

**Agenda**  
**Finance / Safety Committee Meeting**  
**City Hall – Council Chambers**

**Wednesday, May 16, 2018**  
**Call to Order**

**12:00 PM**

1. Approval of Agenda
2. Public Comment
3. Approval of minutes from the May 2, 2018 meeting
4. Authorization for Mayor to sign the Local Government Certification Form in the State of South Dakota Emergency Solutions Grant Application for the Beacon Center
5. Old Business
6. New Business
7. Executive Session pursuant to SDCL 1-25-2
8. Adjourn

**\*It is expected that a quorum of the City Council will be present at this meeting\***

## Agenda Item 3 - Approval of Meeting Minutes

Minutes of Finance / Safety Committee Meeting  
May 2, 2018 – 12:15 PM  
City Hall – Council Chambers

Present were Aldermen Vilhauer, Albertsen, Solum and Mayor Sarah Caron. Absent were Alderman Thorson and Roby. A quorum was present.

Motion by Vilhauer, seconded by Albertsen, to approve the agenda as presented. Motion carried.

Christy Lickei from the Codington County Historical Society stated that in 1980 Clifford Sanders donated money to create and maintain a historical society in Watertown. The interest from the money is used to pay the bills of the Historical Society. President of the Codington County Historical Society Roger Whittle stated that since 2012 the society has used \$16,700 of the original funds. Codington County Historical Society Board Member Joy Nelson stated that the repairs needed are a capital improvement not a repair. No action taken.

Motion by Solum, seconded by Albertsen, to approve the minutes of the Finance/Safety Committee meeting held on April 16, 2018. Motion carried.

To recommend revenue from the PLWC Sponsorships go toward operating cost. Finance Officer Kristen Bobzien recommended the funds go toward operating cost for the PLWC. Motion by Vilhauer, seconded by Solum, to recommend revenue from the PLWC Sponsorships go toward operating cost. Motion carried.

An update of the July 2017 Insurance claim was given by Finance Officer Kristen Bobzien. After the July 2017 storm the city requested the damage be reviewed. A group reviewed the claim and recommended to take the full claim and set the money aside within the departments that received damage for future capital improvements. The city will lose the loss ratio credit of \$25,000 per year for the next three years. No action taken.

Diane Stiles from H2o20 presented a recommendation for the installation of decorative lighting from 19<sup>th</sup> St to Highway 81. City Engineer Shane Waterman presented the DOT cost estimate for the different street lighting options. The DOT would pay \$153,290 toward the street lighting additional costs would be the responsibility of the City. No action taken.

To recommend authorization for the Mayor to sign Addendum to City of Watertown – Watertown Development Company Property Purchase and Development Agreement. The addendum would include a strip of land that wasn't in the original agreement. Motion by Albertsen, seconded by Vilhauer, to recommend authorization for the Mayor to sign Addendum to City of Watertown – Watertown Development Company Property Purchase and Development Agreement. Motion carried.

There were no further items for the committee to discuss.

Motion by Solum, seconded by Vilhauer, to adjourn the meeting. Motion carried.

**EMERGENCY SOLUTIONS GRANTS PROGRAM  
LOCAL GOVERNMENT CERTIFICATION  
BY THE CHIEF EXECUTIVE OFFICER**

I, Sarah Caron, Mayor (Name and Title) duly authorized  
to act on behalf of the City of Watertown (Name of Jurisdiction)  
hereby approve the following projects(s) proposed by Beacon Center  
\_\_\_\_\_  
(Name of Nonprofit)

which is (are) to be located in:  
801 10th/Jenson Ave SE  
Watertown, SD 57201  
\_\_\_\_\_  
\_\_\_\_\_

By: Sarah Caron, Mayor \_\_\_\_\_  
(Print Name and Title) (Date)  
  
\_\_\_\_\_  
(Signature)

**STATE OF SOUTH DAKOTA  
EMERGENCY SOLUTIONS GRANTS (ESG) PROGRAM  
APPLICATION**

**GENERAL INFORMATION**

A. Name of Applicant Beacon Center

Nonprofit Organization       Unit of Local Government

P.O. Box PO Box 781  
Street Address 801 10th/Jenson Ave SE  
City and Zip Code Watertown 57201  
County Codington  
Contact Person Dawn Sikkink  
Title Executive Director  
Phone Number 605-886-4304      FAX 605-878-2045  
E-mail Address dawn@beaconcentersd.com  
DUNS #: 46-0358638

