



Office of Rental Assistance and Homeless Solutions

ESG FY2021-2022 Application

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

- To be eligible to receive MSHDA ESG funding, this document and required attachments must be completed in their entirety.
- This document is designed to share with any agency seeking MSHDA ESG funding and to allow the Fiduciary to collect all required information for submission on behalf of the Continuum of Care (CoC) or Local Planning Body (LPB).
- The Fiduciary must submit the following information in MATT 2.0 as a cumulative application for ALL funded agencies.
- All proposed Emergency Solutions Grant (ESG) applications must be part of an approved CoC/LPB funding strategy in order to be eligible for MSHDA funding approval.
- 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.
- The Homeless Assistance Specialist will send an email to the Fiduciary to confirm receipt by the stated deadline. The email response only confirms receipt of the submitted documents; it does not indicate a thorough review has been completed.

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

| | | |
|------------------------|---------------------------------|-------|
| Name of CoC or LPB | Counties Included in CoC or LPB | |
| CoC or LPB Coordinator | Telephone | Email |
| CoC or LPB (Co-)Chair | Telephone | Email |
| CoC or LPB (Co-)Chair | Telephone | Email |

2. Applicant Information

| | | | | | |
|---|-----|--|-----------|--|----------|
| Legal Name of Organization | | <input type="checkbox"/> Fiduciary <input type="checkbox"/> HARA <input type="checkbox"/> Subgrantee | | MSHDA Organization Number (Fiduciary only) | |
| DUNS Number | | Tax Identification Number | | <input type="checkbox"/> Registered with SAM.GOV | |
| Physical Address | | | City | State | Zip Code |
| Mailing Address (if different than above) | | | City | State | Zip Code |
| Telephone | Fax | Email | | Web Address | |
| Executive Director or Highest Elected Official | | | Telephone | Email | |
| *Primary Contact | | | Telephone | Email | |
| *Alternate Contact | | | Telephone | Email | |
| <i>*Both the primary and alternate contact provided above will serve as intermediaries between the agency and MSHDA. Therefore, the primary and alternate contact shall be responsible for the distribution of information, provided by MSHDA, within the agency.</i> | | | | | |
| Type of Organization | | | | | |
| <input type="checkbox"/> Government <input type="checkbox"/> Non-Government <input type="checkbox"/> Faith Based Organization <input type="checkbox"/> Other: _____ | | | | | |
| Proposed MSHDA ESG Component(s) | | | | | |
| <input type="checkbox"/> Street Outreach <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Homelessness Prevention <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> HMIS <input type="checkbox"/> Administrative Costs | | | | | |
| Target Population(s) | | | | | |
| <input type="checkbox"/> General Homeless <input type="checkbox"/> Chronically Homeless <input type="checkbox"/> Single Adults <input type="checkbox"/> Families <input type="checkbox"/> Domestic Violence Survivors <input type="checkbox"/> Veterans | | | | | |
| <input type="checkbox"/> Youth <input type="checkbox"/> Development Disabilities <input type="checkbox"/> Serious Mental Illness <input type="checkbox"/> Substance Use Disorders <input type="checkbox"/> Co-Occurring Disorders | | | | | |
| <input type="checkbox"/> Persons with HIV/AIDS | | | | | |
| What counties does your organization currently serve? (include all, even if in a different CoC/LPB) | | | | | |



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3. Estimate of Number to be Served

If MSHDA ESG funds will be used to support any portion of the activities in the components listed below, please estimate the total number of individuals or households that will be served during the grant term in each component funded.

Note: These should not reflect unduplicated counts. When administering both rental assistance and services, do not count twice, they are counted only once within the category.

The Fiduciary will submit a cumulative application for all funded agencies under the CoC/LPB in MATT 2.0.

| Budget Component | Programs Serving Individual Adults and Youth | Programs Serving Families | |
|-------------------------|--|----------------------------|--|
| | Number of Individuals | Total Number of Households | Total Number of persons in families (including children) |
| Street Outreach | | | |
| Emergency Shelter | | | |
| Homelessness Prevention | | | |
| Rapid Re-Housing | | | |

4. Budget Information

Total Requested Amount

The Fiduciary will submit a cumulative application for all funded agencies under the CoC/LPB in MATT 2.0.

| | |
|-------------------------------|--|
| Total Requested Amount | |
|-------------------------------|--|

Budget Component/Activity Detail

Please provide details on EACH component/activity your agency will provide if funded.

