CRHC Emergency Solutions Grant (ESG) Application

**FUNDING** City of Lansing ESG & MSHDA ESG

**GRANT PERIOD** 2023-24

**PART I: Program Information**

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received City or MSHDA ESG funds in the past? Yes: \_\_\_ No: \_\_\_\_

Does your organization have tax-exempt status under 501(c) (3) of the Internal Revenue Code?

Yes: \_\_\_ No: \_\_\_ *(If no, your organization is not eligible to receive ESG funds.)*

***A glossary of terms can be found at the end of the application. You must complete all sections, the Excel budget form, and provide your Checklist documents to be considered for funding.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project / Program Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Check the eligible program component for which you are requesting funds:

(Complete separate applications if applying for more than one program component)

**Rapid Rehousing**: City\_\_\_\_\_\_ MSHDA \_\_\_\_\_\_ **Prevention**: City\_\_\_\_\_\_ MSHDA\_\_\_\_\_\_

**Emergency Shelter**: City\_\_\_\_\_\_ MSHDA\_\_\_\_\_\_ **Street** **Outreach**: City\_\_\_\_\_\_ MSHDA\_\_\_\_\_\_

Amount Requesting: City: $\_\_\_\_\_\_\_\_\_\_ MSHDA: $\_\_\_\_\_\_\_\_\_\_\_

1. Does this project focus on and have a special capacity to serve a HUD-specified Special Population (Chronically Homeless, severely mentally ill, chronic substance abuse, veterans, those with HIV/AIDs, or unaccompanied youth under 18)? Yes: \_\_\_ **(3 points)** No: \_\_\_\_\_ **(0 points)**

If YES, which special population? How is your program uniquely equipped to serve the population?

1. Will the ESG funds be used to match other agency grants? Yes: \_\_\_ No: \_\_\_\_

If yes, please identify the other grants for which ESG funds will be used as match:

1. What is your nightly shelter bed capacity or for outreach, prevention, and RRH how many open cases can you manage at any given time? \_\_\_\_\_\_\_\_\_\_
2. Estimate the number of households and people to be served during the grant term. **(No Point Value)**

Only one row should be completed per application.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Programs Serving Individual Adults and Youth** | **Programs Serving Families with Minor Children** | |
| **Number of Individuals** | **Total Number of Households** | **Total Number of persons in families (including children)** |
| **Street Outreach** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Emergency Shelter** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Re-Housing** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Prevention** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **Previously funded Programs**: What is the Positive Housing Rate (getting people housed) for this program in the past six months? \_\_\_\_\_\_\_% **(<20% = 0 points, 21-30% = 3 points, >31% = 5 points)**

In the previous 12 months? \_\_\_\_\_\_\_% **(<20% = 0 points, 21-30% = 3 points, >31% = 5 points)**

1. Has this program had a CAP (Corrective Action Plan) in the past year, per CRHC’s Grant Monitoring Policy? \_\_\_\_ Yes \_\_\_\_ No

If Yes, provide a brief explanation of when the CAP was issued and what it concerned.

**Part II: Narrative**

1. Discuss the Organization’s experience in providing the services for which funding is being requested. (limit 250 words) **(0-5 points)**
2. Provide data or other evidence of your effectiveness in serving **ONE** of the homeless populations listed below for the program in this application. (limit 250 words) **Effectiveness is defined as getting people housed. (0-5 points)**

[ ] Individual/family facing homelessness within 14 days; (prevention)

[ ] Individual/family that is/are literally homeless; (shelter or outreach)

[ ] Individual/family fleeing or attempting to flee DV. (shelter or outreach)