TOTAL AMOUNT OF ESG FUNDS REQUESTED: 60000  
(must equal budgeted amount on page 12)

**ELIGIBILITY  
(Mark one)**

- A. Applicant has a written policy designed to ensure that their facility is free from illegal use, possession, or distribution of drugs or alcohol by its beneficiaries and employees.  
YES (attach document)       NO
- B. Applicant has a written policy to ensure that activities conducted under ESG conform to the nondiscrimination and equal opportunity requirements contained in 24 CFR Part 576.407(a).  
YES (attach document)       NO
- C. Applicant will make known that use of the facilities, assistance and services are available to all individuals on a nondiscriminatory basis per 24 CFR Part 576.407(b).  
YES       NO
- D. Applicant has a policy outlining the confidentiality of victims of domestic violence and the location of shelters for such persons.  
YES (attach document)       NO

- E. If Applicant is a primarily religious organization, Applicant agrees to provide all eligible activities under this program in a manner that is free from religious influences in accordance with 24 CFR Part 576.406.  
 YES  NO  N/A
- F. If Applicant is a nonprofit organization, Applicant has approval of the proposed project from the unit of general local government?  
 YES  NO  N/A
- G. The amount of match, consisting of funds, value of service, value of building, or value of materials to be provided, equal to or greater than the ESG Funds requested?  
 YES  NO  N/A
- H. If the proposed application is for street outreach, emergency shelter operations, homeless prevention, rapid re-housing, housing relocation, or short to medium-term rental assistance, the Applicant agrees to provide services or shelter to homeless individuals and families for at least the period during which ESG funds are provided.  
 YES  NO  N/A
- I. Applicant agrees that all housing, whether the homeless shelter, or the rental housing units assisted with ESG, will meet the shelter and housing standards outlined under 24 CFR Part 576.403.  
 YES  NO
- J. Applicant agrees that all individuals and families, eligible for ESG, will be given assistance to obtain permanent housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living; including assistance in obtaining other federal, state, local, and private assistance.  
 YES (attach proposed admin plan)  NO
- K. Applicant currently has outstanding audit findings, IRS findings, SDHDA monitoring findings or other compliance issues?  
 YES (Stop here and do not submit an application)  NO

- L. To the greatest extent possible, Applicant agrees to incorporate participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policy-making entity of the recipient, to the extent the entity considers and makes policies and decisions regarding any facilities, services, or other assistance that receive funding under ESG, as outlined per CFR 576.405.

YES

NO

**Current ESG applicants only:** If yes, what have you done in 2018 to work towards achieving this objective? \_\_\_\_\_

We have a former shelter client who has agreed to participate to the greatest extent possible with this requirement. We continue to survey all shelter clients to give them an opportunity to share with staff their experience while temporarily using Beacon Center's safe shelter.

- M. Applicant will involve the employment of homeless individuals to the maximum extent practicable.

YES

NO

**Current ESG applicants only:** If yes, what have you done in 2018 to work towards achieving this objective? Case management is offered to all clients. We will discuss their short

term and long term goals. Part of this will incorporate job search if they are currently unemployed or if they want to pursue a career change. We refer them to Department of Labor to assist with placing them into a job that will meet their skill set.

- N. Is your agency a member of either the local or state (Homeless Consortium)?

YES

NO

(How many local meetings did you attend in 2017? <sup>4</sup> \_\_\_\_\_)

(How many SD Housing for the Homeless Consortium meetings did you attend in 2017? <sup>4</sup> \_\_\_\_\_)

- O. Does your agency have the capacity and the available cash flow to effectively administer this program based on the reimbursement requirements?

YES

NO

**NOTE:** If NO is the response to any of the above questions, stop here and do not submit an application.

**ELIGIBILITY OF REHABILITATION  
CONVERSION AND RENOVATION ACTIVITIES ONLY**

Are you requesting ESG funds for rehabilitation, conversion or renovation? If yes, please answer all questions (A-E) below.

A. Does the rehabilitation, conversion, or renovation activities involve a building on the National Register of Historic Places, a building located in a Historic District, a building immediately adjacent to a property listed on the National Register, or building deemed to be eligible for inclusion on the National Register by the State Historic Preservation Officer?

YES

NO

N/A

B. If you have answered YES to A, have the final plans and specifications for the rehabilitation project been approved by the State Historic Preservation Officer?

