

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: 09/22/2021

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: Superior Housing Solutions

b. Employer/Taxpayer Identification Number (EIN/TIN): 84-1970700

	c. Organizational DUNS:	117239479	PLUS 4:	
--	--------------------------------	-----------	----------------	--

d. Address

Street 1: 120 N. Front Street

Street 2:

City: Marquette

County: Marquette

State: Michigan

Country: United States

Zip / Postal Code: 49855

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Michelle

Middle Name:

Last Name: Metz

Suffix:

Title: Operations Director

Organizational Affiliation: Superior Housing Solutions

Telephone Number: (773) 844-9151

Extension:
Fax Number: (906) 226-6587
Email: michellemetz.shs906@gmail.com

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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: Superior Fidelity PSH

16. Congressional District(s):

16a. Applicant: MI-001

16b. Project: MI-001

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 06/01/2022

b. End Date: 09/30/2023

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? c. Program is not covered by E.O. 12372.

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: Mr.

First Name: Ryan

Middle Name: T

Last Name: Redmond

Suffix:

Title: Executive Director

Telephone Number: (248) 563-9988
(Format: 123-456-7890)

Fax Number: (906) 226-6587
(Format: 123-456-7890)

Email: rredmond@superior housingsolutions.org

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

Date Signed: 09/22/2021

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: Superior Housing Solutions

Prefix: Mr.

First Name: Ryan

Middle Name: T

Last Name: Redmond

Suffix:

Title: Executive Director

Organizational Affiliation: Superior Housing Solutions

Telephone Number: (248) 563-9988

Extension:

Email: rredmond@superior housingsolutions.org

City: Marquette

County: Marquette

State: Michigan

Country: United States

Zip/Postal Code: 49855

2. Employer ID Number (EIN): 84-1970700

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$1,270,755.00

(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
NorthCare Network, 1230 Wilson, Marquette, Mi 49855	Cash	\$107,000.00	match, support services
NA			
NA			
NA			
NA			

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).

Table with 5 columns: Alphabetical list of all persons with a reportable financial interest in the project or activity, Social Security No. or Employee ID No., Type of Participation, Financial Interest in Project/Activity (\$), and Financial Interest in Project/Activity (%). The first row contains 'NA' in the first three columns and '\$0.00' and '0%' in the last two columns.

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: [X]

Name / Title of Authorized Official: Ryan Redmond, Executive Director

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

Date Signed: 09/22/2021

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Superior Housing Solutions

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 Federal agency 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: Mr.

First Name: Ryan

Middle Name: T

Last Name: Redmond

Suffix:

Title: Executive Director

Telephone Number: (248) 563-9988
(Format: 123-456-7890)

Fax Number: (906) 226-6587
(Format: 123-456-7890)

Email: rredmond@superior housingsolutions.org

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

Date Signed: 09/22/2021

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: Superior Housing Solutions

Name / Title of Authorized Official: Ryan Redmond, Executive Director

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

Date Signed: 09/22/2021

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: Superior Housing Solutions

Street 1: 120 N. Front Street

Street 2:

City: Marquette

County: Marquette

State: Michigan

Country: United States

Zip / Postal Code: 49855

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: Mr.

First Name: Ryan

Middle Name: T

Last Name: Redmond

Suffix:

Title: Executive Director

Telephone Number: (248) 563-9988
(Format: 123-456-7890)

Fax Number: (906) 226-6587
(Format: 123-456-7890)

Email: rredmond@superior housingsolutions.org

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

Date Signed: 09/22/2021

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: Superior Housing Solutions

Prefix: Mr.

First Name: Ryan

Middle Name: T

Last Name: Redmond

Suffix:

Title: Executive Director

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



Date Signed: 09/22/2021

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: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

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.

SHS receives federal funds through MDHHS, administered through NorthCare Network, the Prepaid Inpatient Health Plan for the Upper Peninsula. NorthCare manages specialty mental health & substance abuse services and supports for the region.

