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

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| **Applicant Contact Information** |

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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: | |
| **Select which type of entity the application agency is:**  *Reference page 2 of MSHDA’s NCS NOFA for eligible applicants*  \_\_\_ 501c3 Non-profit organization  \_\_\_ Local unit of Government (LUG) with principal place of business in the State of Michigan | | |

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| **Application Questions** |

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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_ Yes

\_\_\_\_ No

\_\_\_\_ Unsure at this time

1. 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).
2. Indicate the number of NCS beds to be gained if MSHDA funding was received.
3. 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.
4. 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”:
   1. What is the primary population served in the existing shelter beds?
   2. 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”.
   3. 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).
5. 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.
6. 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

1. 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 |  |  |
| **TOTAL** |  |  |

1. 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.

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| --- | --- | --- |
| **Leverage Source** | **Leverage Amount** | **Use of Leverage** |
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1. 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)

1. 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](https://static1.squarespace.com/static/5344557fe4b0323896c3c519/t/6436cd153464e031a9999422/1681313045932/Detroit+HMIS+Onboarding+Checklist.pdf).

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](https://www.hudexchange.info/resource/3824/hmis-data-dictionary/).

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

1. 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)

1. 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](http://www.camdetroit.org/reports-and-documents/)?

\_\_\_ Yes

\_\_\_ No

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

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| **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](http://www.camdetroit.org/reports-and-documents/).

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)](https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/sharpmain/infection-prevention-resource-and-assessment-team-iprat), a free, consultive, 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).

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| Signed: |  | Date: |  |
|  | *(Executive Director or authorized representative)* |  |  |
|  |  |  |  |
| Name Printed: |  |  |  |