



**MICHIGAN'S HOUSING OPPORTUNITIES PROMOTING
ENERGY-EFFICIENCY (MI-HOPE)**

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
Neighborhood Housing Initiatives Division
MI-HOPE 2023 Submission Guidance Instructions and Overview**

**MSHDA received \$30 million overall and is releasing up to
\$5 Million dollars in the MI-HOPE 4.0 Funding Round
Announcement Date: July 10, 2023**

**All submission parts must be completed and submitted by the following deadline:
Due August 11, 2023, 5:00 p.m.**

MI-HOPE is a federally funded program that is designed based on a formal subrecipient award structure to 501(c) nonprofit agencies and government entities. This request for proposals is being issued to formally select subrecipients and execute lump sum awards that will facilitate the multi-year funding distribution time frame statewide to assist Michigan residents. MSHDA has federal funds available to help households presumed to have encountered pandemic-related hardships remain in housing units and assist with improving the health and safety of their homes. The role of MSHDA's MI-HOPE section will be to provide oversight and build local implementation capacity for the program. We actively encourage **subrecipient agencies** to take advantage of this program to update existing occupied housing units within Michigan and promote energy-efficiency throughout their service area(s).

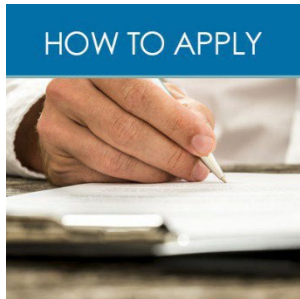
Please carefully review all information including this document, the program statement, and the terms document for additional details on this opportunity.

If your agency is qualified and interested, a timeline of action steps as well as submission instructions are outlined below.

MSHDA MI-HOPE PROGRAM TENTATIVE TIMELINE	Date/Time
MI-HOPE Program Question and Answer Teams Meeting and System Training Link to join MI-HOPE Q & A Teams Meeting Microsoft Teams meeting Join on your computer or mobile app Click here to join the meeting Or call in (audio only) +1 248-509-0316, 925653201# United States, Pontiac Phone Conference ID: 925 653 201#	Wednesday, July 26, 2023, 3 p.m.- 4 p.m., EST
Two Part Submission Process Due	August 11, 2023, 5:00 p.m. EST
Funding Determinations anticipated to be made on or before	September 30, 2023

OVERALL SUBMISSION INSTRUCTIONS

THREE SEPARATE PARTS ARE REQUIRED:



Submission Instructions: If after reviewing the program details your agency is eligible and interested, complete Part 1 which the intake questions electronically via the fillable form located at: MI-HOPE Subrecipient Intake Application and click submit. The specific application questions can be found below. Once the intake information is submitted electronically, you will receive an email with a link to complete Part 2 by receiving access the MSHDA SharePoint site where you can upload the required attachments outlined below.

PART ONE - MI-HOPE SUBRECIPIENT INTAKE APPLICATION 1.0 QUESTIONS

Below is an electronic link that you will click on to apply for the MSHDA MI-HOPE Program. Complete the questions below and click submit. After submitting, check your email (including your junk/spam folders), where there will be an email to direct you to a link to upload the attachments.

For question #21 - if your agency does not already have a Unique Entity ID you can obtain the Unique Entity ID at <https://sam.gov/content/home>

To access Part One questions, click on the following LINK: <https://forms.office.com/g/AkkzLKaHP3>

OR

Michigan Housing Opportunities
 Promoting Energy Efficiency (MI-HOPE) Phase 4

PART TWO – MI-HOPE SUBRECIPIENT ATTACHMENT UPLOAD INSTRUCTIONS

The attachments below are required to be electronically uploaded. Read the description of each attachment carefully. Applicants are highly encouraged to prepare all narratives, letters, maps, and photos required prior to beginning the upload. There is no "save" feature and therefore, the entire submission must be uploaded at one time. **Attachments 2-4 must be written as a Microsoft Word document in 12-point font size and double-spaced. All required letters must be on letterhead, signed, and dated within the past 120 days.**

Attachment 1: AGENCY DOCUMENTATION

Determine your appropriate agency type prior to submitting. Please prepare and have attachments ready for submission at the time of applying for these funds. As applicable, a one page document can be uploaded to support bonus points, see page 15 for details. **Note: If you are not one of the agency types listed below you are not eligible to submit for this program.**

