



**FY18 HUD COC PROGRAM COMPETITION
NEW/BONUS PROJECT APPLICATION
HOUSING PROJECTS**

AGENCY PROFILE	
Legal Name of Agency	Michigan Department of Health and Human Services
Project Name	2018 DV TH PH-RRH
Project Start Date	5/1/19-4/30/20
Contact Person	Rebecca Tallarigo
Title	Housing Specialist
Address	235 S Grand Ave. Suite 1110, Lansing, MI 48933
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Check one:

- Permanent Supportive Housing for Chronically Homeless
- DedicatedPLUS Permanent Supportive Housing
- Rapid Re-Housing
- Joint Transitional Housing-Rapid Re-Housing
- Supportive Services Only – Coordinated Entry
- HMIS

Check one:

- New Project Application from Reallocated Funds
- Bonus Project Application
- Domestic Violence Bonus Project Application
- Consolidation (must complete Renewal Project Application in addition)
- Transition (must complete Renewal Project Application in addition)

- Expansion (must complete Renewal Project Application in addition)

Authorized Representative: *I hereby certify that the information contained in this proposal is true and accurate. Any falsification of information will render the application void, and the application will not be accepted. This application has been reviewed and authorized for submission by the agency's board of directors as of the date indicated.*

Name: Paula Kaiser Van Dam	Title: Bureau Director
Date of Board/Local Planning Body Authorization:	7/30/20187/30/2018
Date of Anticipated Board/Local Planning Body Authorization:	

ELIGIBILITY THRESHOLDS

Basic HUD Eligibility Thresholds must be satisfied before the CoC may consider a new or bonus project application for funding.

1. Please indicate by checking the boxes if the agency has any of the following:

a. Outstanding obligation to HUD that is in arrears for which a payment schedule has not been agreed upon;

Yes No If yes, please explain: [Click here to enter text.](#)

b. Debarments and/or Suspensions- In accordance with 2 CFR 2424, no award of federal funds may be made to debarred or suspended applicants, or those proposed to be debarred or suspended from doing business with the federal government;

Yes No If yes, please explain: [Click here to enter text.](#)

c. Unresolved monitoring findings or outstanding (agency or HUD) audit findings;

Yes No If yes, please explain: [Click here to enter text.](#)

d. Inadequate financial management or accounting practices within the past three years;

Yes No If yes, please explain: [Click here to enter text.](#)

e. Evidence of untimely expenditures on prior award;

Yes No If yes, please explain: [Click here to enter text.](#)

f. Major capacity issues that have significantly impacted the operation of a project and its performance within the past three years;

Yes No If yes, please explain: [Click here to enter text.](#)

g. Issues impacting the timeliness in reimbursing subrecipients for eligible costs;

Yes No If yes, please explain: [Click here to enter text.](#)

h. Served ineligible persons, expended funds on ineligible costs, or failed to expend funds within statutorily established timeframes within the past three years;

Yes No If yes, please explain: [Click here to enter text.](#)

2. Does applicant have a financial management system that meets federal standards as described at 2 CFR 200.302? ;

Yes No Please describe: [Click here to enter text.](#)

3. Does the agency employ or contract services of an accountant who is familiar with Generally Accepted Accounting Principles (GAAP)?

Yes No

4. Does the agency obtain an annual audit by an independent certified public accountant?

Yes No

5. Has your organization been monitored by HUD in the past three (3) years? **Yes**

If yes, include as attachments: Monitoring report from HUD, your organization's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

MDHHS has been monitored by HUD for the Rural PSH (August 2016) and HOPWA (April 2016) grants. MIBOSCoC (formally MHAAB) monitored MDHHS on June 30, 2017 by Jennifer Therrien, the former CoC Coordinator. Documentation of the monitoring is enclosed. Findings and corrective actions taken by MDHHS for the HOPWA grant are enclosed in this application. There were no findings for the RPSH grant by HUD or any of the Balance of State CoC programs by MHAAB.