The Fiduciary will submit a cumulative application for all funded agencies under the CoC/LPB in MATT 2.0.

| Street Outreach | |
|---|------------------|
| MSHDA ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care. | |
| Street Outreach | Amount Requested |
| Engagement/Case Management -detail required below. | |
| Cell Phones | |
| Transportation | |
| Services for Special Populations | |
| Total | |

Please show all proposed staff positions funded with MSHDA ESG Street Outreach Engagement/Case Management. If multiple staff members have the same position/title, list separately (ex. Case Manager 1, Case Manager 2).

| Position Title | Current or Proposed Position | Annual Salary | Annual Fringe Benefits | Total Annual Salary | Multiply by % of Time Spent on Activity | Total Position Costs Requested |
|------------------|------------------------------|---------------|------------------------|---------------------|---|--------------------------------|
| Ex: Case Manager | Current | \$25,000 | \$5,000 | \$30,000 | X 40% | \$12,000 |
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| Emergency Shelter | |
|---|-------------------------|
| MSHDA ESG funds may be used for costs of providing essential services to homeless families and individuals in emergency shelters, i.e., case management and operating emergency shelters. | |
| Emergency Shelter | Amount Requested |
| Essential Services | |
| Case Management | |
| Cell Phones | |
| Child Care | |
| Education Services | |
| Employment Assistance and Job Training | |
| Transportation | |
| Services for Special Populations | |
| Shelter Operations | |
| Maintenance (including minor or routine repairs) | |
| Rent | |
| Security | |
| Fuel/Utilities | |
| Equipment | |
| Insurance | |
| Supplies | |
| Telephone/Internet Services | |
| Total | |

Please show all proposed staff positions funded with MSHDA ESG Emergency Shelter Case Management. If multiple staff members have the same position/title, list separately (ex. Case Manager 1, Case Manager 2).

| Position Title | Current or Proposed Position | Annual Salary | Annual Fringe Benefits | Total Annual Salary | Multiply by % of Time Spent on Activity | Total Position Costs Requested |
|-----------------------|-------------------------------------|----------------------|-------------------------------|----------------------------|--|---------------------------------------|
| Ex: Case Manager | Current | \$25,000 | \$5,000 | \$30,000 | X 40% | \$12,000 |
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Note: If your agency requests MSHDA ESG Emergency Shelter funding, your agency is required to complete ATTACHMENT-C. Minimum Standards for Emergency Shelter Certification Form.



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| Homelessness Prevention | |
|--|-------------------------|
| MSHDA ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the "homeless" definition in CFR 576.2. | |
| Homelessness Prevention | Amount Requested |
| Housing Relocation and Stabilization Services – Services Costs | |
| Housing Search and Placement/Housing Stability Case Management | |
| Mediation | |
| Legal Services | |
| Cell Phones | |
| Identification Documentation | |
| Transportation | |
| Housing Relocation and Stabilization Services – Financial Assistance | |
| Rental Application Fees | |
| Security Deposits | |
| Utility Arrearages and/or Deposits | |
| Moving Costs | |
| Short-Term and Medium-Term Rental Assistance | |
| Rental Assistance | |
| Rental Arrearages | |
| Total | |

Please show all proposed staff positions funded with MSHDA ESG Homelessness Prevention Case Management. If multiple staff members have the same position/title, list separately (ex. Case Manager 1, Case Manager 2).

| Position Title | Current or Proposed Position | Annual Salary | Annual Fringe Benefits | Total Annual Salary | Multiply by % of Time Spent on Activity | Total Position Costs Requested |
|-----------------------|-------------------------------------|----------------------|-------------------------------|----------------------------|--|---------------------------------------|
| Ex: Case Manager | Current | \$25,000 | \$5,000 | \$30,000 | X 40% | \$12,000 |
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| Rapid Re-Housing | |
|--|-------------------------|
| MSHDA ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. | |
| Rapid Re-Housing | Amount Requested |
| Housing Relocation and Stabilization Services – Services Costs | |
| Housing Search and Placement/Housing Stability Case Management | |
| Waiting List Case Management | |
| Mediation | |
| Legal Services | |
| Cell Phones | |
| Identification Documentation | |
| Transportation | |
| Housing Relocation and Stabilization Services – Financial Assistance | |
| Rental Application Fees | |
| Security Deposits | |
| Utility Arrearages and/or Deposits | |
| Moving Costs | |
| Short-Term and Medium-Term Rental Assistance | |
| Rental Assistance | |
| Total | |

