

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 11/04/2021

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Michigan State Housing Development Authority

b. Employer/Taxpayer Identification Number (EIN/TIN): 38-6000134

	c. Organizational DUNS:	087743191	PLUS 4:	
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d. Address

Street 1: 735 E. Michigan Avenue

Street 2:

City: Lansing

County: Ingham

State: Michigan

Country: United States

Zip / Postal Code: 48909

e. Organizational Unit (optional)

Department Name: MSHDA

Division Name: Rental Assistance and Homeless Solutions

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Jesica

Middle Name:

Last Name: Mays

Suffix:

Title: CoC Coordinator

Organizational Affiliation: Michigan State Housing Development Authority

Telephone Number: (517) 241-3049

Extension:
Fax Number: (517) 373-3147
Email: maysj5@michigan.gov

1C. SF-424 Application Details

9. Type of Applicant: A. State Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6500-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Michigan
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Coordinated Entry Expansion FY21

16. Congressional District(s):

16a. Applicant: MI-007, MI-014, MI-006, MI-005, MI-013, MI-004, MI-012, MI-003, MI-011, MI-002, MI-010, MI-001, MI-009, MI-008

16b. Project: MI-007, MI-006, MI-005, MI-004, MI-003, MI-010, MI-002, MI-001, MI-009, MI-008
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2022

b. End Date: 07/31/2023

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Christina

Middle Name:

Last Name: Soulard

Suffix:

Title: Homeless Programs Manager

Telephone Number: (517) 335-3038
(Format: 123-456-7890)

Fax Number: (517) 373-3428
(Format: 123-456-7890)

Email: soulardc@michigan.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 11/04/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Michigan State Housing Development Authority

Prefix: Ms.

First Name: Christina

Middle Name:

Last Name: Soulard

Suffix:

Title: Homeless Programs Manager

Organizational Affiliation: Michigan State Housing Development Authority

Telephone Number: (517) 335-3038

Extension:

Email: soulardc@michigan.gov

City: Lansing

County: Ingham

State: Michigan

Country: United States

Zip/Postal Code: 48909

2. Employer ID Number (EIN): 38-6000134

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$542,324.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD/ 477 Michigan Ave #1700, Detroit MI 48226	Emergency Solutions Grant	\$4,844,782.00	Assisting homeless households
HUD/ 477 Michigan Ave #1700, Detroit MI 48226	Emergency Solutions Grant- CV	\$60,000,000.00	Rental assistance, homeless prevention

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	000-00-0000	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Christina Soulard, Homeless Programs Manager

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 11/04/2021

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Michigan State Housing Development Authority
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Christina

Middle Name

Last Name: Soulard

Suffix:

Title: Homeless Programs Manager

Telephone Number: (517) 335-3038
(Format: 123-456-7890)

Fax Number: (517) 373-3428
(Format: 123-456-7890)

Email: soulardc@michigan.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 11/04/2021

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Michigan State Housing Development Authority

Name / Title of Authorized Official: Christina Soulard, Homeless Programs Manager

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 11/04/2021

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Michigan State Housing Development Authority
Street 1: 735 E. Michigan Avenue
Street 2:
City: Lansing
County: Ingham
State: Michigan
Country: United States
Zip / Postal Code: 48909

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.
First Name: Christina
Middle Name:
Last Name: Soulard
Suffix:
Title: Homeless Programs Manager
Telephone Number: (517) 335-3038
(Format: 123-456-7890)
Fax Number: (517) 373-3428
(Format: 123-456-7890)
Email: soulardc@michigan.gov
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 11/04/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |

- 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Michigan State Housing Development Authority
Prefix: Ms.

First Name: Christina

Middle Name:

Last Name: Soulard

Suffix:

Title: Homeless Programs Manager

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 11/04/2021

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$493,022

Organization	Type	Sub-Award Amount
Mid-Michigan Community Action Agency	M. Nonprofit with 501C3 IRS Status	\$41,021
Community Action Agency	M. Nonprofit with 501C3 IRS Status	\$8,034
Northwest Michigan Community Action Agency	M. Nonprofit with 501C3 IRS Status	\$5,948
Northeast Michigan Community Service Agency, Inc.	M. Nonprofit with 501C3 IRS Status	\$274,605
Gogebic/Ontonagon Community Action Agency	M. Nonprofit with 501C3 IRS Status	\$8,017
Alger-Marquette Community Action Board	M. Nonprofit with 501C3 IRS Status	\$64,497
TrueNorth Community Services	M. Nonprofit with 501C3 IRS Status	\$9,992
Allegan County Community Mental Health Services	B. County Government	\$55,535
Barry County United Way	M. Nonprofit with 501C3 IRS Status	\$373
EightCAP, Inc.	M. Nonprofit with 501C3 IRS Status	\$25,000

2A. Project Subrecipients Detail

a. Organization Name: Mid-Michigan Community Action Agency

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 38-2056236

	* d. Organizational DUNS:	069468080	PLUS 4:	
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e. Physical Address

Street 1: 1574 E Washington Road

Street 2:

City: Farwell

State: Michigan

Zip Code: 48622

f. Congressional District(s): MI-005, MI-004
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$41,021

j. Contact Person

Prefix: Ms.