If no, reference most recent monitoring by an entity other than HUD for federal or state funding (ESG, CDBG, etc) and include as attachments: Monitoring report, your organization's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

All projects must include as attachments (please number each attachment as follows):

- #1: Proof of 501(c)3 status from the IRS
- #2: Financial statements, including cash flow statement
- #3: Non-profit Corporation Update (2013) or equivalent
- #4: DUNS number and Standard Form 424 (SF-424)
- #5: Active registration in SAM
- #6: Most recent audit by an independent certified public accountant
- #7: Monitoring report by HUD or other federal or state funding entity, including any responses if there were findings noted in the report
- #8: Documentation of all match
- #9 Project Application in e-Snaps
- #10 Preliminary Rendering and Site Plan (if applicable)

NEW AND BONUS PROJECT APPLICATION

See scorecard for scoring criteria in each question.

PROJECT OVERVIEW

- 1.a. Provide a description that addresses the entire scope of the proposed project. (Include target population(s), the plan for addressing identified needs/issues of the identified target population, projected outcomes, how the project type, scale and location of housing and support services fit the needs of the identified target population.) *(1,000 word limit)*

The target population served is survivors of domestic violence and children who are moving from transitional housing to permanent housing. The sub-recipients will identify needs/issues of the target population at intake and during the project participation through progressive case management. Participants will be provided services internally, as appropriate, and referrals to external resources, as applicable. Participation in any service - internal or external - will be voluntary and client driven. Sub recipients will maintain fidelity with Housing First model. The plans will be implemented by using the Well-Being Framework as Predictors of and Pathways to Well Being. In addition to these, children also need support to enhance their resiliency. The program model depends heavily on offering education and resources customized in addressing and navigating rural community, geographic, systems and cultural barriers. Our decades of experience in supporting survivors increased our collective understanding of how systems/groups are organized in terms of policies, procedures and administrative practices. The effective tools and information gained through our tenure will continue to assist advocates and survivors in identifying and creating long-term solutions. A scattered site program model allows survivors the freedom to choose rental properties that are safe and conveniently located. Programs provide ongoing safety planning, domestic violence education, and tools to help survivors heal from the abuse and work toward living independently, free from abuse. They use a trauma-informed approach to service delivery. The supportive services offered to participants include: one-on-one advocacy, emotional support, and vocational assistance. Service delivery happens primarily through home visits, scheduled at times that are convenient for the participant. Advocates may also provide support by accompanying clients to court or doctor's appointments and advocating with landlords, employers and other service providers as needed. Transitional Housing participants have access to other supportive services offered by the agency including: domestic violence support groups, children's therapy, legal advocacy, clothing, and in-kind donations of diapers, food, furniture, households items and toiletries through our volunteer run donation programs. Safety in the short-term and self-sufficiency in the long term are primary concerns for program participants, however, services are individualized and based on each survivor's needs, preferences, and interest in engaging in services. MDHHS is expecting the following outcomes: 1.) an increase in the number of DV survivors moving into Rapid Rehousing, 2.) a decrease in the number of homeless clients who, after receiving rapid rehousing, discharge to permanent housing, and 3.) a reduction in the number of clients who return to homelessness. MDHHS will partner with Divisions within the agency who administer Medicaid, employment services, and cash assistance benefits, to develop the necessary assessments and pathways to guide homeless clients to the resources they need. MDHHS will hold roundtables at least quarterly with its sub-recipients to discuss how to effectively use rapid rehousing to reduce the length of time between homelessness and permanent housing. MDHHS will provide quarterly financial training to its sub-recipients to

