



Office of Rental Assistance and Homeless Solutions

Exhibit 1 Annual Planning Update Detailed Directions
Emergency Solutions Grant (ESG)
October 1, 2019 – September 30, 2020 Funding Cycle

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



How to Complete the Exhibit 1: Step by Step Directions

Add Applicant Name:

On the third page, open the header by double clicking on the top of the document. Then, double click on the words "Insert Applicant Name Here" in this fillable space, enter the name of the fiduciary agency submitting this funding request. Ensure this auto-fills the header throughout the document, if not repeat the process on page 4.

Page 3: Exhibit 1 Attachment Listing

These must be submitted along with the Exhibit 1 document. The Exhibit 1 should be completed, printed, signed, then scanned as a pdf. No other attachments should be included in this scanned document. (Directions related to scanning are intended to keep file size minimal.) Applications and all attachments should be sent to the assigned Homeless Assistance Specialist for your region. The Specialists are as follows:

Regions 1, 2, and 3: Jesica Vail – vailj1@michigan.gov

Regions 4 and 9: Nicole Schalow – schalown@michigan.gov

Regions 5, 7, and 8: Stephanie Oles -- oles@michigan.gov

Regions 6 and 10: Michelle Edwards -- edwardsm6@michigan.gov

Required Attachments:

The first three attachments each include an underlined title that is an active link to the form that must be completed. These should be filled in electronically as necessary, printed, signed as required, and then scanned as pdfs. These may be combined in scanning but ensure that no more than 10 pages are scanned together.

The next three attachments are reports from HMIS that should be saved as pdf files. Directions for these attachments can be found under the specific question that references them.

Required for 2019 Attachments:

Each of these documents should be submitted along with the Exhibit 1. In future years they will only need to be submitted as requested or if they have been updated since the last submission.

Certifications:

These are required to be completed. Double click on "Insert Name of Chair" and enter the name of the Chairperson of the CoC or LPB. One name is sufficient if there are Co-Chairs. Checking this box is an attestation by the Chair that the described tasks have been completed.

Exception to Email Submission:

CoC/LPBs who prefer to submit the Exhibit 1 and attachments via hard copy mailing are permitted to do so. If you wish to return the documents by mail, mail them to the attention of your assigned Homeless Assistance Specialist (see above) at:

Rental Assistance & Housing Solutions
MSHDA
735 E. Michigan Ave
P.O. Box 30044
Lansing, MI 48909

The only options for submission are email or standard mail, no faxed Exhibit 1 or attachments will be accepted.

Page 4: Question 1: CoC or LPB Contacts

Complete the form and have the CoC or LPB Coordinator and Chair(s) sign.

Note: After this point, page numbers are subject to change based on the amount of information input into the forms. References will be made by question number here forward.

Question 2: CoC/LPB Leadership

In this table, input information related to the leadership of your CoC or LPB. This is not the full membership listing of all CoC/LPB members, unless there is no separate leadership entity (elected or appointed) of the CoC/LPB.

In the first column, input the agency/organization/company the person works for or represents. If the person is not associated with an agency (e.g. someone who is homeless) enter "Community Member" in this column.

In the second column, input the individual's name. In the third, the geographic area represented. In IJs this will likely be the same for each entry. For Balance of State LPBs that cover multiple counties, this space will be to specify the counties that agency serves.

In the fourth column, enter abbreviations as offered below the chart to specify any targeted populations served by the agency named in the first column. If the agency does not have specific foci, enter "G" for general.

Please note that in each box, you can press "Enter" to go down a line and enter more than one entity in each box if there is more than one member that would belong under a heading.

Question 3: CoC/LPB Meeting Schedule

3.a. Provide the information for accessing your CoC or LPB meetings that are held for the full membership body. This should be the community that is to be served by this ESG funding and one of the groups in which the application is discussed so that all members are aware. If the geographic area of the full LPB most regularly meets in smaller, local planning workgroups (LPW) or an equivalent, list those meetings here as well.

3.b. Provide the information for accessing the meetings of the leadership of the CoC or LPB. This may be your Governance, Steering, Executive Council, or a group of another name, but would be the body that leads the policy development of the LBP and CoC. If your LPB does not have any elected or appointed leadership group, enter N/A.

