



Emergency  
Solutions  
Grant  
Application

Funding Year

2017 - 2018

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Office of Rental Assistance and Homeless Solutions

## **CONTINUUM OF CARE**

Instructions: Please indicate the continuum of care you are applying under.

Select the continuum of care:

### **GENERAL INSTRUCTIONS**

- The Fiduciary must include information for ALL funded agencies.
- All proposed Emergency Solutions Grant (ESG) applications must be part of an approved local Continuum of Care funding strategy in order to be eligible to apply.
- Funds requested in this *Program Application* must be specifically recommended in the *ESG Funding Recommendations* submitted by your local Continuum of Care Coordinating Body (Exhibit 1).
- *For further information, contact your Homeless Assistance Specialist:*

Region 1: Upper Peninsula Region

Candace Morgan, [morganc8@michigan.gov](mailto:morganc8@michigan.gov), 517-241-3049

Region 2: Northwest Michigan Region

Candace Morgan, [morganc8@michigan.gov](mailto:morganc8@michigan.gov), 517-241-3049

Region 3: Northeast Michigan Region

Candace Morgan, [morganc8@michigan.gov](mailto:morganc8@michigan.gov), 517-241-3049

Region 4: West Michigan Region

Stephanie Oles, [oles@michigan.gov](mailto:oles@michigan.gov), 517-241-8591

Region 5: East Central Michigan Region

Nicole Schalow, [schalown@michigan.gov](mailto:schalown@michigan.gov), 517-335-1852

Region 6: East Michigan Region

Michelle Edwards, [edwardsm6@michigan.gov](mailto:edwardsm6@michigan.gov), 517-241-1156

Region 7: South Central Michigan Region

Stephanie Oles, [oles@michigan.gov](mailto:oles@michigan.gov), 517-241-8591

Region 8: Southwest Michigan Region

Nicole Schalow, [schalown@michigan.gov](mailto:schalown@michigan.gov), 517-335-1852

Region 9: Southeast Michigan Region

Nicole Schalow, [schalown@michigan.gov](mailto:schalown@michigan.gov), 517-335-1852

Region 10: Detroit Metro Region

Michelle Edwards, [edwardsm6@michigan.gov](mailto:edwardsm6@michigan.gov), 517-241-1156

## EMERGENCY SOLUTIONS GRANT FIDUCIARY INFORMATION

Grant Fiduciary
<b>Name of Fiduciary Agency:</b>
<b>City/State/Zip:</b>
<b>Address:</b>
<b>Continuum of Care Area:</b> <input style="width: 100px; height: 15px;" type="text"/>
<b>MSHDA Organization #:</b>
<b>Federal Employer ID #:</b> <input style="width: 100px; height: 15px;" type="text"/>
<b>Name of Agency Executive Officer:</b>
<b>Email:</b>
<b>Phone:</b>
<b>Name of Main Contact Person:</b>
<b>Email:</b>
<b>Phone:</b>

These persons must be on your Agency Contact Lists under the Agency Information in order to be added to the specific grant. If a board member is an authorized signer, they need to be added to your agency contact list to be added to the grant.

Yes / No      Do you operate a shelter?

Yes/No      Do any of your Sub-Grantees operate a shelter? If “yes”, please have each Sub-Grantee complete the “Certification of Basic Standards for Emergency Homeless Shelters”. (upload form).

Yes / No      Did the Fiduciary receive gross income (from all sources) of \$300,000 or more in the previous tax year?

I certify that our Agency is registered with the System for Award Management (SAM) and is not excluded from receiving Federal contracts, subcontracts, and financial assistance (commonly known as suspensions and debarments).