First Name: Jill

Middle Name:

Last Name: Sutton
Suffix:
Title: Executive Director
E-mail Address: jsutton@mmcaa.org
Confirm E-mail Address: jsutton@mmcaa.org
Phone Number: 989-386-0845
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Community Action Agency

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 38-1803599

	* d. Organizational DUNS:	120359559	PLUS 4:	
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e. Physical Address

Street 1: 1214 Greenwood Ave
Street 2:
City: Jackson
State: Michigan
Zip Code: 49203

f. Congressional District(s): MI-007
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$8,034

j. Contact Person

Prefix: Ms.

First Name: Laura

Middle Name:

Last Name: Reaume

Suffix:

Title: CAA Director

E-mail Address: lreaume@caajlh.org

Confirm E-mail Address: lreaume@caajlh.org

Phone Number: 517-437-3346

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Northwest Michigan Community Action Agency

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 38-2027389

	* d. Organizational DUNS:	060177904	PLUS 4:	
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e. Physical Address

Street 1: 3963 Three Mile Road

Street 2:

City: Traverse City
State: Michigan
Zip Code: 49686

f. Congressional District(s): MI-004, MI-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$5,948

j. Contact Person

Prefix: Ms.
First Name: Kerry
Middle Name:
Last Name: Baughman
Suffix:
Title: Executive Director
E-mail Address: kbaughman@nmcaa.net
Confirm E-mail Address: kbaughman@nmcaa.net
Phone Number: 231-947-3780
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Northeast Michigan Community Service Agency, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 38-1873461

	* d. Organizational DUNS:	020905642	PLUS 4:	
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e. Physical Address

Street 1: 2569 U.S. 23 South

Street 2:

City: Alpena

State: Michigan

Zip Code: 49707

f. Congressional District(s): MI-005, MI-004, MI-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$274,605

j. Contact Person

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Bolen

Suffix:

Title: Executive Director/CEO

E-mail Address: bolenl@nemcsa.org

Confirm E-mail Address: bolenl@nemcsa.org

Phone Number: 989-358-4600

Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Gogebic/Ontonagon Community Action Agency

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 38-1802755

	* d. Organizational DUNS:	096826656	PLUS 4:	
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e. Physical Address

Street 1: 100 South Mill Street

Street 2:

City: Bessesmer

State: Michigan

Zip Code: 49911

f. Congressional District(s): MI-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$8,017

j. Contact Person

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Prefix: Ms.
First Name: Rochelle
Middle Name:
Last Name: Clemens-Ludtke
Suffix:
Title: Executive Director
E-mail Address: housing@gocaa.org
Confirm E-mail Address: housing@gocaa.org
Phone Number: 906-667-0283
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Alger-Marquette Community Action Board

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 38-1797320

	* d. Organizational DUNS:	089585350	PLUS 4:	
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e. Physical Address

Street 1: 1125 Commerce Drive
Street 2:
City: Marquette
State: Michigan
Zip Code: 49855

f. Congressional District(s): MI-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$64,497

j. Contact Person

Prefix: Ms.

First Name: Michelle

Middle Name:

Last Name: LaJoie

Suffix:

Title: Executive Director

E-mail Address: mlajoie@communityactionam.org

Confirm E-mail Address: mlajoie@communityactionam.org

Phone Number: 906-228-6522

Extension: 208

Fax Number: 888-906-7488

2A. Project Subrecipients Detail

a. Organization Name: TrueNorth Community Services

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 38-6158533

	* d. Organizational DUNS:	079682129	PLUS 4:	
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e. Physical Address

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Street 1: 6308 S Warner
Street 2: PO Box 149
City: Fremont
State: Michigan
Zip Code: 49412

f. Congressional District(s): MI-002
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$9,992

j. Contact Person

Prefix: Mr.
First Name: Brad
Middle Name:
Last Name: Hinken
Suffix:
Title: Health and Community Solutions Division Director
E-mail Address: bhinken@truenorthservices.org
Confirm E-mail Address: bhinken@truenorthservices.org
Phone Number: 231-924-0641
Extension: 141
Fax Number: 231-924-5594

2A. Project Subrecipients Detail

a. Organization Name: Allegan County Community Mental Health Services

b. Organization Type: B. County Government
If "Other" specify:

c. Employer or Tax Identification Number: 33-3313166

	* d. Organizational DUNS:	383313166	PLUS 4:	
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e. Physical Address

Street 1: 3283 122nd Ave

Street 2:

City: Allegan

State: Michigan

Zip Code: 49010

f. Congressional District(s): MI-006
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$55,535

j. Contact Person

Prefix: Ms.

