Emergency Shelter Program COVID-19 Shelter Application

The Emergency Shelter Program (ESP) is pleased to announce an application being made available for emergency shelter services necessitated by changes made due to COVID-19. These funds and any subsequent Memorandum of Agreement (MOA) are available for the remainder of FY21 and will not be available beyond September 30, 2021. Funding is made available, in part, by an increase in funding received from the legislature during the FY21 budget process. An overview of the funding is below:

· Funding is available to providers regardless of whether or not they are currently receiving ESP funds.
· Rotating shelters are able to apply for this round of ESP funding only. Funding of rotating shelters in future ESP applications is still being determined.
· For current ESP shelters, funding can be applied for if beds available have been expanded and/or new locations created to meet the increased demand for shelter space due to de-congregating for COVID-19 of current shelters
· For non-currently ESP funded shelters, funding is available for shelters that are seeing an increased demand for shelter space due to COVID-19 and these funds will allow the shelter to maintain or increase services in their geographic area
· Any provider applying for this funding must meet the requirements of the ESP (see *Minimum Standards for Emergency Shelter*)
   o A provider visit by ESP staff will be required prior to the allocation of any funds

Funding overview
o Approximately $1.6 million will be available statewide
o Funds are projected to be available April 1. Any changes will be communicated to those providers selected to receive funds.
o The size of allocations will be dependent on number of applicants, size of providers, geographic area and the need created by COVID-19
o Reimbursement will be made via the $18 per diem rate currently in use by the ESP
o This is one-time funding. Funding approved during this application period does not carry

over into FY22, starting October 1, 2021

o Any funds not expended by September 30, 2021 will be returned to the ESP at the end of the fiscal year

Providers interested in applying must do so by 12:00 PM on Friday, February 12, 2021.

If there are issues uploading a document, please send as an attachment via email to Tim Beimers, ESP Supervisor, at tim.beimers@usc.salvationarmy.org.

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Shelter Information

* 1. Agency Name

* 2. Contact Person

* 3. Title

* 4. Contact Email Address

* 5. Agency Mailing Address

* 6. Agency Mailing Address (City)

* 7. Agency Mailing Address (Zip Code)

* 8. What region does your agency serve?

○ Region 1

○ Region 2

○ Region 3

○ Region 4

○ Region 5

○ Region 6

○ Region 7

○ Region 8

○ Region 9

○ Region 10

* 9. Current ESP Provider

○ Yes

○ No

* 10. By providing my name below, I certify that the information provided in this proposal is true and accurate. I also understand that any false statements may result in immediate termination of funding to the agency listed above if this application is accepted.

Authorized Representative's Name

Authorized Representative's Title

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Please address the following in the space provided.

* 11. What would be the coverage area (city/cities and/or county/counties) of your agency in regards to ESP services?

* 12. How many beds does your shelter traditionally have? How many additional/overflow beds can be made available in times of extreme weather or high demand?

* 13. What is the current number of beds available with any COVID-19 protocols in place?

14. What population(s) does your shelter serve (single men, single women, families)?

* 15. What are the number of beds available for each of the populations above in your facility?

* 16. Based on the projected number of beds utilized per night, what is the requested ESP funding for the remainder of FY21 using the $18 per diem? For current ESP providers, this would be the amount of additional funding requested and not include the original funding amount for the fiscal year.

[   ]

* 17. Does your agency currently receive any additional funding for shelter services? Please indicate source and amounts.

[   ]

* 18. What practices have been put in place in your shelter to de-congregate or help mitigate the risk of the spread of COVID-19?

[   ]

* 19. How will these additional funds impact the community's strategic response to COVID-19?

[   ]

* 20. What external factors are leading to the increase in demand or need for the additional space being provided by your shelter?

[   ]

* 21. What is the average length of stay in your shelter and what percentage of households exit to a positive housing destination?

[   ]

* 22. What housing-focused case management is provided to households while in shelter and what other services and referrals are provided to support a successful exit to positive housing?

[ ]

* 23. Explain how diversion is used in your shelter.

[ ]

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Please answer the following Yes/No Questions

* 24. ESP funded shelters are required to meet the *Minimum Standards for Emergency Shelter.* Is your agency able to meet or exceed all standards contained in that document?

○ Yes

○ No

If no, please explain

[   ]

25. Please upload a copy of your shelter rules. As a reminder, this document should reflect the ability to meet the *Minimum Standards for Emergency Shelter.*

Choose File **Choose File** No file chosen

26. Please upload a copy of your shelter intake packet. As a reminder, this document should reflect the ability to meet the *Minimum Standards for Emergency Shelter.*

Choose File **Choose File** No file chosen

* 27. Is the shelter a 501(c)3 and does it carry liability insurance?

○ Yes

○ No

If no, please explain

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28. If not currently receiving ESP funding, please upload a copy of your agency's current liability insurance. An ACORD 25 must include The Salvation Army - Eastern Michigan Division as the Certificate Holder.

[Choose File] [Choose File] No file chosen

29. If not currently receiving ESP funding, please upload a current and complete W-9 indicating your status as a 501(c)3.

[Choose File] [Choose File] No file chosen

* 30. Does the shelter operate year-round? If the shelter is a rotating shelter, please explain the operating year and where the shelter is provided.

○ Yes

○ No

Explanation

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* 31. If hours of operation are not 24/7, what, if any, accommodations are made for individuals working third shift?

[text box]

* 32. If hours of operation are not 24/7, what coordination efforts are made with local agencies to meet the needs of individuals during the hours the shelter is closed?

[text box]

* 33. Does the shelter have a good relationship with the local CoC/LPB and is it regularly represented at meetings?

○ Yes

○ No

If no, please explain

[text box]

34. If you have a letter of support from your Continuum of Care or Local Planning Body, please attach it here. This will help us in evaluating your application.

[Choose File] [Choose File] No file chosen

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Thank you!

Thank you for applying to participate in the Emergency Shelter Program. Any agency being considered for funding will be contacted by ESP staff to schedule an on-site meeting to verify the information provided was accurate and confirm the ability of the shelter to meet ESP requirements.