**Required Pre-disbursement Conditions:**

- Conflict of Interest Certification
- Crime and Dishonesty Insurance
- Fraud Policy
- Indirect Cost Allocation
- Proof of Liability Insurance

## **HARA ADDRESS**

Complete for each HARA Location. (click save, repeatable form)

**NOTE: If the Fiduciary and the HARA are the same organization, then do not complete this page for the Fiduciary.**

Name	
Address	
City	
State	
Zip + Four	
Contact Name	
Contact Email	
Contact Phone	
County(s) Served:	

**Required Pre-disbursement Conditions:**

- Conflict of Interest Certification
- Crime and Dishonesty Insurance
- Fraud Policy
- Indirect Cost Allocation
- Proof of Liability Insurance

**The following documents must be uploaded into MATT 2.0 for each funded Agency:**

- Organizational Mission Statement
- Board of Directors
- Organizational Chart
- Housing Employee Roster
- Target or Service Area Map
- Most Recent Completed Financial Audit, Audit Letters, Letters to Management and a Single Audit if required
- Single Audit Certification Form

**If the funded Agency is a Non-Profit, the following documents must be uploaded into MATT 2.0.**

- Most Recent 990 (Corporate Tax Return)
- Current Fiscal Year Operating Budget
- Certificate of Good Standing, dated within last 12 months
- IRS 501(C) 3 Designation
- Articles of Incorporation
- Organizational Bylaws
- CHDO Authorization Letter for MSHDA CHDO
- CHDO Authorization Letter for Local PJ CHDO
- Employee Status (list indicating number of paid personnel working 35 hours or more per week and the number working less than 35 hours per week)

## **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.

These should reflect unduplicated counts. When administering both financial assistance and services, do not count twice, they are counted only once within the category.

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

## **FUNDED AGENCIES**

Sub-Grantees: List any sub-grantees in the fields provided below.

Agency	Phone No.	Email	Address	Zip Code

Contact Name	Contact Phone	Contact Email		Target Population(s)

**Target Populations:**

- General Homeless (**G**)
- Chronic Homeless (**CH**)
- Single Adults (**S**)
- Families (**F**)
- Domestic Violence Survivors (**DV**)
- Veterans (**VA**)
- Youth (**Y**)
- Developmental Disabilities (**DD**)
- Serious Mental Illness (**SMI**)
- Substance Use Disorders (**SU**)
- Co-Occurring Disorders (**CO**)
- Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (**HIV/AIDS**)

**Required Pre-disbursement Conditions:**

- Conflict of Interest Certification
- Crime and Dishonesty Insurance
- Fraud Policy
- Indirect Cost Allocation
- Proof of Liability Insurance

**The following documents must be uploaded into MATT 2.0 for each funded Agency:**

- Organizational Mission Statement
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- Employee Status (list indicating number of paid personnel working 35 hours or more per week and the number working less than 35 hours per week)

**BUDGET COMPONENT DETAIL**

Press the **SAVE** button if you need more rows to enter data.

**Total Award Amount:**

**Current Total:**

**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.

The Fiduciary must include information for ALL funded agencies.

Complete for each case worker

Case Management	Agency	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
Case Management							
Case Management							
Agency						Total Dollar Amount	

	Requested
Transportation (assistance for emergency healthcare, mental health services) reimbursed at state allowable rate	

**EMERGENCY SHELTER**

Emergency Shelter has two categories:

- a. Essential Services: Case management related to emergency shelter, *referrals* to employment, healthcare, 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). Bus tokens/tickets for transportation to shelter or other Agency for appointment.
- b. Shelter Operations: Expenses related to the operations of the shelters.

The Fiduciary must include information for ALL funded agencies.

Complete for each case worker.

Essential Services/Case Management	Agency	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
Case Management							
Case Management							

Shelter Operations/Financial Assistance	Agency	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**

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 the area median 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.
- Bus tokens/tickets for transportation to shelter or other Agency for appointment.

The Fiduciary must include information for ALL funded agencies.

Complete for each case worker.

Case Management	Agency	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

Case Management							
Case Management							

Financial Assistance	Agency	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 one month's rent)		
Identification Documentation		
Mediation (Cap - \$100)		
LBP and Habitability Inspections (For contractors only)		
Bus Tokens/Tickets.		

**RAPID RE-HOUSING**

**All financial assistance must go to the HARA only.**

- Annual income of the individual or family is below 30 percent (30%) of the area median income;
- Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing.
- Bus tokens/tickets for transportation to shelter or other Agency for appointment.

The Fiduciary must include information for ALL funded agencies.

