

1. Profile Type

Instructions:

Applicant Profile Type: (required) select one type of applicant based on the application to be completed and submitted to HUD. For organizations that operate as both a CoC applicant and a project applicant, a separate profile must be completed for each role.

- Collaborative applicant - the applicant designated by the CoC lead agency that will submit the CoC application (formerly known as Exhibit 1) on behalf of the CoC.

- Project applicant - an organization submitting one or more project applications (formerly known as Exhibit 2) to request homeless assistance funding under the CoC Program.

Applicant Profile Type: Collaborative Applicant

2. Organization Information

Instructions:

Applicant Information: Enter the following related to the applicant organization/lead agency.

Legal Name: (required) enter the legal name of applicant that will submit the CoC application or project application, as appropriate.

Organizational Unit: (optional) enter the name of the primary organizational unit, department, or division for the applicant's legal entity, as applicable.

Organization Type: (required) select the appropriate organization type that identifies the applicant. Nonprofit organization (both public and private) are required to submit to HUD one of the following sources documenting the nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from licensed CPA (see NOFA for conditions); or (4) Letter from authorized state official showing applicant as organized and in good standing as a public nonprofit organization.

Employer/Taxpayer Number (EIN/TIN): (required) enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If the legal applicant organization is not in the US or is not legally organized, enter 44-4444444.

Organizational DUNS: (required) enter the applicant's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>. If the legal applicant organization is not in the US or is not legally organized, enter 444444444.

- Collaborative applicant or project applicant - the DUNS number for the applicant organization is required, in order to complete the Profile and apply for funding. HUD does not award funding to applicants unless a DUNS number has been assigned.

Address: (required) enter the collaborative or project applicant's physical street address 1, street address 2, city, state, and zip code; (optional) also enter the county, province, and country, as applicable. Enter the mailing address, if different from the physical address entered.

Legal Name of Organization: Michigan State Housing Development Authority

Organizational Unit

Department Name: MSHDA

Division Name: Rental Development and Homeless Solutions

Organization Type: A. State Government

Employer or Tax Identification Number: 38-6000134

	Organization DUNS Number:	087743191	DUNS Extension:	
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Address

Applicant Profile	Page 2	05/08/2018
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Street 1: 735 E. Michigan Ave

Street 2:

City: Lansing

State: Michigan

Zip/Postal Code: 48909

County: Ingham

Country: United States

Is the organization's mailing address the same as the address above? Yes

If no, click 'Save' and enter the mailing address in the fields presented below.

Primary Contact Information

Instructions:

Primary Contact: (required) enter the prefix, first name, last name, title, telephone number, and email address of the collaborative applicant's primary contact person (authorized to act on behalf of and legally obligate the applicant organization); (required) enter the primary contact's organizational affiliation, if affiliated with an organization other than the applicant organization; and (optional) enter the middle name, suffix, alternate number, extension, and fax number of the primary contact.

Prefix: Ms.

First Name: Christina

Middle Name:

Last Name: Soulard

Suffix:

Title: BOS COC Coordinator

Organizational Affiliation: Michigan State Housing Development Authority

Phone Number: (517) 241-0876

Format: 123-456-7890

Extension:

Alternate Phone Number:

Format: 123-456-7890

Extension:

Fax Number: (517) 241-3372

Format: 123-456-7890

E-mail Address: soulardc@michigan.gov

Confirm E-mail Address: soulardc@michigan.gov

Alternate Contact Information

Instructions:

Alternate Contact: (required) enter the prefix, first name, last name, title, telephone number, and email address of the applicant's alternate contact person; (required) enter the alternate contact's organizational affiliation, if affiliated with an organization other than the applicant organization; and (optional) enter the middle name, suffix, alternate number, telephone number extension, and fax number of the alternate contact.

Prefix: Ms.

First Name: Becky

Middle Name:

Last Name: Search

Suffix:

Title: Homeless Coordinator

Organizational Affiliation: Michigan State Housing Development Authority

Phone Number: (517) 335-4722

Format: 123-456-7890

Extension:

Alternate Phone Number:

Format: 123-456-7890

Extension:

Fax Number: (517) 241-3372

Format: 123-456-7890

E-mail Address: searchb@michigan.gov

Confirm E-mail Address: searchb@michigan.gov

HMIS Contact Information

Instructions:

Is the applicant also the HMIS Lead? (required) select 'Yes' or 'No' to indicate whether or not the applicant organization also serves as the lead of the HMIS (or HMIS equivalent database). The HMIS Lead is responsible for implementing the community's HMIS.