educate them on using the EGrams system, how to complete and submit billings, and how to monitor grant expenditures. At the sub-recipient level, the proposed applicants have formal written and informal agreements dedicated to assisting survivor families to overcome challenges. They also share that coordination occurs through community collaborations with the following: MDHHS- financial assistance and food CMH- counseling and information. CPS- information, support and community referrals. Faith Based Community- for financial, transportation and goods such as furniture. Service Groups- for financial, goods and resources Housing Resource Centers- access to safe affordable housing options. Centers for Independent Living- for assistance with SSI and disabilities. Local Landlords- safe affordable housing options. Local Hospital- medical care needs. City, County and State law Enforcement- safety planning/protection, advocacy and support. Legal Aid- legal assistance Local Schools - education assistance. Head Start - early education or preschool assistance. Local Health Department- WIC, immunizations. Local Food Pantries- for food assistance. This grant will follow the scattered site program model allows survivors the freedom to choose rental properties that are safe and conveniently located. Subrecipients will serve the following counties across the Balance of State CoC: Alcona, Allegan, Alpena, Iosco, Montmorency, Presque Isle, Antrim, Charlevoix, Cheboygan, Emmet, Otsego, Clinton, Shiawassee, Wexford, Missaukee, Lapeer, Alcona, Alpena, Iosco, Montmorency, Presque Isle. The sub-recipients actively participates in Human Services Coordinating Councils for each county and the prisoner reentry panel for northeast Michigan, Homeless Continuum of Care and the Lakeshore Housing Alliance in Ottawa County, quarterly meetings with local law enforcement, prosecutors, courts, child welfare systems and hospitals/health care, the Child Protection Council, the Human Services Leadership Counsel, the Interagency Coordinating Council and the Early Childhood Engagement group of the Chamber of Commerce. They convene the Family violence Task Force to review systems and individual client barriers. They are a member of the monthly Parole and Probation meeting, insuring notification to their survivors regarding the location of the perpetrator. They coordinate crisis response with law enforcement and the hospital and have a 24/7/365 crisis line. SafeCenter keeps an updated crisis referral resource directory and staff is trained on procedures to utilize specific local services. All of these relationships provide the evidence that services for the target population is needed. This grant will give MDHHS an opportunity to advocate for transitional supportive housing survivors and their children. MDHHS launched a new integrated service delivery approach that provides a complete on-line assessment and referral mechanism. MDHHS will train all sub-recipients so that this can become part of their assessment toolkit. Subrecipient Advocacy & Housing Resource Specialists complete a TSH Application with each interested eligible shelter resident and with non-residential clients as referred and place them on the TSH Waiting List. When on the waiting list, they are determined eligible for the next available opening. When an opening occurs, the specialist notifies the next survivor on the waiting list. If they are still interested in participating in the program, the participant will meet with the specialist to further discuss the program, sign an Acceptance letter, and begin the process for selecting an apartment. These specialists will work with survivors in TH to transition them to RRH.

- 1.b. Describe the plan to assist in participants securing and maintaining permanent housing that is safe, affordable, accessible and acceptable to their needs. (500 word limit)

Sub-recipients will incorporate case management services which will be housing-focused and will take place either in the participant's home or at a mutually-agreed upon location. Through case management, participants will work toward improving their landlord/neighbor relationships, economic stability, health and well-being, interpersonal relationships, and will work on reducing behaviors that may jeopardize their housing stability. Households would meet with the Specialist regularly to ensure the action steps of the housing plan are being completed. If they are not, the housing advocate would explore why they are not being met and change the action steps accordingly to overcome barriers. They will incorporate a strengths-based approach to create goals and objectives for homeless clients to achieve permanent housing and self-sufficiency. Clients will work closely with staff to develop strategies on how they will obtain and maintain permanent housing, increase skills and/or income, and realize greater self-determination. Organizations will address participant needs and barriers through other supportive services such as individual and group counseling, behavioral health treatments, food/clothing/utility assistance, transportation assistance, legal services, job training/employment services, Identifying units may occur through news print, social media, Craigslist, sign postage, landlord contact, referrals from friends and family, LPB Meetings and IST Meetings; as well as other community networking opportunities such as Human Services Coordinating Councils and referrals. Each unit will be reviewed and chosen according to fair market rent levels. Participants will be given rates prior to searching for affordable housing to ensure the units are at or below levels.