- Type 1: Nonprofit Organization 501(c): A nonprofit organization that is currently servicing the proposed community/neighborhood within the State of Michigan. The applicant's name and address must be the same as the 501(c) Letter from the IRS and on file with the Michigan Department of Licensing and Regulatory Affairs. The applicant must have at least one full-time paid employee; cannot be operating the agency via their principal residence and must have an operating budget exceeding \$30,000 per year, not including MSHDA funded projects.
The 501(c) must upload agency contact information on letterhead AND attach IRS issued 501(c) Letter. (This agency type includes Community Action Agencies)
- Type 2: Government Entity
- Type 3: Lead Agency Designation (This must be either a Nonprofit 501c Agency or Government Entity as defined above) **The Lead Agency would have the ability to pass the funds through to other local entities defined as Type 1 or 2 above and they would be primarily responsible for all entities awarded and provide formal funding compliance and oversight. A written memorandum of understanding between all entities outlining roles and responsibilities will be required. (This could be a housing trade organization that is a nonprofit 501c Agency. As part of the submission the agency will need to identify its membership agencies that anticipate partnering with them. Partnering agencies will be prohibited from receiving MI-HOPE funds directly.) **Note: This funding will not be made available within the City of Detroit boundaries** as energy- efficiency funding was allocated to this area directly. In addition, Type 3 Applicants with membership organizations that include City of Detroit members can only utilize MI-HOPE funding for entities servicing area(s) outside of the City of Detroit. This funding is being made available to all eligible entities outside of the City of Detroit. Recipients of MI-HOPE Phase Two funding will be prohibited from receiving MI-HOPE Phase Three funding. MI-HOPE Phase One recipients can either utilize an amendment process (limited to award amounts not exceeding the initial funding request amount) or reapply.

Attachment 2: COMMUNITY/TARGET AREA NEED - Maximum four pages – 12-point font and double-spaced

This program concept is designed to encourage small-scale rural home repair and community projects in areas of need. Provide a focused and well-defined narrative detailing the specific goals and outcomes that will be accomplished and benefit the community. Narrative responses must be labeled A-E.

- A. Define the role your agency would undertake to implement the MI-HOPE Program and how does it align with the Statewide Housing Plan document?
- B. What are the specific projected measurable outcomes for the individual residents and the community overall? How will those impact outcomes be measured both short and long term and what kind of catalyst effect is anticipated?
- C. Describe how it is anticipated that this funding will provide an area, community, and/or regional benefit?
- D. Is the project anticipated to lead to capacity building and/or partnerships? Who are your identified partners?
- E. Typical type and age of the housing stock located in the targeted area? Neighborhood

Composition: describe percentage of rentals vs. homeowner, percentage of the vacant lots, type of housing stock (2-bedroom, 3-bedroom, one-story, etc.), and area amenities (schools, shopping, health care, etc.). The descriptions should be reflected via photos in Attachment 8.

Attachment 3: PROJECT WORK PLAN DESCRIPTION – Maximum three pages – 12-point font and double-spaced

Provide a clear description of the proposed project. Narrative responses must be labeled F-K.

F. An overview of the agency's operations schedule and current staffing (include employment type, full time, part time, paid/volunteer, etc.) and include an organizational chart.

G. An overview of the agency and its staff experience/capacity/qualifications. This description must also include a statement that your agency is either governmentally exempt or not delinquent in relation to any local, county, state or federal taxing jurisdiction property, income, or business taxes.

H. A proposed implementation timeline (Estimated start date is September 1, 2023, the full obligation deadline is September 30, 2024, and full expenditure completion date is April 30, 2026).

I. Describe what previous housing experience the agency and identified staff have.

J. A description of what previous grant management administration/oversight experience the agency and identified staff have.

K. The name/title of the main grant administrator for this project proposal and a list of other programs and/or projects anticipated to be administered simultaneously.

Attachment 4: PROPOSED HOUSEHOLD SELECTION, INTAKE, AND DISTRIBUTION STRATEGY– Maximum two pages – 12-point font and double-spaced

Provide an overview of how agency staffing will implement the proposed activities via the agency's subrecipient role and the process that will be utilized to undertake applicant/household selection (intended audience), including intake and evaluation, and your agency's proposed distribution strategy including components to be financed and leveraging requirements and/or restrictions proposed to be implemented locally. Include a description of the process you intend to utilize in order to secure contractors to undertake the activities.

Attachment 5: PROJECT BUDGET

Refer to Exhibit A for a sample budget, the column headings must be Activity, MSHDA, Leverage Funds, and Source of Leverage. Sources of leverage can be specific entities or local/state/federal funding, however, only formally committed sources should be included. All potential leveraged funds and sources should be identified and described within the Attachment 6 letter from the submitting agency.

Attachment 6: APPLICANT SUPPORT LETTER signed by an authorized official on behalf of the agency. The uploaded letter must be on letterhead, signed and dated within 120 days.

Attachment 7: LETTER(S) OF SUPPORT FROM STAKEHOLDERS & PARTNER COMMITTED LEVERAGE FUNDS All uploaded letters must be on letterhead, signed and dated within 120 days.

