2016-2017 Muskegon ESG Application

**Award not announced by MSHDA – will send as soon as MCHCCN is notified**

**Potential Allocation:** $235,610

**Minimum required for rapid rehousing services:** $14,136

**Maximum allowable for HMIS service (max 3% of total):** $7068

**Maximum allowable for administration (max 7% of total):** $16,492

**Mandatory minimum allocation to HARA:** $194,918

**No grant to an ESG sub-grantee shall be less than $10,000.**

Agencies currently designated as the HARA for the 2015-2016 ESG Program will continue their role as the HARA for the 2016-2017 ESG Program, unless there is documented evidence of poor performance or extenuating circumstances. CoC Bodies that decide to designate a new HARA for 2016-2017 ESG must obtain approval from MSHDA prior to the submission of the ESG application.

Note: the HARA must be an agency that serves **all** populations.

To receive Prevention and Rapid Re-housing funds a household’s income must be **below 30 percent of AMI at intake**. A CoC Body is allowed to restrict funds to households below 30 percent if they so choose. Note that **zero income households do qualify for ESG and must be assisted**. Although third party income verification is not required, the household file must be documented. For example, if a household has rental arrearages and is working, a copy of a pay check stub showing weekly income would be sufficient.

**Parameters for spending these dollars:**

* A minimum of forty percent (40%) of the total grant amount must be awarded to the HARA, and funding to the HARA cannot be reduced from last year’s level.  In addition, if the CoC receives an increased allocation, **funding to the HARA must increase equal to or higher than the highest percent increase provided to a sub-grantee**.  For example, a CoC’s total allocation increases $30,000, and a sub-grantee requests a 55% percent increase or $16,500.  Note that a 55% increase would **not** be allowed because the HARA must receive **a percent equal to or high than the highest percent increase to a sub-grantee.** Example two: A CoC’s total allocation increases by $30,000 and there are a total of four sub-grantees; this includes the HARA.  Sub-grantee One is requesting a 25% increase or $7,500.  Sub-grantees two and three are each requesting a 15% increase or $4,500, totaling $9,000.  The remaining 45% or $13,500 would go to the HARA.  This is acceptable because the HARA is receiving an increase equal to or higher than any other sub-grantee.
* Shelter funding includes shelter operations and shelter essential services, i.e., case management, and funding to shelters is **capped at 30% of the total grant amount.**
* Funds to the HARA must be used for **financial assistance (prevention and re-housing) and case management, with 20% of the financial assistance going directly to rehousing leasing assistance, i.e. paying a landlord. The HARA is the only sub-grantee eligible for financial assistance.**

**CoC bodies cannot allocate any of their award money to DV agencies to administer as these funds are provided through DHHS.** **However,** **the HARA must still provide prevention and rapid-rehousing dollars to survivors, and the HARA will also be responsible for entering homeless survivors onto the Homeless Preference Waiting List.**

**ESG Roles, Responsibilities and Eligible Program Components Per the NOFA:**

**The Grant Fiduciary will be responsible for:**

* Execution of grant documents for the community’s allocation, including:
  + Memorandum of Understanding (MOU) with the CoC Body and with all Key Partners,
  + Sign contract and applicable documents required by MSHDA,
  + Initiate and execute sub-grants as needed.
* Assuring use of funds in accordance with the grant agreement, communicate knowledge of fraudulent activities to MSHDA and the Planning Body;
* MATT 2.0 billing;
* Advise the CoC Body of agencies not using dollars in a timely manner to avoid loss of funds to the community/recapture by MSHDA;
* Evaluate the quality of services and provide oversight of the sub-grantees based upon documented outcomes and in partnership with the CoC Body.
* Collect and submit quarterly Progress Reports that address specific performance outcomes supported by HMIS data (Domestic Violence Agencies use alternative system). The progress reports are submitted to MSHDA via MATT 2.0 with a copy provided to the Planning Body.
* Monitor ten percent (10%) of all tenant files, as well as the financial records of sub-grantees, and provide a copy of the findings to the MSHDA Homeless Assistance Specialist;
* Maintain financial and client level records to support billings. The information must be retained for five years.