- 1.c. Describe how participants will be assisted to rapidly increase employment and/or income to maximize their ability to live independently. (500 word limit)

Each sub-recipient will be required to complete an assessment about employment and income-earned and unearned. Based on that assessment, they can be referred to local employment programs, or if employment is not an option, they will be referred to the SOAR program or other federal benefits. For those who are not currently enrolled in MDHHS programs (i.e. SNAP, TANF, Medicaid, etc.) they will be assisted through the new MIBRIDGES portal – an online application portal that allows individuals to apply for mainstream financial assistance through MDHHS. This portal incorporates a new, strong community partner interface that will allow community partners to play a navigator role with clients, assisting them to get benefits and maintain benefits. In addition, it will connect clients to local resources that will help meet their immediate needs. In the past, critical time has lapsed waiting for denial letters or requesting copies of denial letters. With the MIBRIDGES portal, all denial letters will be in the system connected to the client's account and immediately accessible. Navigators if provided access by the client, will have access to key account details to guide and educate clients. We are encouraging all sub recipients to become MDHHS navigators for the purpose of continuing to connect them to the continuum of services needed for them to be successful long-term. A specific subrecipient example is that of WRCNM. They make referrals to Northern Homes, a multi-county agency that provides free credit counseling and budgeting classes. In the past year. Three TSH participants have reported saving a cumulative \$9,900 in the program, and many of the families have reduced their debt as a result of the program. The TSH Coordinator may provide transportation and childcare if necessary for the client to attend. Employment assistance is also available with referrals to the local Michigan Works

office, to which the TSH Coordinator may also provide transportation if needed. WRCNM also operates an Education and Employment Program that provides assistance in creating resumes, job search assistance and interviewing skills, as well as finding proper interview attire. The participant and the TSH Coordinator would also explore the barriers for employment and work on overcoming them, such as childcare, transportation, and educational needs.

EXPERIENCE

2. Describe the experience of the applicant and sub-applicants in working with the proposed target population and in providing housing similar to that proposed in the application. *(500 word limit)*

The applicant, Michigan Department of Health and Human Services (MDHHS) is an appropriate entity to receive funding and act as an intermediary for six sub-recipients to administer DV TH-PHRRH funding. MDHHS effectively manages an ongoing portfolio of emergency shelter, rapid rehousing and permanent supportive housing programs in both Independent Jurisdictions and the Balance of State. The focus of MDHHS' rapid rehousing programs has been families and individuals. MDHHS has successfully applied for and administered PSH funding. MDHHS has experience in ensuring that subrecipients implement relevant program systems including coordinated entry, utilization of SPDAT, and Housing First practices. MDHHS promotes sharing of best practices and provides guidance to ensure fidelity to regulations. MDHHS has experience and expertise in managing oversight of grants and is a billion dollar state agency that utilizes all State of Michigan accounting practices, systems and federal grant rules as outlined in 2 CFR 200. MDHHS requires that all sub recipients adhere to federal funding guidelines including the HUD interim rule and 24 CFR 200. MDHHS will conduct program monitoring on an annual basis. The sub recipients proposed in this application are best suited for this effort as they are the only agencies in the proposed service areas whose sole purpose is to provide domestic violence services. All subrecipients are currently funded by MDSVPTB to provide TSH for Domestic Violence Victims/Survivors and their Dependent Children. Evidence of subrecipients' experience addressing the target population's identified housing and supportive service needs, as well as developing and implementing relevant program systems, and/or services is noted in the specific applicant examples below: Shelter, Inc. has long term experience providing transitional supportive housing services specifically for TANF eligible survivors of domestic violence and their dependent children in rural communities. Its primary service area includes Alcona, Alpena, Iosco, Montmorency and Presque Isle Counties encompassing approximately 3,000 square miles. The agency has been offering scattered site income based, safe, affordable transitional housing with coinciding culturally sensitive comprehensive self-selected support services (i.e. supportive counseling, advocacy, licensed childcare, transportation assistance, financial planning, specific assistance, domestic violence education, support groups) for eighteen years (beginning in 1995). Cadillac Area OASIS/FRC began providing transitional supportive housing to domestic violence survivors in 2003. Services provided include housing that is safe, decent single family occupancy units coupled with supportive services to assist TANF eligible domestic violence victims/survivors and their dependent children 24 hours per day, 7 days a week, 365 days per year. It provides voluntary and confidential face -to-face support to address counseling to service participants through a professional relationship that focuses on

