

## CoC Selection of Application to MSHDA for Non-Congregate Shelter

The Michigan State Housing Development Authority (MSHDA) is making funds available for the acquisition, construction, and/or rehabilitation of Non-Congregate Shelters (NCS). Per MSHDA's Request for Proposals (RFP) only one request for funding may be submitted from a CoC. This document describes the process the Detroit CoC will use to identify which application for NCS funding will be submitted to MSHDA.

Agencies interested in applying for MSHDA NCS funding must thoroughly review MSHDA's RFP and accompanying materials, as posted on MSHDA's website: <https://www.michigan.gov/mshda/rental/home-arp>.

### Detroit CoC Process for Selecting NCS Application to Submit to MSHDA

Agencies interested in applying for MSHDA NCS funding must submit an application to the Detroit CoC by **11:59 PM on Friday, April 21, 2023**. The content of what is required in this application is given below.

Completed applications, and the signed signature page, must be emailed to Amanda Sternberg at [amanda@handetroit.org](mailto:amanda@handetroit.org) by 11:59 pm on Friday, April 21, 2023. It is preferred this application be submitted as one PDF file.

### Applicant Requirements

In alignment with MSHDA's program requirements, applications to the Detroit CoC will only be considered if the proposed NCS meets the following conditions:

- Proposed shelter is in the Detroit CoC jurisdiction of Detroit, Hamtramck, or Highland Park.
- Physical layout of the proposed shelter must align with the requirements in MSHDA's RFP.
- The addition of NCS beds must result in an overall gain in shelter beds. Applications will not be considered if the proposed NCS will reduce the number of shelter beds at a given facility.
- Proposed shelter is not a Tiny Home Village or portion of a Tiny Home Village.
- Applicant agency has current experience entering data into HMIS or a comparable database if a DV provider OR is committed to start using the HMIS (or comparable database).
- Applicant agency demonstrates a commitment to only taking referrals to the NCS from Detroit's Coordinated Entry process (ie, CAM).

Applicant agencies must review MSHDA's entire RFP to ensure their agency and proposed project align with MSHDA's criteria.

### Timeline

Date	
April 12	Communication to shelter providers on CoC application process
April 21 (by 11:59 pm)	Applicant submission of application to CoC
April 24 - 28	CoC review of applications and development of recommendation
May 1	Recommendation presented to CoC Board for approval
May 3	Agency receipt of letter of support from CoC
May 5	Agency application submission due to MSHDA

### Questions

For questions or more information, contact Amanda Sternberg at 313-380-1714 or [amanda@handetroit.org](mailto:amanda@handetroit.org). Note, HAND staff will not be able to answer questions specific to MSHDA's RFP.

**Scoring and Selection Process**

Applications will be reviewed and scored on the following scale. The highest scoring application will be recommended to be submitted to MSHDA. The Detroit CoC Board will make the final decision which application will be submitted.

	<b>Total Points Possible</b>
<p><b>Non-Congregate Shelter Target Population:</b></p> <ul style="list-style-type: none"> <li>• Target population is only households with children (including youth-headed households with children): 10 points</li> <li>• Target population is only single women: 9 points</li> <li>• Target population is only single youth (defined as ages up to 24): 7 points</li> <li>• Target population is a combination of any/all of the above: 5 points</li> <li>• Target population is only single men: 2 points</li> </ul>	10
<p><b>Domestic Violence/Human Trafficking Focused</b></p> <ul style="list-style-type: none"> <li>• Shelter is specifically targeted to people fleeing domestic violence/human trafficking: 5 points (question 4 is answered “yes”): 5 points</li> <li>• Shelter is not specifically targeted to people fleeing domestic violence/human trafficking: 5 points (question 4 is answered “no” or “unsure at this time”): 0 points</li> </ul>	5
<p><b>Agency Experience Serving Target Population</b></p> <ul style="list-style-type: none"> <li>• Agency demonstrates a least 10 years’ experience serving target population 5 points</li> <li>• Agency demonstrates 5-9 years’ experience serving target population 3 points</li> <li>• Agency demonstrates 2 – 4 years’ experience serving target population: 1 point</li> <li>• Agency demonstrates less than 2 years’ experience serving target population: 0 points</li> </ul>	5
<p><b>Provision of Services in Shelter</b></p> <ul style="list-style-type: none"> <li>• Agency demonstrates a robust array of services provided to shelter residents to assist them with moving to permanent housing, with a committed source of funding for those services: 5 points</li> <li>• Agency demonstrates an adequate level of service provision to shelter residents to assist them with moving to permanent housing; funding source for those services is not yet committed, but there is a plan: 3 points</li> <li>• Agency demonstrates very little services to assist shelter residents with moving to permanent housing; no plan for how services will be funded: 1 point</li> </ul>	5
<p><b>Budget &amp; Leverage</b></p> <ul style="list-style-type: none"> <li>• Budget request is clear in what the agency will be asking of MSHDA. Request aligns with other parts of the application. At least one source of leverage funding (other than for supportive services) identified: 5 points</li> <li>• Budget request only somewhat aligns with the other parts of the application and MSHDA’s NOFA. At least one source of leverage funding (other than for supportive services) identified: 3 points</li> <li>• From budget chart completed, it is not clear how the request aligns with the rest of the application. No additional sources of leverage funding (other than for supportive services) identified: 1 pt</li> </ul>	5