Complete for each case worker.

Case Management	Agency	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
Case Management/Housing Stability							
Case Management/Homeless Preference Waiting List							

Financial Assistance	Agency	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		
Bus Tokens/Tickets		



**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. Grant funds may be used for the costs of participating in HMIS.

The Fiduciary must include information for ALL funded agencies.

HMIS Costs	Agency	Total Dollar Amount Requested
HMIS (capped at 3%)		
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).

The Fiduciary must include information for ALL funded agencies.

Administrative Costs	Agency	Total Dollar Amount Requested
HARA Operations		
Accounting Staff		
Clerical Staff		
Management Oversight		

**FUNDING ALLOCATION BY AGENCY**

Total Grant Amount	Agency	Agency Contract	Street Outreach	Shelter Operations	Rapid Re-housing	Homeless Prevention	HMIS	Admin Costs	Sub Total
Amount									
Budget %									
Budget Total									

**BUDGET SUMMARY**

<b>Component-Activity</b>	<b>Approved Funds</b>
<b>Street Outreach</b>	
Essential Services/Case Management	
Sub-Total	
<b>Emergency Shelter</b>	
Shelter Operations/Financial Assistance	
Essential Services/Case Management	
Sub-Total	
<b>Homeless Prevention</b>	
Financial Assistance	
Case Management	
Sub-Total	
<b>Rapid Re-Housing</b>	
Financial Assistance	
Case Management – Housing Stability	
Case Management – Homeless Preference Waiting List	
Sub-Total	
<b>HMIS</b>	
HMIS	
Sub-Total	
<b>Component Total</b>	
<b>Administrative Cost</b>	
Administrative Expenses	
HARA Operational Expenses	
Sub-Total	
<b>GRAND TOTAL</b>	

**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.

<b>Funding Source</b>	<b>Amount Received</b>
MSHDA/ESG Funds	
Other Federal Funds	
Local Government Funds	
Private Funds	
Other: (explanation)	
*Total Funding	

**ATTACHMENT-A**  
**OFFICER COMPENSATION GUIDANCE**

All Fiduciaries must submit one copy of the Officer Compensation Form to MSHDA.

In accordance with the Federal Funding Accountability and Transparency Act, (FFATA) of 2006, as amended, Subawardees must enter “Yes” or “No” to indicate whether it is required to report its top five most highly compensated officers. Recipient reports “Yes” if:

- (i) In the recipient’s fiscal year immediately preceding the year in which the federal award was awarded, the recipient received:
  - a. 80% or more of its annual gross revenues from federal contracts (and subcontracts), loans, grants (and sub grants) and cooperative agreements; **and**
  - b. \$25 million or more in annual gross revenues from federal contracts (and subcontracts), loans, grants (and sub grants) and cooperative agreements; **and**
  
- (ii) The public does not have access to information about the compensation of the senior executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986.

If “No”, there is no officer compensation information requirement.

If “Yes”, sub-recipient must provide the names and “total compensation” of the top five most highly compensated officers for the calendar year in which the award is awarded.

Total compensation means the cash and non-cash dollar value earned by the executive during the sub recipient’s past fiscal year of the following (for more information see 17 CFR 229.402(c)(2)):

- (i) Salary and bonus
- (ii) Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with FAS 123R.
- (iii) Earnings for services under non-equity incentive plans. Does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
- (iv) Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- (v) Above-market earnings on deferred compensation which are not tax-qualified.
- (vi) Other compensation. For example, severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property if the value for the executive exceeds \$10,000.

**ATTACHMENT-A**  
**OFFICER COMPENSATION GUIDANCE**

This form must be completed by Subawardees receiving funding for the Emergency Solutions Grant. Subawardees must enter “Yes” or “No” to indicate whether it is required to report its top five most highly compensated officers.

**Answer the Following:**

In your business or organization’s previous fiscal year, did your business or organization (including parent organization, all branches, and all affiliates worldwide) receive:

1. 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; **AND**
2. \$25 million or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements; **AND**
3. The public *does not* have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986.

**Check One:**  Yes – the above does apply to my agency.

No – the above does not apply to my agency.

