



Emergency Solutions Grant (ESG)

Subrecipient Orientation | June 25, 2024 | 4:00 pm

Agenda

1. Welcome
2. Introductions
3. ESG Grant Objectives
4. Eligible Activities
5. Participant Eligibility
6. ESG Requirements
7. Statistical Reporting
8. Budget
9. Invoices
10. Continuing Education Log
11. Monitoring
12. Grant Award Process
13. Next Steps
14. Federal Regulatory Requirements
15. Q&A
16. Closing

Introductions



Viviana McDaniel

Grants Division Manager



Dulce Spencer

Senior Grants Analyst



Margo Arispuro

Senior Grants Accountant



Donyielle Holley

ESG Consultant



Melissa Aguilar

HUD Consultant



Adriana Robledo

HUD Consultant

ESG Basics: ESG Grant Objectives

- Improve the number and quality of emergency shelters for homeless individuals and families;
- Help operate these shelters and provide essential services to shelter residents;
- Rapidly re-house and provide essential services to homeless individuals and families; and
- Prevent families and individuals from becoming homeless and provide essential services to those at risk of homelessness.



Eligible Activities

- Street Outreach
- Emergency Shelter
- Homelessness Prevention, including rental assistance
- Rapid Re-Housing
- Administration
- Homeless Management Information System (HMIS)

Participant Eligibility

- Benefitted person(s) should be City residents.
- “Homeless” or those “At Risk of Homelessness” per HUD definitions ([24 CFR 576.2](#)).
- Grant Program must serve extremely low income (30% AMI) persons.
 - Use HUD 2024 Income Limits (Effective 05.01.24) for Riverside County to qualify applicant.

ESG Income Limits

Maximum Annual Household Income Limits as Determined by HUD effective May 1, 2024

of Persons in Household

**Extremely Low
Income (30%)**

1	2	3	4	5	6	7	8
\$21,550	\$24,600	\$27,700	\$30,750	\$33,250	\$35,700	\$38,150	\$40,600

Compliance Certification

Exhibit D

COMPLIANCE CERTIFICATION
City of Moreno Valley
2024-2025 ESG Program
Homeless Prevention & Rapid Rehousing

INVOICE DATE/ INVOICE NO. : _____

Neighborhood Housing Services of the Inland Empire hereby certifies that the below procedures were performed; and policies, guidelines, and requirements (among other regulations) related to the acceptance and use of ESG funds have been adhered to and complied with as stipulated in the executed agreement for the above-mentioned program:

Y/N/NA

An initial evaluation was conducted to determine each individual's or family's eligibility for Homelessness Prevention assistance

* Rapid Re-housing and the amount and types of assistance the individual or family needs to regain stability in

There is documentation that all program participants who received Homelessness Prevention assistance:
a. met the eligibility criteria of the "At risk of homelessness" definition or "Homeless" definition categories 2, 3 or 4 in in 24 CFR 576.2;
b. had an annual income (as determined in accordance with 24 CFR 5.609) does not exceed 30% AMI per Notice CPD-20-08.
[24 CFR 576.2, 24 CFR 576.103; 24 CFR 576.401(c); 24 CFR 576.500(b); 24 CFR 576.500(c); 24 CFR 576.500(e); 24 CFR 576.500(f)]; and
c. certified there were no benefits applied for and receive duplicative to that provided by LSSC (see Exhibit K of the Agreement).

There are documentations that all program participants who received Rapid Re-housing assistance met the eligibility
a. under category (1) of the "Homeless " definition, or
b. under category (4) and live in an emergency shelter or place described in category (1) of the homeless definition. [24 CFR 576.2, 24 CFR 576.104; 24 CFR 576.500(b); 24 CFR 576.500(f)]

[Subrecipient Name] records document that the program participant's eligibility were re-evaluated and the types and amounts of assistance the program participant needs not less than once every 6 months for program participants receiving
Homeless Prevention assistance and not less than once annually for program participants receiving Rapid Re-housing

[Subrecipient Name] adopts written standards for the provision of Homelessness Prevention and Rapid Re- housing assistance.

