Homeless Housing Partnership Program:

Project-Based Housing Choice Vouchers for Homeless Persons with Disabilities (Balance of State)

Partnership Summary

Continuum of Care Area:		
Contact Person:	**Title:**	
E-Mail:	**Phone:**	**Fax:**

Name of Partnering Community Services Agency:		
Contact Person:	**Title:**	
E-Mail:	**Phone:**	**Fax:**

Name of Housing Owner/Management Company (1):		
Total Number of Units Proposed:		
Contact Person:	**Title:**	
E-Mail:	**Phone:**	**Fax:**
Name of Housing Owner/Management Company (2) (if applicable):		
Total Number of Units Proposed:		
Contact Person:	**Title:**	
E-Mail:	**Phone:**	**Fax:**
Name of Housing Owner/Management Company (3) (if applicable):		
Total Number of Units Proposed:		
Contact Person:	**Title:**	
E-Mail:	**Phone:**	**Fax:**

Owner's Application for MSHDA Project-Based Vouchers
Homeless Housing Partnership Program – Balance of State

I am applying for assignment of ____(#) Project-Based Vouchers for the location(s) identified in Part I below. (Owners may apply for up to 25% of the units in a given development, subject to an overall limit of 10 units/application. Developments with 4 or fewer units are exempt from this limitation.) I understand that submission of this application does not constitute a commitment on my part to enter into a Section 8 Housing Assistance Payments contract, nor does it mean that MSHDA will offer a contract. MSHDA may limit either the number of project based assistance awards by county or the number of project-based vouchers assigned to each application in order to achieve balanced distribution of this assistance across the state.

Name of Housing Owner/Management Company :		
Name of Development (1):	**Total Number of Units Proposed at this Location (1):**	
Address of Housing Proposed (1):		
Name of Development (2) :	**Total Number of Units Proposed at this Location (2):**	
Address of Housing Proposed (2):		
Name of Development (3)) :	**Total Number of Units Proposed at this Location (3)):**	
Address of Housing Proposed (3):		
Contact Person:	**Title:**	
Address:		
E-Mail:	**Phone:**	**Fax:**
Authorized Signature (in ink):		**Date:**

Part I: Housing and Unit Descriptors

Note: If you are applying for project based vouchers at scattered site locations, include a separate Part I of this application form for each location. You do not need to submit multiple copies of Parts II and III that apply to all scattered site locations under the control of same owner/management.

Development name_____

Address of Site _____

Company _____

Company Address _____

Authorized Signatory _____ Title: _____

Phone: _____ Fax: _____ E-Mail: _____

A. Housing Unit Descriptors

Total number of units in development_____ Number of buildings_____

Number of units vacant at this location as of application date_____

Number of units at this location already leased to the target population_____

Lead paint status of units proposed for contract _____
_____

Total number of units in development subsidized by other governmental assistance:

Section 236 or rent supplement_____ Section 221d4_____
Section 202 or 811_____ Section 515 or 521_____
HOME_____ CDBG_____ Tenant-Based Section 8 _____
McKinney Shelter Plus Care _____ SHP Leasing Assistance _____
Other (specify type)_____

Unit Type	Square Feet	# of Bedrooms	# Baths	Monthly Lease/Rent	Monthly Cost of Tenant-Paid Utilities	Proposed Contract Rent

B. Housing Amenities

Specify services, utilities, and building amenities included in rent (including handicap accessibility features).

C. Access to Critical Supports and Community Resources

Provide description of access to critical tenant supports and community resources for the development identified. In this response, include discussion of:

1. Proximity to probable employment, training, and/or educational settings

2. Ease of access to schools, stores, playgrounds, and other amenities both for self and for family members

3. Ease of access to community services, health care, and social services

4. Ease of access to public/subsidized transportation

Also include a location map showing proximity of selected units to supportive services and community resources.

Part II: Housing Management Plan

A. Experience of Housing Owner in Dealing with Homeless/Special Needs Populations

1. Describe Owner's history (if any) in providing housing for homeless and/or special needs populations.

2. Describe Owner's history (if any) in working with identified service agency partner.

B. Owner's Plan for Managing Units

1. Describe owner's plan for managing and maintaining positive tenant relations.

2. Describe owner's plans for a "blended management" approach (combining housing management and individualized services in a plan designed to help tenants remain stably housed).

Part III: Supportive Services Partnership Plan

A. Community Services Provider Information

Name of Partnering Agency:		
Address:		
City:	**State:**	**Zip:**
County(ies) Served:	**Continuum of Care Area:**	**HUD Geo Code(s) for Services Area(s) Proposed (Attachment A):**
Federal Employer ID#:		
Contact Person:	**Title:**	
E-Mail:	**Phone:**	**Fax:**
Governing Board Chair:		
Signature Of Board Chairperson (in ink):		**Date:**

B. Organizational History and Capacity of Community Service Provider

1. Briefly describe history and background of Community Service Provider -- including mission, type of services provided, and geographic area served. Include information regarding experience in providing services to people who are homeless.

