Office of Rental Assistance and

Homeless Solutions

**2019-2020 Application**

October 1, 2019 – September 30, 2020 Funding Cycle

Due July 17, 2019

Emergency Solutions Grant (ESG)

735 E. Michigan Ave  
P.O. Box 30044  
Lansing, MI 48909

Revised May 2019



**CONTINUUM OF CARE**

Please indicate the Continuum of Care you are applying under:

Click here to enter text.

**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***:**
  + Michelle Edwards – [EdwardsM6@michigan.gov](mailto:EdwardsM6@michigan.gov) – 517-241-1156 – Regions 6 and 10
  + Stephanie Oles – [OlesS@michigan.gov](mailto:OlesS@michigan.gov) – 517-241-8591 – Regions 5, 7, and 8
  + Nicole Schalow – [SchalowN@michigan.gov](mailto:SchalowN@michigan.gov) – 517-335-1852 – Regions 4 and 9
  + Jesica Vail – [VailJ1@michigan.gov](mailto:VailJ1@michigan.gov) – 517-241-3049 – Regions 1, 2, and 3

**FIDUCIARY INFORMATION**

|  |
| --- |
| **Fiduciary** |
| **Name of Fiduciary Agency:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **City/State/Zip:** Click here to enter text. |
| **Continuum of Care Area:** Click here to enter text. |
| **MSHDA Organization #:** Click here to enter text. |
| **Federal Employer ID #:** Click here to enter text. |
| **Name of Agency Executive Officer:** Click here to enter text. |
| **Email:** Click here to enter text. |
| **Phone:** Click here to enter text. |
| **Name of Main Contact Person:** Click here to enter text. |
| **Email:** Click here to enter text. |
| **Phone:** Click here to enter text. |

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 Minimum 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 us bit 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 INFORMATION**

Please complete for each HARA.

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

|  |
| --- |
| **HARA** |
| **Name of HARA:** Click here to enter text. |
| **City:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **State:** Click here to enter text. |
| **Zip + Four:** Click here to enter text. |
| **Contact Name:** Click here to enter text. |
| **Contact Email:** Click here to enter text. |
| **Contact Phone:** Click here to enter text. |
| **Counties Served:** Click here to enter text. |

**Required Pre-disbursement Conditions:**

* Conflict of Interest Certification
* Crime and Dishonesty Insurance
* Fair Housing Form
* 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** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Emergency Shelter** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Re-Housing** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Prevention** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**FUNDED AGENCIES**

Please complete for each Funded Agency. Do not include the Agencies listed on the Fiduciary Information and HARA Address pages.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency** | **Phone No.** | | **Email** | | **Address** | | | **Zip Code** |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. |
| **Contact Name** | | **Contact Phone** | | **Contact Email** | | | **Target Population(s)** | |
| Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | |
| **Organization Type:** | | Government | | | | Non-Government | | |

**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
* Fair Housing Form
* 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

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* 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)

**BUDGET COMPONENT DETAIL**

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

|  |  |
| --- | --- |
| **Total Award Amount:** | Click here to enter text. |
| **\*Current Total:** | **\*MATT 2.0 calculates this field for you based on application** |

**STREET OUTREACH**

**Description of Street Outreach**

ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless individuals and families; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care.

The Fiduciary must include information for ALL funded agencies.

**Essential Services:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Essential Services/Case Management** | **Agency** | **Name of Case Worker** | **Total Weekly Hours Worked** | **Hourly Rate of Pay** | **Total Dollar Amount Requested** |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Subtotal:** | | | | | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Essential Services/Other** | **Agency** | **Total Dollar Amount Requested** |
| **Cell Phones** | Click here to enter text. | Click here to enter text. |
| **Transportation/Travel** | Click here to enter text. | Click here to enter text. |
| **Subtotal:** | | Click here to enter text. |

|  |  |
| --- | --- |
| **Street Outreach- Essential Services Total:** | Click here to enter text. |

**EMERGENCY SHELTER**

**Description of Emergency Shelter (two categories)**

ESG funds may be used for costs of providing essential services to homeless individuals and families in emergency shelters, i.e. case management, and operating emergency shelters.

The Fiduciary must include information for ALL funded agencies.