[Subrecipient Name] records document that each re-evaluation of eligibility established that the program participant:
a. did not have an annual income (as defined in 24 CFR 5.609) that exceeds 30% AMI as established by HUD; and
b. lacked sufficient resources and support networks necessary to retain housing without ESG assistance [24 CFR 576.401(b)(1)(i)-(ii); 24 CFR 576.500(e); 24 CFR 576.500(f)]

ESG Requirements

- Match Requirements – Federal regulations require a 100% match; with documentation to be provided when invoicing the City.
- Participation in HMIS – Must Input Data Monthly.
- Active Participation in Continuum of Care (CoC)
- Maintain and Apply Written Standards for providing ESG assistance.

ESG Requirements

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Match Log

CITY OF MORENO VALLEY Emergency Solutions Grant (ESG) Match Report Form	
Reporting Period:	06.01.2024 - 06.30.2025
Project Name:	Path of Life - Rapid Rehousing
Grant Number:	TBD
Total Grant Award:	\$ 213,191.88
Total Amount Expended:	\$ - as of xx.xx.xxxx
Required Match - 100%:	\$ 213,191.88
City Match, if Provided	\$ -
Total Match	\$ -

Match Source	Match Provided by [Fund Type/Source]	Eligible Expenses/Services for Match Use	Match Type [Cash/In-Kind]	Total Amount/Value
				\$-
				\$-
				\$-
				\$-
				\$-
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				\$-
				\$-
				\$-
Total Match Amount				\$ -

Authorized Signature _____ Date _____

Name and Title _____

Statistical Reporting

CITY OF MORENO VALLEY CDBG MONTHLY STATISTICAL & ACCOMPLISHMENT REPORT		JULY	AUGUST	SEPTEMBER	Quarter 1 JUL-SEP	OCTOBER	NOVEMBER	DECEMBER	Quarter 2 OCT-DEC	JANUARY	FEBRUARY	MARCH	Quarter 3 JAN-MAR	APRIL	MAY	JUNE	Quarter 4 APR-JUN	Program to Date
1	Units Served																	
1a	Number of Rehabilitated Units				0				0				0				0	0
Other Accomplishments																		
1b					0				0				0				0	0
1c					0				0				0				0	0
1d					0				0				0				0	0
2	Participant Income																	
2a	Extremely Low Income (30%)				0				0				0				0	0
2b	Very Low Income (50%)				0				0				0				0	0
2c	Low Income (60%)				0				0				0				0	0
2d	Non-Low/Med Income				0				0				0				0	0
	Subtotal (Low Income)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Subtotal (ALL)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total here should match total for question 1a																		
3	Participant Demographic																	
3a	White				0				0				0				0	0
3a1	How many also identified as Hispanic/Latino?				0				0				0				0	0
3b	Black/African American				0				0				0				0	0
3b1	How many also identified as Hispanic/Latino?				0				0				0				0	0
3c	Asian				0				0				0				0	0
3c1	How many also identified as Hispanic/Latino?				0				0				0				0	0
3d	American Indian/Alaskan Native				0				0				0				0	0
3d1	How many also identified as Hispanic/Latino?				0				0				0				0	0
3e	Native Hawaiian/Other Pacific Islander				0				0				0				0	0
3e1	How many also identified as Hispanic/Latino?				0				0				0				0	0
3f	American Indian/Alaskan Native & White				0				0				0				0	0
3f1	How many also identified as Hispanic/Latino?				0				0				0				0	0
3g	Asian & White				0				0				0				0	0
3g1	How many also identified as Hispanic/Latino?				0				0				0				0	0
3h	Black/African American & White				0				0				0				0	0
3h1	How many also identified as Hispanic/Latino?				0				0				0				0	0
3i	Amer. Indian/Alaskan Native & Black African Amer.				0				0				0				0	0
3i1	How many also identified as Hispanic/Latino?				0				0				0				0	0
3j	Other Multi-Race				0				0				0				0	0
3j1	How many also identified as Hispanic/Latino?				0				0				0				0	0
	Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3k	Total Female Heads of Household	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Program Budget																	
4a	Reimbursement Requests Submitted				\$0.00				\$0.00				\$0.00				\$0.00	\$0.00
4	CERTIFICATION																	
6a	Name of Person Submitting Report																	
6b	Title																	
6c	Phone				N/A				N/A				N/A				N/A	N/A
6d	Email																	
6e	Date of Submission																	

Budget

CITY OF MORENO VALLEY
FY 2024/25 Emergency Solutions Grants
Budget Worksheet

Name of Applicant: _____
 Amount Requested: \$ _____

ELIGIBLE PROGRAM COMPONENTS

B. RAPID REHOUSING
Number of Individuals to be Served by Award: ____
*Number of Individuals to be Served by Match**:* ____

