

North Carolina Emergency Solutions Grants Program – Returning Applicants

FY 2024-2025 Project Application

Funding for the 2025 Program Year (January 1, 2025 - December 31, 2025)

Please complete every element in the GENERAL APPLICATION (sections 1 - 4) of this application. Once the GENERAL APPLICATION is complete, applicants should complete only the Project Application(s) that are applicable to the projects for which you are requesting funding. Incomplete applications will not be considered.

Returning applicants are those who were funded with North Carolina State non-entitlement annual funds for the 2024 program year. For submission information, refer to the NC ESG Application Information Packet.

GENERAL APPLICATION

Section 1: Organization Information

Applicant Organization Information

Legal Name of Organization (as it appears on your organization's tax return):	
Physical Address Street, City, State and Zip:	Mailing Address (if different from physical address) Street, City, State and Zip:
Telephone:	Website:
Federal Tax ID Number:	Unique Entity Identifier (UEI) #: gsa.gov information on UEI#
Identify Organization Type (Nonprofit/Local Government)	Date of Incorporation: mm/dd/yyyy
Name of Contact Person for Organization:	Title of Contact Person:

Phone Number of Contact Person:	Email Address for the Contact Person:
<p>Which CoC is your organization in?</p> <input type="checkbox"/> COC NC-500, WINSTON-SALEM/FORSYTH <input type="checkbox"/> COC NC-501, ASHEVILLE/BUNCOMBE <input type="checkbox"/> COC NC-502, DURHAM CITY AND DURHAM <input type="checkbox"/> COC NC-503, NC BALANCE OF STATE <input type="checkbox"/> COC NC-504, GREENSBORO/HIGH POINT <input type="checkbox"/> COC NC-505, CHARLOTTE/MECKLENBURG <input type="checkbox"/> COC NC-506, WILMINGTON/BRUNSWICK, NEW HANOVER, PENDER <input type="checkbox"/> COC NC-507, RALEIGH/WAKE <input type="checkbox"/> COC NC-509, GASTONIA/CLEVELAND, GASTON AND LINCOLN <input type="checkbox"/> COC NC-511, FAYETTEVILLE/CUMBERLAND <input type="checkbox"/> COC NC-513, CHAPEL HILL/ORANGE <input type="checkbox"/> COC NC-516, NORTHWEST NC	

Organization Mission

Please provide your organization's mission, vision, and values and **how homeless programs fit within that mission.** (Max 1500 Characters):

Signatory Authority

Provide the information for the person authorized to sign contracts for the organization.

Name:	Title:
Telephone:	E-mail:
Mailing Address, including City, State and Zip Code:	

Provide the information for the person(s) authorized to sign requisitions (if different from above) for the organization.

Name:	Title:
Telephone:	E-mail:
Mailing Address, including City, State and Zip Code:	

Second authorized requisition signatory (if applicable)

Name:	Title:
Telephone:	E-mail:
Mailing Address, including City, State and Zip Code:	

Section 2: Organizational Capacity & Stability

Financial Capacity

In this section, the NC ESG review committee seeks to understand the strength of your organization's financial position and capacity to manage and appropriately spend NC ESG funds. The NC ESG Office may request additional financial documentation after application review.

1. Applicant organization's fiscal year: mm/dd to mm/dd
2. Have you changed accounting software in the past year? Yes No

If yes, what are you currently using? (Examples include – QuickBooks, SAP, Raisers Edge, etc.)
3. NC ESG funds must be spent within the contract period or funds will be reverted. Therefore, the NC ESG office provides minimal spending targets as guidelines throughout the contract period.
Did you fully expend your ESG funds during 2023?
Yes No

If no, how will you ensure full expenditure for 2025? (Max 2000 Characters)

4. Provide the difference in revenue and expenses for the organization. If you have audited financial statements, please use this as your source, otherwise, use your 990 Return of Organization Exempt from Income Tax. Note clearly whether the difference is positive or negative and provide an explanation for any negative balances.
2023
Fiscal Year End Date:
Difference in Revenue & Expenses:
Please provide an explanation for a negative balance:
5. If your organization completes an annual audit, did you receive a management letter with your most recent audit?

If yes, please describe any findings and your organization’s action plan to address those findings.

If not, please describe how your organization maintains internal financial controls and what oversight processes your organization has in place. Include specific positions that provide oversight and how often oversight occurs.