YES

NO

N/A

C. Will the estimated value of the improvements exceed 75 percent of the appraised value of the building before the improvements are made?

YES

NO

N/A

D. If Applicant proposes to utilize ESG funds for rehabilitation, the Applicant agrees that the emergency shelter building will continue to be operated as an emergency shelter for at least 3 years, if major rehabilitation or conversion of the building then at least 10 years.

YES

NO

N/A

E. Upon completion of renovation activity, will the building be accessible in accordance with Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR Part 8; the Fair Housing Act (42 U.S.C 3601 et seq.) and implementing regulations at 24 CFR part 100; and Title II of the Americans with Disabilities Act (42 U.S.C 12131 et seq.) and 28 CFR, part 35.

YES

NO

N/A

If you are planning any renovation activities, list and describe in detail what renovation activities are being requested along with at least 2 competitive bids for the project. If you are requesting more than one renovation activity, indicate a priority order.

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### SITE CONTROL - *Shelters Only*

Indicate below the status of the shelter and attach documentation of site control (lease agreement, purchase option or property deed, if not already submitted).

  X   Applicant own property: Date acquired: April 21, 2014  
  28   Lease. Expiration date: \_\_\_\_\_  
  64   Option to Purchase: Expiration date: \_\_\_\_\_  
\_\_\_\_\_ Other: Describe: \_\_\_\_\_

### ACCESSIBILITY FOR PERSONS WITH DISABILITIES

Federal regulations require that all agencies assisted with ESG funds must not exclude or deny benefits or assistance to people with disabilities. Emergency shelters and service agencies should therefore seek to ensure that their shelter and/or agency are physically accessible to people with disabilities. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

### PROJECT DESCRIPTION

The goal of the ESG program is to assist homeless individuals and families and those at risk of homelessness with assistance needed to achieve permanent sustainable housing. Below is a list of eligible components available for funding.

#### Emergency Shelter Component

##### Renovation

- Eligible costs include 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.

##### Operations

- Eligible costs include maintenance/repair, rent, security, fuel, equipment, insurance (shelter only), utilities, food, furnishings and supplies necessary for the operation of the emergency shelter. Also hotel/motel vouchers when no appropriate emergency shelter is available.

##### Essential Services (For use with shelter residents only)

- Eligible costs include case management, child care, education, employment, life skills services, legal services, mental health, substance abuse services, transportation and services for special populations.

#### Street Outreach Component

- Eligible costs include, engagement, case management, emergency health and mental health services, transportation, and services for special populations.



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

Housing Relocation and Stabilization Services

- Eligible costs include: Housing search and placement, case management, mediation and legal services, credit repair/budgeting/money management.

Financial Assistance

- Eligible costs include: Rental application fees, security deposits, last month rent, utility deposits, utility payments (including up to six months of arrearages), and moving cost assistance.

Rental Assistance

- Eligible costs include: Short term and medium term rental assistance (up to 24 months) including up to 6 months arrearages.

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

Housing Relocation and Stabilization Services

- Eligible costs include: Housing search and placement, case management, mediation and legal services, credit repair/budgeting/money management.

Financial Assistance

- Eligible costs include: Rental application fees, security deposits, last month rent, utility deposits, utility payments (including up to six months of arrearages), and moving cost assistance.

Rental Assistance

- Eligible costs include: Short term and medium term rental assistance (up to 24 months) including up to 6 months of rental arrearages.

**HMIS Component**

- Eligible costs include: Computer hardware/software/software licenses, office space/utilities/equipment, obtaining technical support, salaries for HMIS operations, staff travel for HUD approved HMIS training and participant intakes, and participation fees charged by the HMIS Lead

**Administration Component (only for Homeless Prevention, Rapid Re-Housing and HMIS Activities)**

- Up to 2% of the ESG Budget.
- Eligible costs include: Administrative costs related to planning and execution of the ESG activities. This does not include staff and overhead costs directly related to carrying out street outreach, emergency shelter, homelessness prevention, and rapid re-housing activities, as those costs are eligible as part of those activities.

**What type of Clientele will you be serving? (Check all that apply)**

- Homeless individuals and/or households (DV and Non-DV)
- At Risk of homelessness individuals and/or households (DV and Non-DV)
- Domestic Violence Victims Only

**PERFORMANCE OUTCOME MEASUREMENTS – Renewing Applicants Only**

Performance measurement is a tool to capture information about program performance to determine how programs and activities are meeting established needs and goals. Applicants can provide printed reports from the HMIS or DV database system for the following questions.

