



Emergency Shelter and Transitional Housing (ESTH) Application

This application must be completed in full and submitted by the application deadline to be considered. Please note some application sections are specific to either Emergency Shelter or Transitional Housing. No responses are required for sections that do not apply.

Application Deadline: Friday, October 10, 2025

Please submit application and attachments via email to mshda-hs@michigan.gov. The subject line of the email(s) must read, "ESTH Application: [INSERT APPLICANT NAME]". If sending more than one email, include the email number in the subject line (ex. "ESTH Application: Agency X (1 of 2)").

Applicant Information

1. Applicant (Agency):
2. Point of Contact – Name and Title:
3. Contact Email:
4. Contact Phone:
5. Mailing Address:

Purpose of Application:

Select all that apply.

- Emergency Shelter Improvements
- Transitional Housing Expansion



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Emergency Shelter Improvements:

1. County(ies) in which the shelter(s) is located:

2. Shelter service area – city(ies) and/or county(ies):

3. Years of shelter operation – provide for each site covered by this application:

4. Which population(s) does the shelter serve? (Select all that apply)
 - Single Men
 - Single Women
 - Families
 - Youth
 - Domestic Violence Survivors
 - Other (please specify):

5. How many beds are available per night?
 - a. If sheltering families, how many can be served per night?

 - b. If sheltering more than one population, how many beds are available to each? Please include population and number:

6. Does the shelter keep families together, regardless of family make-up? (e.g. two parent households can stay together; single dads can stay with kids)
 - Yes
 - No
 - Not applicable

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7. Is the shelter a current member of the local Continuum of Care?
 Yes No
8. How are shelter guests referred to housing resources?
9. What are the hours of shelter operation?
10. Provide an overview of the shelter facility that includes the following information (for multiple sites, describe each location):
- Total square footage; square footage of sleeping space; and square footage of shared space (i.e. kitchen, general purpose)
 - If the shelter is non-congregate, the number of individual sleeping rooms
 - Number of bathrooms; number of toilet stalls; and number of showers (denote amount by gender, if applicable)

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15. Do any improvements support conversion of unused space to better serve guests?
In what way?

16. If not selected for funding, how would these improvements be completed?

17. How will these improvements be maintained once completed?

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Transitional Housing Expansion:

1. County(ies) in which the transitional housing will be located:

2. Transitional housing service area – city(ies) and/or county(ies):

3. Years of transitional housing operation – provide for each site currently in operation or previously operated:

4. Which population(s) will the transitional housing serve?
 - Single Men
 - Single Women
 - Families
 - Youth
 - Domestic Violence Survivors
 - Other (please specify):

5. How many households will be served at one time? Specify for each proposed transitional housing location.
 - a. How does this compare to current or previous transitional housing operated by the applicant?

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6. Is the applicant a current member of the Continuum of Care?
- Yes No
7. How will the new transitional housing sites be secured? Include details regarding site selection, landlord engagement, and zoning approval (if required).
8. Why is this transitional housing necessary to the community? Include data regarding current level of community need. Letter(s) of support may be attached to this application and are encouraged.

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12. What is the staffing structure for the proposed transitional housing? Does the applicant plan that staff will live on-site? If so, how does this factor into the leasing costs funded by this application?

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Attachment Checklist:

Detailed budget

- Emergency Shelter Improvements: Minimally include each item or category for repair, replacement, and/or enhancement and the estimated cost. For each improvement cost that exceeds \$25,000, provide any completed bids or outline the process by which bids will be secured.
- Transitional Housing Expansion: Minimally include the number of properties identified for leasing, the anticipated term of lease, and estimated monthly leasing costs. Each identified site must demonstrate rent reasonableness with 2 comparable properties based on size.
- Administrative costs cannot exceed 10% of the total budget.

Estimated timeline

- Minimally include grant start; 30-, 60-, and 90-day intervals; grant end

Attestation to Minimum Standards

Applicant organizational chart

Applicant policies for operations

Zoning and/or local government approval for site use (PREFERRED)

Letter(s) of Support (OPTIONAL)

EMERGENCY SHELTER ONLY:

Schematic of shelter layout/site denoting proposed repairs, replacements, and/or enhancements

Photos/video of needed repairs (OPTIONAL)