emotional and practical support to address the effects of domestic violence. It links participants to children's services, criminal justice advocacy, employment services, financial assistance, health care, housing advocacy, specific assistance, transportation and referrals to other agencies as needed. SafeCenter has provided transitional supportive housing services to victims of domestic violence and their children since 1999. SafeCenter provides a holistic, victim-centered approach to provide and maintain safe, decent, single family housing coupled with supportive services to assist TANF eligible domestic violence survivors and their dependent children for 24 months. In 2012-13, SafeCenter provided TSH to 35 adults with 78 children. The program offers individualized services including counseling, support groups, safety planning, and advocacy services links to licensed child care, employment services, transportation vouchers, telephones, and referrals to other agencies. Services are available on an as needed basis determined by each survivor and accommodate the schedules of victims/survivors. Center for Women in Transition has been operating a scattered-site transitional housing program for domestic violence survivors and their dependent children since 1996. Funding is provided through grants from HUD, DHS and United Way. Their TH program assists an average of 30 families in Ottawa and Allegan Counties at any given time. 14 units are funded through DHS. Participants select their own apartments or rental houses and sign their own leases. The agency enters into an agreement with the landlord/management company. Program participation lasts up to 24 months. Service delivery is guided by each participant's service plan and includes goals that participants choose for themselves. Service delivery is primarily in the form of home visits in the participant's TH rental unit. LACADA has over 18 years of extensive experience providing long-term transitional supportive housing to TANF eligible domestic violence survivors and their children in Lapeer County. The Women's Resource Center of Northern Michigan, Inc. (WRCNM) has provided domestic abuse services since its formation in 1977, and currently provides the TSH with funding from MDHHS. Funding exists for 15 units, the majority of which have remained occupied since the program's inception. The TSH program provides safe, decent single family housing units in all five counties served by the agency. The TSH Coordinator provides direct services to the TSH clients, as well as referring them to other agency services such as day care, counseling for children, child abuse and child sexual assault services, and long-term counseling for of issues such as sexual assault, substance abuse, family counseling, life transition issues, education and jobs training, and employment assistance.

Chronically homeless	<input type="checkbox"/>	Families	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Youth (18-25)	<input type="checkbox"/>
Domestic Violence	<input checked="" type="checkbox"/>		

3. Describe the experience of the applicant and sub-applicants with utilizing a Housing First approach. (500 word limit)

MDHHS provides guidance and requirements to all subrecipients through a subrecipient RRH Program Manual. Sub-recipients are responsible to adhere to the Housing First implementation requirements not just for Rapid Re-Housing grants but for all housing grants through the Housing and Homeless Services Division.

Core Components of Housing First :

Few to no programmatic prerequisites to permanent housing entry – Individuals or families experiencing homelessness are offered housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. Individuals or families are not required to enter a transitional housing program in order to receive housing.

Low barrier admission policies – admissions policies are designed to “screen-in” rather than screen-out applicants with the greatest barriers to housing, such as having little to no income, poor rental history and past evictions, or criminal histories. Housing programs may have tenant selection policies that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.

Rapid and streamlined entry into housing –The goal of the Housing First model is to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.

Supportive services are voluntary - Supportive services are proactively offered to help clients achieve and maintain housing stability. All services must be made available to clients, however, participation in services is not required for program entry.