**1. People Served – Previous Calendar Year**

**Annual Number** (not percentages): Please indicate the number of people served (including children) from 1/1/2017 to 12/31/2017 (individuals and families need to be counted in each program they participated in during the calendar year.

	Homeless Prevention	Rapid Re-Housing	Shelter Activities	Total Persons
Adults	_____	12 _____	43 _____	43 _____
Children	_____	8 _____	49 _____	49 _____
Don't Know	_____	_____	_____	_____
Missing Information	_____	_____	_____	_____
<b>TOTAL:</b>	_____	20 _____	92 _____	92 _____

**2. Gender and Age– Previous Calendar Year**

Please indicate the gender and age of people served (including children)

<u>GENDER</u>	TOTAL	<u>AGE</u>	TOTAL
Male	28 _____	Under 18	43 _____
Female	64 _____	18-24	4 _____
Transgendered	_____	25 and over	45 _____
Other	_____	Don't Know/Refused	_____
Don't Know/Refused	_____	Missing Information	_____
Missing Information	_____		

**3. Race – Previous Calendar Year**

Please indicate the race of people served (including children)

	TOTAL
White	44 _____
American Indian/Alaskan Native	44 _____
Asian	_____
Black/African American	4 _____
Native Hawaiian/Other Pacific Islander	_____
Don't Know/Refused	_____
Missing Information	_____

### 3. Special Population – Previous Calendar Year

Please indicate the special populations of people served (Adults Only). May have multiple responses.

	Homeless Prevention	Rapid Re-Housing	Shelter Activities	Total Persons
Veterans	_____	_____	<u>1</u>	<u>1</u>
DV Victims	_____	<u>8</u>	<u>49</u>	<u>49</u>
Elderly	_____	<u>1</u>	<u>3</u>	<u>3</u>
HIV/AIDS	_____	_____	_____	_____
Chronic Homeless	_____	_____	<u>1</u>	<u>1</u>
Severely Mentally Ill	_____	_____	<u>4</u>	<u>4</u>
Chronic Substance Abuse	_____	_____	<u>6</u>	<u>6</u>
Other Disability	_____	_____	<u>5</u>	<u>5</u>

### 4. Income Levels – Previous Calendar Year

Please indicate the Income levels of persons or households served during the time period of 1/1/2017 to 12/31/2017

- a. # or % extremely low income 99%
- b. # or % low income \_\_\_\_\_
- c. # or % moderate income 1%

### 5. Destination Residence – Previous Calendar Year

**Annual Number** (not percentages): From 1/1/2017 to 12/31/2017, answer according to the type of residence the client is in at time of program exit.

- \_\_\_ Deceased
- \_\_\_ Emergency Shelter (including hotel/motel paid for with emergency shelter voucher)
- \_\_\_ Foster Care Home or Foster Care Group Home
- \_\_\_ Hospital or other residential non-psychiatric medical facility
- 0 Hotel or Motel paid for without Emergency Shelter Voucher
- 1 Jail, Prison, Juvenile Detention Facility
- \_\_\_ Long-term care facility or nursing home
- \_\_\_ Moved from one HOPWA funded project to HOPWA PH
- \_\_\_ Moved from one HOPWA funded project to HOPWA TH
- \_\_\_ Owned by client, no housing subsidy
- \_\_\_ Owned by client, with ongoing housing subsidy
- \_\_\_ Permanent Housing for homeless person (such as CoC project; or HUD legacy programs; or HOPWA PH)
- \_\_\_ Place not meant for habitation (a vehicle, abandoned building, bus/train/anywhere outside)
- \_\_\_ Psychiatric Hospital or Other Psychiatric Facility
- \_\_\_ Rental by Client, no housing subsidy

- Rental by client, VASH Subsidy
- 8 Rental by client, other (non-VASH) ongoing housing subsidy
- Rental by client, with GPD TIP housing subsidy
- Safe Haven
- 10 Staying or living with family, permanent tenure
- 3 Staying or living with friends, permanent tenure
- Staying or living with family, temporary tenure (e.g., room, apartment or house)
- Staying or living with friends, temporary tenure (e.g., room, apartment, house)
- 1 Substance Abuse Treatment or Detox Center
- Transitional Housing for homeless persons (including homeless youth)
- 4 Other: Returned home
- Client doesn't know
- 22 Client refused to provide

**6. Reason for Leaving – Previous Calendar Year**

**Annual Number** (not percentages): From 1/1/2017 to 12/31/2017, how many clients left the program for the following reasons.

