidated NOFA Handbook? (If yes, the application may be disqualified) | Qualified or Disqualified |
| **Organizational Capacity:**   * Does the organization have cultural competency training available to staff operating the program? (5 points) * Does the agency have facilities that can accommodate the proposed program activities? (10 points) * Has the organization provided financial statements showing current assets sufficient to cover operating expenses for at least 6 months? (If yes, 5 points) * Does the organization demonstrate that its staff has the experience and skills to deliver the activities indicated in the application? (Up to 5 points) | 25 |
| **Quality of the Proposal / Alignment to Community Needs:**   * To what extent does the proposal address unmet community needs? (Up to 10 points) * Does the proposal describe barriers to program participation, and how the activity addresses those barriers? (Up to 10 points) * Has the proposal clearly identified how it will address the needs of one or more of the following populations: domestic violence survivors, veterans, LGBTQ+, deaf and hard-of-hearing, people with access or functional needs, youth, victims of human trafficking, elderly? (Up to 10 points) * Does the proposal achieve one or more priority objectives listed on page 5? (Up to 5 points) | 35 |
| **Impact and Outcomes:**   * Has the applicant described how the target population will be reached and assessed? (Up to 5 points) * Does the organization clearly articulate how the program activities were developed in consultation with the target population? (Up to 5 points) * Does the organization describe how their prior activities have resulted in meaningful impact? (Up to 5 points) | 15 |
| **Cost Effectiveness / Leveraging**   * Is the proposed budget consistent with the proposed program services? (Up to 5 points) * Is the cost per participant reasonable based on the proposed program? (Up to 5 points) * Non-ESG Only - Will the proposed activity leverage additional funds that would otherwise not be available? (Up to 5 points) * ESG Only - Has the Match attachment established that there is a reasonable expectation that the Match requirement can be met? (Up to 5 points) | 15 |
| **Coordination / Collaboration**  To what extent does the applicant describe how its activities will be delivered in coordination with other community resources to address the overall needs of its clientele? (Up to 10 points) | 10 |
| **Total Possible Points** | **100** |

# PY 2025-2026 APPLICATION Homeless Housing and Services Programs

1. **Project Summary Information**

Project Name (10 words or fewer):

Amount Requested: $      .00

ESG Applicants Only – please provide a breakdown of amounts requested by program component:

Street Outreach: $      .00

Emergency Shelter: $      .00

Homelessness Prevention: $      .00

Rapid Rehousing: $      .00

HMIS: $      .00

HOPWA Applicants Only – please provide a breakdown of amounts requested by program component:

Rapid Rehousing: $      .00

Tenant-Based Rental Assistance (TBRA): $      .00

Short-Term Rent, Mortgage and Utility (STRMU): $      .00

Supportive Services: $      .00

Housing Information: $      .00

HOME Applicants Only:

Tenant-Based Rental Assistance (HOME-TBRA) $     .00

This is a:

New Project/Program

Existing Project/Program

Provide a short description of the proposed program/activity. (1 to 3 sentences and must fit in the provided space).

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1. **Organizational Capacity**
   1. Describe the organization’s experience with administering Federally funded programs like the one described in this application.

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* 1. For how many years has the organization administered activities of the type described in this application?

* 1. Please describe the cultural competency training staff will be required to complete during the term of this program.

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* 1. Does the organization have the following in place (check box if ‘yes’)?

Written policies and procedures for the proposed project or program (i.e., intake, eligibility)

Written Financial Management Policies and Procedures

Non-Discrimination / Equal Opportunity Policy

Conflict of Interest Policies and Procedures

Procurement Policies and Procedures

Facility utilization plan and policies  
Note: If not, be aware, the City will require a facility utilization plan and policies prior to the execution of a subrecipient agreement.

* 1. Provide addresses for each applicable location of site(s) where activity will occur, a brief description of the facilities, and a description of the service area (a map may be attached in lieu of a service area description).

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1. **Proposed Scope of Work**
   1. Briefly describe the needs this proposal addresses, and how existing resources are insufficient to meet this need.

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* 1. Briefly describe the target population, how they will be assessed, and how the project will meet the specific needs of the target population.

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* 1. Describe how the project was developed in consultation with the target population.

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* 1. Describe how the project will be marketed to the target population.

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* 1. Summary of services to be provided:Select all services to be provided, including those that are not funded by the City.