Organizational Capacity to Meet HUD Guidelines

In this section the NC ESG review committee seeks to understand your organization’s capacity and plan for meeting HUD/ESG guidelines and maintaining integrity to regulations per the [ESG Interim Rule](#).

1. Has the organization received any HUD/ESG finding in the past 5 years, whether resolved or unresolved?

If yes, please list the program and the funding amount.

NOTE: *This includes direct HUD funds applied for through your CoC (NOFA/NOFO awards) as well as local ESG entitlement (City ESG, County ESG) funds. You do not need to report any findings from NC ESG state funding.*

Year:	List the activity funded by HUD or ESG. (Street Outreach; Emergency Shelter, etc.)	List the funding amount and source. (Example: HUD: \$35,000)	Briefly describe the finding: (Max 250 Characters)	Was the finding resolved? (Yes, No, or Resolution pending)	Was the contract terminated? (Yes/No)
2023					

2. For any HUD/ESG findings identified above, please describe your organization’s resolutions/response (Max 2000 Characters):
3. Please check and describe the ways your organization will self-monitor for success and HUD/ESG compliance for this funding.

NOTE: *The following are a few examples of how agencies can self-monitor. If you identify one of these, please describe in more detail how your organization conducts this activity. Also, please describe additional ways that you work to ensure compliance. **For any checked box, please include description of activities.***

Peer review of client files and other internal self-auditing processes
Add Description:

Description of processes and documentation of spending requests
Add Description:

Program manuals that meet HUD guidelines

Add Description:

Procedures for monitoring HUD and NC ESG communications and ensuring policies and procedures are updated accordingly

Add Description:

Oversight of staff who work directly with clients to ensure quality of services and adherence to program policies and procedures and CoC written standards.

Add Description:

Evaluation of program outcomes including oversight of data collection and corrections.

Add Description:

Other:

Add Description:

Other:

Add Description:

Other:

Add Description:

Board Capacity

In this section, the NC ESG review committee seeks to understand the strength and capacity of your board governance body. The committee will be looking at the board list that you attach with your application along with answers to these questions.

1. Please describe the efforts you have taken in the past year to further develop your board, including ways that you are working to improve your racial diversity, professional skills, board leadership and governance, and inclusion of persons with lived experience. (Max 2000 Characters)

NOTE: Board demographics including racial makeup, should be provided in the board list attachment

2. Please describe how progress on program priorities is relayed to the board and how board members provide input?

Organizational Capacity to Address Racial Equity

HUD is committed to ensuring Racial Equity among program operations and services. The NC ESG office recognizes the racial disparities in homelessness characterized by the over-representation of black, indigenous, and people of color (BIPOC) individuals in the homeless population compared to the public. The NC ESG review committee seeks to understand how

your organization is working to address racial disparities and strengthen your work using a racial equity lens.

Please describe the efforts your organization has taken to:

1. Ensure your current staff proportionately represents the racial make-up of the population your agency serves by providing the racial make-up of the people you served in CY23 and the racial make-up of your current staff. (Max 2000 Characters)
2. Educate and develop your board and staff about issues of racial equity, implicit bias, cultural competence, diversity, and inclusion. Please include any specific learnings that have helped your organization address racial equity within your programs and practices and any formal training and/or technical assistance that the agency has received. (Max 2000 Characters)
3. Modify your organizational policies and procedures with a racial equity lens. (Max 2000 Characters)
4. Actively solicit, honor, and utilize input from the voices of those most affected by your services, program participants and individuals with lived experiences. (Max 2000 Characters)

Organizational Staff Capacity

In this section, the NC ESG review committee is seeking to understand the capacity of your organization's staff to implement the program(s) in this application.