Please show all proposed staff positions funded with MSHDA ESG Rapid Re-Housing Case Management. If multiple staff members have the same position/title, list separately (ex. Case Manager 1, Case Manager 2).

| Position Title | Current or Proposed Position | Annual Salary | Annual Fringe Benefits | Total Annual Salary | Multiply by % of Time Spent on Activity | Total Position Costs Requested |
|------------------|------------------------------|---------------|------------------------|---------------------|---|--------------------------------|
| Ex: Case Manager | Current | \$25,000 | \$5,000 | \$30,000 | X 40% | \$12,000 |
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| HMIS | |
|--|-------------------------|
| The HEARTH Act makes the Homeless Management Information System (HMIS) participation, or participation in a comparable database by victim service providers, a statutory requirement for ESG grantees and subgrantees, therefore costs associated with contributing data to the HMIS or comparable database are eligible for reimbursement for grantees and subgrantees funded under the HMIS component. | |
| HMIS | Amount Requested |
| HMIS | |
| Total | |



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| Administration | |
|--|------------------|
| MSHDA ESG grantees and subgrantees may use up to 7.5% of the total grant allocation for the payment of administrative costs related to the planning and execution of ESG activities. | |
| Administration | Amount Requested |
| Accounting Staff | |
| Clerical Staff | |
| HARA Operations | |
| Management Oversight | |
| Total | |

Budget Summary

The Fiduciary will submit a cumulative application for all funded agencies under the CoC/LPB in MATT 2.0.

| Summary of FY2021-2022 Funds | |
|--|------------------|
| Component/Activity | Amount Requested |
| Street Outreach | |
| Emergency Shelter | |
| Essential Services | |
| Shelter Operations | |
| Homelessness Prevention | |
| Housing Relocation and Stabilization Services – Services Costs | |
| Housing Relocation and Stabilization Services – Financial Assistance | |
| Short-Term and Medium-Term Rental Assistance | |
| Rapid Re-Housing | |
| Housing Relocation and Stabilization Services – Services Costs | |
| Housing Relocation and Stabilization Services – Financial Assistance | |
| Short-Term and Medium-Term Rental Assistance | |
| HMIS | |
| Administration | |
| Total | |

Other Funding Sources

Please estimate the total ANNUAL funding received from ALL sources for the programs or activities that your ESG grant supports.

The Fiduciary will submit a cumulative application for all funded agencies under the CoC/LPB in MATT 2.0.

| Funding Source | Amount Received |
|-------------------------------|-----------------|
| MSHDA/ESG Funds | |
| Other Federal Funds | |
| Local Government Funds | |
| Private Funds | |
| Other: | |
| Total Funding | |



ATTACHMENT-A

Officer Compensation Form (Fiduciary only)

Instructions: Fiduciaries must submit one copy of the Officer Compensation Form to MSHDA. In accordance with the Federal Funding Accountability and Transparency Act, (FFATA) of 2006, as amended, Subawardees must enter 'Yes' or 'No' to indicate whether it is required to report its top five most highly compensated officers. Recipient reports 'Yes' if:

- I. In the recipient's fiscal year immediately preceding the year in which the federal award was awarded, the recipient received:
 - o 80% or more of its annual gross revenues from federal contracts (and subcontracts), loans, grants (and sub grants) and cooperative agreements; and
 - o \$25 million or more in annual gross revenues from federal contracts (and subcontracts), loans, grants (and sub grants) and cooperative agreements; and
- II. The public does not have access to information about the compensation of the senior executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986.

If 'No', there is no officer compensation information requirement.

If 'Yes', sub-recipient must provide the names and "total compensation" of the top five most highly compensated officers for the calendar year in which the award is awarded.

Note: Total compensation means the cash and non-cash dollar value earned by the executive during the sub recipient's past fiscal year of the following (for more information see 17 CFR 229.402(c)(2)).

Answer the Following:

In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches, and all affiliates worldwide) receive:

- 1. 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; AND
- 2. \$25 million or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements; AND
- 3. The public does not have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986.

Check One:

- Yes – the above does apply to my agency.
- No – the above does not apply to my agency.