1. Provide a brief statement of the needs of the target population served by your program. (100 words)

**For 4 – 6, respond only to the question that corresponds to the *program component* in this Application.**

1. **Shelter applicants**: Describe your shelter’s policy for shelter access and coordination for low-barrier guests. Are there populations that your shelter does not serve? Does the shelter have a standard diversion practice and how is it implemented? **(0-10 points)**
2. **Outreach:** Describe your efforts to locate, identify, and build relationships with people in unsheltered homeless situations and how they are assisted to engage with community resources. **(0-10 points)**
3. **Prevention and Rapid Rehousing applicants**: Describe your process and the average time necessary to move households into housing? How does your RRH project ensure those receiving assistance maintain permanent housing after program assistance ends? If a Prevention project, how do you ensure those you assist maintain housing stability? How is it determined when a household reaches stabilization? **(0-10 points)**
4. Describe how your program determines and documents eligibility for services. **(0-10 points)**
5. Provide the program goals, objectives, and measurable outcomes for this funding. Ex.: percent of people moving into permanent housing, reducing the length of time homeless, increasing incomes, etc. Provide the data you used to evaluate the goals, objectives, and outcomes for the past twelve months. (limit 1000 words) **(0-20 points)**
6. Explain how this program engages with and participates in the local Coordinated Entry (CE) System? (limit 250 words). **(0-5 points)**
7. List any innovative element or best practices implemented for the program in the past year. **(0-5 points)**
8. Are there any changes planned for the program operations between now and September 30, 2024 that may impact how services are provided? Yes: \_\_\_ No: \_\_\_

If yes, briefly explain.

1. Has your organization received any monitoring findings, resolved or unresolved, from any funder of homelessness assistance programs, such as HUD, MSHDA, MDHHS, Salvation Army, or municipal government, in the past two years? If yes, explain if the finding(s) have been resolved or are still outstanding. **(-3 to 0 points)**

13. Describe the agency’s capacity to *manage* the program described in this application, such as staffing capacity, training, and experience working with people experiencing homelessness **(0-10 points)**.

14. Describe the agency’s financial capacity. How would you sustain the program operations if funding is delayed? How many months could the program be sustained? Describe your cash flow requirements? **(0-10 points)**

15. Do you plan to subcontract any of the work described in the application? Yes \_\_\_\_ No \_\_\_\_; If yes, please list the entity or entities and describe the work being performed.

**Part III: Budget**

**(Please see Excel Page for ESG Budget Template AND complete the Sources of Funds information below)**

**(0-10 points for a complete and accurate budget)**

**Other Sources of Funds**

**Fiscal Year 2023-2024**

List all sources of funds (1) and amounts that support the total **projected cost** of the project (2). Provide the overall amount of funding from the sources of funds for the **Total Agency Amount** (3). List cash contributions only for Total Project and Total Agency amounts.

|  |  |  |
| --- | --- | --- |
| **Source of Funds (1)** | **Total Project Amount (2)** | **Total Agency Amount (3)** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **6.** |  |  |
| **7.** |  |  |
| **8.** |  |  |
| **9.** |  |  |
| **10.** |  |  |
| **11.** |  |  |
| **12.** |  |  |
| **TOTALS:** | **$ 0.00** | **$ 0.00** |

**Please check off each item, sign, and enclose a copy of these documents with your application.**

**Agency Name:**

**Agency Address: Director Name: Contact Phone: Contact Email:**

ESG Application Request for Agency Documents - ALL applicants

**CHECKLIST (25 points)**

Enclosed?

Emailed on (date?)

Comments

a. Most recent 990 (corporate tax return)

b. 501(c)(3)

c. Current Board roster

d. General Liability Insurance

Include copy of Crime & Dishonesty Insurance

e. Most Recent Audit

**Year?**

f. Single audit? **Y/N**

If yes, please include

g. Plan to use ESG funds for equipment? **Y/N** (if yes, explain)

h. Pending Lawsuits? **Y/N** (if yes, explain)

i. Attached Lawsuit Explanation

j. Conflict of Interest policy & Code of Conduct (Board & Staff)

***Use City form on CRHC website***

k. By-laws

l. Chart of Accounts

m. Lobbying policy

n. Drug Free Workforce Policy

o. Confidentiality Policy

p. All Shelter Inspections, Code Compliance Certificates

if applicable

q. Personnel, Financial, Procurement policies, Program Manuals, Fraud Policy

r. Organizational Chart, job descriptions

s. Certification of staff time allocation to grants (memo to file)

t. Cost Allocation Plan/Current Agency Budget

I understand that if my application is successful additional forms may be required.

Enclosed?

Emailed on (date?)

