

## **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](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](mailto: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](mailto: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.
- 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2019 Project Application will be imported into the FY 2021 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2021 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:** Application

**2. Type of Application:** Renewal Project Application

**If "Revision", select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 11/03/2021

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** MI0559

**This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**

**Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number**

**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

	<b>c. Organizational DUNS:</b>	087743191	<b>PLUS 4</b>	
--	--------------------------------	-----------	---------------	--

### 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-N25

**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 Stand-Alone Renewal FY21

**16. Congressional District(s):**

**a. Applicant:** MI-007, MI-014, MI-006, MI-005, MI-013, MI-004,  
(for multiple selections hold CTRL key) MI-012, MI-003, MI-011, MI-002, MI-010, MI-001,  
MI-009, MI-008

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

**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:** 11/03/2021



# 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:** \$588,776

**5. State the name and location (street address, city and state) of the project or activity:** Coordinated Entry Stand-Alone Renewal FY21  
 735 E. Michigan Avenue Lansing Michigan

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	6.0E7	Rental assistance, homeless prevention

**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%

**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:** 10/05/2021

# 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;	

### 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 documentation is true and accurate. I**

X

**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:** 11/03/2021

## **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:** 11/03/2021

# 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.

X



**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 Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 11/03/2021

# 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:** 11/03/2021

## Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

## Submission Without Changes

**1. Are the requested renewal funds reduced from the previous award due to reallocation?** No

**2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.** Make changes

**3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.**

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
<b>Part 5 - Participants and Outreach Information</b>	
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

Must update funding request and summary budget to match awarded FY2019 combined expansion application

**You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**

## Recipient Performance

**1. Did you submit your previous year's Annual Performance Report (APR) on time?** Yes

**2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?** No

**3. Do you draw funds quarterly for your current renewal project?** Yes

**4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?** Yes

**4a. If HUD recaptured funds provide an explanation.**

HUD will recapture roughly 5% of the total awarded funds for the FY2020 project. Due to the significant influx of funding under the CARES Act, subrecipients were unable to expend all available funding within the performance period.



## Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
  - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
  - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.
2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

**1. Is this renewal project application requesting to consolidate or expand?** Yes - Stand-Alone Renewal Application in a New Grant Expansion

If "No" click on "Next" or "Save & Next" below to move to the next screen.

**As part of the FY 2021 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 renewal project application and 2 new expansion project applications. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2021, as confirmed on the FY 2021 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).**

2. In the fields below, enter the Project Name, PIN and Total Amount Requested of the Stand-Alone Renewal project application and the Project Name and Total Amount requested for the Stand-Alone New project application as entered in e-snaps for the FY 2021 CoC Competition. There is no PIN for the Stand-Alone New, which is why the field will automatically fill as "NA". The Total Requested Amount for the Stand-Alone Renewal will automatically pull from the summary budget.

**Renewal Grant Expansion Table**

Stand-Alone Renewal or Stand-Alone New	Project Name	Total Requested Amount	PIN Number
Stand-Alone Renewal	Coordinated Entry Stand-Alone Renewal FY21	\$588,776	MI0559
Stand-Alone New	Coordinated Entry Expansion FY21	\$493,022	NA

**Renewal Expansion Summary**

Total Number of Grants in the Expansion	2
Total Requested Amount in the Expansion	\$1,081,798

**I acknowledge that I have informed my Collaborative Applicant of this expansion request to be included in the CoCs Project Listing and listed on a special attachment identifying this expansion request.**

X

**I acknowledge that I have reviewed the accuracy and submitted all new expansion project applications related to this expansion request into esnaps. NOTE: DO NOT SUMBIT A FULLY COMBINED NEW OR RENEWAL PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2021 COC COMPETITION.**

