

# CRHC CoC Grant Application

(One project per application)

FUNDING 2019 HUD NOFA  
CoC Program interim rule at 24 CFR 578

GRANT PERIOD 20-21

Application due to matt.stevenson@lansingmi.gov by noon Thursday, August 22, 2019

**Application organization must have tax-exempt status under 501(c) of the IRS, DUNS Number and an active registration in SAMS**

Date of Application: August 22, 2019

## PART I: Program Information

Renewal  Reallocation Project  Non-DV Bonus Project  DV Bonus Project   
Consolidation  Transition  Expansion

Organization: Lansing Housing Commission

Contact Person: Doug Fleming Title: Executive Director

Telephone: 517-372-7996 Email: DFleming@lanshc.org

Project Grant Name: Shelter Plus Care Minimum # Units (see table): 36

**Renewal only:** Previous Year Award Amount: \$ 302,772 Amount Requesting: \$316,164

Circle the Program Component for Which You Are Requesting Funds:

\*Permanent Supportive Housing \* Transitional Housing \* Rapid Rehousing \* Joint TH-RRH  
\* DV-RRH \* DV-Joint TH-RRH \* DV-Coordinated Entry \* HMIS \* Coordinated Entry

**\*Shelter Plus Care**

A. Are other funds leveraged with the requested funds?

Yes: \_\_\_ No: X If yes, please identify the amounts and sources for all leveraged funds.

Amount \$ \_\_\_\_\_ Source: \_\_\_\_\_

Amount\$ \_\_\_\_\_ Source: \_\_\_\_\_

B. This grant requires a 25% cash or in-kind match. Please describe in detail:

a) type (cash or in-kind); b) Source of match; c) Amount, and how it will be documented.

**The Lansing Housing Commission will report eligible in-kind match by providing an annual letter from Community Mental Health.**

C. Does/Will the agency follow the Orders of Priority as defined in CPD-16-11 (See Exhibit A of this application)? Yes: X No: \_\_\_

D. How many households will be housed during the funding year? 36

## Part II: Narrative

Please be concise. Use bullets where possible.

1. Describe the **target population** for the Project. Specifically identify who the project will serve. i.e. individuals; families; chronic; Special populations. What is the **average acuity level**?

If the Project has admission preferences for different sub-populations, please explain.

**The Lansing Housing Commission – Shelter Plus Care program intends to provide rental assistance for a minimum of 36 hard-to-serve homeless individuals with disabilities with a Housing First approach. Through community partnerships each participant is provided case management to address mental and physical health, substance abuse, financial, and employment barriers. Case managers provide a wraparound approach to achieve and maintain stability. By utilizing referrals through Community Mental Health, the Lansing Housing Commission is able to prioritize individuals for housing.**

2. Provide examples of how the **Project outcomes** will contribute to improving the CoC's system-wide performance, as measured by HUD's system performance measures below:
  - Reducing the length of time people are homeless
  - Increasing discharges to permanent housing
  - Preventing returns to homelessness (reducing recidivism)
  - Increasing client income

**The goal is to provide 12 months of housing and 12 months of case management services in order to eliminate the continuous cycle of homelessness and improve the stability of a vulnerable population. Mainstream resource participation is part of the strategic action plan to end homelessness.**

3. Using Exhibit B-Describe the Project's implementation of the **Housing First** approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients as it pertains to substance use, income, criminal records (with exceptions for restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Include descriptions of program policies and procedures to address situations that may lead to termination. How will the project assist clients in finding decent housing?

**The goal of the Lansing Housing Commission is to provide safe, affordable housing options. This grant would allow for the Lansing Housing Commission to continue providing these housing services to a vulnerable population.**

**Once housed, participants are able to receive wrap around service provided through the established community partnerships which leads to stable permanent housing. These services include: The development of a personalized develop plan with agreed upon goals and objectives, evaluation of personal needs, physical, mental and dental health assessments, securing an income source, along with short and long range goal planning.**

4. Explain how the **needs assessment** process ensures that participants are directed to appropriate services. How are participants connected to **mainstream resources**? Are there **MOUs or letters of commitment**? (These must be dated between May 1, 2019 and September 30, 2019.) Include collaborations with other programs or agencies. For renewals, how successful have these collaborations been?  
(See Mainstream Resources definition in glossary)

**The Lansing Housing Commission currently has an MOU, in place, with Community Mental Health (CMH) which provides case management and supportive services. CMH works with participants to create a personal action plan after meeting with the individual and assessing challenges on the mental health spectrum and review health challenges. Based on these assessments participants are referred to and assisted with following thru on selecting housing options, medical and dental care, educational development, legal assistance and job training. They also address individual needs such as problem solving, money management and life management skills. The CMH contract along with many other community based partnerships will help to provide stable housing which is necessary to end the cycle of homelessness.**

5. How will clients be assisted in maximizing their ability to live independently? What **criteria** are used to evaluate participants' readiness to "graduate" or **transition** from the project to other permanent housing?