3.c. List the group/committee name and the meeting date(s) from the chart(s) above at which it is projected the CoC/LPB will review and discuss the next MSHDA ESG Application (for fiscal year 2020-2021).

Question 4: Action Plan

4a. Enter the date of the latest plan. This plan is also a required attachment as listed on page 3 of the application under “Required for 2019”.

4.b. List the three goals that were included on the 2018-2019 MSHDA ESG Exhibit 1 and describe progress and/or roadblocks to achieving these goals.

4.c. List goals for the coming year, they may be the same goals as last year.

Question 5: Funding Sources

5.a. Independent Jurisdictions should attach the HIC they submitted to HUD for 2019. Local Planning Bodies (LPB) are to run the report in HMIS titled “HIC Report” and select the projects that serve their geographic area. This can be accomplished by following the directions in [Appendix A](#). For your reference, a list of the federally funded BoS projects by LPB is included in [Appendix B](#).

5.b. List out funding sources for any homeless services that are not included in the HIC. Under the “Funding Source” column list where the funding originates, such as: United Way, CDBG, Private Donation, etc.

Under “Administering Agency”, name the agency that holds the program and provides the service, and in “Amount of Funding” fill in the amount of the funding/grant.

Under “Project Type”, indicate if the project is permanent supportive housing (PSH), rapid re-housing (RRH), transitional housing (TH), emergency shelter (ES), other permanent housing (OPH), or supportive services only (SSO).

If it is specific to a sub-population, indicate that here as well (domestic violence as DV, Veterans, Youth, or chronically homeless as CH).

Under “Units Projected”, enter the number of units the project anticipates in serving in one operating year, this is an approximate. If the funding is for a support services only project and does not fund housing units, enter “N/A” for the response.

For “Provider ID” enter the HMIS provider page number. Per HUD all residential projects dedicated to homeless services (HMIS participating/non-participating/DV) are required to have their Bed/Unit Inventory documented in HMIS. If you are unable to locate a project in HMIS please contact your System Administrator or the MCAH Help Desk.

5.c. For any source of funding that is “non-participating” in HMIS and is not a victim service provider, explain why it is not and detail what the community’s plan is to add the project to HMIS in the next year. Note that HUD Guidance states that:

Beds and units included on the HIC are considered part of the CoC homeless assistance system. ***Beds and units in the HIC must be dedicated to serving homeless persons, or for permanent housing projects, dedicated for persons who were homeless at entry.*** For the purposes of the HIC, a project with dedicated beds/units is one where:

- A. The primary intent of the project is to serve homeless persons;
- B. The project verifies homeless status as part of its eligibility determination; and
- C. The actual project clients are predominantly homeless (or, for permanent housing, were homeless at entry).

HIC/PIT Data Collection Notice, October 2018

If the project does not fit with the above characteristics of a project that would be included in the HIC, state this.

Question 6: HUD CoC Program Funding

6.a. Both Independent Jurisdictions (IJ) and Balance of State communities have HUD CoC Program funding being used in their area. It is important that the CoC or LPB is aware of how this funding is being used and that all HUD CoC Program funded program openings are filled through referrals from the HARA. In this question's answer describe the process of your community to ensure all are aware of expenditure rates and utilization of these projects.

6.b. For the last HUD Fiscal Year of funding received, report on the total dollar amount received, for IJs this should equal the Annual Renewal Demand (ARD) on the Grant Inventory Worksheet (GIW). For BoS communities, the applicant should only include the portion of larger grants that are sub-granted for the community, along with any projects received that only serve the community. The expenditure amounts should be provided by grantees by checking their final draw statements on eLOCCS or by BoS sub-grantees by final billing statements to their grantor.

LPBs should reference Appendix A of this document, which is a listing of the Balance of State CoC Program funded projects that are operating by community, to assist in answering this question.

Question 7: Fairness of Funding

7.a. Explain the process by which ESG funding categories, amounts, and sub-grantees are determined and the CoC/LPB role in it.

7.b. In this answer, describe how funding is used to reach goals. LPBs should include both the LPB goals and BoS CoC goals.

7.c. In this answer, include any process for avoiding or addressing conflicts of interest and ensuring funding opportunities are open to any eligible agencies.

