



**CERTIFICATION FOR GRANT #:** \_\_\_\_\_

**ACTIVITY DATA CAPTURE:**

**MI-HOPE Activity Document Name:** \_\_\_\_\_

Energy Efficiency Activity Amount Reserved and Funded (Total Project Cost)

\$ \_\_\_\_\_ ☐ (Matches Kinetch Portal)

☐ Deviation From Portal Explanation \_\_\_\_\_

**BENEFICIARY / INFORMATION HOUSEHOLD:**

☐ Size of Household \_\_\_\_\_

☐ Annual Household Salary \$ \_\_\_\_\_

(If household income is \$0, MSHDA Approval Date: \_\_\_\_\_)

☐ Verify Activities Address & Names of Household Members (Match Kinetch Portal)

☐ Verify the Beneficiary Information is complete for each member of the household.

☐ Verify on Self Certification Form Numbers Match or PDF of Application ☐ Yes ☐ No

Verify federal poverty level income of household:

☐ 2021:

Federal Poverty Levels								
Household Size	1	2	3	4	5	6	7	8
Income Limits 300% FPG	\$38,640	\$52,260	\$65,880	\$79,500	\$93,120	\$106,740	\$120,360	\$133,980

☐ 2023 Amended Only: Date Approved: \_\_\_\_\_

2023 Federal Poverty Guidelines								
Household Size	1	2	3	4	5	6	7	8
Income Limits 300% FPG	\$43,740	\$59,160	\$74,580	\$90,000	\$105,420	\$120,840	\$136,260	\$151,680

**PROPERTY INFORMATION:**

1. Funded Activities:

☐ Roof \$ \_\_\_\_\_

☐ Storm Doors/Exterior Doors \$ \_\_\_\_\_

☐ Windows \$ \_\_\_\_\_

☐ Modification for Modernization/efficiency purposes \$ \_\_\_\_\_

Actual Activity Undertaken: \_\_\_\_\_

☐ Insulation \$ \_\_\_\_\_

☐ Functioning and up to date exterior security lighting \$ \_\_\_\_\_

☐ Appliance Upgrades to Energy Star Rating \$ \_\_\_\_\_

☐ Electrical Upgrades or Replacement \$ \_\_\_\_\_

☐ Activity Delivery Costs \$ \_\_\_\_\_

☐ Energy Audit \$ \_\_\_\_\_

☐ Total MSHDA Funded \$ \_\_\_\_\_



☐ Other Non-MI-HOPE Expenses: \$ \_\_\_\_\_

Explanation of other (ex: Leveraged Fund Source) \_\_\_\_\_

2. Confirmation the location is within approved boundaries and zip codes? Yes ☐

3. Have the specs/work orders been approved by all parties? Yes ☐

4. Are all of the proposed activities being completed by licensed and insured contractors? Yes ☐

5. Is the activity utilizing volunteer labor?

☐ Yes (MSHDA Approval Date: \_\_\_\_\_) ☐ Not Applicable

6. ☐ Financial Hardship Eligibility – a minimum of 1 hardship must be selected and must cross reference with Final Self Cert. Form and/or Application Upload.

☐ Yes

☐ No (If none selected Household not eligible.)

7. Has this property ever been assisted by MSHDA?

☐ No

☐ Yes: Program Name: \_\_\_\_\_

(Champion Approval Date: \_\_\_\_\_ If over \$25,000 total MI-HOPE and other NHID funds)

### **CONTRACT SECTION:**

#### **UNDER CONSTRUCTION CONTRACT TAB:**

☐ **UPLOADED:**

**OR**

☐ **RETAINED LOCALLY:** (opting out of desk monitoring)

☐ Contract

Must enter in IGX:

☐ License

☐ Contract Name

☐ Insurance

☐ Contract Amount

☐ SAM.gov

☐ Contract Number

☐ Verify that the Builder/Contractors

\*All Documents must be retained locally and made available upon request. \*

Insurance and License was valid to

cover start date through end date.

([Back to Activities Page](#)) Chose Contract from Dropdown Box

Note: The Contract Section check box is an internal item for the Champion only.

### **SUPPORTING DOCUMENTATION:**

1. Pictures Uploaded: ☐ Before ☐ After

2. Provide Date All Activities Completed: \_\_\_\_\_

3. ☐ Upload PDF Kinetech or Final Self Certification Form (This document is used to confirm eligibility of household based on income and hardship(s))



4. Selected Estimate and Bid Tab form uploaded by Grantee. Retain all bid documents locally. Including change orders.
5. Check Energy Audit (Confirm funded activities prioritized within audit)
6. Lead: ☐ Applicable ☐ Not Applicable
7. Asbestos: ☐ Applicable ☐ Not Applicable

☐ In addition to items above, confirmation that taxes, insurance, and mortgage/rent is current have been completed locally as applicable.

Under penalties of perjury, I declare that I have examined this certification statement, and to the best of my knowledge and belief, the supporting documentation provided, and the household eligibility facts provided are consistent, true, correct, and complete.

I also understand and provide consent for MSHDA and/or its Subrecipient Agency to verify accuracy of the certified information and determine if it is in compliance with the programs requirements and policies and federal regulations.

Agency Name: \_\_\_\_\_

Printed Name Signature: \_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

False Statements - Parties signing this certification form understand that making false statements or claims in connection with this award is a violation of federal law and may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, debarment from participating in federal awards or contracts, and/or any other remedy available by law.

**FOR FSR BILLING:**

- ☐ Advance/FSR Tracker Form
- ☐ Activity Delivery Cost Form
- ☐ Audit Billing
- ☐ Activity Expenditures Billing
- ☐ Approval and Request for Contractor Payment