Note: E-mail support letters are an acceptable alternative as long as they are dated within 120 days.

For identified leveraged funds in Attachment 5, please provide supporting documentation including dollar amount(s) and funding source(s) and signed and dated commitment letters from each partner.

Attachment 8: A) OVERVIEW MAP OF AREA BOUNDARIES (Include Regions Serviced based on Exhibit C Housing Partnerships Map and list of corresponding zip codes) and B) PHOTOS OF TARGET AREA HOUSING STOCK

Proposals are not expected to have specific projects/sites identified as part of this attachment. It is anticipated that the proposal will consist of multiple projects on scattered sites within the assisted area(s). Provide a pictorial overview of the project area. Photographs must be clearly labeled. Videos are also acceptable.

Attachment 9: Sam.gov or UEI screenshot - Please contact MSHDA if you need assistance on this document.

PART THREE – MI-HOPE SUBRECIPIENT AGENCY PROFILE SUBMISSION

In conjunction with the submission, each agency must complete an Annual Profile Review (ARP) (formerly known as Partnership Profiles) which covers the financial viability and capacity of the agency.

- All Authorized Officials (AO) must request access through the new user link on the login screen [Login](https://mgs.michigan.gov/IGXLogin) (<https://mgs.michigan.gov/IGXLogin>). An authorized official is the highest person of an organization. This system uses an electronic signature for documents and grant agreements. The Authorized Official must be set correctly when setting up a new agency profile in the system.
- Please select a request type of “New Organization and Authorized Official”. Please select system type “NHID”. For further guidance please click [here](https://www.youtube.com/watch?v=NUu3MJiRYP0) (<https://www.youtube.com/watch?v=NUu3MJiRYP0>).
- This can take up to two days for a new user to be approved. When approved, the Authorized Official will receive an email with their username and password. Please check your inbox and spam folders. If you do not receive anything, please email MSHDA-MI-HOPE@michigan.gov.
- After the AO logs into the system, they can add any additional staff using the Grantee System Access that is available under the My Opportunities section. Please remember that administrators can create and edit documents within the system and the Authorized Official must review, approve, and submit any documents.
- After all appropriate staff have been granted access to the system the grantee is ready to create their Annual Profile Review and then their NEP Application. Both can be created by going to the My Opportunities section located on the home screen.
- Please follow [this link](https://www.youtube.com/watch?v=mNXGSUo1L28) to find video instructions for the Annual Profile Review (<https://www.youtube.com/watch?v=mNXGSUo1L28>).
- If your agency has had access to the IGX system in the past, simply login and follow the instructional videos on how to complete the Annual Profile Review.
- If your agency already has an active and/or accepted PP in the MATT 2.0 system, or if your agency has submitted a APR in IGX for another program, please obtain confirmation with MSHDA staff via email to [MSHDA- MI-HOPE@michigan.gov](mailto:MSHDA-MI-HOPE@michigan.gov) and obtain a confirmation e-mail which must be uploaded into your application submission to demonstrate Part 3 requirements of the application process has been met. If applicable, include this confirmation email in Attachment 6.

Retain a screenshot documenting proof of submission of the partnership profile process.

EVALUATION CRITERIA:

MSHDA reserves the right to reject any submissions, or parts thereof, or to waive any informality or defect in any submission if it is in the best interest of MSHDA and the State of Michigan. All submissions shall become the property of MSHDA. A submission is not a binding agreement and the notice of selection under this submission does not guarantee project funding.

Final award determinations will be made based on regional distribution, timing feasibility, capacity, public/private partnerships, and demonstrated creative use of funding in partnership with other stakeholder financing. Agencies must be able to mobilize quickly to manage and facilitate the project and meet expenditure deadlines. All funding reservations are at MSHDA’s discretion and will be determined by a competitive proposal evaluation.

If multiple, equally qualified submissions are received, preference will be given to entities that submit

organized and complete submissions outlining agencies that are qualified, experienced, financially solvent, locally and neighborhood supported, with housing-oriented impactful activity proposals, reasonable methodology, and timelines that appear viable.

MSHDA has the right to select entities for further consideration of funding at their own discretion based on the proposals submitted, regional distribution, and any criteria determined relevant including but not limited to conference calls and/or site visits. All funding determinations will be subject to approval by the Executive Director.

The timeline for making award determinations and notifying all respondents is anticipated to be **August 2023**.

Awards will be executed in the form of a written subrecipient agreement between the selected agency and MSHDA which will at that time guarantee project funding. No project costs may be incurred prior to formal written authorization from MSHDA. MSHDA is not liable for any costs incurred prior to execution of a grant agreement and any cost overruns after grant execution are the responsibility of the subrecipient agency.