HMIS Lead: (required) the applicant's legal name is pre-populated, and, if necessary, must be updated to reflect the correct, legal name of the HMIS lead agency/organization.

HMIS Lead contact person: (required) enter the HMIS contact person's prefix, first name, last name, title, organizational affiliation, telephone number, telephone extension, and email address; and (optional) middle name, suffix, alternate telephone number, alternate telephone extension, and fax number of HMIS contact person.

HMIS Lead address: (required) enter the physical street address 1, street address 2, city, state, and zip code; and (optional) enter the county/province, as applicable.

Is the CoC lead agency also serving as the lead of the HMIS (or HMIS equivalent database)? No

HMIS Lead: Michigan Coalition Against Homelessness

Prefix: Mr.

First Name: Gerry

Middle Name:

Last Name: Leslie

Suffix:

Title: Project Director

Organizational Affiliation:

Phone Number: (517) 853-3896

Format: 123-456-7890

Extension:

Alternate Phone Number:

Format: 123-456-7890

Extension:

Fax Number: (517) 485-6682

Format: 123-456-7890

E-mail Address: gleslie@mihomeless.org

Confirm E-mail Address: gleslie@mihomeless.org

Street 1: 15851 Old US-27, Building 30, Suite 315

Street 2:

City: Lansing

County:

State: Michigan

Zip Code: 48906

Homeless Referral Contact Information

Instructions:

Homeless referral contact person: (required) each community must have at least one person for stakeholders and potential program participants to contact with questions about community housing and services for the homeless. Enter the prefix, first name, last name, title, organizational affiliation, telephone number, telephone extension, and email address; and (optional) middle name, suffix, alternate telephone number, alternate telephone extension, and fax number for the contact person.

Prefix: Ms.

First Name: Tina

Middle Name:

Last Name: Allen

Suffix:

Title: NW CoC Coordinator/HMIS System Admin

Organizational Affiliation: Northwest Michigan CoC

Phone Number: (231) 499-1213

Format: 123-456-7890

Extension:

Alternate Phone Number:

Format: 123-456-7890

Extension:

Fax Number: (517) 241-3372

Format: 123-456-7890

E-mail Address: chair@miboscoc.com

Confirm E-mail Address: chair@miboscoc.com

4. Additional Information

Instructions:

1. Collaborative applicant's or project applicant's congressional district(s): indicate the congressional district(s) in which the applicant organization operates:

- Collaborative applicants - (optional) identifying the congressional districts is optional; however, HUD encourages collaborative applicants to identify the congressional districts located within the CoC geography.

- Project applicants - (required) identify all congressional districts in which the applicant houses or serves homeless persons funded with McKinney-Vento dollars. The district(s) selected will populate all project applications, and will be used to send funding notification to the appropriate Congressional representatives.

2. Is the applicant a faith-based organization?: (required) select the appropriate answer that identifies the applicant organization.

3. Has the applicant ever received a federal grant?: (required) select the appropriate answers that applies to the applicant organization.

4. Is the applicant's code of conduct already on file with HUD?: (required for nonprofit applicants) select the appropriate source to document the applicant's nonprofit status. This document must be attached in e-snaps. This question does not apply to applicants who are not nonprofit organizations.

- 1. Indicate applicant's congressional district(s): MI-007, MI-006, MI-005, MI-004, MI-003, MI-002, MI-010, MI-001, MI-008
(for multiple selections hold CTRL and key)
- 2. Is the applicant a faith-based organization? No
- 3. Has the applicant ever received a federal grant? Yes
- 4. Is the applicant's code of conduct already on file with HUD? Yes

Applicant Code of Conduct

Document Type	Required?	Document Description	Date Attached
Applicant Code of Conduct	No		

Applicant's Code of Conduct Attachment Detail

Document Description:

Other Attachment

Document Type	Required?	Document Description	Date Attached
Other Attachment	No		

Attachment Details

Document Description:

6. Submission Summary

Page	Last Updated
1. Profile Type	07/18/2017
2. Organization Information	07/18/2017
Primary Contact	05/08/2018
Alternate Contact	07/18/2017
HMIS Contact	05/08/2018
Homeless Referral	05/08/2018
4. Additional Information	07/18/2017
Code of Conduct	No Input Required
Other Attachment	No Input Required