**If you checked yes above, please complete the following for the top five most highly compensated officers for current year:**

Name	Total Compensation
	\$
	\$
	\$
	\$
	\$

**ATTACHMENT-B**

**CERTIFICATION OF BASIC STANDARDS FOR EMERGENCY HOMELESS SHELTERS**

All shelter-funded agencies must submit a copy of the following documents to the Fiduciary by the due date of the application. This form is also available from the MSHDA Website.

**INSTRUCTIONS:** The following checklist outlines the minimum requirements for shelters requesting Emergency Solutions Grant (ESG) funds through MSHDA. Please check the appropriate box for each question. If you answer 'No' to any of these questions, please add a brief narrative explanation at the end of Attachment II-B.

**A. GENERAL**

- | <u>Yes</u>               | <u>No</u>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The agency assures non-discrimination on the basis of race, color, religion, gender, national origin, age of children or family size, disability, except where limited by the facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Client records are secured in a locked area or locked filing cabinet.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. There are written policies for intake procedures and criteria for shelter admission.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Alcohol, drugs, and weapons are prohibited in and around the premises. Persons who refuse to relinquish any of these are refused admittance to the shelter.                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Clients are allowed to use the shelter as a legal residence for the purpose of voter registration and the receipt of public benefits.   |

**B. PERSONNEL**

- | <u>Yes</u>               | <u>No</u>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. There is adequate on-site staff coverage during all hours the shelter is open. (During awake hours, there should be one (1) staff person to 30 residents for an adults- only facility, and one (1) staff person to 20 residents for a facility housing children). |
|                          |                          | 2. All shelter staff, including volunteers, has received at a minimum, training and orientation regarding:   |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Fire and emergency evacuation procedures for the facility;  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Emergency procedures for medical, psychiatric, or other crisis situations;  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Special needs of homeless persons;  |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Client confidentiality requirements;  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Appropriate chains of authority or command within the shelter.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. There is a written position description for each type of position which includes, at a minimum, job responsibilities, qualifications and salary range.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. There are written personnel policies in affect which also include a Code of Ethics for all shelter personnel.   |

**C. FACILITY**

- | <u>Yes</u>               | <u>No</u>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The agency complies with all state and local zoning, health, safety and fire codes and regulations that apply to the safe operation of the shelter.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Cooking or heating appliances in any room used for sleeping are prohibited.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The physical plant, premises and equipment are maintained in a clean and sanitary condition, free of hazards and in good repair. Corrections are made within 30 days of notification of a problem.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. A bed or crib is provided for each guest except in extenuating overflow conditions. Provisions for clean linen for each tenant are made. Procedures to provide for the sanitizing of all linens and sleeping surfaces are in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Sufficient showers/baths, wash basins and toilets are provided for personal Hygiene and are in proper operating condition. Towels, soap and toilet tissues are available to each client.  |
|                          |                          | 6. There is a fire safety plan which includes at least the following:  |
| <input type="checkbox"/> | <input type="checkbox"/> | a. A posted evacuation plan;   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Fire drills, conducted at least quarterly;  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Operating fire detection systems which are tested at least quarterly;   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Battery operated alarms which are functional at all times; and  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Adequate fire exits.  |
|                          |                          | 7. Provisions have been made for the following services:   |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Pest control services   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Removal of garbage from interior premises;  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Properly functioning ventilation and heating systems; and   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Heat, electricity and water 24-hours a day.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Entrances, exits, steps, and walkways are kept clear of garbage, debris, and other hazards such as ice and snow.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Adequate natural or artificial illumination is provided to permit normal indoor activities and to support the health and safety of occupants.   |

**D. FOOD SERVICES** (For shelters providing prepared meals for residents)

- | <u>Yes</u>               | <u>No</u>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Adequate provisions for the sanitary storage and preparation of food are made. Meals are nutritionally balanced, when provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Requirements of a licensed food service establishment under Public Health Code MCL 333.12901 et. seq. are met.                  |