What if I have questions?

All questions related to the MI-HOPE Program should be directed in writing to MSHDA-MI-HOPE@michigan.gov with a Subject Line Reference entitled, "MI-HOPE Question".

Questions and Answers will be posted in writing on the MSHDA website www.michigan.gov/mshda on the MI-HOPE webpage.

In addition, MSHDA will hold a Q & A Teams Meeting and go over all submitted questions and responses tentatively scheduled for Wednesday, May 24, 2023, from 2 p.m. - 3 p.m.

Once I Apply What is Next?

All Submissions will be evaluated based on the following criteria: eligibility, timing feasibility, local support, potential selected component(s), need/impact on the proposed area(s), geographical distribution, and capacity. A conference call and/or presentation by the respondent may be deemed warranted. Funding reservation amounts are contingent on actual responses received and scoring outcomes which may be adjusted by MSHDA at its discretion.

It is anticipated that decisions will be made on or before **August 2023**. Once selected, an agency will move towards the next step in the award process and a MI-HOPE Champion will be designated to assist with grant administration oversight to ensure compliant activity implementation.

Selected grantees will undergo multiple trainings via Microsoft TEAMS to familiarize themselves with the process. They will also be assigned an individual MI-HOPE Champion.

The effective date of the written agreement to begin activities is anticipated to be **September 1, 2023**. An executed grant agreement must be in place prior to **December 31, 2023**, or funding reservations will be rescinded. We are encouraging activities to be undertaken in early 2024 to the greatest extent possible.

Exhibit A

Example MSHDA MI-HOPE Budget Template (No Cents Allowed)

Eligible Component Types	Proposed MI-HOPE Activity	Requested MSHDA MI-HOPE Funds
Component A (90% Minimum) Exterior and Interior Energy-Efficiency Home Repairs		
Two Types:		
1 - Homeowner Occupied	Energy-Efficiency Homeowner Repair	\$200,000
2 - Rental	Energy-Efficiency Rental Unit Repair	\$75,000
Component B (10% Maximum)	Administrative Dollars	\$27,500 Max. 10% of A Requested Amount Ex. 10% of \$275,000 = \$27,500
Total MI-HOPE Requested Amount		\$302,500

	Proposed MI-HOPE Activity	Leverage Funds	Leverage Source
Component A:	Energy-Efficiency Home Repair (Homeowner)	\$1,000	City
	Energy-Efficiency Unit Repair (Rental)	\$50,000	Foundation
Component B:	Administrative Dollars	2,000	In Kind
Total Leveraged Amount		\$53,000	
Overall Leveraged Dollars		17.5%	

Distinction Between Urban and Rural

For purposes of the MI-HOPE Program, defining an applicant type will be tied to the USDA map below and defines urban, suburban and rural in a clear manner.

*For purposes of the MI-HOPE Program, if an applicant's service area is comprised of both urban and rural, then the applicant should select urban.

On this map, anything in TAN is described as urban + suburban. Anything in any other color (except blue, which represents water) would be rural.

There are no urban + suburban areas north of Bay City or Mount Pleasant, according to the USDA map being utilized for the MI-HOPE Program.

To the south, Niles is considered to be in the urban + suburban category, as is the Temperance area in extreme southern Monroe County (it is a suburb of Toledo).



Housing Partnerships



Michigan Housing Opportunities Promoting Energy-Efficiency (MI-HOPE) Household Income Self-Certification Form

Subrecipient Name: _____

Grant Number: _____

Applicant Name _____

- This is a homeowner occupied property or This is a tenant occupied property

Assisted Property Address _____

Project Description _____

Income Attestation Statement:

- I/We attest that all household income is truthful and accurately disclosed for all members of the household including dependents 18 years or older that are not full-time students.
- I/We knowingly understand that submitting false information may violate Federal or State law and may prohibit my/our participation in the MI-HOPE program.

Applicant Qualifications

- The applicant is the **owner** and **occupies** the **assisted** property.
Or the applicant is the **owner** and a **tenant occupies** the **assisted** property and has a written lease.
- The applicant does **not** own any property that is **tax delinquent**.
- There is **current insurance** coverage on the property.
- The applicant does **not** own any property that is subject to any **citation of violation** of the state and/or local codes and ordinances.
- The applicant has **not** been the **prior owner** of any property transferred to the Treasurer or to a local government as a result of tax foreclosure proceedings.

In order to participate, the occupant household income must be at or below 300% of the SLFRF Federal Poverty Levels

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

Occupant Income Verification Statement:

BY MY SIGNATURE BELOW, I CERTIFY THAT MY INDIVIDUAL INCOME OR HOUSEHOLD INCOME IS NO MORE THAN \$ _____ ANNUALLY AND _____ NUMBER OF PERSONS RESIDE IN MY HOME.

