

**Submit the completed application with supporting documents to the Fiduciary.**

**Please:**

Complete Electronically.

No hand-written applications will be accepted.

**Avoid Processing Delays:**

Applications must:

- Be complete, signed, and dated.
- Include all supporting documents as listed in the attached checklist.
- Be submitted to the Fiduciary by the CoC/LPB deadline.

Applications submitted without required supporting documents can be held for a maximum of 30 days.

The Emergency Solutions Grant (ESG) program is a federal program of the U.S. Department of Housing and Urban Development (HUD) designed to assist people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.

The MSHDA ESG program is governed by federal regulations at 24 CFR Part 576, and your agency will be required to certify that if awarded MSHDA ESG funds, your agency is in compliance with the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards at 2 CFR Part 200.

**Who is eligible?**

Your agency may be eligible for the MSHDA ESG program if it meets all the following conditions:

1. Recommended by the Continuum of Care (CoC) or Local Planning Body (LPB)
2. 501(c)(3) nonprofit organization or a local unit of government that operates its principal place of business in the State of Michigan
3. Experience in serving or providing assessments, referrals, and case management services specifically targeted to people who are homeless or at risk of homelessness

For more information on eligibility, please see the MSHDA ESG Notice of Funding Availability (NOFA) (online at <https://www.michigan.gov/mshda/-/media/Project/Websites/mshda/homeless/esg/funding-opportunities/FY25-26/ESG-FY25-26-NOFA.pdf?rev=a5119db0981a4ed1ac4566aaf9f4ea9e&hash=9A0C9C4D17A09A388932E0B1BE76E6AC>) or call your Homeless Assistance Specialist assigned to your region. A regional list by county can be found online at <https://www.michigan.gov/mshda/-/media/Project/Websites/mshda/homeless/contact-lists/Homeless-Assistance-Specialist-Map.pdf>.

**Fiduciary Application Due Date: August 1, 2025**

**Instructions:** To be eligible to receive MSHDA ESG funding, this document and the required attachments must be completed and distributed for the required review and electronic signatures. Subgrantees must submit this document and the required attachments to your Fiduciary agency by the internal deadline set by the Continuum of Care (CoC) or Local Planning Body (LPB). Fiduciaries will complete a cumulative application for all funded agencies under the CoC/LPB in IGX by the application due date.

**Note:** Applications submitted without CoC or LPB approval will not be considered.

### CoC/LPB Information

|                               |
|-------------------------------|
| Name of CoC/LPB:              |
| Counties included in CoC/LPB: |

### Applicant Information

|                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Legal Name of Organization:                                                                                                                                                                                                                                                                 |
| Applicant Role:<br><input type="checkbox"/> Fiduciary <input type="checkbox"/> HARA <input type="checkbox"/> Subgrantee                                                                                                                                                                     |
| MSHDA Organization Number (Fiduciary only):                                                                                                                                                                                                                                                 |
| Tax Identification Number:                                                                                                                                                                                                                                                                  |
| SAM.gov Unique Entity ID Number and Expiration Date:                                                                                                                                                                                                                                        |
| Physical Address:                                                                                                                                                                                                                                                                           |
| Mailing Address (if different than above):                                                                                                                                                                                                                                                  |
| Telephone and Fax:                                                                                                                                                                                                                                                                          |
| Email and Web Address:                                                                                                                                                                                                                                                                      |
| Executive Director or Highest Elected Official Name:                                                                                                                                                                                                                                        |
| Telephone and Email:                                                                                                                                                                                                                                                                        |
| Primary Contact Name:                                                                                                                                                                                                                                                                       |
| Telephone and Email:                                                                                                                                                                                                                                                                        |
| Alternate Contact Name:                                                                                                                                                                                                                                                                     |
| Telephone and Email:                                                                                                                                                                                                                                                                        |
| *Both the primary and alternate contacts provided above will serve as intermediaries between the agency and MSHDA. Therefore, the primary and alternate contacts shall be responsible for the distribution of information provided by MSHDA within the agency.                              |
| Type of Organization:<br><input type="checkbox"/> Government <input type="checkbox"/> Non-Government                                                                                                                                                                                        |
| Proposed ESG Component(s):<br><input type="checkbox"/> Street Outreach <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Homelessness Prevention<br><input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> HMIS <input type="checkbox"/> Administrative Costs |