Question 8: Community After-Hours and Extreme Weather Plan

8.a. In this answer, include how persons needing immediate assistance will be served outside of the HARA's normal hours of operation. Identify if processes differ for after normal business hours as well as closures for weather or holidays. Include access to emergency shelters or motel assistance as well as plans for regular assessments in follow up.

8.b. Describe how your community communicates times of extreme weather that necessitate special efforts to keep persons experiencing homelessness warm or cool. Include any plan to address these needs and the general practice. Discuss if there are needs within the community that are unmet and what discussion has been had to fill this need.

Question 9: Community Coordination

9.a. Describe the inclusion of community members from multiple sectors in the work to end homelessness, especially as it relates to growing permanent housing resources.

9.b. Describe the work underway within your CoC/LPB to update Coordinated Entry policy and procedures to comply with the final rule on VAWA Implementation in HUD Housing Programs. This work should involve local victim service providers and include the Emergency Transfer Process, ensuring rental and lease agreements are in compliance, and participants and landlords are routinely notified of their rights under the rule.

Question 10: Interagency Service Teams (IST)

10.a. Answer yes or no relative to if your community continues to use an IST to facilitate the referral of homeless households to permanent housing resources. Note that this question is specific to the referral to permanent housing resources (e.g. ESG RRH, CoC Program PSH). If the IST makes referrals only to supportive services and is not connected to the housing resource, answer “no”.

10.b. If the answer in 10.a. is “yes”, describe how often and regular this group meets, name which agencies are involved, and detail the privacy practices in place for the group—how is participant private information protected and shared only as necessary.

Question 11: SSI/SSDI Outreach, Access and Recovery (SOAR)

11.a. List SOAR Trained case managers in your geographic area. This information can be attained from MDHHS.

11.b. Describe how your CoC/LPB is working to support the growth in number of SOAR applications submitted.

Question 12: Targeting Over-Represented Populations/Sub-Populations

12.a. Check the boxes for any groups you have created a By-Name List to serve.

12.b. For any checked box above describe the progress you have made in ending homelessness for that population.

Question 13: Continuous Quality Improvement

13.a. Describe how you measure the performance of shelter, outreach, RRH and/or prevention activities specifically funded with MSHDA ESG. This includes what reports are shared with the CoC/LPB or committees within it.

13.b. Describe how you address projects that are not performing well (no matter the funding source). This includes how the CoC/LPB, or committee therein, would be made aware of project performance, how low performance is defined or identified, and the subsequent steps to address low performance outcomes.

13.c. Describe how you use data in HMIS to review your entire system’s effectiveness at ending homelessness (no matter the funding source). This includes HUD System Performance Measures and MSHDA Pay for Performance Measures as well as Data Quality reports.

Question 14: System Performance Measures

14. With your application, return a copy of the System Performance Measures as a pdf. The report should be run for the year 10/1/2017-9/30/2018. Local Planning Bodies (LPB) typically would have their data included in a report run for the full Balance of State CoC. For this application, only include the projects that serve your geographic region. It is noted that some projects serving the LPB will include data from multiple LPBs. LPBs can use the reports built for the Annual Report, and should omit measures 2 and 4, returns to homelessness and income growth (these will not be accurate run at the LPB level).

Question 15: Pay for Performance Measures

15. Pay for Performance measure guidance is detailed in the MSHDA ESG Notice of Funding Availability (NOFA).

Question 16: Disclosure of Community Financial Assistance Guidelines

16.a. Explain the process by which your community has chosen to implement the requirement that participants pay a minimum of 1% of their annual income. Include details regarding how this implementation ties in to the practice of Progressive Engagement, which includes assessing additional need for rental assistance regularly with participants and the practice of a “declining subsidy”.

16.b. If your community has elected to implement additional caps to funding allowed by MSHDA, disclose these here, along with the reason for the cap. In the last box, you can identify additional areas your CoC/LPB wishes to limit MSHDA ESG use in the community. This could include new allowances on services in shelters such as child care or education.

*Inclusion here should not be considered as approval by MSHDA. Approval for additional caps should be received in writing from your Homeless Assistance Specialist.

Question 17: Homeless Status for Housing Choice Vouchers

17. If a county served by this applicant does not have shelter available for people in the general public (ex. not designed for those fleeing domestic violence, veterans, youth, or a recovery center) your community may decide to request that county use the MSHDA Doubled-Up category to place households on the Housing Choice Voucher Homeless Preference Waitlist, list those counties here.