X

**Click on “Save & Next” to continue completing the remainder of this stand-alone renewal project application**

## 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: \$588,776**

Organization	Type	Sub-Award Amount
Mid-Michigan Community Action Agency	M. Nonprofit with 501C3 IRS Status	\$41,021
Midland Area Homes, Inc. DBA Home to Stay Housi...	M. Nonprofit with 501C3 IRS Status	\$12,065
Southwest Michigan Community Action Agency	M. Nonprofit with 501C3 IRS Status	\$12,065
Community Action Agency	M. Nonprofit with 501C3 IRS Status	\$19,304
Emergency Shelter Services, Inc	M. Nonprofit with 501C3 IRS Status	\$16,891
Keystone Place, Inc	M. Nonprofit with 501C3 IRS Status	\$21,717
Northwest Michigan Community Action Agency	M. Nonprofit with 501C3 IRS Status	\$72,390
Northeast Michigan Community Service Agency, Inc.	M. Nonprofit with 501C3 IRS Status	\$65,151
Gogebic-Ontonagon Community Action Agency	M. Nonprofit with 501C3 IRS Status	\$24,130
Chippewa-Luce-Mackinac Community Action Human R...	M. Nonprofit with 501C3 IRS Status	\$33,782
Blue Water Community Action Agency	M. Nonprofit with 501C3 IRS Status	\$14,478
Human Development Commission	M. Nonprofit with 501C3 IRS Status	\$24,130
Alger-Marquette Community Action Board	M. Nonprofit with 501C3 IRS Status	\$55,503
TrueNorth Community Services	M. Nonprofit with 501C3 IRS Status	\$38,608
Allegan County Community Mental Health Services	B. County Government	\$19,304
EightCap, Inc.	M. Nonprofit with 501C3 IRS Status	\$38,608
Housing Services of Mid-Michigan	M. Nonprofit with 501C3 IRS Status	\$24,130
Capital Area Community Services, Inc.	M. Nonprofit with 501C3 IRS Status	\$14,478
Barry County United Way	M. Nonprofit with 501C3 IRS Status	\$12,065
Human Resources Authority, Inc.	M. Nonprofit with 501C3 IRS Status	\$16,891

**Applicant:** Michigan State Housing Development Authority

087743191

**Project:** Coordinated Entry Stand-Alone Renewal FY21

188900

Branch County Community Mental Health Authority	B. County Government	\$12,065
--	----------------------	----------

## 2A. Project Subrecipients Detail

**a. Organization Name:** Mid-Michigan Community Action Agency

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-2056236

	<b>* d. Organizational DUNS:</b>	069468080	<b>PLUS 4</b>	
--	----------------------------------	-----------	---------------	--

### e. Physical Address

**Street 1:** 1574 E. Washington Rd.

**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:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Midland Area Homes, Inc. DBA Home to Stay Housing Assistance Center

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-1913233

	<b>* d. Organizational DUNS:</b>	082762816	<b>PLUS 4</b>	
--	----------------------------------	-----------	---------------	--

### e. Physical Address

**Street 1:** 205 S Saginaw Road

**Street 2:**

**City:** Midland

**State:** Michigan

**Zip Code:** 48640

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

**g. Is the subrecipient a Faith-Based** No

**Organization?**

**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:** \$12,065

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Donna

**Middle Name:**

**Last Name:** St. John

**Suffix:**

**Title:** Executive Director

**E-mail Address:** dst.john@myhometostay.org

**Confirm E-mail Address:** dst.john@myhometostay.org

**Phone Number:** 989-496-9550

**Extension:**

**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

**2A. Project Subrecipients Detail**

**a. Organization Name:** Southwest Michigan Community Action Agency

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-2415106

	<b>* d. Organizational DUNS:</b>	002009442	<b>PLUS 4</b>
--	----------------------------------	-----------	---------------

Renewal Project Application FY2021	Page 31	11/15/2021
------------------------------------	---------	------------

**e. Physical Address**

**Street 1:** 185 East Main Street  
**Street 2:** Suite 303  
**City:** Benton Harbor  
**State:** Michigan  
**Zip Code:** 49022

**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:** \$12,065

**j. Contact Person**

**Prefix:** Ms.  
**First Name:** Yvonne  
**Middle Name:**  
**Last Name:** Vidt  
**Suffix:**  
**Title:** Community Services Manager  
**E-mail Address:** yvidt@smcaa.com  
**Confirm E-mail Address:** yvidt@smcaa.com  
**Phone Number:** 269-449-3031  
**Extension:**  
**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.