This includes three grants totaling \$198,000 in Michigan Department of Community Health Substance Abuse Disorder funding for Superior Recovery Residence, starting June 2020. NorthCare also allocated \$107,000 for Street Outreach from the Integrated Healthcare Mental Health Block Grant. The Street Outreach grant supports a wide range of person-centered support from emergency outreach to individualized coaching to achieve independent living, employment, and tenancy skills. For these funds, SHS also uses Quickbooks and spreadsheets to generate detailed monthly FSRs and meets with NorthCare staff to go over them.

SHS has also received HUD funds through the CARES Act, Emergency Solutions Grant, COVID-2 for a Street Outreach Housing Navigator. The grant is administered through Community Action Alger-Marquette (CAAM). For these funds, SHS also uses Quickbooks and spreadsheets to generate detailed monthly FSRs and meets with CAAM staff to go over them.

Although SHS has not needed to demonstrate matching funds, it does have a track record of identifying and utilizing both cash and in-kind resources that can be used as match. These include in-kind office support/rent, estimated at \$700/month, from the First Presbyterian Church of Marquette; rent contributions from individuals at Fisher Street and Superior Recovery House; workforce development contracts with Goodwill Industries for sheltered work opportunities; food and supplies donations from a wide variety of sources; grants for health-related supplies, training and recreational equipment from Superior Health Foundation; and grants for supplies from the Marquette Community Foundation.

SHS’s participation on the local planning body and committees of the BoSCoC has familiarized it with HUD’s systems and requirements. Because SHS is receiving ESG COVID-2 HUD support, it works with Community Action of Alger Marquette (CAAM) to submit information for reimbursements. Through that process it has learned about HUD’s requirements and is better positioned for direct funding if that is the outcome of this grant request. Should that be the case, the experience of working with CAAM will be invaluable. They will be a great partner to review SHS requests and offer support or corrections.

The Operations Director for SHS has been the liaison with CAAM. That relationship will serve SHS once the grant is awarded.

SHS is using QuickBooks and has allowed the Operations Director to do fund accounting and to track revenue and expenses by program, grant source and property. Grants are segregated with each having customized reporting to track expenditures and the work and time remaining for each grant to give a financial picture of performance.

As is true in many places, the housing market is tight in the Central UP. Nonetheless, SHS and its board have negotiated leases and contracts with landlords in three locations to add housing alternatives. These include a large, 16-bed boarding house in Marquette (Fisher Street), a rental residence that houses 6 men also in Marquette (Superior Recovery House), and a 2-bedroom home in Ishpeming. The house in Ishpeming is occupied by a couple housed through the Rapid Rehousing program. If and when they leave, SHS will use it to become a Permanent Supportive Housing unit.

In 2020, SHS had an opportunity to rent a 6-bedroom house across from the Police Station and established Superior Recovery House (RR) with funding from the Michigan Department of Community Health Substance Use Disorder (SUD) program administered through NorthCare Network, the Prepaid Inpatient Health Plan for the Upper Peninsula. SHS observed that men who left the emergency shelter for residential rehab would almost immediately relapse once they returned to the shelter environment. Superior Recovery House was established in compliance with standards adopted by the Michigan Association of Recovery Residences (MARR) and uses an on-site Peer Recovery Coach certified through MDHHS as Program Director. Typically, tenants are expected to find jobs and begin to pay rent within 2 months, but SHS can grant extensions. Residents may also leave whenever they are ready for independent living. As of September 1, SHS has received \$198,000 in SUD funding for Superior Recovery Residence. Residence is not restricted to those who are formerly homeless, but so far, 10 men from the emergency shelter have chosen to live there.

Supporting individuals in permanent housing will reduce police contacts and improve their compliance with the court system; it will improve access to preventive care and reduce medical emergencies and hospitalizations. Permanent supportive housing has been shown to save millions of dollars in local communities. This is why addressing homelessness was included prominently in the Marquette County Master Plan, adopted this past August which states, "While a permanent emergency homeless shelter and rapid rehousing programs...will be very helpful, they will not be sufficient...A housing-first approach that incorporates adequate transitional and permanent supportive housing is the only viable long-term solution to homelessness."