Tenants have full rights, responsibilities, and legal protections – The ultimate goal of the Housing First approach is to help individuals and families experiencing homelessness achieve long-term housing stability. Tenants must be educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations. Practices and policies to prevent lease violations and evictions –Housing First housing programs require practices and policies that prevent lease violations and evictions among tenants. For instance, program policies consistent with a Housing First approach do not consider alcohol or drug use in and of itself to be lease violations, unless such use results in disturbances to neighbors or is associated with illegal activity (e.g. selling illegal substances).

4. Describe the experience of the applicant and sub-applicants in utilizing federal funds. (500 word limit)

MDHHS Housing and Homeless Services Division will commit three central staff to the administration of this grant for the purpose of contract management, payment, and program oversight. As stated above, MDHHS has historically provided the match funding for its rapid rehousing grants to lessen the financial burden on its sub recipients. All of the subrecipients have experience in leveraging resources as they provide services and receive funds from the Michigan Domestic Violence Prevention and Treatment Board for the Transitional Supportive Housing (TSH) Program of the State of Michigan Department of Human Services. Three of them have also received funds from HUD and their local United Ways.

5. Describe the process for the determination of the type, amount, and the duration of rental assistance for participants. (500 word limit)

MDHHS will ensure that subrecipient case managers, through progressive case management with program participants, provide the equitable amount of assistance needed for clients to obtain lasting housing stability. Through the use of the VI-SPDAT and SPDAT, subrecipients will be able to assess their clients' needs and develop client-centered supportive services to address their housing barriers. Monthly case management (at a minimum) will be provided to all clients to ensure that their services

adapt with their needs as they engage in services within the program as well as referrals to other agencies. Wraparound services including progressive case management, financial literacy classes, physical and/or behavioral health treatments, food/clothing/utility assistance, transportation assistance, legal services, job training/employment services, and moving services. If there are barriers to maintaining housing or other family needs, agencies utilize referral agencies developed through participation in the Local Planning Bodies and/or Human Service Collaborative Bodies. All services are individualized to the specific needs of the client for the duration both needed and allowable through the grant.

6. Does the project commit to taking all referrals through the Local Planning Body's Coordinated Entry process?

Yes If no, explain: [Click here to enter text.](#)

7. What would be the prioritization process for households referred to this project? How will it be determined who is most vulnerable and the best fit for any referrals to this project? Provide detail from policy established by the Local Planning Body. (500 word limit)

MDHHS has all subrecipients follow the MIBOSCoC Prioritization Policy that was finalized in 2016. For DV TH-Rapid Re-Housing clients, they must meet the eligibility of the grant and have a VI-SPDAT in the RRH range or higher. Subrecipients prioritize occupancy first by the household with the longest history of homelessness and then by the highest SPDAT Score. MDHHS Rapid Re-Housing Programs are not dedicated to chronic homelessness, the subrecipients prioritize occupancy in the following order: 1. Household with the highest SPDAT 2. Household with the longest history of homelessness 3. Housing hold with disabilities coming from the streets or shelter 4. Households with disabilities coming from transitional housing, but previously resided on the streets or in shelter. Subrecipients house clients through the Coordinated Entry System within their Local Planning Body to ensure clients with the highest need are housed first and quickly.

8. Will all participating households served in this project be recorded in HMIS or an equivalent database for Domestic Violence, in accordance with the Balance of State CoC's Data Quality Standards?

Yes If no, explain: [Click here to enter text.](#)

9. Describe the plan for rapid implementation of the project, documenting how the project will be ready to begin housing the first participant. Provide a detailed schedule of proposed activities for 60 days, 120 days and 180 days after grant award. (500 word limit)

If awarded, MDHHS will request that this grant begin May 1, 2019. Upon award notification, MDHHS will start educating its sub recipients in processes and procedures to prepare its programs for a 5/1/19 start. MDHHS will update its Rapid Rehousing Program Manual to reflect the terms of this new grant and will release it to its subreipients by January 1, 2019. Billing to MDHHS by sub recipients will begin by June 15, 2018. MDHHS will host its first sub recipient online roundtable by July 1, 2019 to discuss early progress and any outstanding barriers to utilizing these funds.