Please indicate total number of household members over 18 that are not a full-time student: _____

Please indicate the total number of household members under 18 or are a full-time student: _____

I FURTHER CERTIFY THAT I AM ABLE TO DOCUMENT MY ANNUAL INCOME WITH PAYSTUBS, OR OTHER REQUIRED EVIDENCE AND HAVE PROVIDED THE SUPPORTING DOCUMENTATION ALONG WITH THIS FORM.

In addition, I further certify that I am able to provide applicable Pandemic Hardship Self-Attestation that began on or after March 3, 2021.

The financial hardship caused by the coronavirus pandemic was a (select all that apply):

- Decrease in household income
 - Reduction in work hours
 - Layoff
 - Other _____ (Limit Characters to 40)
- and/or

The financial hardship caused by the coronavirus pandemic was an increase of (select all that apply):

- Utility Expenses
- Food Expenses
- Childcare Expenses
- Medical Expenses
- Other _____ (Limit Characters to 40)

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 program's requirements and policies and federal regulations.

In addition, I understand that there is a formal on-line process to report fraud concerns:

[How to Report Fraud \(michigan.gov\)](https://www.michigan.gov/MSHDA/0,4570,7-293_7-294_7-295_7-296_7-297_7-298_7-299_7-300_7-301_7-302_7-303_7-304_7-305_7-306_7-307_7-308_7-309_7-310_7-311_7-312_7-313_7-314_7-315_7-316_7-317_7-318_7-319_7-320_7-321_7-322_7-323_7-324_7-325_7-326_7-327_7-328_7-329_7-330_7-331_7-332_7-333_7-334_7-335_7-336_7-337_7-338_7-339_7-340_7-341_7-342_7-343_7-344_7-345_7-346_7-347_7-348_7-349_7-350_7-351_7-352_7-353_7-354_7-355_7-356_7-357_7-358_7-359_7-360_7-361_7-362_7-363_7-364_7-365_7-366_7-367_7-368_7-369_7-370_7-371_7-372_7-373_7-374_7-375_7-376_7-377_7-378_7-379_7-380_7-381_7-382_7-383_7-384_7-385_7-386_7-387_7-388_7-389_7-390_7-391_7-392_7-393_7-394_7-395_7-396_7-397_7-398_7-399_7-400_7-401_7-402_7-403_7-404_7-405_7-406_7-407_7-408_7-409_7-410_7-411_7-412_7-413_7-414_7-415_7-416_7-417_7-418_7-419_7-420_7-421_7-422_7-423_7-424_7-425_7-426_7-427_7-428_7-429_7-430_7-431_7-432_7-433_7-434_7-435_7-436_7-437_7-438_7-439_7-440_7-441_7-442_7-443_7-444_7-445_7-446_7-447_7-448_7-449_7-450_7-451_7-452_7-453_7-454_7-455_7-456_7-457_7-458_7-459_7-460_7-461_7-462_7-463_7-464_7-465_7-466_7-467_7-468_7-469_7-470_7-471_7-472_7-473_7-474_7-475_7-476_7-477_7-478_7-479_7-480_7-481_7-482_7-483_7-484_7-485_7-486_7-487_7-488_7-489_7-490_7-491_7-492_7-493_7-494_7-495_7-496_7-497_7-498_7-499_7-500_7-501_7-502_7-503_7-504_7-505_7-506_7-507_7-508_7-509_7-510_7-511_7-512_7-513_7-514_7-515_7-516_7-517_7-518_7-519_7-520_7-521_7-522_7-523_7-524_7-525_7-526_7-527_7-528_7-529_7-530_7-531_7-532_7-533_7-534_7-535_7-536_7-537_7-538_7-539_7-540_7-541_7-542_7-543_7-544_7-545_7-546_7-547_7-548_7-549_7-550_7-551_7-552_7-553_7-554_7-555_7-556_7-557_7-558_7-559_7-560_7-561_7-562_7-563_7-564_7-565_7-566_7-567_7-568_7-569_7-570_7-571_7-572_7-573_7-574_7-575_7-576_7-577_7-578_7-579_7-580_7-581_7-582_7-583_7-584_7-585_7-586_7-587_7-588_7-589_7-590_7-591_7-592_7-593_7-594_7-595_7-596_7-597_7-598_7-599_7-600_7-601_7-602_7-603_7-604_7-605_7-606_7-607_7-608_7-609_7-610_7-611_7-612_7-613_7-614_7-615_7-616_7-617_7-618_7-619_7-620_7-621_7-622_7-623_7-624_7-625_7-626_7-627_7-628_7-629_7-630_7-631_7-632_7-633_7-634_7-635_7-636_7-637_7-638_7-639_7-640_7-641_7-642_7-643_7-644_7-645_7-646_7-647_7-648_7-649_7-650_7-651_7-652