This project will be the first Permanent Supportive Housing in the Upper Peninsula that maintains fidelity to the model.

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

SHS is using Federal, ESG funding through the Department of Housing and

Urban Development. It receives Integrated Healthcare Mental Health Block Grant and Substance Use Disorder grant funds. Locally it has received support from the Superior Health Foundation and the Marquette Community Foundation and from First Presbyterian Church. It is also receiving funding support from Goodwill Industries. It also has been able to secure 15 private donors. SHS also connects individuals to churches and social service agencies who can support residents with security deposits, cell phone payments, and other tailored requests.

These relationships are supporting Fisher Street House (16 units), Superior Recovery House (6 units), Ishpeming House (2 units.) It also offers underlying support and opportunities for tenants through Street Outreach for Housing, SStreet Outreach for Social Determinants of Health and Workforce Development.

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

SHS has adopted financial policies that govern financial reporting, payment procedures, and procurement processes.

SHS uses QuickBooks for its payroll and accounting systems. QuickBooks is used by SHS to track revenues and expenses and allows the staff to generate monthly statements which include a statement of activities, cash position and balance sheet. QuickBooks and its payroll system support setting aside what is required for regular tax, unemployment and disability payments.

Financial reports are presented to the Board at each meeting. The financials are compared by the Board to the annual budget. QuickBooks is used to generate the data to create monthly Financial Status Reports (FSRs) to review with NorthCare staff responsible for the Street Outreach grant, and the Superior Recovery Residence.

The migration to QuickBooks has allowed the Operations Director to prepare Profit and Loss Statements for each property and funding source and to support fund accounting. Grants are segregated with each having customized reporting to track expenditures and the work and time remaining for each grant to give a financial picture of performance.

SHS pays within thirty days when presented with an invoice (usually weekly.) Check signers include Board members when there might otherwise be a conflict of interest, perceived or real.

SHS will be contracting for its first audit in the fourth quarter of 2021 covering its current fiscal year. It will request bids from three firms capable of auditing SHS financial statements and records. The Board will contract with the audit firm based upon price and the ability to perform this work in a timely manner.

The SHS Office Director has been entering revenues and expenses into QuickBooks and learning the ins and outs of the system. Now that the systems have been set up, SHS has contracted with a bookkeeping service, Chameleon Enterprises of Negaunee to address its bookkeeping.

All financial information is backed up daily. Other client and business records are housed on an Amazon server which also backs up daily. Both QuickBooks and the Amazon server are cloud based services.

The Board takes seriously its risk management responsibilities for the organization; it approves an annual budget, reviews financial performance, expenditures and regularly compares budget to actual. An example is that it is planning to have the first independent audit completed for the organization covering this fiscal year.

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: Superior Fidelity PSH

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

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

9. Will this project include replacement reserves in the Operating budget? No

3B. Project Description

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

Marquette County’s Master Plan approved in August, 2021 devotes a full page to recognizing and addressing growing numbers of homeless individuals and families and the need for better housing options, especially in the City of Marquette. Housing units that will be used for Permanent Supportive Housing, designed to offer long-term, supportive housing to the chronically homeless, is a missing but critical piece of the region’s continuum of care (CoC).

During Year I, SHS will use its experience in working with landlords to lease 10 units of scattered site housing. That number will grow to 15 during Year 2. The request also includes \$180,000 that will support the acquisition of property(ies) that will assure Marquette and the local planning body have committed resources into the future. This is an outgrowth of an observation by SHS that some landlords are aging, others pandemic fatigued and still others supportive of the idea of permanent supportive housing. The acquisition portion of the project will allow creating units in perpetuity.

SHS will take 100% of those referred for Permanent Supportive Housing through the Coordinated Entry System. Staff work with new residents to explain their rights and responsibilities as well as lease obligations. Continued tenancy is not dependent on whether or not an individual participates in high-risk behaviors, but, rather, their adherence to the terms of the lease. Services are predicated on assertive engagement, not coercion and they are voluntary. Superior Housing Solutions embraces harm reduction as the best approach to addictions, rather than mandating abstinence. At the same time, SHS is fully prepared to support resident commitments to recovery.