2. Describe service agency's collaborative relationships with other human service agencies in the community relevant to this proposal, including the Continuum of Care planning body and Community Collaborative (Multi-Purpose Collaborative Body).

3. Provide a brief summary of the organization's experience working with landlords in providing permanent/supportive housing for homeless populations.

C. Supportive Services and Housing Stabilization Plan

1. Describe process for how eligible project participants will be identified and selected.

2. Detail outreach efforts geared to engage chronically homeless adults. Of the number of participants in your proposed program, how many do you project will be chronically homeless (in accord with HUD's published definition of "chronically homeless").

3. Describe plan for sustaining contact with landlord/housing management to help keep participants stably housed.

4. Detail plans for linking participants to mainstream resources. Please be specific as to your plans to a) identify participant eligibility, b) enroll participants, and c) assist participants in maintaining benefits.

5. Describe proposed role for Supportive Services Coordinator in your project. Discuss planned relationship between Supportive Services Coordinator and other local service providers.

D. Leveraging of Resources

1. Identify any financial assistance for first-month's rent and/or security deposit that has been committed to this project. (Include both source and amount of funding.)

2. Identify any specific direct cash match that the sponsoring agency will be providing for supports or services for program participants on an annual basis. (Include both source and amount of funding.)

3. Enumerate the value of any "in-kind" supports or services that the sponsoring agency will be providing on an annual basis.

4. Enumerate the value of projected leveraging of supplemental resources and services to be provided to project participants from other agencies or programs in the community on an annual basis.

E. Continuum of Care Certification

Provide a letter of support from the local Continuum of Care attesting to the project's responsiveness to local priorities and needs.

F. Memorandum of Understanding

Provide a written "Memorandum of Understanding" between the Owner(s)/Manager(s) of properties to be utilized and the Community Service Provider that specifies the working relationship between the two.

G. Required Service Provider Organizational Documentation

1. Proof of non-profit status

2. Copy of most recent organizational budget (FY 2003)

3. Articles of Incorporation

ATTACHMENT A: Eligible "Balance of State" Communities

Geographic Area Name	6-digit HUD Geo Code	Geographic Area Name	6-digit HUD Geo Code
Alcona County	269001	Lake County	269085
Allegan County	269005	Lapeer County	269087
Alpena County	269007	Luce County	269095
Arenac County	269011	Mackinac County	269097
Baraga County	269013	Manistee County	269101
Barry County	269015	Mason County	269105
Bay City	260444	Mecosta County	269107
Bay County	269017	Menominee County	269109
Benton Harbor	260570	Midland County	264086
Berrien County	269021	Midland County	269111
Cass County	269027	Missaukee County	269113
Charlevoix County	269029	Montcalm County	269117
Cheboygan County	269031	Montmorency County	269119
Chippewa County	269033	Newaygo County	269123
Clare County	269035	Oceana County	269127
Clinton County	269037	Ogemaw County	269129
Crawford County	269039	Ontonagon County	269131
Delta County	269041	Osceola County	269133
Dickinson County	269043	Oscoda County	269135
Eaton County	269045	Otsego County	269137
Emmet County	269047	Ottawa County	269139
Gladwin County	269051	Port Huron	265010
Gogebic County	269053	Presque Isle County	269141
Gratiot County	269057	Roscommon County	269143
Hillsdale County	269059	St. Clair County	269147
Houghton County	269061	St. Joseph County	269149
Huron County	269063	Sanilac County	269151
Ionia County	269067	Schoolcraft County	269153
Iosco County	269069	Shiawassee County	269155
Iron County	269071	Tuscola County	269157
Isabella County	269073	Van Buren County	269159
Keweenaw County	269083	Wexford County	269165

ATTACHMENT B: Project Selection Criteria
Homeless Housing Partnership Program – Balance of State

Housing Plan **30 Points**

- Housing Amenities and Access to Community Resources
- History of Owner in Working with Target Population
- Housing Management Plan

Supportive Service Plan **50 Points**

- Organization Capacity/History
- Outreach Plan for Chronically Homeless
- Plan for Sustaining Housing Stability
- Supportive Services Delivery Model
  (including *Memorandum of Understanding*)
- Continuum of Care Certification

Leveraging of Resources **20 Points**

- Direct Funding for Security Deposit/Move-In Assistance
- Cash Match Committed to Partnership Activities
- In-Kind Match Committed to Partnership Activities
- Value of Leveraged Services/Resources Committed by
  Other Community Agencies or Programs