Eligible/Budgeted Costs		Description	Grant	Match**
Housing Relocations and Stabilize				
Financial Assistance	Services	Moving Costs, Rent Application Fees, Last Month's Rent, Utility Payments, Security Deposits, Utility Deposits	\$ -	\$ -
		Housing Search & Placement, Housing Stability Case Management, HMIS Data Entry (Direct Costs)	\$ -	\$ -
Services		Mediation, Credit Repair, Legal Services	\$ -	\$ -
Short- and Medium- Term Rental Assistance			\$ -	\$ -
Short Term Assistance (0-3 mos.)		<i>Example: \$800/Rental Assistance x 2 months = \$1,600</i> \$ Rental Assistance x months =	\$ -	\$ -
Medium Term Assistance (4-24 mos.)		<i>Example: \$800/Rental Assistance x 9 months = \$7,200</i> \$ Rental Assistance x months =	\$ -	\$ -
TOTAL			\$ -	\$ -

D. EMERGENCY SHELTER
Number of Individuals to be Served: ____
*Number of Individuals to be Served by Match**:* ____

Eligible/Budgeted Costs		Description	Grant	Match**
Essential Services				
Services	Services	Services provided to individuals and families who are in an emergency shelter. Case Management Life Skills, Child Care, Education Services, Employment Assistance and Job Training, Outpatient Health Services, Legal Services, Mental Health Services, Substance Abuse Treatment Services, Transportation, Services for Special Populations	\$ -	\$ -
		Case Management, Life Skills, HMIS Data Entry (Direct Costs)	\$ -	\$ -
Renovation			\$ -	\$ -
		Cost of labor, materials, tools, other costs for renovation including soft cost, major rehabilitation of an emergency shelter, and renovating buildings to be used as emergency shelter for homeless families and individuals.	\$ -	\$ -
Shelter Operations			\$ -	\$ -
		Maintenance, Food, Insurance, Rent, Furnishings, Security, Supplies necessary for the operation of the emergency shelter, Fuel, Utilities, Equipment, Hotel or motel voucher for family or individual when an emergency shelter is not available.	\$ -	\$ -
TOTAL			\$ -	\$ -

** Matching funds must be expended on ESG eligible costs. Matching funds must be budgeted within the applicable column to demonstrate where matching funds will be allocated. The dollar for dollar match is not required to occur on the same line item where a grant expenditure occurs, it may be allocated to any other eligible grant expenditure listed in the program budget. Beneficiaries served by the match shall be entered into HMIS.

	ESG Grant	Match
STREET OUTREACH	\$ -	\$ -
RAPID REHOUSING	\$ -	\$ -
HOMELESSNESS PREVENTION	\$ -	\$ -
EMERGENCY SHELTER	\$ -	\$ -
TOTALS	\$ -	\$ -

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Monthly Invoices

Exhibit D

CITY OF MORENO VALLEY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Subrecipient Payment Request FY ____/____

AGENCY NAME:	DATE:
PROJECT TITLE:	INVOICE NO. :
PREPARER'S NAME:	
EMAIL:	PHONE:

ACCOUNT SUMMARY:	
Approved CDBG Budget	
CDBG Reimbursements Received To Date	
Pending Reimbursements To Date (including this invoice)	
Remaining CDBG Balance	\$ -

CURRENT REQUEST:		BUDGET AMOUNT \$	(PREVIOUS REQUESTS)	(CURRENT AMOUNT REQUESTED FOR REIMBURSEMENT)	REMAINING BUDGET BALANCE
CDBG BUDGET LINE ITEM PER APPROVED AGREEMENT <small>(List individual line item costs per approved budget, Exhibit "B")</small>					
PERSONNEL COSTS:					
Salaries					\$ -
Fringe Benefits					\$ -
Total Personnel Costs:	\$ -	\$ -	\$ -	\$ -	\$ -
OPERATING COSTS: <small>(List individual operating line item costs)</small>					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Total Operating Costs:	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL: (Personnel Costs + Oper. Costs)	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL PAYMENT REQUESTED THIS INVOICE: \$ -

NOTE: Corresponding back-up source documentation must be attached. The "Documentation Required for Reimbursement Checklist" may be included as back-up and/or used for guidance in preparing the submittal.