In 2017, the Central UP Planning and Development Commission held a housing summit to explore solutions for those who are chronically homeless. It was revealed that most homeless individuals came from the Marquette area and the Central UP, but others came from other parts of the UP to access health care and other social and mental health services in Marquette.

The local observation was that most homeless individuals moved on to alternative housing, but a continuous core of 30 individuals were long-time users of the emergency shelter (although not present every night). Often, they had disruptive behavior that made them unwelcome at the emergency shelter overnight or over weeks or months. Most were ineligible for other housing options due to past criminal records, prior evictions, active substance use, defensive and disruptive behavior, and general lack of purpose and self regard in their lives. They were stuck.

Superior Housing Solutions was created specifically for these individuals who are hardest to serve and who have no other options, as demonstrated in the work it has done to date.

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	60			
Begin program participant enrollment	90			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity	450			
Closing on purchase of land, structure(s), or execution of structure lease	450			
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

While the local housing market is tight, SHS is seeking to manage properties found among landlords some who are aging and would like to transition, some who are pandemic fatigued and a third group who likes the work of SHS. The three groups present an opportunity to assure that Permanent Support Housing becomes a part of the UP landscape in perpetuity if SHS has resources for acquiring property/properties to add to its array of housing options. It is important to note: SHS does not intend to use acquisition and leasing funds in the same unit; rather, these are two separate approaches to obtaining new housing units for PSH, those that are leased and those that are owned.

To date the properties that SHS manages have presented opportunities to engage residents, in simple carpentry, repairs and painting. Many of these cosmetic pieces help support maintenance and longevity. Should buildings that SHS looks to acquire take on more needs to address deferred maintenance and rehabilitation, SHS will look to partner with Michigan Community Capital, who helps support groups in Michigan to structure new construction and rehabilitation projects that advance community needs. In this case, the Marquette County Housing Plan will be evidence of community need.

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. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will 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"/>

5c. 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"/>

5d. Will the project follow a "Housing First" approach? Yes
(Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

8. Is this project 100% Dedicated or DedicatedPLUS? 100% Dedicated

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

SHS is well positioned through its Street Outreach Program (SO) to identify individuals and have them document ready. This effort is funded through MDHHS and managed by NorthCare Network, the local Prepaid Inpatient Health Plan. The Street Outreach program identifies and engages homeless individuals, offers emergency assistance, and establishes rapport. Personal identification, enrollment in Medicaid, the VA or Medicare, and housing are all considered components of social determinants of health and eligible activities under the SO program. Street Outreach can (and has already) helped individuals to get essential documentation and to submit housing applications in addition to accessing more mainstream healthcare services.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Using a Housing First Approach, and a Harm Reduction model as the underlying basis for developing permanent supportive housing requires strong working relationships with many partners. In particular SHS works with Dr. Thomas Kates a primary care physician. He provides MAT and MOUD Treatment for SUD patients. The relationship with NorthCare Network is important for funding support and data collection and assessment. The information being collected will help SHS and the CoC to chart progress of the chronically homeless and identify best practices in clinical, peer and community building supports.

Working with the Mi Balance of State CoC has helped to establish a By Name List and better assessment of the population who are homeless and the ability to score them through Vi-SPADT. The belief that Marquette needed Permanent Supportive Housing is now based in evidence, and this can catalyze partnerships among providers, including the local housing authority, Room at the Inn, Community Action of Alger Marquette (CAAM) and the CoC. Joining in this work in support of Rapid Re-Housing are Lutheran Social Services and Catholic Social Services.

Employment partners are Goodwill Industries, the Caregiver Incentive Program and Michigan Works. Goodwill and SHS partner on a sheltered workshop that has supported 10 individuals housed by SHS. This is being expanded by a partnership with Caterpillar. This will be an avenue of support for Superior

Fidelity PSH residents. Working with the Caregiver Incentive Program, individuals are being trained as direct care workers. Two individuals have finished this training with two others starting soon.