1. **Essential Services:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Essential Services/Case Management** | **Agency** | **Name of Case Worker** | **Total Weekly Hours Worked** | **Hourly Rate of Pay** | **Total Dollar Amount Requested** |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Subtotal:** | | | | | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Essential Services/Other** | **Agency** | **Total Dollar Amount Requested** |
| **Cell Phones** | Click here to enter text. | Click here to enter text. |
| **Child Care:** Capped at $150 per child per household per shelter stay | Click here to enter text. | Click here to enter text. |
| **Education Services:** Capped at $150 per person per household per year | Click here to enter text. | Click here to enter text. |
| **Employment Assistance/Job Training:** Capped at $150 per person per household per year | Click here to enter text. | Click here to enter text. |
| **Transportation/Travel** | Click here to enter text. | Click here to enter text. |
| **Subtotal:** | | Click here to enter text. |

|  |  |
| --- | --- |
| **Emergency Shelter- Essential Services Total:** | Click here to enter text. |

1. **Shelter Operations:**

|  |  |  |
| --- | --- | --- |
| **Shelter Operations** | **Agency** | **Total Dollar Amount Requested** |
| **Fuel/Utilities** | Click here to enter text. | Click here to enter text. |
| **Insurance** | Click here to enter text. | Click here to enter text. |
| **Lease Rent** | Click here to enter text. | Click here to enter text. |
| **Maintenance:** Maintenance over $500 cannot be initiated without prior authorization from MSHDA ESG Homeless Assistance Specialist | Click here to enter text. | Click here to enter text. |
| **Repairs:** Repairs over $500 cannot be initiated without prior authorization from MSHDA ESG Homeless Assistance Specialist | Click here to enter text. | Click here to enter text. |
| **Security** | Click here to enter text. | Click here to enter text. |
| **Telephone/Internet Services** | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| **Emergency Shelter- Shelter Operations Total:** | Click here to enter text. |

**HOMELESSNESS PREVENTION ASSISTANCE**

**Description of Homelessness Prevention Assistance (two categories)**

ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium‐term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the “homeless” definition in CFR 576.2. This assistance, referred to as homelessness prevention, may be provided to individuals and families who meet the criteria under the “at risk of homelessness” definition or who meet the criteria in paragraph (2), (3), or (4) of the “homeless” definition in CFR 576.2 and have an annual income below 30% of median family income for the area, as determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant’s current permanent housing or move into other permanent housing and achieve stability in that housing. Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in CFR 576.105, the short-term and medium‐term rental assistance requirements in CFR 576.106, and the written standards and procedures established under CFR 576.400.

The Fiduciary must include information for ALL funded agencies.

1. **Essential Services:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Essential Services/Case Management** | **Agency** | **Name of Case Worker** | **Total Weekly Hours Worked** | **Hourly Rate of Pay** | **Total Dollar Amount Requested** |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Subtotal:** | | | | | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Essential Services/Other** | **Agency** | **Total Dollar Amount Requested** |
| **Cell Phones** | Click here to enter text. | Click here to enter text. |
| **Transportation/Travel** | Click here to enter text. | Click here to enter text. |
| **Subtotal:** | | Click here to enter text. |

|  |  |
| --- | --- |
| **Homelessness Prevention Assistance- Essential Services Total:** | Click here to enter text. |

1. **Financial Assistance:**

|  |  |  |
| --- | --- | --- |
| **Financial Assistance** | **Agency** | **Total Dollar Amount Requested** |
| **Identification Documentation** | Click here to enter text. | Click here to enter text. |
| **LBP and Habitability Inspections:** Contractors are capped at $35 per inspection | Click here to enter text. | Click here to enter text. |
| **Mediation:** Capped at $100 per household per year | Click here to enter text. | Click here to enter text. |
| **Moving Costs:** Capped at $250 per household per year | Click here to enter text. | Click here to enter text. |
| **Rent Arrearage and/or Short- and/or Medium-term Rental Assistance:** Capped at 6 months per household per year | Click here to enter text. | Click here to enter text. |
| **Rental Application Fees:** Capped at 3 per household per year | Click here to enter text. | Click here to enter text. |
| **Security Deposit:** Cannot exceed 1.5 month’s rent | Click here to enter text. | Click here to enter text. |
| **Utility Arrearage and/or Deposit:** Capped at $1,500 per household per year | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| **Homelessness Prevention Assistance- Financial Assistance Total:** | Click here to enter text. |

**RAPID RE-HOUSING ASSISTANCE**

**Description of Rapid Re-Housing Assistance (two categories)**

ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium‐term rental assistance necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. This assistance, referred to as rapid re-housing assistance, may be provided to program participants who meet the criteria under paragraph (1) of the “homeless” definition in CFR 576.2 or who meet the criteria under paragraph (4) of the “homeless” definition and live in an emergency shelter or other place described in paragraph (1) of the “homeless” definition. The program participant must have an annual income below 30% of median family income for the area, as determined by HUD. The rapid re-housing assistance must be provided in accordance with the housing relocation and stabilization services requirements in CFR 576.105, the short-term and medium‐term rental assistance requirements in CFR 576.106, and the written standards and procedures established under CFR 576.400.

The Fiduciary must include information for ALL funded agencies.