	<b>Total Points Possible</b>
<p><b>Experience with Homeless Management Information System or Comparable Database</b></p> <ul style="list-style-type: none"> <li>• Shelter provider has current experience entering data into HMIS or a Comparable Database: 5 points</li> <li>• Shelter provider does not have current HMIS experience, but provides a detailed plan for how they will become compliant with HMIS: 3 points</li> <li>• Plan for how provider will become compliant with HMIS was adequate, but lacking details: 1 – 2 points</li> <li>• No plan for how provider would become compliant with HMIS: 0 points</li> </ul>	5
<p><b>Experience with Coordinated Entry (ie, CAM)</b></p> <ul style="list-style-type: none"> <li>• Shelter provider has current experience working with CAM, including reporting bed availability, receiving referrals, and reporting weekend/after hour walk-ins: 5 points</li> <li>• Shelter provider does not have experience working with CAM, but indicates a commitment to following CAM Policies and Procedures: 1 point</li> </ul>	5
<p><b>Substantiated Emergency Shelter Grievances</b></p> <p>The Detroit CoC has an established process for receiving, reviewing, and substantiating grievances filed against homeless service providers in Detroit. Emergency shelter providers will have one (1) point deducted from their score for every substantiated grievance filed in 2022 against <i>any</i> emergency shelter program administered by that agency.</p>	Potential negative points
<b>Total Points Possible</b>	<b>40</b>

***\*Inclusion of the signed signature page is required for the application to be reviewed. Applications submitted without a signed signature page will not be considered.\****

## **MSHDA Non-Congregate Shelter Application to Detroit CoC**

<b>Applicant Contact Information</b>
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Applicant Agency Name:	
Project Applicant Address: Street:	
City:	State:                      ZIP:
Contact Person of Project Applicant	
Name: Title:	Phone Number: Email:
Contact information for Project Applicant Executive Director (if different from above)	
___ information same as above	
Name:	Phone Number: Email:
<p><b>Select which type of entity the application agency is:</b>  <i>Reference page 2 of MSHDA’s NCS NOFA for eligible applicants</i></p> <p>___ 501c3 Non-profit organization          ___ Local unit of Government (LUG) with principal place of business in the State of Michigan</p>	

<b>Application Questions</b>
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Applicants should fully respond to the following questions.

1. Are there other project partners who will be a part of delivering services at this Non-Congregate Shelter (NCS)? This is any additional service provider, not any developer or construction company who will be doing construction/rehab. If so, please identify this partner and briefly describe their role. If there are none, respond “N/A”.
  
2. Give the address of where the NCS will be located. If the location has not yet been identified, outline the plan for how the agency will identify the shelter site.
  
3. Select which population(s) will be served in the NCS. Select as many as apply.
  - \_\_\_ Households with children (including youth-headed households with children)
  - \_\_\_ Single women without children
  - \_\_\_ Single youth up to age 24 without children
  - \_\_\_ Single men without children
  - \_\_\_ Other (specify): \_\_\_\_\_

4. Will this shelter be *specifically* targeted to serve people who are fleeing domestic violence and/or human trafficking?

Yes

No

Unsure at this time

5. Give a brief (no more than 1 paragraph) description of the agency's experience serving the target population(s) identified in questions 3 & 4, including how many years your agency has provided emergency shelter services to that target population(s).

6. Indicate the number of NCS beds to be gained if MSHDA funding was received.

7. Give a brief (no more than 1 paragraph) description of how the physical layout of the proposed NCS will align with MSHDA'S expectations for this shelter as given on pages 2 and 6-7 of MSHDA's RFP.

8. Does the agency currently operate an Emergency Shelter at the site identified in Question 2? If yes, respond to the following. If no, respond "N/A":

a. What is the primary population served in the existing shelter beds?

b. If the population to be served in the NCS (as given in questions 3 & 4) is different than the population currently served in the existing shelter, will the shelter be transitioning to serve only the new population, or will it serve both populations? If the populations are the same, answer "n/a".

c. How will the new NCS beds be physically added to the existing shelter space in a way that does not reduce the number of existing beds? (For example, the new NCS beds will be built-out into a currently unused floor of the existing shelter, or the new NCS beds will be part of a new addition to be added on to the existing building).

9. Give a brief (no more than 1 paragraph) description of what supportive services will be provided to residents of the NCS to help them move quickly into permanent housing **and** the **committed** funding source for those supportive services. If a funding source for services has not yet been committed, describe what sources of funding are anticipated for services and the plan to secure that funding.