Finally, SHS works with Michigan Works to offer work options beyond the sheltered workshop that Goodwill offers. These services include prospecting for jobs, resume preparation, mock interviews and other services to improve hireability. Some of the guests have skills, but not the networks or confidence to go into the market. Using this service gives guests access to coaches who can help them improve work readiness skills and navigate issues that may arise in the work setting.

SHS has two employees skilled in construction, heavy equipment and masonry. These skill- building areas help individuals learn basic skills that can be used in management of SHS units and can potentially lead to employment opportunities too.

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Weekly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Daily
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Applicant	Daily
Food	Applicant	Daily
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	Monthly
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	Annually
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

Identify whether the project will include the following activities:



4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? Yes

6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 15

Total Beds: 19

Total Dedicated CH Beds: 19

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Single family homes/townhou...	---	15	19	19

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.

2a. Units: 15

2b. Beds: 19

3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness? 19

This includes both the “dedicated” and “prioritized” beds.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 120 N Front Street

Street 2:

City: Marquette

State: Michigan

ZIP Code: 49855

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

269103 Marquette County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	2	13		15
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	2	11		13
Persons ages 18-24		2		2
Accompanied Children under age 18	4			4
Unaccompanied Children under age 18				0
Total Persons	6	13	0	19

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2			2						
Persons ages 18-24										
Children under age 18	4									
Total Persons	6	0	0	2	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	9	2		9	1	1				
Persons ages 18-24	2			2						
Total Persons	11	2	0	11	1	1	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

6A. Funding Request

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

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: 3 Years

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

Acquisition/Rehabilitation/New Construction	<input checked="" type="checkbox"/>
Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6B. Acquisition/Rehabilitation/New Construction Budget

The following list summarizes the total request for each structure. To add a structure to the list, select the  icon. To view or update a structure already listed, select the  icon.

Total Acquisition:						\$180,000			
Total Rehabilitation:						\$0			
Total New Construction:						\$0			
Total Assistance Requested:						\$180,000			
Name of Structure	Street Address 1	Street Address 2	City	State	Zip Code	Total Request	Acquisition	Rehabilitation	New Construction
Fidelity PSH	120 N Front Street	--	Marquette	Michigan	49855	\$180,000	\$180,000	--	--

Acquisition/Rehabilitation/New Construction Budget Detail

Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.

Name of Structure: Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

	Assistance Requested
1. Acquisition	\$180,000
2. Rehabilitation	
3. New Construction	
4. Total Assistance Requested	\$180,000

Click the 'Save' button to automatically calculate the Total Assistance Requested.

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$117,072	
Grant Term:		3 Years	
Total Request for Grant Term:		\$351,216	
Total Units:		15	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
MI - Marquette Co...	15	\$117,072	\$351,216

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: MI - Marquette County, MI (2610399999)

Leased Units Annual Budget

New Project Application FY2021	Page 44	11/15/2021
--------------------------------	---------	------------

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$407		x	12	=	\$0
0 Bedroom		x	\$542		x	12	=	\$0
1 Bedroom	13	x	\$624	\$624	x	12	=	\$97,344
2 Bedroom	2	x	\$822	\$822	x	12	=	\$19,728
3 Bedroom		x	\$1,022		x	12	=	\$0
4 Bedroom		x	\$1,371		x	12	=	\$0
5 Bedroom		x	\$1,577		x	12	=	\$0
6 Bedroom		x	\$1,782		x	12	=	\$0
7 Bedroom		x	\$1,988		x	12	=	\$0
8 Bedroom		x	\$2,194		x	12	=	\$0
9 Bedroom		x	\$2,399		x	12	=	\$0
Total units and annual assistance requested:	15							\$117,072
Grant term:								3 Years
Total request for grant term:								\$351,216

Click the 'Save' button to automatically calculate totals.