- 17 Left for housing before completing program
  - 6 Completed Program
  - Non-payment of rent/occupancy change
  - 6 Non-compliance with program
  - Criminal action/property destruction
  - Reached maximum time allowed
  - Needs could not be met
  - Disagreement with rules/persons
  - Death
  - 14 Unknown/Disappeared
  - 4 Other: Returned home
-

**PERFORMANCE OUTCOME MEASUREMENTS – for all applicants**

As appropriate, please provide the **proposed outcomes** of your project.

1. Proposed number of person(s) or households to be served within the next 12 months?  
Persons: 148  
Households: 68
  
2. Proposed # of homeless individuals and/or households that will be served by Rapid Re-Housing within the next 12 months?
  - a. Individuals 30
  - b. Households 12
  
3. Number of individuals and/or households that will be served by Homeless Prevention funding within the next 12 months?
  - a. Individuals 15
  - b. Households 5
  
4. Number of individuals and/or households that will be sheltered within the next 12 months?
  - a. Individuals 142
  - b. Households 64
  
5. Attach a narrative describing how the proposed program will promote self-sufficiency, help clients gain access to benefits and/or improve their financial stability.
  
6. Attach a narrative describing the procedure that will be used to follow-up with clients who were served and then exited the program.
  
7. Attach a narrative describing your case management procedures, including frequency of appointments, goal planning, transitioning into and maintaining permanent housing and how you will evaluate the client's needs and progress.
  
8. Attach a narrative describing the needs within your community and/or service area, how the need was determined, listing of other agencies providing services, how the need will be filled and how performance will be measured.
  
9. If your agency is only applying for funding for a specific population, attach a narrative describing how you have partnered with other agencies in your community to help homeless individuals that you DO NOT serve to ensure they receive the needed services.
  

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10. If you are currently an Emergency Shelter and you do NOT plan to apply for Essential Services funding, please explain why.

11. Attach a narrative describing how your agency ensures that homeless participants (adults and children) are informed of their eligibility for and receive access to education services? In addition, include how your agency works with educational partners in your community to identify participants who may be eligible for ESG programs?
12. Attach a narrative describing any limitations your agency may have within this program regarding the services, length of time or amount of assistance clients may receive.
13. Attach a narrative explaining the intake process utilized within your ESG program and any diversion methods utilized. Include any additional eligibility requirements and justification of added restrictions on program entry.
14. Attach a narrative explaining how your agency addresses recidivism, specifically describing the methods your agency utilized to identify participants who have returned to homelessness and the services to those participants.

**SUMMARY OF FUNDS REQUESTED**

Please complete as accurately and completely as possible. Failure to do so may result in a reduction or denial of funding. Request only those funds expected to be expended over an 18-month period. **Round to the nearest \$1.00.** Applicants should refer to 24 CFR, Part 576 and SDHDA's ESG Administrative Plan for further clarification of how and when these services can be provided.

<b>Activity Type</b>	<b>Requested Amount</b>
<b>SHELTER ACTIVITIES</b>	<b>\$ 64074</b>
<b>Renovation</b>	<b>\$ 0</b>
<b>Operations</b> (total of all subcategories below)	<b>\$ 40074</b>
▪ Maintenance	\$ 5000
▪ Insurance	\$ 6200
▪ Utilities	\$ 18874
▪ Furnishing/Appliances	\$
▪ Food	\$ 2000
▪ Rent	\$
▪ Security	\$ 1000
▪ Supplies	\$ 6000
▪ Equipment	\$ 1000
▪ Hotel/Motel Vouchers	\$ 0
<b>Essential Services</b> (Shelter Residents Only)	<b>\$ 15000</b>
<b>STREET OUTREACH</b>	<b>\$</b>
<b>RAPID RE-HOUSING ACTIVITIES</b>	<b>\$ 40600</b>
Housing Relocation and Stabilization Services	\$ 10000
Financial Assistance	\$ 9600
Tenant-Based Rental Assistance	\$ 21000
Project-Based Rental Assistance	\$
<b>HOMELESS PREVENTION ACTIVITIES</b>	<b>\$ 17400</b>
Housing Relocation and Stabilization Services	\$ 5000
Financial Assistance	\$ 4000
Tenant-Based Rental Assistance	\$ 8400
Project-Based Rental Assistance	\$
<b>HMIS</b>	<b>\$ 4000</b>
<b>Administrative Activities</b>	<b>\$ 1160</b>
<b>Total FY 2018 Request</b>	<b>\$ 127234</b>