NOTE: *The information shared in this section should coincide with the organizational chart that you submit with this application.*

NOTE: *A key volunteer is an unpaid position with responsibilities that are key to organizational capacity (i.e., bookkeeper, shelter evening staff, etc.). You do not need to list the number of volunteers that serve your organization on a minimal or one time basis (i.e., church groups that occasionally serve meals, etc.)*

1. For your whole organization, please provide the total current number of
 - Full-time paid positions:
 - Part-time paid positions:
 - Key volunteer positions utilized by your organization:
2. For the projects for which you are requesting NC ESG funding, please identify in the table below, the total number or fraction of Full Time Equivalent (FTE) paid staff, key volunteer positions, and the number or fraction of FTE positions that will be added with this funding request.
 - NOTE:** *If a staff person works in more than one area, estimate their time by % of FTE in each area.*
 - NOTE:** *include ALL staff supporting the projects regardless of funding source: Administrative, HMIS, Finance, Program Staff, Supervisors and Management*

List Activity: (Prevention, Street Outreach, Emergency Shelter, Rapid Rehousing, HMIS)	Number of current FTE paid staff	Number of key volunteer	Number of FTE staff being added with this
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		positions	funding request
Support Staff for all Projects (Administrative, HMIS administrator/data entry, Finance)			
Management staff for all projects (supervisors, program managers, executive director)			
Program staff for Street Outreach			
Program staff for Emergency Shelter			
Program staff for Rapid Rehousing			
Program staff for Prevention			
HMIS staff for those applying for HMIS Project funds (include only staff that are not included in line one as Support Staff for other projects)			
Other (please list):			
Other (please list):			
Other (please list):			

3. What staffing challenges has your whole organization experienced in the past year (include any staff turnover)? How has your organization addressed these challenges? (Max 2000 Characters)
4. Across all NC ESG projects, what training has your homeless service staff received outside of NC ESG offered trainings? Please include, if applicable, Trauma-Informed Care and any training specific to the activities associated with this application. (Max 2000 Characters)
5. Does your organization employ persons with lived experience of homelessness. If yes, please describe how they serve your agency? If no, please discuss why not and whether or not you plan to employ persons with lived experience?

Section 3: Data Collection and Evaluation

Data Collection

In this section, the NC ESG review committee seeks to understand your organization's capacity to capture, manage and report on data according to HUD requirements. For new organizations, this includes the preparation you have done to be able to meet these requirements.

1. What HMIS/Comparable Data System is your organization planning to use in the coming year?

- NCHMIS
- HMIS@NCCEH
- Apricot
- Osnium
- Bit Focus
- OTHER (please identify):

Is this a change from your prior year HMIS/Comparable Data System?

If yes, please explain the reason for the change:

2. Describe your agency's process to ensure timely and accurate entry of data. (Max 2000 Characters)
3. Describe how your organization uses the CAPER to evaluate project outcomes. Include who provides oversight and the frequency of oversight. Also include how program staff are informed of progress and challenges. (Max 2000 Characters)

Section 4: Application Certification

Application Certification

To the best of my knowledge and belief, all information in this application (General Application and all Project Application Components) is true and correct.

Name of Applicant Organization:	
Name of Authorized Signatory:	
Title:	Date:
Signature	

Street Outreach Project Application

NOTE: only complete this section if you are seeking NC ESG funding for a Street Outreach Project.

Street Outreach Project Description

1. List all counties that this project will serve, even if crossing multiple CoCs or regions.

2. Please identify the population served by this project.
 - Single men
 - Single women
 - Youth aged 18 - 24
 - Unaccompanied youth 17 years old or younger
 - Households with adults and children
 - Households with unaccompanied youth and children
 - Veterans
 - Other (please describe):

3. Does this program exclusively serve victims of domestic violence?

4. What are the eligibility requirements to access this Street Outreach program? Please include reasons that someone could not be served by the project. (Max 2000 Characters)

5. Please describe your program's alignment with HUD/ESG guidelines, your local CoC guidelines, and your CoC's priorities for those experiencing homelessness.

6. Describe your program design and how outreach is conducted, how participants are contacted and engaged, and how often outreach is done. Include hours of operation/availability. (Max 2000 Characters)

Note: Please answer this question by briefly describing the program, including the number of years in operation and any modifications you anticipate in the coming year to align with HUD/ESG or your local CoC guidelines. Please include any changes or program improvements you have made over the past year.