MDHHS will set expenditure targets of 25% per quarter's end to ensure fully expending this Funding (July 31, Oct 31, January 31, and April 30)

All subrecipients have procedures and staffing in place. The following sample project schedules are:

- WRCNM has policies and procedures in place from the TSH program that would be applied to this new program. Upon receiving the award letter they would be able to start the process of hiring a new staff person to support the program, review all policies, procedures and paperwork and make any necessary changes. They would be ready to start as soon as the award letter is received.
- SafeCenter could begin housing as soon as awarded. The average time to secure safe, affordable housing is approximately 30 days.

Center for Women in Transition has had supportive housing programs as a part of its continuum of services for nearly 20 years. Funds from this project would partially replace funds that they lost through a HUD project that they had already been implementing for several years in Allegan County. The staff and infrastructure is in place to implement this project as soon as the funds are available.

ORGANIZATIONAL CAPACITY

10. Describe agency key staff positions and qualifications of individuals who will carry out the project (500 word limit):

Capacity for Assessing Need is strong among sub-recipients. MDHHS launched a new integrated service delivery approach that will provide a complete on-line assessment and referral mechanism. MDHHS will train all sub-recipients so that this can become part of their assessment toolkit.

Subrecipient Advocacy & Housing Resource Specialists complete a TSH Application with each interested eligible shelter resident and with non-residential clients as referred and place them on the TSH Waiting List. When on the waiting list, they are determined eligible for the next available opening. When an opening occurs, the specialist notifies the next survivor on the waiting list. If they are still interested in participating in the program, the participant will meet with the specialist to further discuss the program, sign an Acceptance letter, and begin the process for selecting an apartment. These specialists will work with survivors in TH to transition them to RRH.

11. Describe the agency’s financial management system, including financial reporting, record keeping, accounting systems, payment procedures, procurement processes, and audit requirements (500 word limit):

All costs incurred by the MDHHS are assigned to a cost center (a Program Code and a Task Order). The majority of costs are charged directly to a specific source of funding (i.e. HUD grant). MDHHS utilizes the Statewide Integrated Governmental Management Application (SIGMA) to account for financial activity. All costs incurred by the MDHHS are entered into SIGMA. Accounting events entered into SIGMA, such as the payment of vouchers, contracts, or the disbursement of funds, must be assigned a series of classification elements to completely identify the accounting impact of each transaction. Overall, the classification structure defined by the account coding block provides the ability to separate and summarize SIGMA accounting information to meet a broad variety of financial management and reporting requirements including tracking actual expenditures and outlays with budgeted amounts for a grant.

MDHHS maintains a system of internal controls to safeguard grant assets and to ensure they are only used for authorized purposes. Each financial transaction is documented and approved based on MDHHS payment authorization or journal voucher lists of authorized approvers. In addition, payments can only be entered into systems where there are only authorized users who review the documentation for appropriateness and approvals (pre-audit/approve). MDHHS also maintains a quarterly certification process where the program manager (or designee) certifies the expenditures are documented with appropriate substantiating documentation and the coding is correct, and the expenditures are appropriate and necessary for the operation of the programs.

MDHHS maintains a record retention policy that is reviewed and approved by the State of Michigan Department of Management and Budget. MDHHS maintains financial records for at least seven years. MDHHS manages grant funding through a team approach, with multiple checks and balances to ensure conformance to federal regulations including the new Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR part 200). MDHHS is audited annually.

Scope of Proposed Project		Proposed Households Served	
Total units	72	Households with at least one adult and one child	46
Total beds	142	Adult households without children	26

PROJECT BUDGET

Activity	Requested Funds	Other Funding	Total Project Cost	% of Total Budget
Acquisition				%
New Construction				%
Rehabilitation				%
Leasing				%
Rental Assistance	\$490,236	\$122,559	\$612,795	75%
Supportive Services	\$117,657	\$29,414.25	\$147,071.25	18%
Operating Costs				%
HMIS				%
Project Administration (limited to 7%)	\$45,755	\$11,438.75	\$57,193.75	7%
Total Project Cost	\$653,648	\$163,412 (Match)	\$817060	

Complete Match and Leveraging worksheet, Attachment A.