Comments

v. Non-discrimination policies (client & staff)

w. Case Managers- Training Received in past year

x. Client Termination Policy

y. LARA Certificate of Good Standing

shows date not to expire prior to 8/31/23

u. Grievance or Complaint Procedure **(for clients & staff)**

Electronic signatures accepted

**Authorized Signature:**

**Date:**

**By signing this application, I agree to have consistent agency representation at CRHC meetings, follow the CRHC policies and by-laws and HUD regulations and MSHDA policies for ESG grants, and abide by fiduciary policies and procedures. I certify the statements contained in the APPLICATION herein are true, complete, and accurate to the best of my knowledge.**

**Authorized Representative:**

**Print Name:**

**Signature of Authorized Official Date \_\_\_\_\_\_\_\_\_\_\_\_**

**This application is due by Noon on April 21st, 2023**

**Please submit to** [**glhrncoordinator@gmail.com**](mailto:glhrncoordinator@gmail.com)

**HUD Priorities**

Ending homelessness for all persons

Using Housing First without Service Participation Requirements or Preconditions

Reducing Unsheltered Homelessness

Improving System Performance

Partnering with Housing, Health, and Service Agencies to Maximize use of Mainstream Resources

Address Racial Equity

Using an Evidenced-Based Approach

Increasing employment

CRHC Priorities

Prioritize Permanent Housing including PSH and Rapid Rehousing

Prevention of Homelessness through intervention

Supportive Services with targeted case management and wrap around services to lead to self-stability

Shelter services

Essential Services for vulnerable sub populations

Prioritize chronically homeless persons

**Glossary:**

**CoC** – the Continuum of Care established by HUD in 1995 as “the group that takes on coordination of homeless services and homelessness prevention activities across a specified geographic area.” The Capital Region Housing Collaborative (formerly the GLHRN) is the CoC for the Lansing/East Lansing/Ingham County geographic area, identified by HUD as the MI-508 CoC. (Established in the CoC Program Interim rule, 24 CFR 578. Always search for latest edition.)

**CES:** Coordinated Entry System is the assessment system for homeless or at-risk persons within the CoC. See eligible services and activities below.

**DV:** Domestic Violence

**Homelessness Prevention:** To serve those certified as Homeless, Categories 2-4; certified At Risk of Becoming Homeless.

Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from becoming homeless if:

• Annual income of the individual or family is below 30 percent of median household income

• Assistance is necessary to help program participants regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing.

Eligible costs include security deposits, rent arrearages, leasing assistance, utility deposits/arrearages, housing search and placement, housing stability case management, and mediation.

**Leveraged funds:** A financial commitment toward the costs of a project from a source other than the grant.

**Match funds**: City ESG funds are matched by the City of Lansing. There are no match requirements for MSHDA funds. In this application, the match question inquires whether the agency plans to use the ESG grant funds for any other grant or program. It is necessary information to provide for reporting purposes.

**Rapid Re-Housing:** To serve those certified as Homeless, Category 1; certified as Literally Homeless*(This also includes households fleeing domestic violence through use of emergency shelter or living in places not meant for human habitation.)* Annual income of the individual or family is below 30 percent of area median household income (AMI).

Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing. Eligible costs also include security deposits, 1st month's rent, utility deposits/arrearages, housing stability case management, landlord-tenant mediation, tenant legal services, and credit repair.

**The following excerpts are from HUD ESG regulations** **(24 CFR 576 - Homeless Emergency Assistance and Rapid Transition to Housing: Emergency Solutions Consolidated Plan Conforming Amendments):**

ESG funds may also be used to provide services for homeless youth, victim services, and services for people living with HIV/AIDS, so long as the costs of providing these services are eligible under paragraphs (a)(1) through (a)(5) of this section.

**a. 1-Engagement 2-Case management 3-Emergency Health Services 4- Emergency Mental**

**Health Services 5- Transportation**

**1) Engagement:** The costs of activities to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs. These activities consist of making an initial assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; and actively connecting and providing information and referrals to programs targeted to homeless people and mainstream social services and housing programs, including emergency shelter, transitional housing, community-based services, permanent supportive housing, and rapid re-housing programs. Eligible costs include the cell phone costs of outreach workers during the performance of these activities.