## 2A. Project Subrecipients Detail

**a. Organization Name:** Community Action Agency

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-1803599

	<b>* d. Organizational DUNS:</b>	120359559	<b>PLUS 4</b>	
--	----------------------------------	-----------	---------------	--

### e. Physical Address

**Street 1:** 1214 Greenwood Avenue

**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:** \$19,304

### 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:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Emergency Shelter Services, Inc

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-2268351

	<b>* d. Organizational DUNS:</b>	130699416	<b>PLUS 4</b>	
--	----------------------------------	-----------	---------------	--

### e. Physical Address

**Street 1:** 185 E Main Street  
**Street 2:** Suite 303  
**City:** Benton Harbor  
**State:** Michigan  
**Zip Code:** 49022

**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:** \$16,891

**j. Contact Person**

**Prefix:** Mr.

**First Name:** Kenneth

**Middle Name:**

**Last Name:** Jackson

**Suffix:**

**Title:** Grants Manager

**E-mail Address:** kjackson@emergencyselterservices.org

**Confirm E-mail Address:** kjackson@emergencyselterservices.org

**Phone Number:** 269-925-1131

**Extension:** 108

**Fax Number:** 269-357-7235

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Keystone Place, Inc

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-3579425

	* d. Organizational DUNS:	831304469	PLUS 4	
--	---------------------------	-----------	--------	--

**e. Physical Address**

**Street 1:** 505 East Market Street

**Street 2:**

**City:** Centreville

**State:** Michigan

**Zip Code:** 49032

**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:** \$21,717

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Kelli

**Middle Name:**

**Last Name:** Tackett

**Suffix:**

**Title:** Executive Director

**E-mail Address:** ktackett.keystone@gmail.com

**Confirm E-mail Address:** ktackett.keystone@gmail.com

**Phone Number:** 269-467-9081

**Extension:**

**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Northwest Michigan Community Action Agency

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-2027389

	* d. Organizational DUNS:	060177904	PLUS 4	
--	---------------------------	-----------	--------	--

### 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:** \$72,390

### 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:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

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

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-1873461

	<b>* d. Organizational DUNS:</b>	020905642	<b>PLUS 4</b>	
--	----------------------------------	-----------	---------------	--

### 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:** \$65,151

**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:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Gogebic-Ontonagon Community Action Agency

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-1802755

	* d. Organizational DUNS:	096826656	PLUS 4	
--	---------------------------	-----------	--------	--

**e. Physical Address**

**Street 1:** 100 South Mill Street

**Street 2:**

**City:** Bessemer

**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:** \$24,130

**j. Contact Person**

**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:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.



## 2A. Project Subrecipients Detail

**a. Organization Name:** Chippewa-Luce-Mackinac Community Action Human Resource Authority

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-1798626

	* d. Organizational DUNS:	116103888	PLUS 4	
--	---------------------------	-----------	--------	--

### e. Physical Address

**Street 1:** 524 Ashmun Street

**Street 2:**

**City:** Sault Ste Marie

**State:** Michigan

**Zip Code:** 49783

**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:** \$33,782

### j. Contact Person

**Prefix:** Mr.

**First Name:** Dennis

**Middle Name:**  
**Last Name:** McShane  
**Suffix:**  
**Title:** Executive Director  
**E-mail Address:** dmcshane@clmcaa.com  
**Confirm E-mail Address:** dmcshane@clmcaa.com  
**Phone Number:** 906-632-3363  
**Extension:**  
**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Blue Water Community Action Agency

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-2284121

	<b>* d. Organizational DUNS:</b>	062876743	<b>PLUS 4</b>
--	----------------------------------	-----------	---------------

### e. Physical Address

**Street 1:** 3403 Lapeer Road

**Street 2:**

**City:** Port Huron

**State:** Michigan

**Zip Code:** 48060

**f. Congressional District(s):** MI-010  
(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:** \$14,478

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Melinda

**Middle Name:**

**Last Name:** Johnson

**Suffix:**

**Title:** Executive Director

**E-mail Address:** mjohnson@bwcaa.org

**Confirm E-mail Address:** mjohnson@bwcaa.org

**Phone Number:** 810-982-8541

**Extension:**

**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Human Development Commission

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-1792679

	* d. Organizational DUNS:	039630793	PLUS 4	
--	---------------------------	-----------	--------	--