10. Select which type of costs your agency will be requesting of MSHDA (select *one*, see page of 4 of MSHDA's RFP for details on these costs):

Rehabilitation and/or Construction Only

Acquisition Only

Acquisition with Rehabilitation and/or Construction

11. Budget Request: In the table below, provide the amount of each budget line to be requested of MSHDA and a brief description of how the funds will be used. Reference page 3 of MSHDA’s RFP for details on the allowable uses of these costs

Budget Line	Amount to be Requested of MSHDA	Proposed Use of Funds
Acquisition Costs		
Demolition Costs		
Development Hard Costs		
Site Improvements		
Related Soft Costs		
Replacement Reserve		
<b>TOTAL</b>		

12. Leveraged Funds: In the table below, list the source, amount, and use of funds your agency anticipates being able to leverage for this project. See page 6 of MSHDA’s NCS RFP for more detail on what MSHDA considers leverage. Add additional lines to the table if necessary.

Leverage Source	Leverage Amount	Use of Leverage

13. Does your agency currently enter emergency shelter data into the Homeless Management Information System (or a Comparable Database if a DV provider)?  
 Yes (skip to question 15)  
 No (if no, answer question 14)

14. Agencies new to the HMIS must undergo an extensive onboarding process which includes completing an initial application, executing various agreements, assigning an HMIS Agency Administrator, determining other data staffing needs, and ensuring all new HMIS staff complete the mandatory prerequisite trainings. For more information regarding Detroit’s HMIS onboarding process and new user training requirements, please see HAND’s [website](#).

In addition, all HMIS-participating agencies are required to participate in ongoing training, meetings, and data quality exercises as prescribed by the HMIS Lead Agency. Additional information regarding the HMIS and the minimum required data elements can be found on the [HUD resource website](#).

Given this information, please describe how your agency will complete the HMIS onboarding process in a timely manner and adhere to the requirements and expectations set forth for HMIS participating agencies. In your response, please detail the following:

- Anticipated timeline for completing the HMIS onboarding process
- Plan for ensuring timely data entry and reporting
- Plan for monitoring data quality and completeness

15. Does your agency currently participate in the Coordinated Entry (ie, CAM) process for existing emergency shelter programming? This includes reporting bed vacancies, receiving referrals from CAM, and reporting to CAM weekend/after-hours shelter walk-ins.

- Yes (skip to question 17)  
 No (if no, answer question 16)

16. If you answered “no” to question 15, does your agency commit to fully participating in the Coordinated Entry process for these NCS beds in accordance with [Detroit’s Coordinated Entry \(CAM\) Policies and Procedures](#)?

- Yes  
 No

17. Sign signature page that follows and include the signed copy with your application to HAND.

## Signature Page

This page is to be signed by the agency's Executive Director or his/her authorized representative. Electronic signatures are acceptable. The signature below affirms the following:

1) The organization will enter required project and client data into the Homeless Management Information System (HMIS) or a Comparable Database in accordance with the HMIS Data Standards and HMIS Policies & Procedures and complete all reporting required by MSHDA and the CoC. My agency will participate in a Qualified Service Organization Business Associate Agreement (QSOBAA) to allow sharing within HMIS.

2) This shelter will participate in the Coordinated Assessment Model (CAM), and adhere to all Coordinated Entry (CE) [policies and procedures](#).

3) If selected by MSHDA, my agency will participate in the local CoC planning process which may include, but not necessarily be limited to, participation in monthly Emergency Shelter workgroups and other meetings.

4) This shelter will operate using a Low-Barrier and Housing First approach. This means this shelter will operate in a way that is as easily accessible and user-friendly as possible. This shelter will operate as a low-barrier shelter by reducing or eliminating restrictive barriers to shelter entry (such as requiring sobriety, proof of identification, or burdensome paperwork prior to entry). This shelter will operate using a Housing First model in that it will not require program participants to participate in services or activities such as religious activities, sobriety treatment, mental health treatment, etc.

5) My agency will agree to emergency shelter policies and practices as defined by MSHDA for the use of these funds, which include:

- Minimum habitability standards.
- HUD's Equal Access Rule.
- Avoidance of involuntary family separation.
- Safe practices to reduce infectious disease transmission.

6) My agency will work in tandem with the [Infection Prevention Resource and Assessment Team \(IPRAT\)](#), a free, consultative, and non-regulatory program to help ensure effective infection prevention strategies in a variety of congregant settings.

7) My agency has financial management systems in place such as cash receipts and disbursement logs, invoices, and cancelled check registers, etc.

8) My agency employs staff who possess bachelor's degree in accounting or possess experience in accounting along with college accounting credits or a bookkeeper whose work is overseen by an accounting firm.

9) My agency has the ability to support the project as a cost reimbursement grant.

10) My agency is able to demonstrate financial capacity to administer funds as demonstrated through an audited federal financial statement. (Note: audits are not required in this application to HAND, but may ultimately be required of MSHDA).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Executive Director or authorized representative)

Name Printed: \_\_\_\_\_