**2022/23 ESG Funding -Announcement**

The Housing Solutions Board (HSB) is the HUD recognized “Collaborative Applicant” for the Greater Battle Creek and Calhoun County CoC.In addition to the renewals, agencies that meet the qualifications identified in the MSHDA Emergency Solutions Grant (ESG) NOFA are eligible and invited to apply.

Our local timeline was authorized by the Executive Committee of the Housing Solutions Board to create a process to assure that organizations have the capacity to meet performance goals for each Project, and submit proposals that align with both ESG and HSB planning guidelines.

Local Application Form (LAF) Submission:

*Please complete a separate LAF for each renewal project or new project*.

**The Housing Solutions Board is reviewing its grant making and funding application process using examples of best practice from other Continuums across the state and nationally. MSHDA has made it very clear renewal funding is not guaranteed, and Collaborative Applicants (CAs) must have process in place to ensure the achievement of established performance outcomes as documented by HMIS.**

***Please Note:***

* *For Renewal Projects, complete pages 2-5 and 7-8*
* *For New Project, complete pages 2-3, and 6-8*

All Local Applications must be submitted to the attention of:

**Maggie Honaker, HSB Secretary**

**By Email at**: [maggie@solveitforward.com](mailto:maggie@solveitforward.com)

**2022 Local Application Cover Sheet**

Please use this page as the cover for your application package

**1) Name of Applicant Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of All Renewal Projects (please list all projects):

|  |  |
| --- | --- |
| **Name** | **Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

|  |  |
| --- | --- |
| **Name** | **Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

Name of All New Projects (please list all projects):

|  |  |
| --- | --- |
| **Name** | **Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

|  |  |
| --- | --- |
| **Name** | **Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

**2) Preparer Information**

Name of Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed the completed Local Application Form(s), and understand that all applications and required supporting documentation must be submitted by **July 15, 2022 at 12:00 p.m. and late submissions will not be considered.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Application Form (LAF) to Apply for 2022/23 ESG Funding**

This Local Application Form is due to the Housing Solutions Board via email by **July 15, 2022 at 12:00 p.m.** in order for your agency to be considered for funding-renewal projects or new projects. **Email applications to:**

**Maggie Honaker, HSB Secretary**

[maggie@solveitforward.com](mailto:maggie@solveitforward.com)

**Please complete one application for each project requested.**

1. **General Information**

A1. Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A2. Contact Person for Grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A3. Contact Person’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A4. Contact Person’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A5. Contact Person’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A6. Program Category (Select one)

Shelter Operations

Shelter Essential Services

Street Outreach

Homelessness Prevention

Rapid Rehousing

HMIS

Administration

A7. Is this project a renewal?   YES  NO

If yes, please note: All renewals are for one year.

A8. Please provide a one to three sentence description of your project.

Text

1. **Renewal Program Information**

B1. Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B2. Total Funds Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B3. Grant Term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B4. During your most recently completed project year, how much of the annual budgeted ESG grant was expensed? Please check the appropriate

box.

Expended 95%-100% of grant funding.

Expended 90%-94% of grant funding.

Expended less than 90% of grant funding.

**If funds were less than 95% expended, please provide an explanation on why funds were recaptured.**

B5. Proposed number of households to be served in 2022-2023: \_\_\_\_\_\_\_\_\_\_\_\_

B6. Actual number served in 2021-2022: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B7. Grant consolidation of like projects is a priority activity in the CoC

Guiding Principles. Please describe any activity you have initiated in support of the consolidation of grants serving similar target populations. Please also describe any barriers you have encountered.

Text

B8. Please provide any other information you feel would be beneficial for

the Housing Solutions Board when reviewing applications.

200 word limit.

Text

B9. Changes are often necessary during the life of a grant. During the past twelve months, have you requested any following changes to the grant? If so please specify

Text

**B. New Project Information (if applicable)**

B1. Amount requested: $

B2. Please describe the proposed project design, and readiness to proceed.

B3. Please describe the capacity/experience of the Project Sponsor, Staff, and Key Personnel.

B4. Please provide a detailed project specific budget as an attachment.

B5. Please identify the leveraging commitments-source(s) and amounts.

B6. Please identify leveraging commitments as a comparison to amount of

ESG funding requested.

200%  101%-199%  100%  76%-99%  75% or less

B7. New projects are evaluated based upon the ratio of dollars in their

budget that are for housing-based activities to those that are supportive

services. “Housing” activities includes the budget items of acquisition, new construction, rehabilitation, leasing assistance, and operations. “Service activities include the budget item of supportive services. Administrative dollars are excluded from these calculations. Please check the appropriate box:

90% or more of budget in housing activities

80% to 89% of budget in housing activities

79% or less of budget in housing activities

In addition, the HSB may also take into consideration factors such as:

* Project readiness
* Agency’s past performance and capacity in operating HUD and ESG grants
* Additional discussions, presentations, or clarification provided by applicant organization, if requested

**C. Consumer Satisfaction & Participation (Renewal and New)**

C1. Please provide a brief narrative of how the agency collects consumer

feedback and satisfaction. Include the agency’s frequency, method, and

process for obtaining consumer feedback.

Text

C2. Does the organization have a consumer(s) or former consumer(s) of its services involved in any of the following? Check all that apply:

A position on the organizations Board of Directors

A peer counselor (or similar role)

A consumer-led tenant advisory council (or similar role)

**D. Certifications**

My organization has adopted the Coordinated Entry System and complies with all policies and procedures.

I have read the NOFA published by MSHDA and understand that significant changes have been made which could affect current and future funding priorities.

I have attached the list of my organization’s board of directors, an audited financial statement, a copy of the program’s **most recently completed program APR**.

My organization is a 501(c) 3 nonprofit agency or a local unit of government.

I have attached a copy of my organization’s incorporation papers.

(Not needed if on file with the CoC Planning Body)

My organization participates in HMIS data entry through Service Point.

My organization is participating in the community-wide QSOBAA to allow sharing within HMIS. (Domestic Violence providers exempt)

My organization has designated a Case Manager, who is actively working to eliminate barriers to housing and services by participating in the Homeless Coalition / workgroups.

I understand that it is my agency’s responsibility to submit the **Local Application Form** to the Housing Solutions Board no later than **12:00 p.m. on July 15, 2022**. Failure to meet the deadline will result in ineligibility for ESG funding.

My organization understands that it cannot require consumers to participate in any religion- based activities. (This is a HUD mandated requirement)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title (serves as an electronic signature)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_