**e. Physical Address**

**Street 1:** 429 Montague Ave

**Street 2:**

**City:** Caro

**State:** Michigan

**Zip Code:** 48723

**f. Congressional District(s):** MI-010  
(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:** \$24,130

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Lori

**Middle Name:**

**Last Name:** Offenbecher

**Suffix:**

**Title:** Executive Director

**E-mail Address:** lorio@hdc-caro.org

**Confirm E-mail Address:** lorio@hdc-caro.org

**Phone Number:** 989-673-4121

**Extension:**

**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Alger-Marquette Community Action Board

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-1797320

	<b>* d. Organizational DUNS:</b>	089585350	<b>PLUS 4</b>
--	----------------------------------	-----------	---------------

### 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:** \$55,503

### 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

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** TrueNorth Community Services  
**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-6158533

	<b>* d. Organizational DUNS:</b>	079682129	<b>PLUS 4</b>
--	----------------------------------	-----------	---------------

### e. Physical Address

**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:** \$38,608

**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

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Allegan County Community Mental Health Services

**b. Organization Type:** B. County Government

**c. Employer or Tax Identification Number:** 33-3313166

	<b>* d. Organizational DUNS:</b>	168483022	<b>PLUS 4</b>	
--	----------------------------------	-----------	---------------	--

**e. Physical Address**

**Street 1:** 3283 122nd Avenue

**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:** \$19,304

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Susan

**Middle Name:**

**Last Name:** Conrad

**Suffix:**

**Title:** Housing Supervisor

**E-mail Address:** sconrad@accmhs.org

**Confirm E-mail Address:** sconrad@accmhs.org

**Phone Number:** 269-673-3384

**Extension:** 2,728

**Fax Number:**



## 2A. Project Subrecipients Detail

**a. Organization Name:** EightCap, Inc.

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-6111652

	<b>* d. Organizational DUNS:</b>	020892659	<b>PLUS 4</b>	
--	----------------------------------	-----------	---------------	--

### e. Physical Address

**Street 1:** 5827 Orleans Rd

**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:** \$38,608

### 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

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Housing Services of Mid-Michigan

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-3245099

	<b>* d. Organizational DUNS:</b>	158806393	<b>PLUS 4</b>	
--	----------------------------------	-----------	---------------	--

### e. Physical Address

**Street 1:** 319 S Cochran Avenue  
**Street 2:** PO Box 746  
**City:** Charlotte  
**State:** Michigan  
**Zip Code:** 48813

**f. Congressional District(s):** 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:** \$24,130

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Christie

**Middle Name:**

**Last Name:** Harry

**Suffix:**

**Title:** Executive Director

**E-mail Address:** charry@hs-mm.org

**Confirm E-mail Address:** charry@hs-mm.org

**Phone Number:** 517-541-1180

**Extension:**

**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Capital Area Community Services, Inc.

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-1791181

	<b>* d. Organizational DUNS:</b>	076389618	<b>PLUS 4</b>
--	----------------------------------	-----------	---------------

Renewal Project Application FY2021	Page 51	11/15/2021
------------------------------------	---------	------------

**e. Physical Address**

**Street 1:** 101 E Willow Street

**Street 2:**

**City:** Lansing

**State:** Michigan

**Zip Code:** 48906

**f. Congressional District(s):** MI-007, MI-004, MI-008  
**(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:** \$14,478

**j. Contact Person**

**Prefix:** Mr.

**First Name:** Miguel

**Middle Name:**

**Last Name:** Rodriguez

**Suffix:**

**Title:** Executive Director

**E-mail Address:** miguel@cacsmi.org

**Confirm E-mail Address:** miguel@cacsmi.org

**Phone Number:** 517-482-7747

**Extension:** 675

**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Barry County United Way

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 38-6062803

	<b>* d. Organizational DUNS:</b>	068749063	<b>PLUS 4</b>	
--	----------------------------------	-----------	---------------	--

### 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:** \$12,065

### 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:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Human Resources Authority, Inc.