_7-653_7-654_7-655_7-656_7-657_7-658_7-659_7-660_7-661_7-662_7-663_7-664_7-665_7-666_7-667_7-668_7-669_7-670_7-671_7-672_7-673_7-674_7-675_7-676_7-677_7-678_7-679_7-680_7-681_7-682_7-683_7-684_7-685_7-686_7-687_7-688_7-689_7-690_7-691_7-692_7-693_7-694_7-695_7-696_7-697_7-698_7-699_7-700_7-701_7-702_7-703_7-704_7-705_7-706_7-707_7-708_7-709_7-710_7-711_7-712_7-713_7-714_7-715_7-716_7-717_7-718_7-719_7-720_7-721_7-722_7-723_7-724_7-725_7-726_7-727_7-728_7-729_7-730_7-731_7-732_7-733_7-734_7-735_7-736_7-737_7-738_7-739_7-740_7-741_7-742_7-743_7-744_7-745_7-746_7-747_7-748_7-749_7-750_7-751_7-752_7-753_7-754_7-755_7-756_7-757_7-758_7-759_7-760_7-761_7-762_7-763_7-764_7-765_7-766_7-767_7-768_7-769_7-770_7-771_7-772_7-773_7-774_7-775_7-776_7-777_7-778_7-779_7-780_7-781_7-782_7-783_7-784_7-785_7-786_7-787_7-788_7-789_7-790_7-791_7-792_7-793_7-794_7-795_7-796_7-797_7-798_7-799_7-800_7-801_7-802_7-803_7-804_7-805_7-806_7-807_7-808_7-809_7-810_7-811_7-812_7-813_7-814_7-815_7-816_7-817_7-818_7-819_7-820_7-821_7-822_7-823_7-824_7-825_7-826_7-827_7-828_7-829_7-830_7-831_7-832_7-833_7-834_7-835_7-836_7-837_7-838_7-839_7-840_7-841_7-842_7-843_7-844_7-845_7-846_7-847_7-848_7-849_7-850_7-851_7-852_7-853_7-854_7-855_7-856_7-857_7-858_7-859_7-860_7-861_7-862_7-863_7-864_7-865_7-866_7-867_7-868_7-869_7-870_7-871_7-872_7-873_7-874_7-875_7-876_7-877_7-878_7-879_7-880_7-881_7-882_7-883_7-884_7-885_7-886_7-887_7-888_7-889_7-890_7-891_7-892_7-893_7-894_7-895_7-896_7-897_7-898_7-899_7-900_7-901_7-902_7-903_7-904_7-905_7-906_7-907_7-908_7-909_7-910_7-911_7-912_7-913_7-914_7-915_7-916_7-917_7-918_7-919_7-920_7-921_7-922_7-923_7-924_7-925_7-926_7-927_7-928_7-929_7-930_7-931_7-932_7-933_7-934_7-935_7-936_7-937_7-938_7-939_7-940_7-941_7-942_7-943_7-944_7-945_7-946_7-947_7-948_7-949_7-950_7-951_7-952_7-953_7-954_7-955_7-956_7-957_7-958_7-959_7-960_7-961_7-962_7-963_7-964_7-965_7-966_7-967_7-968_7-969_7-970_7-971_7-972_7-973_7-974_7-975_7-976_7-977_7-978_7-979_7-980_7-981_7-982_7-983_7-984_7-985_7-986_7-987_7-988_7-989_7-990_7-991_7-992_7-993_7-994_7-995_7-996_7-997_7-998_7-999_8000)

PRINTED NAME SIGNATURE OF OWNER (APPLICANT):

DATE:

PRINTED NAME AND SIGNATURE OF OCCUPANT – Head of Household:

DATE:

PRINTED NAME AND SIGNATURE OF AGENCY OFFICIAL

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.

AUTHORIZATION TO RELEASE INFORMATION

To Michigan State Housing Development Authority and Housing Agency (HA):

I/we, the individual/household member(s) below is/are a current tenant of the residence located at _____, _____ Michigan and is/are an applicant or participant in the _____ Neighborhood Housing Initiatives Division Program. This program is funded by the Michigan State Housing Development Authority (MSHDA) and administered by _____ Housing Agency (HA). In order to be eligible for this Neighborhood Housing Initiatives Division Program, my household income is collected along with other information in my/our program file including my/our address, household size, household member names and photographs. MSHDA and the HA are requesting consent to release this file information for marketing and program purposes. However, the information will not be otherwise disclosed or released outside of MSHDA or the HA, except as permitted or required by law. MSHDA and the HA will protect the file information in accordance with any applicable State privacy law.

