

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

735 EAST MICHIGAN AVE • P.O. BOX 30044

LANSING, MICHIGAN 48909

MICHIGAN.GOV/MSHDA

N O T I C E T O P R O C E E D

TO: **Grantee Name** _____
 Grant Number _____

FROM: **MSHDA Housing Initiatives**

DATE: _____

RE: **Pre-Approval Request Dated:** _____

As of today, you are approved to expend up to \$_____

for _____ (beautification, public amenity, infrastructure) component

for properties that are:

- a) being assisted below \$2,500 each therefore no liens are required **or** homeowners have executed liens for the total amount of assistance being provided;
- b) current on their taxes and insurance;
- c) have fully executed self-certification forms and/or owner certifications; and
- d) meet the terms of the applicant selection process outlined in the program guidelines.

Note: All cost reasonable procurement documentation should be retained in the project files for submission with the FSR request and invoices.

If you have any questions, please direct them to your HID Champion.