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 23-7270048

	* d. Organizational DUNS:	192300858	PLUS 4	
--	---------------------------	-----------	--------	--

### e. Physical Address

**Street 1:** 507 First Avenue North

**Street 2:**

**City:** Escanaba

**State:** Michigan

**Zip Code:** 49829

**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:** \$16,891

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Julie

**Middle Name:**

**Last Name:** Moberg

**Suffix:**

**Title:** Executive Director

**E-mail Address:** jmoberg@mdscaa.org

**Confirm E-mail Address:** jmoberg@mdscaa.org

**Phone Number:** 906-786-7080

**Extension:**

**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Branch County Community Mental Health Authority

**b. Organization Type:** B. County Government

**c. Employer or Tax Identification Number:** 38-3622335

	<b>* d. Organizational DUNS:</b>	004283844	<b>PLUS 4</b>
--	----------------------------------	-----------	---------------

Renewal Project Application FY2021	Page 55	11/15/2021
------------------------------------	---------	------------

**e. Physical Address**

**Street 1:** 200 Vista Drive

**Street 2:**

**City:** Coldwater

**State:** Michigan

**Zip Code:** 49036

**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:** \$12,065

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Angel

**Middle Name:**

**Last Name:** Wilkins

**Suffix:**

**Title:** Director of Community Services

**E-mail Address:** awilkins@pinesbhs.org

**Confirm E-mail Address:** awilkins@pinesbhs.org

**Phone Number:** 517-278-2129

**Extension:** 250

**Fax Number:**



### 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** MI0559

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

**3. CoC Collaborative Applicant Name:** Michigan State Housing Development Authority

**4. Project Name:** Coordinated Entry Stand-Alone Renewal FY21

**5. Project Status:** Standard

**6. Component Type:** SSO

**6a. Please select the type of SSO project:** Coordinated Entry

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

### 3B. Project Description

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

The goal of the Coordinated Entry project is to ensure equitable access to critical permanent housing resources and successful outcomes for those experiencing homelessness and those who are at risk of homelessness. This project provides supportive service funding to every Housing Assessment Resource Agency (HARA) in the Balance of State Continuum of Care (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 HARAs increase the effectiveness of Coordinated Entry’s geographic coverage through outreach. While other sources of funding frequently leverage this system (i.e. ESG, ESP, HUD CoC PH), this project is unique in providing staffing funds to support HARA 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.

**2. 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 with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

**3. Housing First**

**3a. Does the project quickly move participants into permanent housing** Yes

**3b. Does the project enroll program participants who have the following barriers? Select all that apply.**

Having too little or little income	<input checked="" type="checkbox"/>
------------------------------------	-------------------------------------

Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**3c. Will the project prevent program participant termination for the following reasons? Select all that apply.**

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**3d. Does the project follow a "Housing First" approach?** Yes

**4. As a renewal SSO-Coordinated Entry project update 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 individuals and families 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, 61-county Balance of State (BoS) operates with smaller, regional local planning bodies (LPBs). Each LPB's coordinated entry process must comply with state requirements for Housing Assessment and Resource Agencies (HARAs), which are state mandated and funded agencies to act as the backbone to the local coordinated entry systems (CES). This includes standardized hours of operation and contact information included on the state website. HARAs are required to have this information provided in a published, easy to share format to their local Dept of Health and Human Services (DHHS),

mental health agencies, libraries, SSVF providers, etc. HARAs are also required to make accommodations to serve people off-site if the HARA location is not accessible to people due to disability, domestic violence, or other reasons. HARAs are also required to have resources in place to respectfully serve people with limited English proficiency (LEP), deaf and hard of hearing, and those reading Braille. The state has required that all CoCs and LPBs submit updated policies that show they are locally compliant with the Equal Access Final Rule and Gender Identity Final Rule and, and new HUD guidance on the implementation of VAWA protections in publicly funded housing projects. The state offers support to the BoS CoC communities through its Language Access Plan which provides for appropriate auxiliary aids and services necessary formats for information (Braille, audio, large type, etc). To assist the BoS HARAs in reaching those with barriers to accessing assistance, the state provided technical assistance in creating local policies and procedures to make access equitable to all persons experiencing homelessness. Additionally, the state allows the HARAs to use ESG funds to pay for outreach staff to more effectively engage with persons in need of housing that do not come to the HARA or other partners to seek it.