Signatures:

Date:

Head of Household

Spouse

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18

Other Family Member/Occupant over age 18

MSHDA's MI-HOPE Program Competitive Funding Score Sheet

		A	B	Total
Submitting Agency: _____	Amount Requested	\$ -	\$ -	\$ -
Reviewer Name: _____	Projected Number of Units	0		0
Agency Type: _____ Region # _____	Projected # of Households Assisted			0
Urban or Rural	MI-HOPE Funds \$ -	Leverage Funds \$		

PART ONE Required Information

- Must answer all questions 1-24
Agency Contact Information, Agency Region, Agency Type, Amount Requested, Component(s) Requested, Leveraged Funds, Unique Entity ID Number

Part One Score:
Pass or Fail

PART TWO Required Information

Must provide all 9 attachments:

1. Agency Type Documentation
2. Community/Target Need
3. Project Work Plan Description
4. Proposed Household Selection, Intake, and Distribution Strategy
5. Project Budget
6. Applicant Support Letter signed by an authorized official on behalf of the applicant and where applicable other local support letter(s). Please note that an authorizing resolution is not required at this time but will be required as part of the grant agreement process.
Note: If the applicant is a non-profit agency, then support letters are required from 1) the agency and 2) from each of the unit of government(s) located within the proposed application boundaries.
If the applicant is a lead agency, then support letters are required from: 1) the lead agency and 2) all other entities identified in the application to implement MI-HOPE activities and 3) from all unit of government(s) located within the proposed application boundaries.
7. Letter(s) of Support From Stakeholders and Partner Committed Leverage Funds
8. A) Overview Map of Area Boundaries and B) Photos of Target Area Housing Stock
9. SAM.gov Screenshot

Part Two Score:
Pass or Fail

5 pts. per question = 100 points

Reviewer Score
_____ out of 100

AREA SELECTED

1. Did the applicant describe the target area well?
2. Does the rationale for the target neighborhood selection reflect area need?
3. Will the proposed activities have a significant impact on the overall area and individual households?
4. Are the proposed area(s) located in a local and/or state designated investment or incentive target area?
5. Would the target neighborhood/area benefit from the project?
6. Was a sufficient description of the area provided?

AGENCY CAPACITY

7. Do the proposed activities appear to fit into the organizations overall mission?
8. Does the agency appear to have previous housing experience or previous NEP experience?
9. Does the organization appear to have the capacity to implement his grant?
10. Does the applicant appear to have adequate existing staffing to handle this grant?
11. Does the staff's experience appear to be relevant in order to prepare them for success with this project?
12. Is the agency free of past capacity issues? (Yes/New = 5 points, No = 0 points)

TECHNICAL CRITERIA

13. Are all letters of support on letterhead, signed, and dated within the last 120 days?
14. Did the applicant provide a letter of support from community or neighborhood organization?
15. Does the proposed work plan fit with the HOPE program's timeline?
16. Is the application clear, complete, and concise?
17. Do the proposed activities fit the program requirements?
18. Did the agency stay within funding percentages? Component(s): A (must be 95%+), B (max. 5%)
19. Did the agency stay within the funding range? \$50,000 up to \$500,000
20. Did the agency clearly outline their plan for the use of these funds?

Overall Bonus Points
_____ out of 50

Overall Score: _____



Scoring Preference Tied To Statewide Housing Plan

*Multiple Factors will be used to assist with funding determinations. For clarity, applicants can provide written responses to each of the five bullets below, demonstrating applicability and upload a one page document as part of Attachment 1.

The Bonus Points below -- not listed in any particular order that will be added to the total score number:

- ❖ Agencies that demonstrate leveraging of local funds, either in conjunction with this funding or are utilizing ARP dollars within the same geographic boundaries/area for different activities and provide the dollar amount and source. 10 pts. - additional dollars being utilized within area greater than 50% of MI-HOPE request; 5 pts. - additional dollars between 25-49%; 2 pts. - 24-1%; 0 pts - \$0.
- ❖ Housing stock composition of neighborhood/area - priority will be given to agencies addressing aging housing stock 10 pts. focusing in an area with a majority of pre-1960 housing stock, 5 pts. medium priority to areas with a majority housing built between 1961-1980, 0 pts lowest priority to areas with a majority of housing built in 1980+.
- ❖ Applicants will get preference for establishing service boundaries/areas located within housing partnership regions (Exhibit C). 10 pts. 100% of activities will occur within a full region; 5 pts. 50-99% of the activities will occur within a full region; 0 = less than 50% of activities will occur in a full region.
- ❖ Applicants will get preference for combining proposed activities with existing weatherization and/or other housing repair programs. 10 pts. for yes - solid intent indicated within proposal; 0 pts. for no program collaboration intent.
- ❖ 10 points to Applicants that will prioritize assisting households at or below 90%-50% of the 185% federal poverty level. 5 points to Applicants that will prioritize assisting households below 50% of the 185% federal poverty level.