**Housing Assessment and Resource Agency will be responsible for:**

* Administering **all** financial assistance dollars for prevention and rehousing;
* Practicing shelter diversion;
* Embracing rapid re-housing; (Note: people with zero income cannot be denied rapid re-housing.)
* Employing staff to function as a Housing Resource Specialist, a position that works landlords to house people.
* Employing a staff person to oversee the HCV Homeless Preference waiting list. This position ensures that people living in homelessness within the Planning/CoC Body are entered on the HCV Homeless Preference waiting list; 2. Re-verifies homelessness every 120 days; 3. Is knowledgeable of MSHDA developments within the Planning Body that have Project Based Vouchers (PBV), refer applicants to the PBV waiting list, and have quarterly contact with the management company at the development regarding availability of the units. (Payment of this employee’s salary is an eligible ESG expense as part of housing stabilization, and MSHDA’s grant management system, Matt 2.0, has a budget line where the cost/salary of this employee will be entered.)
* Practicing strength-based case management;
* Working with the Planning/CoC Body to ensure quality service delivery;
* Entering client information as well as doing SPDAT on HMIS;
* Routinely review and correct HMIS data quality issues and monitor outcome performance;
* Providing services and/or make referrals to other service agencies as needed;
* Submitting quarterly Progress Reports that address specific performance outcomes supported by HMIS data to the Grant Fiduciary as outlined in their contract.

**Sub-grantees will be responsible for:**

* + - Working with the HARA and CoC Body to re-align program dollars, where possible, to fill gaps to end homelessness;
    - Embracing strength-based case management;
    - Providing allowable services as defined within this NOFA and as specified in their contract with the Grant Fiduciary;
* Entering client information as well as SPDAT on HMIS (Domestic Violence Agencies use alternative system);
* Routinely review and correct HMIS data quality issues and monitor outcome performance;
* Maintaining financial and client level records to support billings. Retain records for five years;
* Requesting payment and provide necessary supportive documentation to the grant fiduciary;
* Submission of quarterly Progress Reports that address specific performance outcomes supported by HMIS data to the Grant Fiduciary as outlined in the grant contract;
* Ensuring compliance with grant terms and provide the grant fiduciary and MSHDA access to financial and programmatic records.

**Program Components**

1. **Street Outreach**

* **Essential Services** related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Eligible costs include case management and transportation.

1. **Emergency Shelter**

* **Essential Services** - Case management related to emergency shelter, *referrals* to employment, health care, substance abuse and related services within the community. (Note that *referrals* can be provided, however, **direct case management** for employment, health, substance abuse and other related services **cannot** be provided with these funds.)
* **Shelter Operations** - including maintenance, rent, repair, security, fuel, equipment, insurance, and utilities.

1. **Prevention: To serve those certified as Homeless, Categories 2-4; certified At Risk of Becoming Homeless, Categories 1**

Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from becoming homeless if:

* + Annual income of the individual or family is below 30 percent of median family income
  + Assistance is necessary to help program participants regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing.

Eligible costs include security deposits, rent arrearages, leasing assistance, utility deposits/arrearages, housing search and placement, housing stability case management, and mediation.

1. **Rapid Re-Housing: To serve those certified as Homeless, Category 1 – only**
   * Annual income of the individual or family is below 30 percent of median family income

Eligible costs also include security deposits, 1st month's rent, utility deposits/arrearages, housing stability case management, landlord-tenant mediation, tenant legal services, and credit repair.

1. **HMIS Data Entry** – Up to three percent (3%) for the costs of participating in HMIS.

**Administrative** – Up to seven percent (7%) of the recipient’s allocation can be used for general management, oversight, coordination, and reporting on the program.

**Application**

**Please indicate which role you are applying for (check all that apply):**

Grant Fiduciary

HARA

Sub-grantee

|  |
| --- |
| **Agency Information** |
| Name of Agency: |
| City/State/Zip |
| Address: |
| Federal Employer ID #: |
| Name of Agency Executive Officer: |
| Email: |
| Phone |
| Name of Main Contact Person: |
| Email: |
| Phone: |

**Please indicate which program component you are applying for (check all that apply):**

Street Outreach  Emergency Shelter

Re-Housing  Prevention

HMIS  Admin

**Funding Requested:**

|  |  |  |
| --- | --- | --- |
| Budget Line | Current Amount Received  (if applicable) | 2015/2016  Amount Requested |
| **Street Outreach** |  |  |
| **Emergency Shelter** |  |  |
| **Re-Housing** |  |  |
| **Prevention** |  |  |
| **HMIS** |  |  |
| **Admin** |  |  |

***Please complete the following Chart for the amounts requested by your agency:***

**Street Outreach Component**

Complete for each case worker

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Case Management** | | | | | |
| Name of  Case Worker | Total  Weekly  Hours  Worked | Hourly  Rate of  Pay | Amount of  Yearly Fringe  Benefits | % of Weekly Hours that will be billed to ESG | Total  Dollar  Amount  Requested |
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| --- | --- |
|  | **Total Dollar Amount Requested** |
| Transportation (assistance for emergency Healthcare, mental health services) reimbursed at state allowable rate |  |