<b>2018 ALLOCATION MATCHING FUNDS</b>
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<b>Source of Match</b>	<b>Amount of Match</b>
1. Volunteer hours (\$5 per hour)	\$ _____
2. Private donations	\$ 72234 _____
3. City government contribution	\$ _____
4. County government contribution	\$ _____
5. In-Kind (donations)	\$ 55000 _____
6. Housing Opportunity Funds (HOF)	\$ _____
7. Donated value/use of a building	\$ _____
8. Other _____	\$ _____
9. Other _____	\$ _____
10. Other _____	\$ _____
<b>Total Match</b>	<b>\$ 127234 _____</b>

***If funds from the city, county, state agency, or a private source are to be used to meet the match requirement, please attach a letter of commitment or award.***



## TOTAL BUDGET FOR OPERATIONS AND SERVICES

The Emergency Solutions Grants Program funding must be used in coordination with other funding sources and programs to ensure a continuum of services. This budget will provide information on your organization's activities, resources, and expenditures currently for 2017 and projected for 2018. Please complete as accurately and completely as possible. Failure to do so may result in a reduction or denial of funding. Resources: Project the amounts to be received for 2018  
Expenses: Project the amounts to be expended for 2018

<b>TOTAL PROJECTED BUDGET FOR OPERATIONS AND SERVICES FOR 2018 ALLOCATION</b>	
<b>Anticipated Resources</b>	<b>Amount Projected 2018</b>
1. United Way	\$78,000
2. VOCA (Victims of Crime Assistance)	\$76,300
3. DASA (Domestic and Sexual Abuse Grant)	\$8,000
4. ESG (Emergency Solutions Grants) <b>This must equal your total request</b>	\$108,084
5. Marriage License Fees	\$17,500
6. City/County Government Contribution	\$22,000
7. FEMA (Emergency Food and Shelter Program)	0
8. Documented Cash Contributions	\$20,000
9. FVPS (Family Violence and Prevention)	\$40,916
10. STOP Violence Against Women Grants	0
11. Other Resources (specify) <u>SASP, AVG, CPS, RA</u>	\$75,493
12. Other Resources (specify) <u>Fundraising/Misc. Grants/Interest</u>	65000
<b>Projected Expenses</b>	
1. Renovation	0
2. Shelter Operations	\$49,074
3. Shelter Essential Services	\$10,000
4. Street Outreach	0
5. Homeless Prevention Activities	\$17,400
6. Rapid Re-Housing Activities	\$40,600
7. HMIS Activities	\$4,000
9. Staff Salaries	\$244,198
12. Administration	\$1,160
13. Other Supportive Services(specify) <u>Taxes, Ins, Ret.</u>	\$31,911
14. Other Expenses (specify) <u>other operational expenses, see bu</u>	\$117,626
14. Other Expenses (specify)	

## ATTACHMENTS

Please attach the following items:

1. Bylaws and/or constitution  Attached
2. Articles of Incorporation  Attached  
 We are a public agency
3. Documentation of 501(c)(3) status from the U.S. Internal Revenue Service  Attached  
 We are a public agency
4. Local Government Certification  Attached
5. Organizational chart of the Agency Board and Staff  Attached
6. Certification of Consistency with local Consolidated Plan (Rapid City & Sioux Falls applicants only)  Attached
7. Bids - at least 2 competitive bids for renovation/rehabilitation activities  Attached  
 Not Requested
8. Copy of the purchase or lease agreement(s) for the building(s) currently used as a shelter and/or office space  Attached
9. Shelter pictures of any renovation activities (inside and/or outside)  Attached
10. Provide evidence of financial accountability such as a recent audit Or annual accounting with balance sheets  Attached
11. Policies and narratives as necessary to complete the application Questions #5-#14  Attached
12. Proposed ESG Admin Plan  Attached
13. Copy of past three board meeting minutes  Attached
14. Confidentiality Policy  Attached
15. Discharge Policy  Attached
16. Drug-Free Workplace Policy  Attached
17. Executed Partnership Agreement  Attached
18. Scoring sheet – Exhibit A – completed (self-scoring)  Attached