7. Please describe your staffing structure for your Street Outreach program. Include staff qualifications, program participant to program staff ratios, and what segments of work are completed by volunteers. Also indicate the number of years your organization has been providing Street Outreach services. (Max 2000 Characters)

8. Please describe how your Street Outreach program collaborates with the CoC and community partners, including Permanent Supportive Housing, Rapid Rehousing, and Shelter Programs. (Max 2000 Characters)

9. Please describe how this project works with your CoC's coordinated entry system including if your program takes referrals outside of coordinated entry. (Max 2000 Characters)
10. Please provide the estimated number of people and households that you anticipate serving in the coming year by this funding request including the percentage expected to exit to positive housing destinations and the expected cost of services per household.
NOTE: Please provide as accurate of a cost estimate as possible taking into consideration staffing, agency capacity, CoC written standards processes, Coordinated Entry requirements, and any other agency or community considerations that impact service.

Total number of persons you expect to serve:

Total number of households you expect to serve:

Percentage of households exiting to positive housing destination:

Cost per household:

11. You may include here any additional information that would be helpful for the NC ESG review committee to know regarding your program. (Max 2000 Characters)
NOTE: This must be a narrative, not a reference to additional attached information

Emergency Shelter Project Application

NOTE: Only complete this section if you are seeking NC ESG funding for an Emergency Shelter Project.

Emergency Shelter Project Description

1. List all counties that this project will serve, even if crossing multiple CoCs or regions.
2. Please identify the population served by this project.
 - Single men
 - Single women
 - Youth aged 18 - 24
 - Unaccompanied youth 17 years old or younger
 - Households with adults and children
 - Households with unaccompanied youth and children
 - Veterans
 - Other (please describe):
3. Does this program exclusively serve victims of domestic violence?
4. What are the eligibility requirements to access this Emergency Shelter project? Please include reasons that someone could not be served by the project. (Max 2000 Characters)
5. Please describe your program's alignment with HUD/ESG guidelines, your local CoC guidelines, and your CoC's priorities for those experiencing homelessness. (Max 2000 Characters)

NOTE: Please ensure that the description of your program matches the eligible expenses in your project budget.
Please include any changes made or program improvements you have made over the past year.
6. Please describe your staffing structure for your Emergency Shelter program. Include hours of operation/availability, staff qualifications, program participant to program staff ratios, and what segments of work are completed by volunteers. Also indicate the number of years your organization has been providing Emergency Shelter services. (Max 2000 Characters)
7. Please describe how your Emergency Shelter program collaborates with your CoC and community partners, including Permanent Supportive Housing, Rapid Rehousing, and Street Outreach programs. (Max 2000 Characters)
8. Please describe how this project works with your CoC's coordinated entry system including if your program takes referrals from outside of coordinated entry. (Max 2000 Characters)

9. Please provide the estimated number of people and households that you anticipate serving in the coming year by this funding request including the percentage expected to exit to positive housing destinations and the expected cost of services per household.

NOTE: Please provide as accurate of a cost estimate as possible taking into consideration staffing, agency capacity, CoC written standards processes, coordinated entry requirements, and any other agency or community considerations that impact service.

Total number of persons you expect to serve:

Total number of households you expect to serve:

Percentage of households exiting to positive housing destination:

Cost per household:

10. You may include here any additional information that would be helpful for the NC ESG review committee to know regarding your program. (Max 2000 Characters)

NOTE: This must be a narrative, not a reference to additional attached information

Rapid Rehousing Project Application

NOTE: only complete this section if you are seeking NC ESG funding for a Rapid Rehousing Project.

Rapid Rehousing Project Description

1. List all counties that this project will serve, even if crossing multiple CoCs or regions.
2. Please identify the population served by this project.
 - Single men
 - Single women
 - Youth aged 18 - 24
 - Unaccompanied youth 17 years old or younger
 - Households with adults and children
 - Households with unaccompanied youth and children
 - Veterans
 - Other (please describe):
3. Does this program exclusively serve victims of domestic violence?
4. What are the eligibility requirements to access this Rapid Rehousing project? Please include reasons that someone could not be served by the project. (Max 2000 Characters)
5. Please describe your program's alignment with HUD/ESG guidelines, your local CoC guidelines, and your CoC's priorities for those experiencing homelessness (Max 2000 Characters)

NOTE: Please ensure that the description of your program matches the eligible expenses in your project budget. Please include any changes made or program improvements you have made over the past year.
6. Please provide hours of operation for your rapid rehousing project to include hours of operation, staff availability after hours, and staff availability in crisis/disaster events.
7. Please describe your staffing structure for your Rapid Rehousing program. Include staff qualifications, program participant to program staff ratios, and what segments of work are completed by volunteers. Also indicate the number of years your organization has been providing Rapid Rehousing services. (Max 2000 Characters)
8. Please describe how your Rapid Rehousing program collaborates with your CoC and community partners, including Permanent Supportive Housing, Street Outreach, and Emergency Shelter programs. (Max 2000 Characters)
9. Please describe how this project works with your CoC's coordinated entry system including if your program takes referrals from outside of coordinated entry. (Max 2000 Characters)

