

North Carolina Emergency Solutions Grants Program – Returning Applicants FY 2026-2027 Project Application

Funding for the 2026 Program Year (January 1, 2027 - December 31, 2027)

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 2026 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:

Which CoC is your organization in?

- COC NC-500, WINSTON-SALEM/FORSYTH
- COC NC-501, ASHEVILLE/BUNCOMBE
- COC NC-502, DURHAM CITY AND DURHAM
- COC NC-503, NC BALANCE OF STATE
- COC NC-504, GREENSBORO/HIGH POINT
- COC NC-505, CHARLOTTE/MECKLENBURG
- COC NC-506, WILMINGTON/BRUNSWICK, NEW HANOVER, PENDER
- COC NC-507, RALEIGH/WAKE
- COC NC-509, GASTONIA/CLEVELAND, GASTON AND LINCOLN
- COC NC-511, FAYETTEVILLE/CUMBERLAND
- COC NC-513, CHAPEL HILL/ORANGE
- COC NC-516, NORTHWEST NC

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. 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.

2025

Fiscal Year End Date:

Difference in Revenue & Expenses:

Please provide an explanation for a negative balance:

3. 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.

4. 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:

Process for Updating Program Manual 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:

Describe your agency's process to ensure timely and accurate entry of data, evaluation of program outcomes including oversight of data collection and corrections including how your organization uses the CAPER.

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
 - Domestic Violence
 - Other (please describe):

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

4. Describe your program design to include the following:
 - a. Eligibility Requirements:
 - b. How outreach is conducted:
 - c. Location of Outreach:
 - d. Frequency of Outreach:
 - e. Hours of Operation:
 - f. Changes/improvements implemented in the past year:
 - g. Staffing:
 - h. Number of households you expect to serve:

5. Please describe how your Street Outreach participates in your CoC's coordinated entry system and collaborates with the CoC and community partners, including Permanent Supportive Housing, Rapid Rehousing, and Shelter Programs. (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

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
- Domestic Violence
- Other (please describe):

3. 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.

4. Describe your program design to include the following:

- a. Eligibility Requirements:
- b. How Shelter is Accessed/How Referrals are Made:
- c. Hours of Operation:
- d. Changes/improvements implemented in the past year:
- e. Staffing:
- f. Total number of households you expect to serve:

5. Please describe how your Emergency Shelter works with your CoC's coordinated entry system and collaborates with your CoC and community partners, including Permanent Supportive Housing, Rapid Rehousing, and Street Outreach programs. (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

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
 - Domestic Violence
 - Other (please describe):
3. 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.
4. Describe your program design to include the following:
 - a. Eligibility Requirements:
 - b. How Program is Accessed/How Referrals are Made:
 - c. Hours of Operation:
 - d. Staff Availability After Hours or in Disaster Situations:
 - e. Changes/improvements implemented in the past year:
 - f. Staffing:
 - g. Landlord Recruitment:
 - h. Total number of households you expect to serve:
5. Please describe how your Rapid Rehousing program works with your CoC's coordinated entry system and collaborates with your CoC and community partners, including Permanent Supportive Housing, Street Outreach, and Emergency Shelter programs. (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.

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
 - Domestic Violence
 - Other (please describe):

3. 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.

4. Describe your program design to include the following:
 - a. Eligibility Requirements:
 - b. How Program is Accessed/How Referrals are Made:
 - c. Hours of Operation:
 - d. Staff Availability After Hours or in Disaster Situations:
 - e. Changes/improvements implemented in the past year:
 - f. Staffing:
 - g. Landlord Recruitment:
 - h. Total Number of Households you expect to serve:

5. Please describe how your Homeless Prevention program works with your CoC's coordinated entry system and 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)

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 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
 - Osnium
 - 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, 2026 – 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 July 2026	<input type="checkbox"/>	<input type="checkbox"/>