First Name: Susan

Middle Name:

Last Name: Conrad

Suffix:

Title: Housing Services Supervisor

E-mail Address: sconrad@accmhs.org
Confirm E-mail Address: sconrad@accmhs.org
Phone Number: 269-366-7993
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Barry County United Way

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 38-6062803

	* d. Organizational DUNS:	068749063	PLUS 4:	
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e. Physical Address

Street 1: 231 S Broadway

Street 2:

City: Hastings

State: Michigan

Zip Code: 49058

f. Congressional District(s): MI-003
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$373

j. Contact Person

Prefix: Ms.
First Name: Lani
Middle Name:
Last Name: Forbes
Suffix:
Title: Executive Director
E-mail Address: lani@bcunitedway.org
Confirm E-mail Address: lani@bcunitedway.org
Phone Number: 269-945-4010
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: EightCAP, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 38-6111652

	* d. Organizational DUNS:	020892659	PLUS 4:	
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e. Physical Address

Street 1: 5827 Orleans Road
Street 2:
City: Orleans
State: Michigan
Zip Code: 48865

f. Congressional District(s): MI-003
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$25,000

j. Contact Person

Prefix: Ms.

First Name: Christa

Middle Name:

Last Name: Jerome

Suffix:

Title: Manager of Self Sufficiency Program

E-mail Address: christaj@8cap.org

Confirm E-mail Address: christaj@8cap.org

Phone Number: 616-225-5963

Extension:

Fax Number: 616-754-9315

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

The applicant is the statewide Public Housing Authority that administers millions of dollars of federal funding annually, through a network of skilled and experienced subrecipients, many of whom are included as subrecipients on this grant application. This arrangement has been in place for the disbursement of Emergency Solutions Grant (ESG) funding for decades and was brought into alignment with requirements of the HEARTH Act of 2009 after its implementation. This funding is being requested to support the functions of the Balance of State (BoS) Coordinated Entry System (CES). The BoS CES has received ESG funding to support these activities as allowed by federal regulations and in federal fiscal year 2017, CES funding began using BoS CoC Program funding as well. The applicant has an annual process for subrecipients to submit evidence of good standing as a non-profit entity operating in Michigan, regular monitoring, generally accepted accounting practices and antifraud policies among other pertinent documentation. Since the implementation of this project, the CoC learned how important this funding was to improve the functions of the CES across the BoS. Subrecipients were required to demonstrate how this funding was used to directly support households in need of homeless services through their local implementation of CES. With the long history of investing in CES through ESG and other sources of funding, both the recipient and the subrecipients have effectively used BoS CoC Program funding and have shown that additional funds to support CES functions will directly improve services to homeless households. This occurs through increases to outreach to better identify and connect unsheltered persons, through housing navigation services to reduce the length of time homeless and supporting assessment services to improve prioritization and referral processes.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

The applicant, Michigan State Housing Development Authority (MSHDA), matches the Federal Emergency Solutions Grant (ESG) funding dollar for dollar annually and has decades of experience in providing and documenting matching funds. MSHDA leads the state's Interagency Council on Homelessness, bringing state department leadership together to better coordinate and leverage funding across sectors to end homelessness. This has led to pilots with the Michigan Department of Corrections and the Michigan Department of Health and Human Services to pair their support funds with the Housing Choice Vouchers from MSHDA to target high priority populations. Many of the subrecipients are Community Action Agencies that receive Community Services Block Grant funding and have documented partnerships with their local Community Mental Health agencies. Each year, sub-recipients

are required to demonstrate to MSHDA that they supplement the ESG funding with other sources of funding to effectively end homelessness, including, CoC Program, Substance Abuse and Mental Health Services Administration funding, State Health and Human Services funding, including Temporary Assistance to Needy Families funding, and local philanthropy and fundraising.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

