



Office of Rental Assistance and Homeless Solutions

ESG FY2020-2021 Exhibit 1

October 1, 2020 to September 30, 2021

Due: August 28, 2020

Emergency Solutions Grant (ESG)

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



General Instructions for Completion

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.

Additional detail on submission and guidance for responses to specific questions are available in the Exhibit 1 Detailed Directions document.

Due Date:

Exhibit 1 and all required attachments are due to MSHDA by 5:00 PM Eastern time, August 28, 2020.

For Further Information

If you have any questions, contact the Homeless Assistance Specialist assigned to your region:

Michelle Edwards – edwardsm6@michigan.gov – 517-241-1156 – Regions 6 and 10

Stephanie Oles – oless@michigan.gov – 517-241-8591 – Regions 5, 7, and 8

Nicole Schalow – schalown@michigan.gov – 517-335-1852 – Regions 4 and 9

Jen Leaf – leafj@michigan.gov – 517-241-0099 – Regions 1, 2, and 3

Questions received after 5:00 PM Eastern time on August 26, 2020 are not guaranteed a response.

Exhibit 1 Attachment Listing

Required:

- [ESG Memorandum of Understanding](#)
- [Homeless Preference for HCV Lead Agency MOU](#)
- Independent Jurisdiction CoCs ONLY:**
 - Proof of MSHDA Stella P Access (use email mshda-hs@michigan.gov for log-in)
- Housing Inventory Chart (HIC) (See question 5.a.)
- System Performance Measures (See question 13)
- Pay for Performance Report (See question 14)

Conditionally Required: *(Required if updated or changed from previous year's submission)*

- Continuum of Care or Local Planning Body By-Laws or Operating Principles
- Coordinated Entry Policy and Procedures
- HUD Equal Access and Gender Identity Rule Policy
- Action Plan or Strategic Plan to End Homelessness
- Key Person Security Agreement (MSHDA 1796c)

Certifications:

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

- I, _____, attest that a copy of Exhibit 1 has been made available to participating Continuum of Care (CoC) or Local Planning Body (LPB) members.
- 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) Contacts

Name of CoC or LPB: _____

Counties Included in CoC or LPB: _____

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.

CoC or LPB Coordinator:	
Agency:	Title:
Phone:	E-mail:
Address:	
City:	Zip:
Signature:	Date:

CoC or LPB (Co-)Chair:	
Agency:	Title:
Phone:	E-mail:
Address:	
City:	Zip:
Signature:	Date:

CoC or LPB (Co-)Chair:	
Agency:	Title:
Phone:	E-mail:
Address:	
City:	Zip:
Signature:	Date:

2. CoC/LPB Leadership

Name of CoC/LPB Member Agency/Organization	CoC/LPB Leadership Committee Member Name	Geographic Area Represented	Sub-populations Represented (if applicable)
Local Government Agencies:			
Public Housing Authorities (PHA):			
McKinney Vento School Liaisons:			
Nonprofit Organizations (Includes Faith-Based Organizations):			
Persons with Livid Experience of Homelessness:			
Business/Business Associations:			

Subpopulation Abbreviations:

1. General – G
2. Chronic Homelessness – CH
3. Veterans – V
4. Survivors of Domestic Violence – DV
5. Youth – Y
6. Families – F
7. Persons Living with HIV/AIDS - HA

4. Action Plan

Continuums of Care (CoC) are required to create plans for their their community in order to achieve goals related to ending homelessness. Within the Balance of State (BoS), Local Planning Bodies are also encouraged to create plans that align with the BoS CoC but are tailored to the local community's needs.

- a. Has your community revised your Action Plan to align with the federal strategic plan, Home, Together: The Federal Strategic Plan to Prevent and End Homelessness, and the Michigan Action Plan? If so, please enter the date of the revision: _____

- b. List your CoC/LPB's top three goals for 2019-2020 and describe the progress made in reaching these goals:

- c. List your CoC/LPB's goals for 2020-2021 and describe your strategies for reaching these goals:

5. Funding Sources

ESG funding provides resources to prevent homelessness and to re-house people experiencing homelessness. This funding is not intended to be the community’s entire funding source. ESG cannot supplant existing resources.