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

**4e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.**

The large, 61-county Balance of State (BoS) operates with smaller, regional local planning bodies (LPBs). Each LPB’s coordinated entry process must comply with state requirements for Housing Assessment and Resource Agencies (HARAs), which are state mandated and funded agencies to act as the backbone to the local coordinated entry systems (CES). The applicant, Michigan State Housing Development Authority (MSDHA), through administration of statewide ESG funding, requires that all communities have a designated HARA, that they use a minimum percentage of the state-awarded ESG funds to support the access, assessment, prioritization and referral functions of the CES and that all ESG and CoC Program funded projects take referrals directly from the CES and HARA. Because MSHDA and the Balance of State (BoS) cover a broad geographic area, in order to maintain consistency in assessment, the state selected the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) and SPDAT from OrgCode as the assessment tool to be used statewide. In addition, all Independent Jurisdictions and LPBs have been required to submit policies on CE to demonstrate they are locally following updated HUD Standards for CE as outlined in the BoS CE Policy which includes: CPD 17-01, 16-11; Coordinated Entry Policy Brief (2015), 24 CFR 578.7 (a)(8), 24 CFR 576.400 (d), HUD Equal Access Rule and HUD Final Rule on Gender Identity. The BoS CoC participates in national technical assistance activities to grow and adapt according to best and promising practices. Dynamic system management is being explored in most LPBs due in large part to a lack of permanent supportive housing (PSH). Aiding in these efforts are the MSHDA HCV vouchers with a homeless preference that can be bridged to via rapid rehousing

in areas with little PSH availability.

**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 five groups:** Yes

- (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. This coordinated entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to program participants for which they may be eligible?** Yes

## 6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year
5. Select the costs for which funding is requested:
- |                     |                                     |
|---------------------|-------------------------------------|
| Leased Structures   | <input type="checkbox"/>            |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS                | <input type="checkbox"/>            |

## 6D. 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 Value of Cash Commitments:	\$147,194
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$147,194

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

Type	Source	Contributor	Value of Commitments
Cash	Government	MSHDA ESG	\$147,194

## 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:** \$147,194



## 6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$536,730
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$536,730
7. Admin (Up to 10%)	\$52,046
8. Total Assistance plus Admin Requested	\$588,776
9. Cash Match	\$147,194
10. In-Kind Match	\$0
11. Total Match	\$147,194
12. Total Budget	\$735,970

## 7A. Attachment(s)

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

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Proof of Match

## **Attachment Details**

**Document Description:**

## 7B. 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 578.33(d) 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.**

**20-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**15-Year Operation Rule – 24 CFR part 578 only.**

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.**

For 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 provided.

**C. Explanation.**

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:** 11/03/2021

**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

Page	Last Updated
<b>1A. SF-424 Application Type</b>	10/05/2021
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	10/14/2021
<b>1E. SF-424 Compliance</b>	10/05/2021
<b>1F. SF-424 Declaration</b>	10/05/2021
<b>1G. HUD-2880</b>	10/05/2021
<b>1H. HUD-50070</b>	10/05/2021
Renewal Project Application FY2021	Page 71
	11/15/2021

<b>1I. Cert. Lobbying</b>	10/05/2021
<b>1J. SF-LLL</b>	10/05/2021
<b>IK. SF-424B</b>	10/05/2021
<b>Submission Without Changes</b>	10/05/2021
<b>Recipient Performance</b>	10/05/2021
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	10/14/2021
<b>2A. Subrecipients</b>	11/02/2021
<b>3A. Project Detail</b>	10/14/2021
<b>3B. Description</b>	10/14/2021
<b>6A. Funding Request</b>	10/14/2021
<b>6D. Match</b>	10/21/2021
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	11/03/2021
<b>7B. Certification</b>	10/14/2021





STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY  
LANSING

GARY HEIDEL  
ACTING EXECUTIVE DIRECTOR

October 21, 2021

SUBJECT: Coordinated Entry Stand-Alone Renewal FY21

The Michigan State Housing Development Authority (MSHDA) agrees to provide match to the Coordinated Entry Stand-Alone Renewal FY21. MSHDA will provide a cash match of \$147,194 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