



Office of Rental Assistance and Homeless Solutions

RHP Application

Grant Term: May 1, 2022 to April 30, 2023

Due Date: February 18, 2022

Recovery Housing Program (RHP)

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



GENERAL INSTRUCTIONS

- This document is designed to be shared with any organization seeking to apply for MSHDA Recovery Housing Program (RHP) funding. Additional information regarding RHP and this funding opportunity can be found in the [RHP Notice of Funding Availability \(NOFA\)](#).
- To be eligible to receive MSHDA Recovery Housing Program (RHP) funding, this document and required attachments must be completed in their entirety and submitted by the deadline.
- Completed applications must be submitted via email to the RHP Specialist. Questions regarding the application process or overall program can be directed to the RHP Specialist.
 - Nicole Beagle – beaglen1@michigan.gov
 - 517) 335-1852
- Questions received after 5:00 PM Eastern time on February 18, 2022, are not guaranteed a response.
- Applications submitted by the stated deadline will receive an email confirmation receipt from the RHP Specialist. The email response only confirms receipt of the submitted documents; it does not indicate a thorough review has been completed.

1. Applicant Information

Legal Name of Organization			
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: _____			
What counties does your organization currently serve?			

2. Program Overview

- a. Provide an overview of the applicant organization, including the following:
 - i. Length of time in operation
 - ii. Individuals served in the last completed fiscal year
 - iii. Milestones or benchmarks of services (i.e., performance outcomes)
- b. Describe the organization's current recovery housing model, including the following:
 - i. Date of most recent Michigan Association of Recovery Residencies (MARRs) certification
 - ii. If not currently certified, the timeline for completed certification
- c. Outline the current need for recovery housing program expansion, including the following:
 - i. Gaps in service by geographic area
 - ii. Gaps in service to individuals seeking recovery housing support
- d. Provide an overview of the application organization's Discharge Planning process as participants exit the Program.

**Complete additional pages as needed to respond to all*

3. Estimate of Number to be Served

Please estimate the total number of individuals served by the program expansion outlined in this application:

Total number of individuals served	
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4. Budget Information

Total requested amount	
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BUDGET COMPONENT/ACTIVITY DETAIL:

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

Rental and Leasing Assistance	
MSHDA RHP funds may be used to make payments for lease, rent, utilities for the purpose of providing stable, temporary housing, on behalf of an individual in recovery from a substance use disorder.	
Rental and Leasing Assistance	Amount Requested
Leasing Costs <i>Leasing of property, or portions of property – not owned by the applicant – for use in providing transitional and supportive services. (Section 423 HEARTH Act)</i>	
Rental Assistance Costs <i>Provision of rental assistance to provide transitional housing to eligible persons. (Section 423 HEARTH Act)</i>	
Utilities	
Total	

Administration	
MSHDA RHP grantees may use up to 5% of the total grant allocation for the payment of administrative costs related to the planning and execution of RHP activities.	
Administration	Amount Requested
Total	

OTHER FUNDING SOURCES:

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

Funding Source	Amount Received
MSHDA Funds	
Other Federal Funds	
Local Government Funds	
Private Funds <i>(Financial Donations, Philanthropic Grants, Program Income)</i>	
Other:	
Total	

ATTACHMENT-A

Officer Compensation Form

Instructions: Applicants 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, applicants must enter 'Yes' or 'No' to indicate whether it is required to report its top five most highly compensated officers. Applicant reports 'Yes' if:

- I. In the applicant's fiscal year immediately preceding the year in which the federal award was awarded, the applicant 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', applicant 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 the applicant's previous fiscal year, did they receive:

- 1. 80% or more of 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 the applicant 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 yes, please complete the following for the top five most highly compensated officers:

Name	Total Compensation

Organization Name

Authorized Official Signature and Date

ATTACHMENT-B

Administrative Compliance Certification Form

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.**

Lead-Based Paint Requirements

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

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).

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 accordance 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.

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 Recovery Housing Program; section 104(d) of the Housing and Community Development Act of 1974, as amended (42 USC § 5304(d)) and implementing regulations at 24 CFR part 42, as applicable, except where waivers or alternative requirements are provided.

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

Organization Name

Authorized Official Signature and Date

ATTACHMENT-C

Program Standards Commitment Form

Instructions: HUD expects all Recovery Housing programs to have the following defining characteristics and effective practices. Applicants must acknowledge these standards and commit to fulfilling them if approved as part of MSHDA’s Recovery Housing Program.

- Program participation is self-initiated (there may be exceptions for court ordered participation) and residents have expressed a preference for living in a housing setting targeted to people in recovery with an abstinence focus;
- There are minimal barriers to entry into programs, so that long periods of sobriety, income requirements, clean criminal records, or clear eviction histories are not required for program entry;
- Residents have personal privacy and 24/7 access to the housing, with community space for resident gatherings and meetings;
- Holistic services and peer-based recovery supports are available to all program participants;
- Along with services to help achieve goals focused on permanent housing placements and stability, and income and employment, programs provide services that align with participants’ choice and prioritization of personal goals of sustained recovery and abstinence from substance use;
- Relapse is not treated as an automatic cause for eviction from housing or termination from a program—research indicates that relapse prevention and management can be an important part of homelessness prevention for many program participants—therefore, the program includes relapse support that does not automatically evict or discharge a program participant from the program for temporary relapse;
- Discharge from transitional housing or eviction from permanent supportive housing should only occur when a participant’s behavior substantially disrupts or impacts the welfare of the recovery community in which the participant resides; however, the participant may apply to reenter the housing program if they express a renewed commitment to living in a housing setting targeted to people in recovery with an abstinence focus;
- Participants who determine that they are no longer interested in living in a housing setting with an abstinence focus, or who are discharged from the program or evicted from the housing, are offered assistance in accessing other housing and services options, including options operated with harm reduction principles; and
- Permanent housing programs must also abide by all local and State landlord/tenant laws that govern grounds for eviction.

Certification of Commitment

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

Organization Name

Authorized Official Signature and Date

Submission Checklist

Before submitting this application for MSHDA RHP, please review the following to make sure that all required information is included with the application.

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
- Officer Compensation Form (MSHDA Form: Attachment-A)
- Program Standards Commitment 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
- 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)