**E. HEALTH**

- | <u>Yes</u>               | <u>No</u>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. First aid equipment and emergency medical supplies are available at all times.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Staff has access to a telephone while on duty. Emergency telephone numbers are posted conspicuously near the telephone. |

**F. OPERATIONS**

Yes

No

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Daily attendance logs are maintained and include, at a minimum, the name, age, sex, social security number (if known by the client) and signature of each person residing in the shelter.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Residents are furnished information about available services in the community.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | The shelter holds money or food stamps, if requested, by a resident and also keep adequate records of the residents' money and food stamps. The money and food stamps are available to the residents on request without unreasonable delay. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | The following are posted and distributed to residents in appropriate language:  |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Rules of the shelter;   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Shelter residents' rights and responsibilities;   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | A list of standards for conditions in shelters; and   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | The shelter's internal grievance procedures.  |

If you have answered 'No' to any of the above questions, please explain what actions you are taking in order to meet these shelter standards.

**ATTACHMENT-C**  
**Administrative Compliance**

All funded agencies: Submit one copy of the following document **to the Fiduciary** by the due date of the application.

**INSTRUCTIONS:** Review the MSHDA and/or HUD requirements listed below and respond by checking the appropriate boxes. **These guidelines will be incorporated in any grant agreement executed pursuant to this grant. Failure to adhere to these guidelines may result in findings, disallowed costs, and/or withdrawal of funding.** If you do not understand any of these provisions, contact your Homeless Assistance Specialist.

**Fair Housing** (Check all the following)

- The applicant will maintain and continuously update a listing of Fair Housing Resources.
- The applicant will use the fair housing logo on all materials relating to their housing programs distributed to the general public.
- The individual (staff person or contractor) appointed as the fair housing contact person, who will be available during business hours:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

- The fair housing contact person indicated above will maintain a running log to record fair housing issues, complaints, and distribution of fair housing materials according to program requirements.
- The fair housing contact person indicated above will respond to all fair housing issues and/or complaints, in accord with program requirements.
- The applicant will conduct business and provide emergency housing from a barrier-free facility, or make a reasonable accommodation for persons with impaired mobility.

**Non-Discrimination Requirements**

- Our CoC has developed and operates a coordinated entry process that permits recipients of Federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Our CoC Program and ESG Program-funded projects comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 CFR 5.105(a), including, but not limited to the following:
  - Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
  - Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
  - Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
  - Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.



In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

**Assurance of Equal Access to Program Benefits**

- The applicant will assure equal access to program benefits through effective outreach and assessment.

**Assurance of Fair Selection of Participating Households**

- The applicant will assure that all eligible households will have fair and equal access to services and opportunities provided by the program.

**Lead-Based Paint Requirements**

- The grantee is aware of and will abide by lead-based paint requirements that are applicable to Emergency Shelter Grand funding, as specified in program requirements.

**Audit** (NOTE: only check one of the first two below)

- The grantee is a local government or nonprofit expected to expend more than \$750,000 annually in combined federal funds during the fiscal years covered by the grant, and will have an audit conducted by an eligible CPA firm or local government audit organization in accordance with OMB OMNI-Circular, December 2014.
- The grantee is a local government or nonprofit expected to expend less than \$750,000 annually in combined federal funds and is exempt from federal audit requirements for the fiscal years included in the grant period.

**Audit** (Check all that apply)

- Records will be available for review or audit by appropriate officials of HUD, MSDHA, and/or the General Accounting Office (GAO).
- The applicant recognizes that this provision does not limit the authority of federal agencies or MSHDA to conduct or arrange for an audit (e.g., financial audit, performance audit, evaluation, inspection, and review).
- The grantee understands that costs of audits are not allowable.
- The grantee has Gross Receipts of less than \$50,000 and is required to submit an IRS 990N.

**Participation in Homeless Management Information System (You must check one of the boxes below)**

- The applicant understands that, as a recipient of Emergency Solutions Grant fund, our organization is obligated to maintain both client services activity records and performance outcome measures utilizing the Michigan Statewide Homeless Management Information System (MSHMIS) and the "ESG for Domestic Violence" ACCESS database system, in accord with standards published by MSHDA.
- Not applicable if Fiduciary only.