**Budget Information****Total Award Amount:**

|                            | <b>Amount Requested</b> |
|----------------------------|-------------------------|
| <b>Total Award Amount:</b> |                         |

**Budget Component/Activity Detail:**

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

|                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Street Outreach</b>                                                                                                                                                                                                                        |
| 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. |

| <b>Essential Services</b>                                        | <b>Amount Requested</b> |
|------------------------------------------------------------------|-------------------------|
| Engagement/Case Management (detail required in the table below): |                         |
| Transportation:                                                  |                         |
| <b>Component Total:</b>                                          |                         |

*Engagement/Case Management Detail:*

Please list all current and proposed staff positions funded by MSHDA ESG for Street Outreach Engagement/Case Management. If multiple staff members hold the same position or title, list them separately (e.g., Case Manager 1, Case Manager 2).

| <b>Position Title</b> | <b>Current or Proposed Position</b> | <b>Total Position Costs Requested</b> |
|-----------------------|-------------------------------------|---------------------------------------|
| Ex: Case Manager      | Current                             | \$12,000                              |
|                       |                                     |                                       |
|                       |                                     |                                       |
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| <b>Emergency Shelter</b>                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MSHDA ESG funds may be used for costs of providing essential services, i.e., case management and shelter operations to homeless families and individuals in emergency shelters. |

| <b>Essential Services</b>                             | <b>Amount Requested</b> |
|-------------------------------------------------------|-------------------------|
| Case Management (detail required in the table below): |                         |
| Child Care:                                           |                         |
| Education Services:                                   |                         |
| Employment Assistance and Job Training:               |                         |
| Transportation:                                       |                         |
| <b>Subtotal:</b>                                      |                         |

| <b>Shelter Operations</b>                         | <b>Amount Requested</b> |
|---------------------------------------------------|-------------------------|
| Maintenance (including minor or routine repairs): |                         |
| Rent:                                             |                         |
| Security:                                         |                         |
| Fuel/Utilities:                                   |                         |
| Food (for shelter guests):                        |                         |
| Furnishings:                                      |                         |
| Equipment:                                        |                         |
| Insurance:                                        |                         |
| Supplies:                                         |                         |
| <b>Subtotal:</b>                                  |                         |

| <b>Emergency Shelter</b> | <b>Amount Requested</b> |
|--------------------------|-------------------------|
| <b>Component Total:</b>  |                         |

**Case Management Detail:**

Please list all current and proposed staff positions funded by MSHDA ESG for Emergency Shelter Case Management. If multiple staff members hold the same position or title, list them separately (e.g., Case Manager 1, Case Manager 2).

| <b>Position Title</b> | <b>Current or Proposed Position</b> | <b>Total Position Costs Requested</b> |
|-----------------------|-------------------------------------|---------------------------------------|
| Ex: Case Manager      | Current                             | \$12,000                              |
|                       |                                     |                                       |
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**Note:** If your agency requests MSHDA ESG Emergency Shelter funding, your agency is required to complete MSHDA's [Minimum Standards for Emergency Shelter Certification](#) form.

| 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. |

| Services Costs                                                                                       | Amount Requested |
|------------------------------------------------------------------------------------------------------|------------------|
| Housing Search and Placement/Housing Stability Case Management (detail required in the table below): |                  |
| Mediation:                                                                                           |                  |
| Legal Services:                                                                                      |                  |
| <b>Subtotal:</b>                                                                                     |                  |

| Financial Assistance                | Amount Requested |
|-------------------------------------|------------------|
| Rental Application Fees:            |                  |
| Security Deposits:                  |                  |
| Utility Arrearages and/or Deposits: |                  |
| Moving Costs:                       |                  |
| <b>Subtotal:</b>                    |                  |

| Rental Assistance                    | Amount Requested |
|--------------------------------------|------------------|
| Rental Assistance/Rental Arrearages: |                  |
| <b>Subtotal:</b>                     |                  |

| Homelessness Prevention | Amount Requested |
|-------------------------|------------------|
| <b>Component Total:</b> |                  |