6D. Leased Structures Budget

The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$147,960	
Grant Term:		3 Years	
Total Request for Grant Term:		\$443,880	
Total Structures:		15	
Structure Name	HUD Paid Rent	Total Annual Assistance Requested	Total Assistance Requested
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592
Superior Fidelity...	\$822	\$9,864	\$29,592

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864

Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:

City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

Leased Structures Budget Detail

Structure Name: Superior Fidelity PSH
Street Address 1: 120 N Front Street
Street Address 2:
City: Marquette
State: Michigan
Zip Code: 49855

HUD Paid Rent (per Month):	\$822
12 Months:	12
Total Annual Assistance Requested:	\$9,864
Grant Term:	3 Years
Total Request for Grant Term:	\$29,592

Click the 'Save' button to automatically calculate the Total Assistance Requested.

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		
2. Assistance with Moving Costs	16 people, security deposit of first and last months rent	\$21,053
3. Case Management	.5 FTE supervisor of CHWs and PRCs supported by NorthCare	\$31,500
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$52,553
Grant Term		3 Years
Total Request for Grant Term		\$157,659

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.



Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture	\$1000 per person moved in (assumes vacancy rate 10%)	\$16,000
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$16,000
Grant Term		3 Years
Total Request for Grant Term		\$48,000

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:	\$112,013
Total Amount of In-Kind Commitments:	\$8,000
Total Amount of All Commitments:	\$120,013

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? Yes

1a. Briefly describe the source of the program income: (limit 1000 characters)

Recipients will be required to contribute 30% of their income as rent in units leased by SHS. SHS estimates this will be \$235 per adult per month.

1b. Estimate the amount of program income that will be used as Match for this project: \$20,210

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Type	Source	Name of Source	Amount of Commitments
Cash	Government	NorthCare Network	\$107,000
In-Kind	Private	Goodwill	\$8,000
Cash	Private	Superior Housing ...	\$5,013

Sources of Match Detail

- 1. Type of Match commitment:** Cash
2. Source: Government
3. Name of Source: NorthCare Network
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$107,000

Sources of Match Detail

- 1. Type of Match commitment:** In-Kind
2. Source: Private
3. Name of Source: Goodwill
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$8,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

- 1. Type of Match commitment:** Cash
2. Source: Private
3. Name of Source: Superior Housing Solutions Program
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$5,013

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			\$180,000
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$117,072	3 Years	\$351,216
2b. Leased Structures	\$147,960	3 Years	\$443,880
3. Rental Assistance	\$0	3 Years	\$0
4. Supportive Services	\$52,553	3 Years	\$157,659
5. Operating	\$16,000	3 Years	\$48,000
6. HMIS	\$0	3 Years	\$0
7. Sub-total Costs Requested			\$1,180,755
8. Admin (Up to 10%)			\$90,000
9. Total Assistance Plus Admin Requested			\$1,270,755
10. Cash Match			\$112,013
11. In-Kind Match			\$8,000
12. Total Match			\$120,013
13. Total Budget			\$1,390,768

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		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

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: Ryan Redmond

Date: 09/22/2021

Title: Executive Director

Applicant Organization: Superior Housing Solutions

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.

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)	09/22/2021
1E. SF-424 Compliance	09/22/2021
1F. SF-424 Declaration	09/22/2021
1G. HUD 2880	09/22/2021
1H. HUD 50070	09/22/2021
1I. Cert. Lobbying	09/22/2021
1J. SF-LLL	09/22/2021
1K. SF-424B	09/22/2021
1L. SF-424D	09/22/2021
2A. Subrecipients	No Input Required
2B. Experience	09/22/2021
3A. Project Detail	09/22/2021
3B. Description	09/22/2021
3C. Expansion	09/22/2021
4A. Services	09/22/2021
4B. Housing Type	09/22/2021
5A. Households	09/22/2021
5B. Subpopulations	No Input Required
6A. Funding Request	09/22/2021
6B. Acq/Rehab/Const	09/22/2021
6C. Leased Units	09/22/2021
6D. Leased Structures	09/22/2021

6F. Supp Srvcs Budget	09/22/2021
6G. Operating	09/22/2021
6I. Match	09/22/2021
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	09/22/2021