10. Please describe how your program works with landlords directly and/or with other landlord engagement programs. Please include who conducts landlord recruitment and negotiation and how, as well as what incentives are offered for landlords. Also, describe to what extent program participants are involved in finding and selecting housing. (Max 2000 Characters)

11. Please describe how your program works with individuals and families to secure housing. Include your approach to financial assistance (example: progressive engagement or standard set amounts), and how financial assistance amounts are determined. (Max 2000 Characters)

11. Please provide the estimated number of people and households that you anticipate serving in the coming year by this funding request including the percentage expected to exit to positive housing destinations and the expected cost of services per household.

NOTE: Please provide as accurate of a cost estimate as possible taking into consideration staffing, agency capacity, CoC written standards processes, coordinated entry requirements, and any other agency or community considerations that impact service.

Total number of persons you expect to serve:

Total number of households you expect to serve:

Percentage of households exiting to positive housing destination:

Cost per household:

Example: total funding requested = \$100,000; average number of months served (across population) = 6 months; average rental cost in county = \$500; average other financial assistance cost per HH (utilities, deposits, fees, etc.) = \$1000; total cost per household on average = \$4000; total households served: 25

12. You may include here any additional information that would be helpful for the NC ESG review committee to know regarding your program. (Max 2000 Characters)

NOTE: This must be a narrative, not a reference to additional attached information.

Homeless Prevention Project Application

NOTE: only complete this section if you are seeking NC ESG funding for a Homeless Prevention Project.

Homeless Prevention Project Description

1. List all counties that this project will serve, even if crossing multiple CoCs or regions.

2. Please identify the population served by this project.
 - Single men
 - Single women
 - Youth aged 18 - 24
 - Unaccompanied youth 17 years old or younger
 - Households with adults and children
 - Households with unaccompanied youth and children
 - Veterans
 - Other (please describe):

3. Does this program exclusively serve victims of domestic violence?

4. What are the eligibility requirements to access this Homeless Prevention project? (Max 2000 Characters)

5. Please describe your program's alignment with HUD/ESG guidelines, your local CoC guidelines, and your CoC's priorities for those experiencing homelessness (Max 2000 Characters)

NOTE: Please ensure that the description of your program matches the eligible expenses in your project budget.

Please include any changes made or program improvements that you have made over the past year.

6. Please provide hours of operation for your homelessness prevention project to include hours of operation, staff availability after hours, and staff availability in crisis/disaster events.

7. Please describe your staffing structure for your Homeless Prevention program. Include staff qualifications, program participant to program staff ratios, and what segments of work are completed by volunteers. Also indicate the number of years your organization has been providing Homeless Prevention services. (Max 2000 Characters)

8. Please describe how your Homeless Prevention program works together with other CoC and community partners, other homeless prevention or crisis housing assistance programs, landlord engagement programs within your CoC/Region, Permanent Supportive Housing, and other housing voucher programs. (Max 2000 Characters)

9. Please describe how this project works with your CoC's coordinated entry system including if your program takes referrals from outside of coordinated entry. (Max 2000 Characters)
10. Please describe how your program works with landlords directly and/or with other landlord engagement programs. Please include who conducts landlord recruitment and negotiation and how, as well as what incentives are offered for landlords. Also, describe to what extent program participants are involved in finding and selecting housing. (Max 2000 Characters)
11. Please describe how your program works with individuals and families to secure housing. Include your approach to financial assistance (example: progressive engagement or standard set amounts), and how financial assistance amounts are determined. (Max 2000 Characters)
12. Please provide the estimated number of people and households that you anticipate serving in the coming year by this funding request including the percentage expected to exit to positive housing destinations and the expected cost of services per household.
NOTE: Please provide as accurate of a cost estimate as possible taking into consideration staffing, agency capacity, CoC written standards processes, coordinated entry requirements, and any other agency or community considerations that impact service.