1. **Essential Services:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Essential Services/Case Management** | **Agency** | **Name of Case Worker** | **Total Weekly Hours Worked** | **Hourly Rate of Pay** | **Total Dollar Amount Requested** |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Subtotal:** | | | | | Click here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Essential Services/Waiting List Case Management** | **Agency** | **Name of Case Worker** | **Total Weekly Hours Worked** | **Hourly Rate of Pay** | **Total Dollar Amount Requested** |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Case Management** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Subtotal:** | | | | | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Essential Services/Other** | **Agency** | **Total Dollar Amount Requested** |
| **Cell Phones** | Click here to enter text. | Click here to enter text. |
| **Transportation/Travel** | Click here to enter text. | Click here to enter text. |
| **Subtotal:** | | Click here to enter text. |

|  |  |
| --- | --- |
| **Rapid Re-Housing- Essential Services Total:** | Click here to enter text. |

1. **Financial Assistance:**

|  |  |  |
| --- | --- | --- |
| **Financial Assistance** | **Agency** | **Total Dollar Amount Requested** |
| **Identification Documentation** | Click here to enter text. | Click here to enter text. |
| **LBP and Habitability Inspections:** Contractors are capped at $35 per inspection | Click here to enter text. | Click here to enter text. |
| **Mediation:** Capped at $100 per household per year | Click here to enter text. | Click here to enter text. |
| **Moving Costs:** Capped at $250 per household per year | Click here to enter text. | Click here to enter text. |
| **Rental Application Fees:** Capped at 3 per household per year | Click here to enter text. | Click here to enter text. |
| **Security Deposit:** Cannot exceed 1.5 month’s rent | Click here to enter text. | Click here to enter text. |
| **Short- and/or Medium-term Rental Assistance:** Capped at 6 months per household per year | Click here to enter text. | Click here to enter text. |
| **Utility Arrearage and/or Deposit:** Capped at $1,500 per household per year | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| **Rapid Re-Housing- Financial Assistance Total:** | Click here to enter text. |

**HMIS**

**Description of HMIS**

ESG funds may be used for costs of participating in HMIS via the Homeless Management Information System (HMIS). HMIS costs are **limited to ten percent (10%) of the total grant allocation**.

The Fiduciary must include information for ALL funded agencies.

|  |  |  |
| --- | --- | --- |
| **HMIS Costs** | **Agency** | **Total Dollar Amount Requested** |
| **HMIS:** Capped at 10% | Click here to enter text. | Click here to enter text. |
| **HMIS:** Capped at 10% | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| **HMIS Total:** | Click here to enter text. |

**ADMINISTRATIVE COSTS**

**Description of Administrative Costs**

ESG funds may be used for costs of activities linked directly to the grant including general management to oversee staff, accounting or clerical support staff, and office operations. Administrative costs are **limited to seven and one-half percent (7.5%) of the total grant allocation**.

The Fiduciary must include information for ALL funded agencies.

|  |  |  |
| --- | --- | --- |
| **Administrative Costs** | **Agency** | **Total Dollar Amount Requested** |
| **Accounting Staff** | Click here to enter text. | Click here to enter text. |
| **Clerical Staff** | Click here to enter text. | Click here to enter text. |
| **HARA Operations** | Click here to enter text. | Click here to enter text. |
| **Management Oversight** | Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| **Administrative Costs Total:** | Click here to enter text. |

**FUNDING ALLOCATION BY AGENCY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Grant Amount** | **Agency** | **Agency Contact** | **Street** | **Shelter** | **Rapid** | **Prevention** | **HMIS** | **Admin Costs** | **Sub Total** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget %** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget Total** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**BUDGET SUMMARY**

|  |  |
| --- | --- |
| **Component-Activity** | **Approved Funds** |
| **Street Outreach** | Click here to enter text. |
| Essential Services | Click here to enter text. |
| **Sub-Total** | Click here to enter text. |
| **Emergency Shelter** | Click here to enter text. |
| Essential Services | Click here to enter text. |
| Shelter Operations | Click here to enter text. |
| **Sub-Total** | Click here to enter text. |
| **Homelessness Prevention Assistance** | Click here to enter text. |
| Essential Services | Click here to enter text. |
| Financial Assistance | Click here to enter text. |
| **Sub-Total** | Click here to enter text. |
| **Rapid Re-Housing** | Click here to enter text. |
| Essential Services | Click here to enter text. |
| Financial Assistance | Click here to enter text. |
| **Sub-Total** | Click here to enter text. |
| **HMIS** | Click here to enter text. |
| HMIS | Click here to enter text. |
| **Sub-Total** | Click here to enter text. |
| **Administrative Costs** | Click here to enter text. |
| Administrative Costs | Click here to enter text. |
| **Sub-Total** | Click here to enter text. |
| **GRAND TOTAL** | Click here to enter text. |