*Housing Search and Placement/Housing Stability Case Management Detail:*

Please list all current and proposed staff positions funded by MSHDA ESG for Homelessness Prevention Housing Search and Placement/Housing Stability Case Management. If multiple staff members hold the same position or title, list them separately (e.g., Case Manager 1, Case Manager 2).

| Position Title   | Current or Proposed Position | Total Position Costs Requested |
|------------------|------------------------------|--------------------------------|
| Ex: Case Manager | Current                      | \$12,000                       |
|                  |                              |                                |
|                  |                              |                                |
|                  |                              |                                |
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|                  |                              |                                |

**Note:** If your agency requests MSHDA ESG Homelessness Prevention Rental Assistance funding, your agency is required to complete MSHDA's [AffordableHousing.com User Access Certification](#) form.

**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.

| <b>Services Costs</b>                                                                                | <b>Amount Requested</b> |
|------------------------------------------------------------------------------------------------------|-------------------------|
| Housing Search and Placement/Housing Stability Case Management (detail required in the table below): |                         |
| Waiting List Case Management (detail required in the table below):                                   |                         |
| Mediation:                                                                                           |                         |
| Legal Services:                                                                                      |                         |
| <b>Subtotal:</b>                                                                                     |                         |

| <b>Financial Assistance</b>         | <b>Amount Requested</b> |
|-------------------------------------|-------------------------|
| Rental Application Fees:            |                         |
| Security Deposits:                  |                         |
| Utility Arrearages and/or Deposits: |                         |
| Moving Costs:                       |                         |
| <b>Subtotal:</b>                    |                         |

| <b>Rental Assistance</b> | <b>Amount Requested</b> |
|--------------------------|-------------------------|
| Rental Assistance:       |                         |
| <b>Subtotal:</b>         |                         |

| <b>Rapid Re-Housing</b> | <b>Amount Requested</b> |
|-------------------------|-------------------------|
| <b>Component Total:</b> |                         |

*Housing Search and Placement/Housing Stability Case Management Detail:*

Please list all current and proposed staff positions funded by MSHDA ESG for Rapid Re-Housing Housing Search and Placement/Housing Stability Case Management. If multiple staff members hold the same position or title, list them separately (e.g., Case Manager 1, Case Manager 2).

| <b>Position Title</b> | <b>Current or Proposed Position</b> | <b>Total Position Costs Requested</b> |
|-----------------------|-------------------------------------|---------------------------------------|
| Ex: Case Manager      | Current                             | \$12,000                              |
|                       |                                     |                                       |
|                       |                                     |                                       |
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*Waiting List Case Management Detail:*

Please list all current and proposed staff positions funded by MSHDA ESG for Rapid Re-Housing Waiting List Case Management. If multiple staff members hold the same position or title, list them separately (e.g., Case Manager 1, Case Manager 2).

| Position Title   | Current or Proposed Position | Total Position Costs Requested |
|------------------|------------------------------|--------------------------------|
| Ex: Case Manager | Current                      | \$12,000                       |
|                  |                              |                                |
|                  |                              |                                |
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**Note:** If your agency requests MSHDA ESG Rapid Re-Housing Rental Assistance funding, your agency is required to complete MSHDA's [AffordableHousing.com User Access Certification](https://www.affordablehousing.com/user-access-certification) form.