## 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

## Exhibit A 2018-2019 ESG Scoring Matrix

1 - Utilization of 2017 ESG funds - up to 25 points		Points	Score
Utilize all ESG funds within the term of the grant agreement	(10)	25	
Submitted quarterly draws	(10)		
Awarded and utilized recaptured funds	(5)		
Recaptured less than 10% from previous grant	5		
2 - Participation in CoC (Calendar year 2017) - Up to 15 Points			
100% attendance at SDHHC Quarterly Meetings	(15)	Percent	100
75% attendance at SDHHC Quarterly Meetings	10		
50% attendance at SDHHC Quarterly Meetings	5	Score	15
Less than 50% attendance at SDHHC Quarterly Meetings	0		
3 - Proposed Application - Up to 15 Points			
Requested at least 40% RRH/HP funds in application	(15)	Percent	49
Requested less than 40% RRH/HP funds in application	5		
Shelter Operations Only with signed partnership agreement for Direct Services	5	Score	15
Requested Shelter Operations only	0		
4 - Participation in 2017 ESG Trainings - up to 15 points			
100% attendance at ESG trainings	(15)	Percent	100
75% attendance at ESG trainings	10		
50% attendance at ESG trainings	5	Score	15
Less than 50% attendance at ESG trainings	0		
5 - HMIS Data Quality - 2017 Grant - up to 25 points			
Actively using HMIS as evidenced at time of draw request	(15)	Percent	100
5% or less null/missing data	10		
6-10% null/missing data	5	Score	30
Timely submission of comparable database	(15)		
6 - Agency Performance - 2017 Grant - up to 35 points			
All required documentation submitted at time of draw request	(10)	Score	35
Agency serves all populations <i>Partner with ICAP</i>	(10)		
Agency evidences how they ensure connection with educational services while in shelter	(5)		
Agency evidences % of those served found housing vs. went back into homelessness upon exit	(5)		
No audit Findings	(5)		
<b>Total Score:</b>			135

5. Attach a narrative describing how the proposed program will promote self-sufficiency, help clients gain access to benefits and/or improve their financial stability.

Each client who stays at our facility is offered case management through our continuum of care programming. This is a holistic approach which allows our advocates to work with the client and assess their situation. We then work with the client to weigh their options and consider what is a good plan for them. The clients are assisted with finding housing, job placement, transportation, counseling and if needed, referrals to other community agencies to meet their needs.

6. Attach a narrative describing the procedure that will be used to follow-up with clients who were served and then exited the program.

We will meet with clients as needed to help them remain self-sufficient. There is no mandatory case management but they will still be eligible to receive services from our agency.

7. Attach a narrative describing your case management procedures, including frequency of appointments, goal planning, transitioning into and maintaining permanent housing and how you will evaluate the client's needs and progress.

We use a case management checklist that is set up on a 4 week plan to help the client navigate through the different areas that could potentially assist them in achieving their goals and objectives. The client meets with the direct service provider weekly at first and then as needed but at least once a month to make sure they are making progress to become self-sufficient. Each meeting will review progress to date and then adjust goal and objectives accordingly. Evaluating the needs will be done through reviewing their accomplished goals and objectives. The client and direct service provider will continue to review their plan to enhance their potential to achieve self-sufficiency.

8. Attach a narrative describing the needs within your community and/or service area, how the need was determined, listing of other agencies providing services, how the need will be filled and how performance will be measured.

Many of the clients that present to our agency have no other alternative but to seek out our services. We meet with each client to determine their needs and then we proceed accordingly. Many have no support system or any other means of getting assistance so they rely heavily on government programs. Clients who show a need to receive SNAP (Supplemental Nutrition Assistance Program), WIC (Women, Infants and Children), Medicaid, LIEAP (Low Income Energy Assistance Program), job placement, mental health counseling, will be referred to the proper local agency to include but not limited to Department of Social Services, Human Service Agency, Department of Labor and or any other agency that will be able to assist them with their needs. The performance will be measured by monitoring their progress through one on one case management.

9. If your agency is only applying for funding for a specific population, attach a narrative

describing how you have partnered with other agencies in your community to help homeless individuals that you DO NOT serve to ensure they receive the needed services.

We work with domestic violence and sexual assault victims. We will be working with homeless individuals who are not domestic violence or sexual assault.

