

# Out Wayne CoC MSHDA ESG FY23-24 Local Application

Save my progress and resume later | [Resume a previously saved form](#)

## Application

### Project Agency Information

Agency Name \*

Phone Number \*

Address \*

City \*

State \*

Zip Code \*

### Contact Person for Questions about this Application

Name \*

Title \*

Phone Number \*

Email Address \*

Project Name \*

Project HMIS ID \*

### Application Questions

Please describe in detail your organization's mission, types of programs and services currently offered, and how homelessness programs fit within that mission. \*



How will your organization comply with the HUD Equal Access Rule and federal Equal Opportunity Employment? \*

A large, empty rectangular box with a thin grey border, intended for the user to provide their answer to the question above. The box is currently blank.

How will your organization ensure compliance with the MSHDA ESG program? This includes financial management system, participant eligibility, recordkeeping, and timely expenditure. \*



Describe how your organization incorporates Housing First when providing homeless and/or prevention services. \*




Describe in detail your organization's current and proposed usage of HMIS. \*



Describe in detail your organization's current and proposed usage of Coordinated Entry System. \*

Select which component for which the Agency is applying: \*

## Shelter

Explain any experience the organization has in providing emergency shelter services. \*



Describe in detail the specific services to be provided. i.e., essential services or shelter operations. (Please refer to [24 CFR, 576.102](#) ) \*

A large, empty rectangular box with a thin blue border, intended for the user to describe specific services to be provided. The box is currently blank, with a small cursor icon visible in the bottom right corner.



List objectives, outcomes, and performance indicators (if applicable). \*

A large, empty rectangular box with a thin blue border, intended for listing objectives, outcomes, and performance indicators. The box is currently blank, with a small cursor icon visible in the bottom right corner.

List program limitations and special programmatic requirements for a person to receive assistance. i.e., residency requirement, single gender shelter, does not serve families \*

A large, empty rectangular box with a thin blue border, intended for listing program limitations and special programmatic requirements. The box is currently blank, with a small double-slash icon in the bottom right corner.

Please provide a copy of your shelter rules/policy manual. As a reminder, this document should reflect the ability to meet the Minimum Standards for Emergency Shelter.

[Choose File](#) No file chosen

Please provide a copy of your shelter intake packet. As a reminder, this document should reflect the ability to meet the Minimum Standards for Emergency Shelter.

[Choose File](#) No file chosen

#### Supporting Documentation

HUD/MSHDA Monitoring Reports & Findings \*

[Choose File](#) No file chosen

Audited Financial Statements and Agency Budget \*

[Choose File](#) No file chosen

Projected Budget \*

[Choose File](#) No file chosen

***I certify that I am authorized to execute this application on behalf of the Applicant.***

\*

Name \*

Title \*

E-Signature \*

Date \*

[Previous Page](#)

**Submit**

[Save my progress and resume later](#) | [Resume a previously saved form](#)