The applicant, MSHDA, has four "Homeless Assistance Specialist" staff positions responsible for reviewing their assigned ESG sub-recipient's quarterly reimbursement requests and expenditures to ensure all funds are expended in accordance with federal regulation. Another full-time position on MSHDA's staff is responsible for onsite monitoring of each subrecipient to review accounting and record keeping practices. Each year of the Coordinated Entry SSO grant which this application seeks to expand was reviewed in a similar process by an experienced Homeless Assistance Specialist. After this initial review, the Chief Housing Solutions Officer reviews the reimbursement requests before they are approved to go to the Finance Department for additional processing. MSHDA's financial processes are reviewed regularly and subject to monitoring by the State Auditor General's office. Each of the subrecipients has been required to annually provide updated 990 IRS filings, annual audits by a third-party auditor, and evidence of policies and By-Laws that address fraud and conflict of interest. These documents are reviewed by MSHDA's Finance Department to assess risk in sub-granting to the organizations. All documentation by sub-recipients is uploaded and stored in grant management software specifically developed for MSHDA's granting processes.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No

3A. Project Detail

1. CoC Number and Name: MI-500 - Michigan Balance of State CoC

2. CoC Collaborative Applicant Name: Michigan State Housing Development Authority

3. Project Name: Coordinated Entry Expansion FY21

4. Project Status: Standard

5. Component Type: SSO

5a. Select the type of SSO Project: Coordinated Entry

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

This project is requested to expand the continuing success of the Coordinated Entry SSO project, that was the first CoC Program funding to directly support Balance of State (BoS) Coordinated Entry System (CES) activities. This project provides supportive service funding to every Housing Assessment Resource Agency (HARA) in the BoS CoC to implement/enhance the Coordinated Entry System and its primary functions – access, assessment, prioritization, and referral. While HARAs are not (and should not be) the only active partner in the Coordinated Entry System, they often carry a significant portion of the responsibilities in rural communities of the BoS CoC. HARAs are responsible for completing a majority of the assessments (standardized by state funders), maintaining access to services (by phone or in-person), prioritizing households based on CoC policy, and referring households to any available housing resources based on eligibility and choice. This application continues these efforts while also proposing an expansion that would help subrecipients increase the effectiveness of Coordinated Entry’s geographic coverage through outreach. While other sources of funding frequently leverage this system (i.e. ESG, HUD CoC PH), this project is unique in providing staffing funds to support subrecipient capacity in completing this vital activities. Per the FY2019 CAPER, 6,800 households were screened/assessed by Coordinated Entry across the BoS CoC. Efforts are underway to track referrals and housing placements as related to Coordinated Entry activities. This funding also supports subrecipients in their work to quickly resolve homelessness for those seeking services and we anticipate a decrease in length of time homeless of 5% across the BoS in the next reporting year. To support positive outcomes in the CES system, MSHDA and the BoS CoC continue to provide subrecipients with training on topics such as trauma-informed services, motivational interviewing and implicit bias.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	0			
Leased or rental assistance units or structure, and supportive services near 100% capacity	0			

Closing on purchase of land, structure(s), or execution of structure lease	0		
Start rehabilitation	0		
Complete rehabilitation	0		
Start new construction	0		
Complete new construction	0		

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. As an SSO-Coodinated Entry project answer the following questions:

4a. Will the coordinated entry process cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

The large geographic area in the Michigan Balance of State (BoS) is split into smaller regional, local planning bodies (LPB). Each LPB is required by the State of Michigan, as a condition of receiving ESG funding, to have a Coordinated Entry System (CES), helmed by a designated Housing Assessment and Resource Agency (HARA), which operates as the central coordinated entry intake entity. These HARAs are promoted by state agencies such as this applicant (MSHDA), the Department of Health and Human Services, which provides state and federal aid such as food assistance, and the state employment services agencies. These are places regularly contacted for assistance by people in need when in crisis. Additionally, HARAs coordinate with local information and referral agencies (211 systems), schools, PATH and SSVF grantees and law enforcement. All HARAs are accessible by phone or in person. HARAs are required to be accessible or accommodate people off-site if they are unable to come to the HARA due to disability or Domestic Violence reasons. People with Limited English Proficiency, or who require sign language

or Braille are also required to be accommodated. The MI BOSCO advertising Policy/Procedure takes into account many factors, such as: Limited English Proficiency, Unsheltered Homelessness, Domestic Violence, and Gender Identity. The Policy/Procedures require that coordinated entry is available to all who are eligible, and that it includes all homeless sub-populations. The grant applicant, MSHDA, has a Language Access Plan in-place. MSHDA's language Access Plan requires effective communication by providing appropriate auxiliary aids and services necessary so that information is provided in accessible formats, e.g., Braille, audio, large type, etc. MSHDA, the applicant, is accessible to individuals with disabilities. Since HUD issued CPD 17-01 on January 2017, the BoS has provided webinars and on-site training on this notice. The BoS CES Policy includes Planning, Access, Assessment, Prioritization, Referral, Data Management, and Evaluation as it relates to HUD CPD 17-01, 16-11, Coordinated Entry Policy Brief (2015), CoC Program interim rule: 24 CFR 578.7(a)(8), ESG interim rule: 24 CFR 576.400(d), HUD Equal Access rule, and new HUD guidance on the implementation of VAWA protections in publicly funded housing projects.