**OTHER FUNDING SOURCES**

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

|  |  |
| --- | --- |
| **Funding Source** | **Amount Received** |
| **MSHDA/ESG Funds** | Click here to enter text. |
| **Other Federal Funds** | Click here to enter text. |
| **Local Government Funds** | Click here to enter text. |
| **Private Funds** | Click here to enter text. |
| **Other:** Click here to enter text. | Click here to enter text. |
| **Total Funding** | Click here to enter text. |

**ATTACHMENT A – OFFICER COMPENSATION FORM**

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:

1. In the recipient’s fiscal year immediately preceding the year in which the federal award was awarded, the recipient received:
   1. 80% or more of its annual gross revenues from federal contracts (and subcontracts), loans, grants (and sub grants) and cooperative agreements; **and**
   2. $25 million or more in annual gross revenues from federal contracts (and subcontracts), loans, grants (and sub grants) and cooperative agreements; **and**
2. 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)):

**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:

|  |  |
| --- | --- |
| **Name** | **Total Compensation** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. |

**ATTACHMENT A – MINIMUM STANDARDS FOR EMERGENCY SHELTER**

**Applies to all Emergency Shelters funded by MSHDA.**

1. Shelters have the capacity to resolve a household’s immediate housing crisis by providing overnight lodging in a safe physical environment including:
   1. The shelter building is structurally sound to protect the residents from the elements and does not pose any threat to the health and safety of residents.
   2. The shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.
   3. Each room or space within the shelter has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
   4. The shelter water supply is free of contamination.
   5. Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
   6. The shelter has any necessary heating/cooling facilities in proper operating condition.
   7. The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety.
   8. There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter.
   9. The shelter is maintained in a sanitary condition.
   10. The shelter has adequate provisions for garbage removal and pest control.
   11. The shelter has adequate provisions to ensure that sleeping surfaces and linens are sanitized on a regular basis.
   12. There is at least one working smoke detector in each occupied unit of the shelter.
   13. Where possible, smoke detectors are located near sleeping areas.
   14. All public areas of the shelter have at least one working smoke detector.
   15. The fire alarm system is designed for hearing-impaired residents.
   16. There is a second means of exiting the building in the event of fire or other emergency.
   17. The shelter has adequate first aid supplies available at all times in an area readily accessible.
   18. The shelter has adequate telephone and emergency telephone number access in an area readily accessible.
2. Shelters shall maintain the following general operations standards:
3. The shelter is a non-profit corporation organized under the Internal Revenue Service code section 501(c)(3).
4. The shelter maintains participant and program records in a secured area.
5. The shelter has on-site staff coverage during hours of operation.
6. Shelters shall meet the following operating conditions:
7. The shelter operates year-round.
8. The shelter is open, at a minimum, from 5:00 PM – 9:00 AM daily.
9. The shelter provides access to a minimum of two meals per day.
10. The shelter’s food preparation areas, if any, contains suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
11. Shelters shall be low-barrier and equal access, meaning:
12. The shelter is accessible for all clients in accordance with: a. Section 504 of the Rehabilitation Act; b. Title II of the American Disabilities Act; and c. The Fair Housing Act (42 U.S.C. 3601 et seq.).
13. Sobriety is not a condition for entry, stay, or access to services. Rules address behaviors, not the cause of behaviors, to ensure safety and security of guests and the facility.
14. Does not discriminate on the basis of sexual orientation, gender identity, or family composition.
15. Has capacity to serve consumers that need accessibility accommodations.
16. Shelters shall participate with statewide prioritization tools:
17. The shelter utilizes the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) to prioritize persons that are the most vulnerable for deeper services.
18. Shelters shall work cooperatively with other members of the Continuum of Care to provide needed services to quickly move guests to permanent housing using available community resources and utilizing shelter diversion when appropriate. Including:
19. Participates in the local coordinated entry/access system.
20. Participates in the Homeless Management Information System (HMIS).
21. Practices real-time data entry and ensures complete client records are entered.
22. Collaborates with the local Housing Assessment and Resource Agency (HARA).
23. Provides or ensures documentation of housing case management.
24. Provides or ensures linkages to mainstream resources.
25. Practices shelter diversion when applicable.
26. Upholds a Housing First approach and utilizes Rapid Re-Housing resources and other community resources in accordance with best practices.

**By signing this Minimum Standards for Emergency Shelter form, I hereby certify, under penalty of perjury, that I have read, understand and will adhere to all the information, requirements and standards provided above as a prerequisite of Emergency Solution Grant funding.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature and Title Date**

**ATTACHMENT C – ADMINISTRATIVE COMPLIANCE**

All funded agencies: Submit one copy of the following documents 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: Click here to enter text.

Phone: Click here to enter text.

The fair housing contact person indicated above will respond to all fair housing issues and/or complaints, in accord with program requirements.

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 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.