If you checked yes above, please complete the following for the top five most highly compensated officers:

| Name | Total Compensation |
|------|--------------------|
| | |
| | |
| | |
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| | |

Organization Name

Authorized Official Signature and Date



ATTACHMENT-B**Administrative Compliance Certification Form (All applicants)**

Instructions: Review the MSHDA and/or HUD requirements listed below and respond by checking the appropriate boxes. **These guidelines will be incorporated in any grant agreement executed pursuant to this grant. Failure to adhere to these guidelines may result in findings, disallowed costs, and/or withdrawal of funding.**

Fair Housing (check all the following)

- The applicant will maintain and continuously update a listing of Fair Housing Resources.
- The applicant will use the fair housing logo on all materials relating to their housing programs distributed to the public.
- The individual (staff person or contractor) appointed as the fair housing contact person, who will be available during business hours:
- Name: _____
- Phone: _____
- Email: _____
- The fair housing contact person indicated above will respond to all fair housing issues and/or complaints, in accord with program requirements.
- The fair housing contact person indicated above will maintain a running log to record fair housing issues, complaints, and distribution of fair housing materials according to program requirements.
- The applicant will conduct business and provide emergency housing from a barrier-free facility or make a reasonable accommodation for persons with impaired mobility.

Assurance of Equal Access to Program Benefits

- The applicant will assure equal access to program benefits through effective outreach and assessment.

Assurance of Fair Selection of Participating Households

- The applicant will assure that all eligible households will have fair and equal access to services and opportunities provided by the program.

Lead-Based Paint Requirements

- The grantee is aware of and will abide by lead-based paint requirements that are applicable to ESG funding.

Coordinated Assessment

- The applicant will assure the use of the Coordinated Assessment System. (Victim service providers may choose not to participate.)

Audit (check all that apply. NOTE: only check one of the first two below)

- The grantee is a local government or nonprofit expected to expend more than \$750,000 annually in combined federal funds during the fiscal years covered by the grant, and will have an audit conducted by an eligible CPA firm or local government audit organization in accordance with 2 CFR Part 200 Uniform Guidance.
- The grantee is a local government or nonprofit expected to expend less than \$750,000 annually in combined federal funds and is exempt from federal audit requirements for the fiscal years included in the grant period.
- Records will be available for review by appropriate officials of HUD and/or MSHDA.
- The applicant recognizes that this provision does not limit the authority of federal agencies or MSHDA to conduct or arrange for an audit (e.g., financial audit, performance audit, evaluation, inspection, and review).

Participation in Homeless Management Information System

- The applicant understands that, as a recipient of ESG funds, our organization is obligated to maintain both client services activity records and performance outcome measures utilizing the Michigan Statewide Homeless Management Information System (MSHMIS) in accord with standards published by MSHDA. If a recipient is a victim services provider or a legal services provider, it may use ESG funds to establish and operate a comparable database that collects client-level data.
- Not applicable if Fiduciary only.

ATTACHMENT-B

Administrative Compliance Certification Form (All applicants)

Certification

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining funds under the MSHDA ESG program and is true and complete to the best of the Applicant's knowledge and belief. The Applicant will ensure compliance with the ESG regulations of 24 CFR Part 576, the Uniform Administrative Requirements Cost Principles and Audit Requirements for Federal Awards at 2 CFR part 200, the ESG grant agreement and federal and state regulations if assistance is approved. The Applicant shall not, in the provisions of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status or handicap. Verification of any of the information contained in this application may be obtained from any source named herein.

I certify that I am authorized to execute this application on behalf of the Applicant.

Organization Name

Authorized Official Signature and Date

ATTACHMENT-C**Minimum Standards for Emergency Shelter Certification Form** (MSHDA ESG Emergency Shelter funded applicants only)

Instructions: The following certification form outlines the minimum requirements for shelters requesting MSHDA ESG Emergency Shelter funds. By signing this certification form, the applicant will adhere to all information, requirements and standards provided.