Appendix A

Directions for Creating Housing Inventory Reports for Balance of State Local Planning Bodies

Report Name: **Modified 0629 - Housing Inventory Count - v18_Group**

Location in ART: Public Folder> PIT/HIC Tools> Housing Inventory Chart> Modified 0629 -
Housing Inventory Count - v18_Group

Instructions:

1. Click on the magnifying glass next to the desired report.
2. Select "Schedule Report"
3. Fill out the report prompts as listed below:
 - a. Include Operational Projects ONLY? **Leave Blank**
 - b. Enter Value(s) for Provider Name: **Search for and select ALL ES, TH, PSH, PH, OPH, RRH projects that are in your LPB**
 - c. Select Reporting Group: **Leave Blank**
 - d. Select CoC Code: **Leave Blank**
 - e. Enter Date for Current Inventory: **1/31/2019**
 - f. Enter Date for Under Development Inventory: **2/1/2019**
4. Click "Next"
5. Report Format: **Excel**
6. Interval: **Once**
7. Click "Send"
8. Report will appear at the bottom of the main ART page in the "Scheduled Reports" section. When the report has finished running you will be able to download and save the report using the magnifying glass next to the finished report.

Appendix B

Balance of State Federally Funded Statewide Projects Sorted by Local Planning Body*

Region 1

Grantee Name	Provider Page Name*
Gogebic/Ontonagon LPB	
MDHHS	MDHHS - Gogebic/Ontonagon CAA - Gogebic/Ontonagon CoC - MHAAB RRH(11684)
MDHHS	MDHHS - Gogebic/Ontonagon CAA - Gogebic/Ontonagon CoC - Rapid Re-Housing(11174)
Veterans Affairs	HUD - VASH Gogebic
Chippewa/Luce/Mackinac	
MDHHS	MDHHS - CLM Community Action - Chippewa/Luce/Mackinac - Rapid Re-Housing(11169)
MDHHS	MDHHS - CLM Community Action - Chippewa/Luce/Mackinac - MHAAB RRH(11682)
Veterans Affairs	HUD - VASH Chippewa
Veterans Affairs	HUD - VASH Mackinac
Central UP	
MDHHS	MDHHS - CFSUP -Dickinson-Iron - Rapid Re-Housing(11166)
Veterans Affairs	HUD - VASH Baraga
Veterans Affairs	HUD - VASH Delta
Veterans Affairs	HUD - VASH Dickinson

Region 2

Grantee Name	Provider Page Name*
Northwest MI LPB	
MDHHS	DCH-North country CMH-Emmet Co Char-Em CoC (2922)
MDHHS	MDHHS - Northern Lakes CMH - Missaukee/Wexford CoC - Wexford - MHAAB PSH Dedicated Plus(11599)
MDHHS	MDHHS - NW MI Community Action Agency - Wexford/Missaukee - Individual Re-Housing(11114)
MDHHS	MDHHS - NW MI Community Action Agency - Wexford/Missaukee - MHAAB RRH(11688)
MDHHS	MDHHS - NW MI Community Action Agency -Charlevoix/Emmet - Individual Re-Housing Program(11112)
MDHHS	MDHHS - NW MI Community Action Agency -Manistee - Individual Re-Housing Program(11113)
Veterans Affairs	HUD - VASH Missaukee
Veterans Affairs	HUD - VASH Wexford
Veterans Affairs	HUD VASH - Emmet
Veterans Affairs	HUD VASH - Manistee

Region 3

Grantee Name	Provider Page Name*
Northeast Michigan Coalition Against Homelessness	
MDHHS	MDHHS - NEMCSA - Cheboygan CoC - MHAAB RRH(11652)
MDHHS	MDHHS - NEMCSA - Cheboygan CoC - Rapid Re-Housing(11183)