Emergency Shelter

Transitional Housing

Homeless Prevention/Housing Assistance

Homeless Diversion

Mental Health/Other Services

- Individual and Family Counseling

- Drug/Alcohol Treatment

- Job Training

- Children’s Program

- Parenting education

- Domestic Violence Intervention

- Self-Sufficiency Skills Training

- Outreach

- Assessment of Needs

Permanent Housing with Supportive Services

Affordable Housing

Job Training/ Job Search

Women’s Program

Day Care

Youth Program

Access to Medical

Immigration Assistance

Fair Housing Assistance

Academic Support/Tutoring

Referral Services

Case Management

Provide Meals

Free Services

Business Development to micro-enterprise

Other (specify):

* 1. Estimate the number of unduplicated persons expected to benefit from the project:

      unduplicated persons will receive a direct benefit from this project.

* 1. Please indicate which of these service types will be provided and the number of unduplicated persons who will benefit.

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| **Check if Providing** | **Homeless Housing and Service Types** | **Estimated No. Persons Assisted** |
|  | Operating Cost of Shelters for Persons who are homeless or impacted by HIV/AIDS |  |
|  | Rental Assistance/Subsidy |  |
|  | Supportive/Essential Services (not duplicated with services provided in conjunction with another activity) |  |
|  | Housing information services (not duplicated with services provided in conjunction with another activity) |  |

* 1. Describe the homeless housing and services program. Please include information about barriers to program participation and how the activity will address those barriers, and any information about how the activity was developed or refined in consultation with the target population. Limit description to the space provided on this and the next page.

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Detailed Narrative Description of Project/Program (Continued from previous page)

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* 1. Collaboration  
     Briefly describe any collaboration efforts with other organizations for this project/program or related initiatives.

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| **Collaborating Organization** | **Description of Collaboration** |
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1. **Project/Program Budget**
   1. Activity Budget by Funding Type  
        
      Please provide a high-level summary of the total budget by federal and non-federal funds.

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| **Proposed Activity Budget** | **Amount** |
| Total Federal Funds Requested | $ |
| Total Other Federal Funds (do not include the above funds on this line) | $ |
| Total Non-Federal Funds | $ |
| Total Proposed Activity Budget | $ |

* 1. List of Funding SourcesProvide all planned funding anticipated/ committed for this activity for PY 2025-2026. If the organization has received funding commitment letters, please attach as an exhibit to this application.

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| --- | --- | --- | --- | --- |
| **Funding Source (Name of Funder)** | **Name of Funding Program (if applicable)** | **Dollar Amount** | **Commitment Status (Committed or Pending)** | **If Pending, Expected Commitment Date** |
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* 1. Activity Budget Summary and Narrative  
       
     Please complete Exhibit A – Operating Budget Summary.  
       
     The above referenced Budget worksheet is available in Excel format at [www.fresno.gov/housing](http://www.fresno.gov/housing) under ‘Notices of Funding Available.’

Please complete Exhibit B – Budget Narrative to provide a brief explanation of the expenses included in the budget.

* 1. Prior-Year Financial Statement  
       
     For existing programs, please attach a financial statement labeled as Exhibit D for the proposed program for the last full operating year. Failure to provide the financial statement will result in disqualification.

# Attachments to Part B Application:

EXHIBIT A – Operating Budget Summary

EXHIBIT B – Budget Narrative

EXHIBIT C – Homeless Housing and Services ESG Sources and Amounts of Match and Match Questionnaire (ESG-Only)

EXHIBIT D – Prior-year audited financial statement including statement of activities, statement of financial position and statement of cash flows (required when total Federal grant awards equaled or exceeded $1,000,000 during the annual audit period); or prior-year unaudited financial statement when total Federal grant awards for the annual audit period was less than $1,000,000

Optional Additional Exhibits:

EXHIBIT       – Funding Commitment Letters (if available)

EXHIBIT       – Letters of Support (optional – maximum 2)

EXHIBIT       – Service Area Map (required if not described in 2.e.)