1. Shelters have the capacity to resolve a household's immediate housing crisis by providing overnight lodging in a safe physical environment including:
 - a. The shelter building is structurally sound to protect the residents from the elements and does not pose any threat to the health and safety of residents.
 - b. The shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.
 - c. Each room or space within the shelter has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.
 - d. The shelter water supply is free of contamination.
 - e. Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.
 - f. The shelter has any necessary heating/cooling facilities in proper operating condition.
 - g. The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety.
 - h. There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter.
 - i. The shelter is maintained in a sanitary condition.
 - j. The shelter has adequate provisions for garbage removal and pest control.
 - k. The shelter has adequate provisions to ensure that sleeping surfaces and linens are sanitized on a regular basis.
 - l. There is at least one working smoke detector in each occupied unit of the shelter.
 - m. Where possible, smoke detectors are located near sleeping areas.
 - n. All public areas of the shelter have at least one working smoke detector.
 - o. The fire alarm system is designed for hearing-impaired residents.
 - p. There is a second means of exiting the building in the event of fire or other emergency.
 - q. The shelter has adequate first aid supplies available at all times in an area readily accessible.
 - r. The shelter has adequate telephone and emergency telephone number access in an area readily accessible.
2. Shelters shall maintain the following general operations standards:
 - a. The shelter is a non-profit corporation organized under the Internal Revenue Service code section 501(c)(3).
 - b. The shelter maintains participant and program records in a secured area.
 - c. The shelter has on-site staff coverage during hours of operation.
3. Shelters shall meet the following operating conditions:
 - a. The shelter provides access to a minimum of two meals per day.
 - b. The shelter's food preparation areas, if any, contains suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.
4. Shelters shall be low-barrier and equal access, meaning:
 - a. The shelter is accessible for all clients in accordance with: a. Section 504 of the Rehabilitation Act; b. Title II of the American Disabilities Act; and c. The Fair Housing Act (42 U.S.C. 3601 et seq.).
 - b. Sobriety is not a condition for entry, stay, or access to services. Rules address behaviors, not the cause of behaviors, to ensure safety and security of guests and the facility.
 - c. Does not discriminate on the basis of sexual orientation, gender identity, or family composition.
 - a. Households presenting as a family must be provided shelter together as a unit and not involuntarily separated.
 - d. Has capacity to serve consumers that need accessibility accommodations.
 - e. Participation in religious-affiliated activities as a condition of entry, stay, or access to emergency shelter is not permitted.
5. Shelters shall participate with statewide prioritization tools:
 - a. The shelter utilizes the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) to prioritize persons that are the most vulnerable for intensive services.
6. Shelters shall work cooperatively with other members of the Continuum of Care (CoC) or Local Planning Body (LPB) to provide needed services to rapidly exit guests to permanent housing using available community resources and utilizing shelter diversion when appropriate. Including:
 - a. Participates in the local coordinated entry/access system.
 - b. Participates in the Homeless Management Information System (HMIS).
 - c. Practices real-time data entry and ensures complete client records are entered.
 - d. Collaborates with the local Housing Assessment and Resource Agency (HARA).
 - e. Provides or ensures documentation of housing case management.
 - f. Provides or ensures linkages to mainstream resources.
 - g. Practices shelter diversion when applicable.
 - h. Upholds a Housing First approach and utilizes Rapid Re-Housing resources and other community resources in accordance with best practices.
 - i. Uses data to measure effectiveness and inform service delivery improvements.

 Organization Name

 Authorized Official Signature and Date

Submission Checklist

Before submitting this application for the MSHDA ESG program, please review the following to make sure that all required information is included with the application. Each document must be uploaded into MATT 2.0 for each funded applicant.

All Applicants

- Organizational Mission Statement and Target/Service Area
- List of Board of Directors & Officers
- Organizational Chart – including a staff roster with relevant program staff
- Most Recent Completed Financial Audit
- Single Audit Certification Form (MSHDA Form)
- Conflict of Interest Policy and Certification Form (MSHDA Form)
- Administrative Compliance Certification Form (MSHDA Form: Attachment-B)
- Fair Housing Certification Form (MSHDA Form)
- Fraud Policy
- Indirect Cost Allocation
- Proof of Liability Insurance and Crime and Dishonesty Insurance

Fiduciary Applicants Only

- Officer Compensation Form (MSHDA Form: Attachment-A)

Emergency Shelter Applicants Only

- Minimum Standards for Emergency Shelter Certification Form (MSHDA Form: Attachment-C)

Non-profit Applicants Only

- Most recent 990 (Corporate Tax Return)
- Current Fiscal Year Operating Budget
- Certificate of Good Standing, dated within last 12 months
- IRS 501(c)(3) Designation
- Articles of Incorporation
- Organizational Bylaws
- CHDO Authorization Letter (if CHDO)
- Employee Status (list indicating the number of paid personnel working 35 hours or more per week and the number working less than 35 hours per week)