- a. Attach a copy of the community’s Housing Inventory Chart (HIC) for 2020. This should be the HIC that was submitted to HUD along with the Point in Time count for 2020. For Local Planning Bodies (LPBs) that have their inventory submitted in the full Balance of State PIT and HIC submission, you will run the HIC report in HMIS for the same date (January 29, 2020) but only for your geographic area.
- b. Detail any funding used in the community to serve households experiencing homelessness that does not appear on the HIC:

Funding Source	Administering Agency	Amount of Funding	Project Type	Units Projected	Provider ID

- c. For any source of funding that is “non-participating” in HMIS and is not a victim service provider, explain why and the plan to have it included in the next year’s report.

6. HUD CoC Program Funding:

- a.** Explain how your community tracks expenditure rates of HUD CoC Program funding (both Independent Jurisdictions and Balance of State communities):

- b.** In the last completed federal fiscal year, what was the community's full federal award (i.e. Annual Renewal Demand) and how much was expended? For Balance of State communities, what was the full amount awarded and sub-granted within the LPB area and how much of that was expended?

7. Fairness of Funding

a. Describe the CoC/LPB funding decision-making process as it relates to MSHDA ESG funding.

b. How are funding decisions aligned with the CoC's goals? (For LPBs highlight both the BoS CoC goals and LPB goals for this answer)

c. Describe how your allocation process embraces fairness and avoids conflicts of interest:

8. Community After-Hours and Extreme Weather Plan

- a.** List the HARA's normal hours of operation and explain the community's plan for calls after regular business hours and for other closures (holidays, inclement weather, etc.):

- b.** Describe the community's plan and practice for warming and cooling needs during times of extreme weather conditions.

9. Community Coordination

- a. Explain how your CoC/LPB builds public support to end homelessness in your community. Include how you engage with public officials, McKinney-Vento school liaisons, local Community Mental Health, Michigan Works, and other community leaders:

- b. Explain how your CoC/LPB works with Victim Service Providers to ensure policies and procedures align with the [HUD Notice PIH-2017-08 \(HA\)](#) and the [Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs, Final Rule](#) especially as related to your community's Emergency Transfer Process as required in the Final Rule.

10. Interagency Service Teams (IST)

- a. Does your community continue to use an IST to facilitate the referral of homeless households to permanent housing resources?

Yes OR No

- b. If "Yes", please describe the frequency of meetings, agencies involved, and privacy practices in place for the group.

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

a. Name the SOAR case managers serving your CoC/LPB geographic area.

b. What efforts are being made to grow the number of SOAR applications completed?

12. Targeting Over-Represented Populations/Sub-Populations

a. Indicate if your CoC/LPB has a By-Name List created for any of the following target populations:

<input type="checkbox"/> Veterans	<input type="checkbox"/> Youth
<input type="checkbox"/> Chronically Homeless	<input type="checkbox"/> Families
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

b. Describe progress made on target populations checked above:

13. Continuous Quality Improvement

- a. Explain the process your community uses to measure the performance of programs receiving ESG assistance. If there is no process in place, what steps are being taken to create one?

- b. Describe the process to address projects that are under-performing:

- c. Describe how Homeless Management Information System (HMIS) data is being reviewed and evaluated to measure system performance within the CoC or LPB:

Rental Assistance 9 months maximum (Note, no more than 9 months total in combination with Rental Arrearages)

If you select to set a cap below 9 months, please disclose:

Security Deposit up to one and one half a month's rent

If you select to set a cap below one and one half a month's rent, please disclose:

Utility Deposits and Utility Arrearages capped at \$1,500 per household per year for the combination of the 2 categories

If you select a set cap below \$1,500, please disclose:

Other: If there are other policy areas in which your community wishes to cap, list here:

If you wish to enforce additional caps, please disclose:

17. Homeless Status for Housing Choice Vouchers

List any counties served within the CoC/LPB geographic area that do not have a shelter that serves the general population (any shelters that are not designed for domestic violence, recovery, or youth) for which you wish to use the MSHDA Doubled-Up category to place households on the Housing Choice Voucher Homeless Preference Waitlist.