See scorecard for scoring criteria based on budget information, questions 12-15

Attachment A

Identify all HUD and non-HUD funding that comprises the project budget. Only those dollars or non-cash contributions (in-kind) that directly support the project should be listed. This may include federal, state, or local government funds, private funds, grants, and/or other sources, including donations.

Match must be at least 25% of total funding requested. Documentation of match must be provided with the application.

Resource	Cash or In Kind	Committed or Planned/ Pending	Available (MM/YY)	Amount/ Value	% of Total Budget	Serves as CoC Program Match? (Y/N)
MDHHS Match	Cash	Committed	05/19	\$163,412	25%	Yes
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
Total leveraged from other sources					%	

Attach additional forms as necessary

Attachment B

HUD General Section Certificates

The agency certifies to the Balance of State Continuum of Care that it and its principals are in compliance with the following requirements as indicated by checking the box.

- Fair Housing and Equal Opportunity*. See CFR 578.93 for specific requirements related to Fair Housing and Equal Opportunity.
- Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity*. See the Federal Register dated February 1, 2012, Docket No. FR 5359-F-02 and Section V.C.1.f. of the FY 2017 General Section.
- Debarment and Suspension*. See Section III.C.4.c. of the FY 2015 General Section. Additionally, it is the responsibility of the recipient to ensure that all subrecipients are not debarred or suspended. (24 CFR 578.23((3)(c)(4)(v).d. Delinquent Federal Debts. See Section V.B.3. of the FY 2017 General Section.
- Compliance with Fair Housing and Civil Rights*. See Section V.C.1.a. of the FY 2017 General Section.
- Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)*. See Section V.C.1.d. of the FY 2017 General Section.
- Economic Opportunities for Low- and Very Low-income Persons (Section 3)*. See Section V.C.1.c. of the FY 2017 General Section.
- Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct*. See Section V.C.15. of the FY 2017 General Section.
- Prohibition Against Lobbying Activities*. See Section V.C.15. of the FY 2017 General Section.
- HUD Habitability Standards inspections* on all units, at a minimum.
- Participation in HUD-Sponsored Program Evaluation*. See Section V.C.5. of the FY 2017 General Section.
- Environmental Requirements*. Notwithstanding provisions at 24 CFR 578.31 and 24 CFR 578.99(a) of the CoC Program interim rule, and in accordance with Section 100261(3) of MAP-21 (Pub. L. 112-141, 126 Stat. 405), activities under this NOFA are subject to environmental review by a responsible entity under HUD regulations at 24 CFR part 58.
- Drug-Free Workplace*. See Section VI.B.9. of the FY 2015 General Section. n. Safeguarding Resident/Client Files. See Section V.C.11 of the FY 2017 General Section.
- Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended*. See Section V.C.13. of the FY 2017 General Section.
- Lead-Based Paint Requirements*. For housing constructed before 1978 (with certain statutory and regulatory exceptions), CoC Program recipients must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801, et seq.), as amended by the Residential Lead-Based

Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851, et seq.); and implementing regulations of HUD, at 24 CFR part 35; the Environmental Protection Agency (EPA) at 40 CFR part 745, or State/Tribal lead rules implemented under EPA authorization; and the Occupational Safety and Health Administration at 29 CFR 1926.62 and 29 CFR 1910.1025.

Attestation that all attachments as required by HUD are uploaded in *e-snaps*. See Notice of Funding Availability for the 2018 Continuum of Care Program Competition FR-6200-N-25.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the 2018 General Section, found at:
https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/fundingopps to ensure eligibility.

Agency: Michigan Department of Health and Human Services

Acknowledged By: Paula Kaiser Van Dam

Title: Bureau Director

Date: 7/30/2018