**Emergency Shelter Component**

Complete for each case worker

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Case Management** | | | | | |
| Name of  Case Worker | Total  Weekly  Hours  Worked | Hourly  Rate of  Pay | Amount of  Yearly Fringe  Benefits | % of Weekly Hours that will be billed to ESG | Total  Dollar  Amount  Requested |
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| --- | --- |
| **Shelter Operations/Financial Assistance** | **Total Dollar Amount Requested** |
| Shelter Operations: Maintenance (items over $500 must have Homeless Assistance Specialist approval) |  |
| Shelter Operations: Repairs (items over $500 must have  Homeless Assistance Specialist approval) |  |
| Utilities/Fuel |  |
| Insurance |  |
| Telephone/Internet Services |  |
| Security |  |
| Lease/Rent |  |

**Prevention and Rapid Re-Housing**

Complete for each case worker

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Case Management** | | | | | |
| Name of  Case Worker | Total  Weekly  Hours  Worked | Hourly  Rate of  Pay | Amount of  Yearly Fringe  Benefits | % of Weekly Hours that will be billed to ESG | Total  Dollar  Amount  Requested |
|  |  |  |  |  |  |
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| --- | --- |
| **Prevention Financial Assistance** | **Total Dollar Amount Requested** |
| Utility Arrearage and/or Deposit (Cap $1,500 per household per year |  |
| Rent Arrearages and/or Short term Leasing (only if it prevents an eviction Cap – 6 months) |  |
| Security Deposit (Cannot exceed on month’s rent) |  |
| Identification Documentation |  |
| Mediation (Cap - $100) |  |
| LBP and Habitability Inspections (for contractors only) |  |
| **Rapid Re- Housing Financial Assistance** | **Total Dollar Amount Requested** |
| Utility Arrearage and/or Deposit (Cap $1,500 per household per year |  |
| Security Deposit (Cannot exceed one month’s rent) |  |
| Leasing Assistance – up to 6 months per household |  |
| Identification Documentation |  |
| Mediation (Cap - $100) |  |
| LBP and Habitability Inspections (for contractors only) \*insert name only if subcontracting |  |

**HMIS COSTS-** HMIS data entry will be conducted via the Homeless Management Information System (HMIS). Cost associated with data collection is limited to three percent (3%) of the total grant amount.

|  |  |
| --- | --- |
| **HMIS Costs** | **Total Dollar Amount Requested** |
| HMIS (capped at 3%) |  |

**ADMINISTRATIVE COSTS -** Up to seven percent (7%) of the total grant amount may be used for activities linked directly to the grant including general management to oversee staff, accounting, or clerical support staff, office operations (i.e. HARA general office expenses).

|  |  |
| --- | --- |
| **Administrative Costs** | **Total Dollar Amount Requested** |
| HARA Operations |  |
| Accounting Staff |  |
| Clerical Staff |  |
| Management Oversight |  |

1. Please give a brief description of the services that will be provided by the requested funding:

**Number of clients served in the 2015/2016 grant (if applicable).**

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Line | Programs Serving Individual  Adults and Youth  Number of Individuals | Programs Serving  Total Number of  Households | Families  Total Number of person in  Families (including children) |
| Street Outreach |  |  |  |
| Emergency Shelter |  |  |  |
| Re-Housing |  |  |  |
| Prevention |  |  |  |

**ESTIMATE OF NUMBER TO BE SERVED**

**Estimated Number Served:** If MSHDA ESG funds will be used to support any portion of the activities in the categories listed, please estimate the total number of individuals or households that will be served during the year in each category funded.

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Line | Programs Serving Individual  Adults and Youth  Number of Individuals | Programs Serving  Total Number of  Households | Families  Total Number of person in  Families (including children) |
| Street Outreach |  |  |  |
| Emergency Shelter |  |  |  |
| Re-Housing |  |  |  |
| Prevention |  |  |  |

1. **Please provide a brief overview of the outcomes for the programs for which you are requesting funding. This should include Length of Stay, Positive Discharges and Engagement along with any other items you feel are prevalent to the application.**
2. **Please provide a brief overview of how the sub-grantee plans to coordinate services with the Hara, with other sub-grantees, and appropriate members of the Continuum of Care with the goal of creating a system-wide approach to the issues of homelessness.**
3. **Please summarize your successes, failures and lessons learned from the previous year.**

**OTHER FUNDING SOURCES**

Please estimate the total ANNUAL funding received from **ALL** sources (Fiduciary, HARA, Sub grantees) for the programs or activities that your ESG grant supports.

|  |  |
| --- | --- |
| **Funding Source** | **Amount Received** |
| MSHDA/ESG Funds |  |
| Other Federal Funds |  |
| Local Government Funds |  |
| Private Funds |  |
| Other: (explanation) |  |
| \*Total Funding |  |