Total number of persons you expect to serve:

Total number of households you expect to serve:

Percentage of households exiting to positive housing destination:

Cost per household: Example: total funding requested = \$100,000; average number of months served (across population) = 6 months; average rental cost in county = \$500; average other financial assistance cost per HH (utilities, deposits, fees, etc.) = \$1000; total cost per household on average = \$4000; total households served: 25

13. You may include here any additional information that would be helpful for the NC ESG review committee to know regarding your program. (Max 2000 Characters)
NOTE: this must be narrative, not reference to additional attached information

HMIS/Comparable Data System Application

NOTE: only complete this section if you are seeking NC ESG funding for a HMIS/Comparable Data System Project.

1. List all counties that this project will serve, even if crossing multiple CoCs or regions.

2. What HMIS/Comparable Data System is your organization planning to use in the coming year?
 - NCHMIS
 - HMIS@NCCEH
 - Apricot
 - Osnum
 - Bit Focus
 - OTHER (please identify):

3. Please indicate the way you plan to use this funding in the chart below.
 Use Column 1 - Use this column if you are a subrecipient.
 Use Column 3 - Use this column if you are a HMIS Lead Agency

	Column 1	Column 2
HMIS/Comparable Data System	Subrecipients ONLY	HMIS Lead Agency Applicants ONLY
Supplies, Hardware, and Software	<input type="checkbox"/>	<input type="checkbox"/>
Salary and/or Fringe Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Database Licenses and Fees	<input type="checkbox"/>	<input type="checkbox"/>
Continuum of Care Staff Cost	N/A	<input type="checkbox"/>
HMIS Lead Organization Costs	N/A	<input type="checkbox"/>
HMIS Local System Administrator Costs	N/A	<input type="checkbox"/>

4. Describe how these funds will contribute to your ability to collect, analyze, and report data. (Max 2000 Characters)

5. Please describe your staffing structure for your HMIS/Comparable Database project. Include staff qualifications and what segments of work are completed by volunteers. Also indicate the number of years your organization has been using and managing an HIMS/Comparable Database. (Max 2000 Characters)

6. You may include here any additional information that would be helpful for the NC ESG review committee to know regarding your program. (Max 2000 Characters)

NOTE: This must be a narrative, not a reference to additional attached information

Attachment Checklist

	Document	Nonprofit Applicant	Unit of Local Government Applicant
A	Signed, Completed Application	<input type="checkbox"/>	<input type="checkbox"/>
B	Project budget worksheet	<input type="checkbox"/>	<input type="checkbox"/>
C	CAPER (January 1, 2024 – Present)	<input type="checkbox"/>	<input type="checkbox"/>
D	Current year operating budget for the entire organization, not just NC ESG (with Revenues and Expenditures)	<input type="checkbox"/>	-
E	Organizational Chart for the entire organization, not just the NC ESG program	<input type="checkbox"/>	-
F	Board of Directors Information: Name, contact information, board position/officer/committee leadership, term, occupation and employer or representing entity, race, gender, lived experience, professional skills that add to the capacity of your organization’s leadership.	<input type="checkbox"/>	-
G	The organization’s audit for the most recent closed fiscal year. Include management letter if applicable. If the organization does not have an audit, submit the most recent 990	<input type="checkbox"/>	-
H	ESG Program Operations Guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
I	HUD Corrective Action Plan (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	City or County ESG Corrective Action Plan (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
J	NC DHHS Required Contract Certification Forms & Documents in the order below		
	1. No Overdue Taxes Certification Form	<input type="checkbox"/>	-
	2. Annual IRS Tax Exemption Verification Form	<input type="checkbox"/>	-
	3. Annual Conflict of Interest Verification	<input type="checkbox"/>	-
	4. Conflict of Interest Policy	<input type="checkbox"/>	-
	5. Current Certificate of Insurance	<input type="checkbox"/>	-
	6. IRS Tax exemptions Letter	<input type="checkbox"/>	-
	7. Substitute W-9	<input type="checkbox"/>	<input type="checkbox"/>

K	Organization's Financial Policies	<input type="checkbox"/>	<input type="checkbox"/>
L	SHELTER SERVICES AND OPERATIONS PROJECTS ONLY – Submit Shelter Habitability Inspection that occurred no earlier than August 2022	<input type="checkbox"/>	<input type="checkbox"/>