10. If you are currently an Emergency Shelter and you do NOT plan to apply for Essential Services funding, please explain why.

NA

11. Attach a narrative describing how your agency ensures that homeless participants (adults and children) are informed of their eligibility for and receive access to education services? In addition, include how your agency works with educational partners in your community to identify participants who may be eligible for ESG programs?

We are safe haven for victims therefore all clients are considered homeless once they enter the shelter. We work with each family individually and therefore are able to offer the ESG program to all of our shelter clients. We educate the clients about the program and let them know how it can assist them to get back on their feet and hopefully regain their status of being self-sufficient. This will be done through ongoing case management. We work with many of the counselors located throughout the educational system. Through presentations and one on one conversations with the systems we are able to communicate the assistance that we can provide through the ESG program. This is an area that we are getting more and more exposure due our increased presence within the educational system.

We will also be able to inform the community that we have funding to assist with non-DV or non-SA homeless individuals. We are not quite sure how this will look presently but we are going to follow the same guidelines as we do with DV and SA victims as providing services.

12. Attach a narrative describing any limitations your agency may have within this program regarding the services, length of time or amount of assistance clients may receive.

We have not really found any limitations with the program regarding providing services. The only limitation that could be an issue is clients not following through with their appointments. We are very flexible with our appointment times to meet their needs and we will continue to work with the clients to ensure they are getting the assistance they need.

We will be look the non-DV and non-SA homeless population and if it limiting factors present over the course of this grant.

13. Attach a narrative explaining the intake process utilized within your ESG program and any diversion methods utilized. Include any additional eligibility requirements and justification of added restrictions on program entry.

Each client meets with the direct service provider and the option of ESG is discussed with them. When the client reaches a point in their stay with us where it appears they are ready to acquire housing we enter them onto the ESG program. The only requirement that is asked of clients is case management appointments. Through these appointments we are able to stay abreast of their situation and potentially divert any issues.

14. Attach a narrative explaining how your agency addresses recidivism, specifically describing the methods your agency utilized to identify participants who have returned to homelessness and the services to those participants.

It is our goal to work with the client in a manner that will keep them from returning to their homeless status. This is done by follow-up appointments and phone calls to them if they are unable to come into the office. If they do find themselves in the homeless status again, we look at their situation assess what was implemented and what could be done to differently that would provide them with a better outcome. Sometimes it completely out of our hands and they choose not to work through the program.

We will also talk with our formerly homeless individual to see if there is any recommendations that she can offer to address a situation.

**Beacon Center  
Statement of Revenues and Expenses  
For the year ended June 30, 2019  
Budget**

Support & Revenue	
Donations/Fundraising	75,000
Family Visitation Center	
Visits, DSS	28,500
Visits, Private	750
Visits, AVG Grant	9,500
Witness fees	250
County - Codrington	12,000
City - Watertown	10,000
Community Corner	6,000
Grant income	
DASA	8,000
ESG	108,084
FVPS	40,916
SASP	16,724
United Way	78,000
VOCA	76,300
Rural Advocate	20,769
Other Grants	3,000
Marriage & Divorce Fees	17,500
<b>Total Support &amp; Revenue</b>	<b><u>511,293</u></b>
Expenses	
Salaries	274,358
Payroll taxes	20,731
Retirement	6,380
Health Insurance	4,800
Advertising	200
Bank fees	800
Books	-
Community Education	3,100
Depreciation	36,000
Dues & Subscriptions	4,900
Emergency	7,100
Equipment/Furniture	2,000
Fundraising	9,500
Insurance - Building	6,200
insurance - Auto	3,400
Insurance, Directors & Officers	2,400
Insurance - Workmens' Comp	7,300
Office supplies	5,000
Operating Supplies	6,000
Postage/Printing	1,500
Professional fees	5,000
Rapid Rehousing	52,000
Repairs/Maintenance	15,000
Telephone	4,300
Training	5,000
Travel	9,000
Utilities	20,000
Vehicle	<u>4,000</u>
<b>Total Expenses</b>	<b>515,969</b>
Other income (expense)	
Interest income	4,000
WCF gain (loss)	750
Donated in Kind	<u>58,000</u>
<b>Total other income (expense)</b>	<b>62,750</b>
Other Expenses	
Donated in Kind	<u>58,000</u>
<b>Increase (decrease) in fund balance</b>	<b><u>74</u></b>