## Exhibit A: Operating Project Budget Summary (or submit via Excel)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Budgeted Position (Personnel) or Category (Operations)** | **City of Fresno HUD Funds** | | | **Other Funds for Project** | | | | | **Project Totals (All Funds)** |
| **Salaries & Wages** | **Fringe Benefits** | **Totals (City of Fresno HUD Funds)** | **Other Federal Funds** | **State Funds** | **Local Govm't Funds** | **Private / Donor Funds** | **Other Funds (specify)** |
| **Salaries/Wages (Specify each position; add additional rows as needed)** | | | | | | | | | |
| **Direct Service Personnel (enter position titles):** | | | | | | | | | |
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| **Administrative Personnel (enter position titles):** | | | | | | | | | |
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| **Independent Contractors / Consultants (enter position titles):** | | | | | | | | | |
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| **TOTAL PERSONNEL BUDGET** | $ | $ | **$** | $ | $ | $ | $ | $ | **$** |
| **Other Direct Costs (Include only costs that are direct; indirect costs are covered under the Indirect Cost Rate)** | | | | | | | | | |
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| **TOTAL OTHER DIRECT COSTS** |  |  | **$** | $ | $ | $ | $ | $ | **$** |
| **INDIRECT COSTS\* (Select 1 Indirect Rate Only)** | | | | | | | | | |
| **Approved Indirect Cost Rate** |  |  |  |  |  |  |  |  |  |
| **De minimus 15 % Rate** |  |  |  |  |  |  |  |  |  |
| **TOTAL INDIRECT COST BUDGET** |  |  | **$** | $ | $ | $ | $ | $ | **$** |
| **TOTAL PROJECT BUDGET** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** |

\*An approved indirect cost rate must be applied to the base identified in the agreement with the federal cognizant agency.

Per 2 CFR 200.414, any non-federal entity that does not have a current negotiated rate may elect to charge a de minimis rate of 15% of Modified Total Direct Costs (defined in 2 CFR 200.1).

## Exhibit B: Budget Narrative

Please provide a brief narrative describing the expenses included in each category of the budget summary.

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## Exhibit C: ESG Match Follow-Up Questions and Match Exclusions

Please identify ESG Matching Funds (eligible Match Funds only) by name of the funding source and dollar amount. Please also provide answers to the below questions.

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| --- | --- |
| **Source of ESG Match Funds**  (Eligible Match Only. Please be specific.) | **Dollar ($) Amount of Match** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL** | **$ 0.00** |

**Please review the Match statements below and indicate whether they are correct or not.**

In general, Federal, State, local, or private funds, other than ESG, may be used to satisfy the requirement that the subrecipient provide matching contributions to City of Fresno ESG funding, so long as the following conditions are met:

1. The matching funds to be contributed to the activity described in the NOFA Part B Application will be exclusively expended on the subrecipient’s described activity and is an allowable ESG costs.

Yes

No

1. The matching funds will not be expended before the commencement date of the applicable ESG subrecipient agreement.

Yes

No

1. The matching funds will be expended by the expenditure deadline that applies to the ESG funds being matched.

Yes

No

1. The matching funds have not been, and will not be, used to match any other Federal program’s funds nor any other ESG grant.

Yes

No

1. The subrecipient does not use ESG funds to meet another program's matching requirement.

Yes

No

1. The subrecipient will keep records of the source and use of the matching funds, including the fiscal year of the ESG grant for which the matching contribution is counted.

Yes

No

**Note:** Because the matching funds are contributed to the ESG program and expended for the subrecipient’s allowable ESG costs, the following are not allowed to be used as match:

* SNAP benefits (food stamps) because the funds are being used to cover the program participant’s costs;
* Housing Choice Vouchers, because the funds are used to pay the Fresno Housing Authority’s obligations under its Housing Assistance Payment contract with the owner; and
* The tenant’s portion of the rent because this amount is the tenant’s obligation.

**Please also note the following:**

* The matching funds are provided based on the total grant amount and do not have to be provided on a component-by-component basis.
* HOME-TBRA funds cannot be used as a match because the requirements for rental assistance are significantly different between the two programs. In particular, under the HOME-TBRA program (24 CFR parts 92.209 and 92.253), subrecipient(s) **may not require** a program participant to accept any services (subrecipient may offer services but cannot require them). In contrast, when providing ESG homelessness prevention or rapid re-housing assistance to a program participant, the recipient or subrecipient **must require** the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability and develop a plan to assist the program participant to retain permanent housing after the ESG assistance ends (24 CFR 576.401(e)). Because of these differences in the two programs, HOME-TBRA funds may not be used as Match for the ESG funds.