MDHHS	MDHHS - NEMCSA - COOR CoC - MHAAB RRH(11689)
MDHHS	MDHHS - NEMCSA - COOR CoC - Rapid Re-Housing(11184)
MDHHS	MDHHS - NEMCSA - Northeast - MHAAB RRH(11660)
MDHHS	MDHHS - NEMCSA - Northeast Michigan CoC - Rapid Re-Housing(11185)
MDHHS	MDHHS - NEMCSA - Otsego CoC - MHAAB RRH(11654)
MDHHS	MDHHS - NEMCSA - Otsego CoC - Rapid Re-Housing 11186(11186)
MDHHS	MDHHS - Northern Lakes CMH - Roscommon/Crawford CoC - MHAAB PSH Dedicated Plus(11598)
Veterans Affairs	HUD - VASH Alpena
Veterans Affairs	HUD - VASH Roscommon
Veterans Affairs	HUD VASH - Ogemaw
Veterans Affairs	HUD VASH - Otsego
Veterans Affairs	HUD - VASH Iosco

Region 4

Grantee Name	Provider Page Name*
Allegan County LPB	
MDHHS	MDHHS - Allegan County CMH - Allegan CoC - Rapid Re-housing (HUD)(11154)
Barry County LPB	
MDHHS	MDHHS - United Way - Barry CoC - MHAAB PSH Dedicated Plus(11594)
MDHHS	MDHHS - United Way - Barry CoC - Rapid Re-Housing(11194)
Ionia/Montcalm LPB	
MDHHS	MDHHS - EightCAP - Ionia/Montcalm Coc - (11223)
MDHHS	MDHHS - EightCAP - Ionia/Montcalm Coc - MHAAB RRH(11683)
MDHHS	MDHHS - EightCAP - Ionia/Montcalm Coc - Rapid Re-Housing(11171)
West MI Housing Network	
MDHHS	MDHHS - Newaygo County CMH - Newaygo CoC - MHAAB PSH Dedicated Plus(11597)
MDHHS	MDHHS - TrueNorth Community Services - Lake - Rapid Re-Housing Project(11151)
MDHHS	MDHHS - TrueNorth Community Services - Mason - MHAAB RRH(11667)
MDHHS	MDHHS - TrueNorth Community Services - Mason - Rapid Re-Housing Project(11152)
MDHHS	MDHHS - TrueNorth Community Services - Newaygo - Rapid Re-Housing Project(11150)
MDHHS	MDHHS- Channel House Ministries - Lake - MHAAB PSH Dedicated Plus(11586)
MDHHS	MDHHS- Channel House Ministries - Oceana-MHAAB RRH(11637)
MDHHS	MDHHS- Channel House Ministries- Oceana CoC - MHAAB PSH Dedicated Plus(11585)
MDHHS	MDHHS- Channel House Ministries- Oceana-Rapid Re-Housing(11156)
	Mid Michigan CAA - Newaygo - SSVF Rapid Rehousing(10778)
Mecosta/Osceola LPB	
MDHHS	MDHHS - Mid-Michigan CAA - Mecosta/Osceola CoC - Rapid Re-Housing Program(11044)

Region 5

Grantee Name	Provider Page Name*
Arenac County LPB	
MDHHS	DCH-Bay-Arenac Behav. Health-Bay CoC-SHP(2918)
Bay County LPB	
MDHHS	DCH-Bay-Arenac Behav. Health-Bay CoC-SHP(2918)
MDHHS	MDHHS - Bay-Arenac Behavioral Health - Bay CoC - MHAAB PSH Dedicated Plus(11582)
MDHHS	MDHHS - Mid-Michigan CAA - Bay - Individual Re-Housing(11042)
MDHHS	MDHHS - Mid-Michigan CAA - Bay - MHAAB RRH(11676)
Veterans Affairs	HUD - VASH Bay
Clare/Gladwin LPB	
MDHHS	MDHHS - Community Mental Health for Central Michigan - Clare/Gladwin CoC - MHAAB PSH Dedicated Plus(11591)
Veterans Affairs	HUD - VASH Clare
Gratiot LPB	
MDHHS	MDHHS - EightCAP - Gratiot Coc - MHAAB RRH(11641)
Veterans Affairs	HUD VASH - Gratiot
Isabella/Midland LPB	
MDHHS	MDHHS - Community Mental Health for Central Michigan - Midland - MHAAB PSH Dedicated Plus(11590)
MDHHS	MDHHS - EightCAP - Isabella Coc - MHAAB RRH(11644)
MDHHS	MDHHS - EightCAP - Isabella Coc - Rapid Re-Housing(11172)
MDHHS	MDHHS - Midland Area Homes - Midland CoC - MHAAB RRH(11651)
Veterans Affairs	HUD VASH - Isabella
Veterans Affairs	HID - VASH Midland