**Community Mental Health will evaluate the participants personalized develop plan with agreed upon goals and objectives to determine if goals and outcomes have been met along with evaluating current rental history.**

6. CoC policies require that participants be **referred from the Coordinated Entry Agency (CEA)**. What is your estimate of the % of referrals you accept from the CEA? Please explain how you track/verify this information.

**All program referrals for the Shelter Plus Care program come to the Lansing Housing Commission via Community Mental Health. Outreach workers, case managers and community service providers refer potential Shelter Plus Care participants to Lansing Housing Commission.**

7. How will the project **engage those with the most severe needs or vulnerabilities, disabilities or limited English proficiency** per the CRHC CoC/HUD prioritization policy? Describe any Outreach efforts. Reaching participants throughout the County that may not otherwise have known of the Project?

**All referrals come from Community Mental Health. Through individual evaluations determine program eligibility and the ability to live safely without supervision.**

8. Are there any **outstanding Civil Rights matters**, delinquent Federal debts, debarment or suspensions from doing business with the federal government? Yes \_\_\_\_\_ No **X**  
Approved Code of Conduct is on file with HUD? Yes **X** No \_\_\_\_\_  
Please explain your response. (50 words or less)

9. Who is the agency contact person knowledgeable about **Fair Housing** and HUD priorities?  
Name: Doug Fleming Contact # 517-372-7996

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**ONLY Renewal Projects, complete questions 10-12**

10. Are the agency **reports turned in on time (%)**? Is the agency **HMIS data error free (%)**?  
Are the agency monthly Financial Status Reports correct (%)?

**Monthly reporting is turned in by the 20<sup>th</sup> of each month. HMIS data is entered monthly with the assistance of the Human Relations and Community Service Department if needed.**

11. **Project cost-effectiveness** – what was the average cost per person or family served in your project? (Take the cost to run the project including match divided by the actual number of households served per project year).

**The average cost per person for the Shelter Plus Care program is \$543.78 each month.**

12. Attach the agency's response letter to **any findings or concerns** identified by the City during the **last monitoring/site visit** of the agency. Please provide any CAP (Corrective Action Plan) requested by the City or CoC if applicable.

**The Lansing Housing Commission has not received a finding letter for this program year.**

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**ONLY Reallocation, New Bonus and DV Bonus Projects, complete questions 13-17**

13. Attach (one page or less) the general Objectives/Mission of the Organization and the Organization's **experience in providing the services** for which funding is being requested, including populations served.
14. Describe the plan to assist clients with **barriers to housing** (poor rental history, criminal history, bad credit, etc.) to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.
15. Describe how the **project design** will fit the needs of project participants: 1) to help maintain housing; 2) to meet other client needs that contribute to instability and homelessness; 3) to **establish performance measures** for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.
16. Describe a plan for **rapid implementation of the project** documenting how and when the project will be ready to house the first project participant. Provide a detailed schedule of

proposed activities for 30 days, 60 days, 120 days, and 180 days, if applicable, after grant award.

17. My agency is **willing to be trained** in processes and programs used by the CoC to manage and administer the HUD grant including but not limited to Homeless Management Information System (HMIS), the Coordinated Entry Agency (CEA) and the assessment tool (SPDAT).      Agree: \_\_\_\_\_      Disagree: \_\_\_\_\_

**DV-Bonus applicants only (18 – 20):**

18. Do you have a **client-level database** that is capable of meeting HUD’s Annual Performance Reporting requirements? (see document on GLHRN website for clarification)

Yes \_\_\_\_\_ No \_\_\_\_\_

19. What are the **issues facing DV survivors in accessing local CoC** permanent housing assistance programs? Support your response with local data.

20. How do you **address/improve safety for the DV populations** you serve?

**For further information, please see the HUD Notice of Funding Availability at:**

<https://www.hudexchange.info/resource/5842/fy-2019-coc-program-nofa/>

**Part III: Budget**

**Budget may also be submitted in an Excel Spreadsheet – contact HRCS for document.**

	HUD CoC Expenses				
	PH: PSH	PH:RRH	TH	SSO	HMIS
Rental Assistance	298,080				
Leasing					
Supportive Services*					
Operating Costs					
HMIS					
Total Admin	18,084				
Sub Total	316,164				
Cash Match (all line items except Leasing)					
Program Income if used as Match (if applicable)					
In-Kind Match (all line items except for Leasing)	79,041				
<b>Grand Total</b>	<b>395,205</b>				

*Shaded areas not eligible for funding in designated categories. Match must total 25%, excluding Leasing costs.*

	*Supportive Service breakdown
Salaries	
Fringe Benefits	
Contractual services	
Travel	
Supplies/materials	
Utilities	
Repairs/Maintenance	
Financial assistance to clients	
Total	

Program Income*	
Source	Amount
Total	

\*Program Income is funds generated by project activities such as participant contributions toward their rent.

**Authorized Representative: (Please print or type)**

Name: **Doug Fleming**  
Title: **Executive Director**  
Telephone Number: **517-372-7996**  
Email: **DFleming@lanshc.org**  
Fax Number: **517-487-6977**

By signing this application, I certify the statements contained in the APPLICATION herein are true, complete, and accurate to the best of my knowledge.

Signature of Authorized Official  Date 8/22/2019