Signature of Preparer _____ Date _____

Signature of Authorized Supervisor, Executive Director, or Board Member _____ Date _____

For City Use Only:	Date Received: _____	By: _____
P.O. No.: _____	Amt. \$: _____	
Inv. No.: _____	Acct. No.: _____	
Inv. Date: _____	Auth. By: _____	



Continuing Education Log

EXHIBIT G
CDBG CONTINUING EDUCATION LOG

Date of Workshop	Time of Workshop	Title of Workshop	Length of time attended in minutes	Name of Person that Attended Workshop



Monitoring

- On-Site Visits
- Participant Eligibility
- Monthly Performance Statistics
- Request for Reimbursement



Monitoring: Common Concerns

- Behind on program milestones and goals
- Incomplete or inaccurate reporting
- Late invoice submissions
- Ratio of budget expenditures to program activity



Monitoring: Common Findings

- Participant ineligibility
- Inadequate record keeping
- Lack of adequate accounting, policies and procedures, and internal controls

Grant Award Process*

Award Notification

- **Anticipated Timeline:** Early June
- The City sends letters notifying organizations of award selection. An acceptance letter is also sent requesting a response from the organization..

HUD Agreement Issued

- **Anticipated Timeline:** August-October
- Upon obtaining a formal agreement from HUD, City staff starts processing subrecipient agreements for approval and signature by the City Manager and City Attorney.

Legal Review of Agreements

- **Anticipated Timeline:** 2 Weeks
- The City Attorney's office reviews and approves all subrecipient agreements. Upon approval, the agreements are routed to subrecipients for review/comments.

Grant Award Process*

Agreements Executed

- **Anticipated Timeline:** 1-2 weeks
- Agreements are then returned to the City for final signatures from City staff. Executed agreements are then distributed to subrecipients.

Finance Review

- **Anticipated Timeline:** 4 weeks
- The Grants Division enters the agreement and all supporting documentation into the City's Financial Operations System and a Purchase Order is created for each subrecipient.

Invoice & Statistical Reports

- **Anticipated Timeline:** Submitted Monthly
- Subrecipients are expected to submit monthly invoices to the City on the 10th of each month for review. City Staff/Consultants will review invoices for completeness, compliance, and review program deliverables via a statistical report.

Grant Award Process*

Invoice Submittal

- **Anticipated Timeline:** 1-2 weeks
- After invoices have been reviewed and approved the Grants Division submits the invoices to Accounts Payable to initiate the internal approval process.

Payment Authorization

- **Anticipated Timeline:** 1-2 weeks
- Once the invoices have obtained the necessary approvals, Accounts Payable issues payment to subrecipients. All payments are sent as an ACH.

Next Steps

- Agreements will be circulated to subrecipients for review and signature(s)
- The City receives its agreement from HUD
 - Timeline for this item varies and impacts the timeline in which the City can execute its agreements with subrecipients
- The City executes the subrecipient agreements
 - Executed copies are sent to subrecipients
 - A Notice to Proceed is issued

Federal Regulatory Requirements

- Title 2 of Code of Federal Regulations Part 200 ([2 CFR Part 200](#))- Uniform Administrative Requirements:
 - Conflict of Interest ([200.112](#))
 - Standards of Financial Management ([200.302](#))
 - Internal Controls ([200.303](#))
 - Program Income ([200.307](#))
 - Procurement Standards ([200.320](#))
 - Monitoring ([200.329](#))
 - Direct & Indirect Cost Principles ([200.412](#) & [200.413](#))
 - Audit Requirements ([200.501](#))

Federal Regulatory Requirements cont.

- Title 24 of Code of Federal Regulations Part 576 ([24 CFR Part 576](#))-
Basic provisions for all ESG grants:
 - Eligible Activities;
 - Records to be maintained
 - Labor standards (Davis-Bacon Prevailing Wage)
- Section 3 requirements for HUD awards in excess of \$200,000 for Covered Projects. Most ESG and CDBG programs are exempt.
- Various non-discrimination and affirmative action regulations.

HUD Exchange – ESG Resources

- Register for [HUD Exchange Account](#)
- [Updated ESG Interim Rule \(2017\)](#)
- [ESG Services Matrix](#)
- [Homeless Definition Matrix](#)

Q & A



We're Here to Help!

Moreno Valley

Call: 951.413.3450

Email:

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Avant Garde

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