185% FPL By Household Size

1	2	3	4	5	6	7	8
23828	32227	40626	49025	57424	65823	74222	82621

***All applications will be reviewed in 2 categories: Rural and Urban -- For purposes of this program, suburban applicants will be treated as Urban entities*. Scoring points is just one factor in the evaluation process which includes the area served, agency capacity, overall application technicalities/content. Other funding determination criteria will include geographical distribution of the funding. All funding determinations will be made at the discretion of the Michigan State Housing Development Authority.**

GUIDANCE FOR MI-HOPE PROGRAM ADMINISTRATION REPORT

Subrecipient Program Administration, Activity Delivery Costs, and Soft Costs

Agencies may opt out of utilizing MI-HOPE funding for administration but are not allowed to amend their budget post grant award to add it in as a funding component post grant award.

Note: Documentation and itemized administrative tracking is required via a required tracking report form.

In addition to administrative costs, subrecipients will be able to get reimbursed for soft and activity delivery costs to cover project specific costs on a per property billing basis, as outlined on the chart below:

MI-HOPE ADMINISTRATIVE AND PROJECT COSTS CHART

ADMINISTRATIVE COSTS			PROJECT COSTS	
			Amounts in these columns + project hard costs must not exceed total project maximum allowance of \$25,000 per property.	
Component	Funding Source	Program Admin	Soft Costs	Activity Delivery Costs (ADC)** or Indirect Cost Rate
Homeowner Rehab	MI-HOPE	10% of grant	No limit, include in total project costs	ADC - 10% of total project cost or indirect cost rate

Administrative Costs – General management, oversight, and coordination of the housing program. Reasonable costs of overall program management, marketing, monitoring, and evaluation. (Not address specific)

Activity/Project Delivery Costs – Associated with specific addresses. Grantee staff time directly related to carrying out the project and assisting owners and tenants via advisory services, including timely written notices to occupants, property inspections, counseling, and other assistance necessary to minimize hardship during the construction phase. For MI-HOPE assisted projects, such costs must be allocated among units in a reasonable manner and documented.

or

Indirect Cost Rate – The de minimis indirect cost rate is calculated on modified total direct costs (MTDC) which exclude equipment and capital expenditures. MTDC is defined as "...all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

- Uniform Guidance on indirect costs [2 CFR 200.414](#) – See subsection (f) for de minimis rate and MTDC information.
- Uniform Guidance definition [2 CFR 200.1](#) – See Modified Total Direct Cost alphabetically in the listing

Soft Costs – Associated with specific addresses. Costs for project-related services, whether or not these services are provided by the grantee’s staff or contracted to third parties.

Note: All program administrative costs, activity/project delivery costs and soft costs require documentation.

<p style="text-align: center;">ADMINISTRATIVE COSTS</p> <p>General management, oversight, and coordination of the housing program. Reasonable costs of overall program management, marketing, monitoring, and evaluation. (Not address specific)</p>	<p style="text-align: center;">INDIRECT COST RATE</p> <p>An indirect cost rate is the ratio between the total indirect expenses and some direct cost base. The indirect cost allocation methods used by each organization depend on its own structure, program functions, and accounting system.</p>
<p>Expenses must be formally tracked to program time and charged directly via the report form. Employees and/or activities identified in the program guidelines to be paid for with administrative funds cannot also be billed as an indirect cost rate.</p>	<p>Expenses are tied to all other non-administrative specific activities and roles – not included in the administrative cost program guidelines. A formal written calculation must be provided for Draw #2 and/or Draw #3 based on expenditures/reimbursement requests.</p>
<p>Within the program guidelines:</p> <p>A. Provide a list of Employee names and titles that will be billed based on performance of an administrative activity</p> <p>B. Provide a list of non-employee expense line items that will be billed to administrative costs.</p>	<p>Within the program guidelines:</p> <p>A. Provide a copy of the indirect cost rate being utilized for the MI-HOPE Program.</p> <p>B. Provide a summary of what costs will be included within the indirect costs. Note: any items and/or staffing names cannot be duplicated between indirect and administrative costs.</p> <p>To calculate indirect costs on total project costs, use this formula:</p> <p>Calculation: Direct costs/(1 –allowed indirect rate) = Total Costs Total costs - Direct costs = Indirect costs</p> <p>Example: $\\$250,000 / (1 - .10) = \\$250,000 / .9 = \\$277,778$ $\\$277,778 - \\$250,000 = \\$27,778$</p> <p>You could request \$27,778 in the Draw Request.</p>