4d. Will the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.

The Coordinated Entry System (CES) within the BoS is required to coordinate, at minimum, all CoC Program and ESG-funded housing resources, and CES is encouraged for all other housing resources designated to serve people experiencing homelessness. This is supported in BoS CES Policy as well as in ESG Memorandums of Understanding. BoS CES has been coordinating with Department of Veteran's Affairs and Runaway and Homeless Youth agencies to coordinate referrals for Veterans and Youth identified on local By-Name Lists. The statewide Homeless Preference Housing Choice Voucher Waitlist is managed through local CES in the BoS with the expectation that all homeless households are entered onto the waitlist. A housing assessment process is standardized across the BoS along with other identified factors to prioritize those with highest acuity and match to the most appropriate resource available. CES providers integrate case consultation practices and allow consumers to reject any housing resource presented to them without penalty. Housing navigators and case managers are in place to assist households in identifying other supports available through mainstream services, and many CES providers are community partner navigation sites for the "MI Bridges" system to access state benefits such as food, cash and childcare assistance. The BoS has also begun exploring promising practices such as phased assessment and dynamic system management to more quickly pair those with the greatest need to available resources.

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following Yes

groups:

- (1) adults without children;
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness?

4g. Will this coordinated entry project refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible? Yes

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: MI0559

1b. Eligible Renewal Grant Project Name: Coordinated Entry Stand-Alone Renewal FY21

2. Will this expansion project increase the Coordinated Entry process? Yes

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.

2. What type of CoC funding is this project applying for in this CoC Program Competition? Reallocation + CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is requested:**

Supportive Services

HMIS

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No



6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	Increase staff to answer hotline, assess callers (2.5 FTE)	\$195,407
2. Assistance with Moving Costs		
3. Case Management	Increase staff to assist households to retain housing (0.25 FTE)	\$11,505
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	Increase staff to assist in locating rental housing (0.25 FTE)	\$11,505
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	Increase staff for to identify and engage unsheltered persons (3.5 FTE)	\$274,605
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$493,022
Grant Term		1 Year
Total Request for Grant Term		\$493,022

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$135,581
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$135,581

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Government	MSHDA ESG	\$135,581

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Government

3. Name of Source: MSHDA ESG

(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$135,581

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$493,022	1 Year	\$493,022
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$493,022
8. Admin (Up to 10%)			\$49,302
9. Total Assistance Plus Admin Requested			\$542,324
10. Cash Match			\$135,581
11. In-Kind Match			\$0
12. Total Match			\$135,581
13. Total Budget			\$677,905

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Proof of Match	11/03/2021
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Proof of Match

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Christina Soulard

Date: 11/04/2021

Title: Homeless Programs Manager

Applicant Organization: Michigan State Housing Development Authority

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/05/2021
1E. SF-424 Compliance	10/05/2021
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1F. SF-424 Declaration	10/05/2021
1G. HUD 2880	10/05/2021
1H. HUD 50070	10/05/2021
1I. Cert. Lobbying	10/05/2021
1J. SF-LLL	10/05/2021
IK. SF-424B	10/05/2021
1L. SF-424D	10/05/2021
2A. Subrecipients	11/02/2021
2B. Experience	10/13/2021
3A. Project Detail	10/13/2021
3B. Description	10/13/2021
3C. Expansion	10/14/2021
6A. Funding Request	10/14/2021
6F. Supp Srvcs Budget	11/04/2021
6I. Match	10/21/2021
6J. Summary Budget	No Input Required
7A. Attachment(s)	11/03/2021
7D. Certification	10/13/2021



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
LANSING

GARY HEIDEL
ACTING EXECUTIVE DIRECTOR

October 21, 2021

SUBJECT: Coordinated Entry Expansion FY21

The Michigan State Housing Development Authority (MSHDA) agrees to provide match to the Coordinated Entry Expansion FY21. MSHDA will provide a cash match of \$135,581 from MSHDA Emergency Solutions Grant (2021-2022) funds.

Sincerely,

A handwritten signature in cursive script that reads "Kelly Rose".

Kelly Rose
Chief Housing Solutions Officer