**HMIS**

The HEARTH Act makes the Homeless Management Information System (HMIS) participation, a statutory requirement for ESG grantees and subgrantees, therefore costs associated with contributing data to the HMIS are eligible for reimbursement up to 10% of the total grant allocation for grantees and subgrantees funded under the HMIS component.

| HMIS                    | Amount Requested |
|-------------------------|------------------|
| HMIS:                   |                  |
| <b>Component Total:</b> |                  |

**Administrative Costs**

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.

| Administrative Costs                       | Amount Requested |
|--------------------------------------------|------------------|
| General Management/Oversight/Coordination: |                  |
| Training on ESG Requirements:              |                  |
| <b>Component Total:</b>                    |                  |

**Budget Summary:**

| <b>Component/Activity</b>      | <b>Amount Requested</b> |
|--------------------------------|-------------------------|
| <b>Street Outreach</b>         |                         |
| Essential Services:            |                         |
| <b>Component Total:</b>        |                         |
| <b>Emergency Shelter</b>       |                         |
| Essential Services:            |                         |
| Shelter Operations:            |                         |
| <b>Component Total:</b>        |                         |
| <b>Homelessness Prevention</b> |                         |
| Services Costs:                |                         |
| Financial Assistance:          |                         |
| Rental Assistance:             |                         |
| <b>Component Total:</b>        |                         |
| <b>Rapid Re-Housing</b>        |                         |
| Services Costs:                |                         |
| Financial Assistance:          |                         |
| Rental Assistance:             |                         |
| <b>Component Total:</b>        |                         |
| <b>HMIS</b>                    |                         |
| HMIS:                          |                         |
| <b>Component Total:</b>        |                         |
| <b>Administrative Costs</b>    |                         |
| Administrative Costs:          |                         |
| <b>Component Total:</b>        |                         |
|                                |                         |
| <b>Total Award Amount:</b>     |                         |



**Application 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 retained by the Fiduciary and/or uploaded into IGX.

**Retained in IGX:****CoC/LPB**

- ☐ [Memorandum of Understanding \(MOU\)](#) (MSHDA Form)

**All Applicants**

- ☐ Organizational Mission Statement and Target/Service Area Map
- ☐ List of Board of Directors & Officers
- ☐ Organizational Chart – including a staff roster with relevant program staff
- ☐ Most Recent Completed Financial Audit
- ☐ [Single Audit Certification](#) (MSHDA Form)
- ☐ [Conflict of Interest Certification](#) (MSHDA Form)
- ☐ [Fair Housing Certification](#) (MSHDA Form)
- ☐ Fraud Policy
- ☐ Indirect Cost Allocation Plan (If applicable)
- ☐ Proof of Liability Insurance
- ☐ Proof of Crime and Dishonesty Insurance
- ☐ Proof of SAM.gov Unique Entity ID Active Status

**Fiduciary Applicants Only**

- ☐ [Fiduciary Officer Compensation Certification](#) (MSHDA Form)

**HARA Applicants Only**

- ☐ [HCV Lead Agency MOU](#) (MSHDA Form, if applicable)
- ☐ [HCV Key Person Security Agreement](#) (MSHDA Form, if applicable)

**Applicants Receiving MSHDA ESG Rapid Re-Housing or Homelessness Prevention Rental Assistance Only**

- ☐ [AffordableHousing.com User Access Certification](#) (MSHDA Form)

**Emergency Shelter Applicants Only**

- ☐ [Minimum Standards for Emergency Shelter Certification](#) (MSHDA Form)

**Non-profit Applicants Only**

- ☐ Most recent 990 (Corporate Tax Return)
- ☐ Current Fiscal Year Operating Budget
- ☐ Certificate of Good Standing, dated within the 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)

**Retained by the Fiduciary:****All Applicants**☐ [Administrative Compliance Certification](#) (MSHDA Form)**Agency/Staff Certification**

|                    |
|--------------------|
| Organization Name: |
|--------------------|

By signing below, I affirm that all the information provided in this application, including attachments and documents, is accurate and complete to the best of my knowledge. I acknowledge having reviewed the Application Checklist and certify compliance with all the guidelines and obligations as outlined in the Administrative Compliance Certification. This signature confirms that the application is authorized by our organization's governing body and meets all necessary regulatory requirements.

|                           |        |
|---------------------------|--------|
| Authorized Official Name: | Title: |
| Signature:                | Date:  |