

Office of Rental Assistance and Homeless Solutions

ESG FY2021-2022 Exhibit 1

October 1, 2021 to September 30, 2022

Due: July 30, 2021

Emergency Solutions Grant (ESG)

735 E Michigan Ave
P.O. Box 30044
Lansing, MI 48909



GENERAL INSTRUCTIONS

Due to the ongoing impact of the COVID-19 pandemic, MSHDA has provided an abridged Exhibit 1 for the FY2021-2022 funding year. The abridged form requires each Continuum of Care (CoC) or Local Planning Body (LPB) to attest to the continuation of practices and responses included in the FY2020-2021 Exhibit 1 to cover the new funding year.

This document should be completed in its entirety, then distributed for the required review and signatures. This document and the required attachments should be submitted to your assigned Homeless Assistance Specialist by the deadline. Submissions will be accepted via email or mail. Your Homeless Assistance Specialist will send you an email to confirm receipt by the stated deadline. The email response you receive only confirms receipt of the sent documents, it does not indicate a thorough review has been completed.

Please contact the Homeless Assistance Specialist assigned to your region with any questions:

- Jen Leaf – leafj@michigan.gov – (517) 241-0099 – Regions 1, 2, and 3
- Nicole Beagle – beaglen1@michigan.gov – (517) 335-1852 – Regions 4 and 9
- Stephanie Oles – oles@michigan.gov – (517) 241-8591 – Regions 5, 7, and 8
- Michelle Edwards – edwardsm6@michigan.gov – (517) 241-1156 – Regions 6 and 10

Questions received after 5:00 PM Eastern time on July 28, 2021 are not guaranteed a response.

Attachment Listing

Before submitting this Exhibit 1 for the MSHDA ESG program, please review the following to make sure that all required information is included with the Exhibit 1.

Required Attachments

- [ESG FY2021-2022 MOU](#)
- [Homeless Preference for HCV Lead Agency MOU](#)
- [Key Person Security Agreement \(MSHDA 1796c\)](#)

Signify attestation to the continuation of the following practices and policies

- Continuum of Care or Local Planning Body By-Laws or Operating Principles
- Coordinated Entry Policy and Procedures
- HUD Equal Access
- Action Plan or Strategic Plan to End Homelessness
- Fair Housing Practices
- Fairness of funding, insuring no conflict of interest with ESG allocations
- Routine analysis of System Performance Measures for continuous quality improvement
- Routine analysis of Pay for Performance Measures for continuous quality improvement

Certifications

By checking the boxes below, the Chairperson certifies that the statements are true.

- I, _____, attest that our CoC/LPB agrees to continue the practices and responses included in the FY2020-2021 Exhibit 1 to cover the new funding period of October 1, 2021 through September 30, 2022.
- I, _____, attest that a copy of Exhibit 1 has been made available to community leaders that include the county/counties Director(s) of Health and Human Services, Director(s) of Mental Health, and the Chairperson(s) of the Community Collaborative, regardless of their regular participation in the CoC or LPB.

1. Continuum of Care (CoC) or Local Planning Body (LPB) Information

By signing below, each individual attest that they have reviewed the completed Exhibit 1 document and to the best of their knowledge all information provided is true and correct.

Name of CoC or LPB	Counties Included in CoC or LPB
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CoC or LPB Coordinator			
CoC or LPB Coordinator Name & Title			
Organization Name			
Physical Address	City	State	Zip Code
Mailing Address (if different than above)	City	State	Zip Code
Telephone	Fax	Email	Web Address
Signature		Date	

CoC or LPB (Co-)Chair			
CoC or LPB (Co-)Chair Name & Title			
Organization Name			
Physical Address	City	State	Zip Code
Mailing Address (if different than above)	City	State	Zip Code
Telephone	Fax	Email	Web Address
Signature		Date	

CoC or LPB (Co-)Chair			
CoC or LPB (Co-)Chair Name & Title			
Organization Name			
Physical Address	City	State	Zip Code
Mailing Address (if different than above)	City	State	Zip Code
Telephone	Fax	Email	Web Address
Signature		Date	



2. CoC/LPB Meeting Schedule

Complete the chart below with **CoC or LPB/LPW meeting information** of the CoC or LPB that is applying for MSHDA ESG funding.

Meeting Date	Time	Location & Address

Complete the chart below with meeting information on the committee/group that is tasked with **leadership** of the CoC or LPB that is applying for MSHDA ESG funding.

Meeting Date	Time	Location & Address