**2) Case Management:** The cost of assessing housing and service needs, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant. Eligible services and activities - Using the **centralized or coordinated assessment system** as required under § 576.400(d); conducting the initial evaluation required under § 576.401(a), including verifying and documenting eligibility; counseling; developing, securing and coordinating services; obtaining Federal, State, and local benefits; monitoring and evaluating program participant progress; providing information and referrals to other providers; and developing an individualized housing and service plan, including planning a path to permanent housing stability.

**3) Emergency Health Services:** Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals operating in community-based settings, including streets, parks, and other places where unsheltered homeless people are living.

(ii) ESG funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area.

(iii) Eligible treatment consists of assessing a program participant’s health problems and developing a treatment plan; assisting program participants to understand their health needs; providing directly or assisting program participants to obtain appropriate emergency medical treatment; and providing medication and follow-up services.

**4) Emergency Mental Health Services:** Eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions operating in community-based settings, including streets, parks, and other places where unsheltered people are living. ESG funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area.

**5) Transportation:** Eligible costs of travel by outreach workers, social workers, medical professionals, or other service providers’ takes place during the provision of eligible services under this section. The costs of transporting unsheltered people to emergency shelters or other service facilities are also eligible. These costs include the following:

(i) The cost of a program participant’s travel on public transportation;

(ii) If service workers use their own vehicles, mileage allowance for service workers to visit program participants

**Please see the following for Regulations, HUD Guidance, and Grant Guidelines:**

* Ingham County ESG-MSHDA Information Summary and HUD ESG Fact sheet document
* <https://www.hudexchange.info/programs/esg/>
* <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/esg-program-components/overview/>
* [https://files.hudexchange.info/resources/documents/HomelessAssistanceActAmendedbyHEARTH.pdf](https://urldefense.proofpoint.com/v2/url?u=https-3A__files.hudexchange.info_resources_documents_HomelessAssistanceActAmendedbyHEARTH.pdf&d=DwMFaQ&c=L1a8adzPg4Qe0TEcZkiHr5CWp6Nopedi-9Tg5S5Mi-Q&r=MVVQnvcDQ9JozLmZ9of50C9AWd0vzAgP-E3jOmckJhQ&m=Je7zUvb3hxyJoiGJtJnaYSr6cjRPVdxM6bE2iEw5dPU&s=QU5dbSKHjJQOAduMbYQVNywmEsj21Mj_n70dKtGY4TU&e=)
* [https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule/](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.hudexchange.info_resource_1928_hearth-2Ddefining-2Dhomeless-2Dfinal-2Drule_&d=DwMFaQ&c=L1a8adzPg4Qe0TEcZkiHr5CWp6Nopedi-9Tg5S5Mi-Q&r=MVVQnvcDQ9JozLmZ9of50C9AWd0vzAgP-E3jOmckJhQ&m=Je7zUvb3hxyJoiGJtJnaYSr6cjRPVdxM6bE2iEw5dPU&s=ehuOuFR3OUmKUui0NKdVwgLvRD15luXFqMTTFMIWV-g&e=)
* <https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>
* [https://www.hudexchange.info/resource/1927/hearth-esg-program-and-consolidated-plan-conforming-amendments/](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.hudexchange.info_resource_1927_hearth-2Desg-2Dprogram-2Dand-2Dconsolidated-2Dplan-2Dconforming-2Damendments_&d=DwMFaQ&c=L1a8adzPg4Qe0TEcZkiHr5CWp6Nopedi-9Tg5S5Mi-Q&r=MVVQnvcDQ9JozLmZ9of50C9AWd0vzAgP-E3jOmckJhQ&m=Je7zUvb3hxyJoiGJtJnaYSr6cjRPVdxM6bE2iEw5dPU&s=SJz4QOGv70NXIOi6e28uMfO1upfJFazqDV1cjixCsBY&e=)
* <https://www.michigan.gov/mshda/homeless/homeless-and-special-housing-needs-programs/emergency-solutions-grant-esg-program>

**For additional information contact:**

Doris Witherspoon at [doris.witherspoon@lansingmi.gov](mailto:doris.witherspoon@lansingmi.gov) or (517) 483-4063, or

Toni Young at [toni.young@lansingmi.gov](mailto:toni.young@lansingmi.gov) or (517) 483-4477, or

CRHC Coordinator at [glhrncoordinator@gmail.com](mailto:glhrncoordinator@gmail.com)