Region 6

Grantee Name	Provider Page Name*
Thumb Area LPB	
MDHHS	MDHHS - Human Development Commission - Huron/Sanilac/Tuscola - MHAAB PSH Dedicated Plus(11595)
MDHHS	MDHHS - Human Development Commission - Thumb CoC - Huron/Sanilac/Tuscola - MHAAB RRH(11685)
MDHHS	MDHHS - Human Development Commission - Lapeer - MHAAB PSH Dedicated Plus(11596)
MDHHS	MDHHS - Human Development Commission - Thumb CoC - Lapeer - MHAAB RRH(11670)
MDHHS	MDHHS - Human Development Commission - Thumb CoC - Rapid Re-Housing(11175)
Veterans Affairs	HUD - VASH Huron
Veterans Affairs	HUD - VASH Lapeer
Veterans Affairs	HUD - VASH Tuscola
Shiawassee County LPB	
MDHHS	MDHHS - CACS - Shiawassee CoC -Rapid Re-Housing Program(11162)
MDHHS	MDHHS - CACS - Shiawassee CoC -MHAAB RRH(11636)
Veterans Affairs	HUD - VASH Shiawassee
St. Clair County LPB	
MDHHS	DCH Sfe Horizons St. Clair CoC Original SHP (2926)

MDHHS	MDHHS - Blue Water Community Action - St. Clair CoC - MHAAB PSH Dedicated Plus(11584)
MDHHS	MDHHS - Sacred Heart Rehabilitation Center - St. Clair CoC - MHAAB PSH Dedicated Plus(11603)
Veterans Affairs	HIUD - VASH St Clair

Regions 7, 8, and 9

Grantee Name	Provider Page Name*
Berrien County LPB	
MDHHS	DCH-ESS-Berrien CoC SHP (2178)
MDHHS	MDHHS - ESS - Berrien - MHAAB PSH Dedicated Plus(11593)
MDHHS	MDHHS - ESS - Berrien CoC - Rapid Re-Housing(11173)
Veterans Affairs	HUD VASH Berrien
Branch County LPB	
MDHHS	MDHHS - Pines Behavioral Health - Branch CoC - MHAAB PSH Dedicated Plus(11602)
Cass County LPB	
MDHHS	MDHHS - Keystone Place - Cass CoC - MHAAB RRH(11649)
MDHHS	MDHHS - Keystone Place - Cass CoC - Rapid Re-Housing(11176)
MDHHS	MDHHS - SMCAA - Cass CoC - MHAAB PSH Dedicated Plus(11606)
Clinton County LPB	
MDHHS	MDHHS - CACS - Clinton CoC - MHAAB RRH(11635)
MDHHS	MDHHS - CACS - Clinton CoC - Rapid Re-Housing Program(11161)
Hillsdale County LPB	
MDHHS	Community Action Agency - Hillsdale- Permanent Housing Project (HUD)(11846)
Veterans Affairs	HUD - VASH Hillsdale
St. Joseph County LPB	
MDHHS	MDHHS - Keystone Place - St Joseph CoC - MHAAB RRH(11650)
MDHHS	MDHHS - Keystone Place - St Joseph CoC - Rapid Re-Housing(11177)
MDHHS	MDHHS - St. Joseph County CMH - St. Joseph CoC - MHAAB PSH Dedicated Plus(11588)
Van Buren County LPB	
MDHHS	DCH SWMCAA Van Buren CoC SHP (2928)
MDHHS	MDHHS - SMCAA - Van Buren CoC - MHAAB PSH Dedicated Plus(11605)
MDHHS	MDHHS - SMCAA - Van Buren CoC - Rapid Re-housing(11424)
MDHHS	MDHHS - Southwest Michigan Community Action Agency - Van Buren CoC - MHAAB RRH(11665)
MDHHS	MDHHS - Van Buren CMH Authority - Van Buren CoC - MHAAB PSH Dedicated Plus(11607)
Veterans Affairs	HUD VASH - Van Buren

*Note that Provider Page Names are written as entered in HMIS, spelling and punctuation included.