

# Out Wayne CoC MSHDA ESG FY23-24 Local Application

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## 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. \*



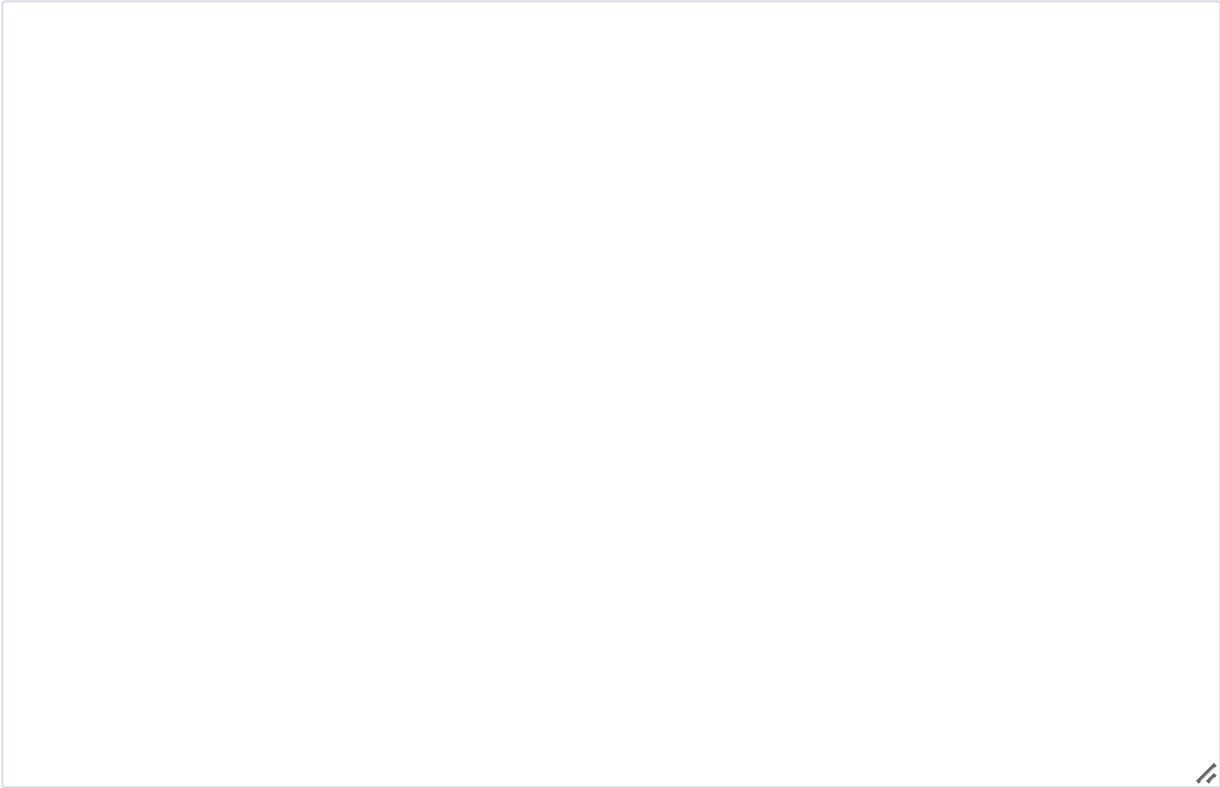
How will your organization comply with the HUD Equal Access Rule and federal Equal Opportunity Employment? \*

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

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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: \*

## Rapid Rehousing

Explain any experience the organization has in implementing a Homelessness Prevention and/or Rapid Re-Housing program \*



Describe in detail the specific services to be provided. i.e., housing relocation and stabilization services and short- and/or medium- term rental assistance (Please refer to [24 CFR, 576.104](#) ). \*

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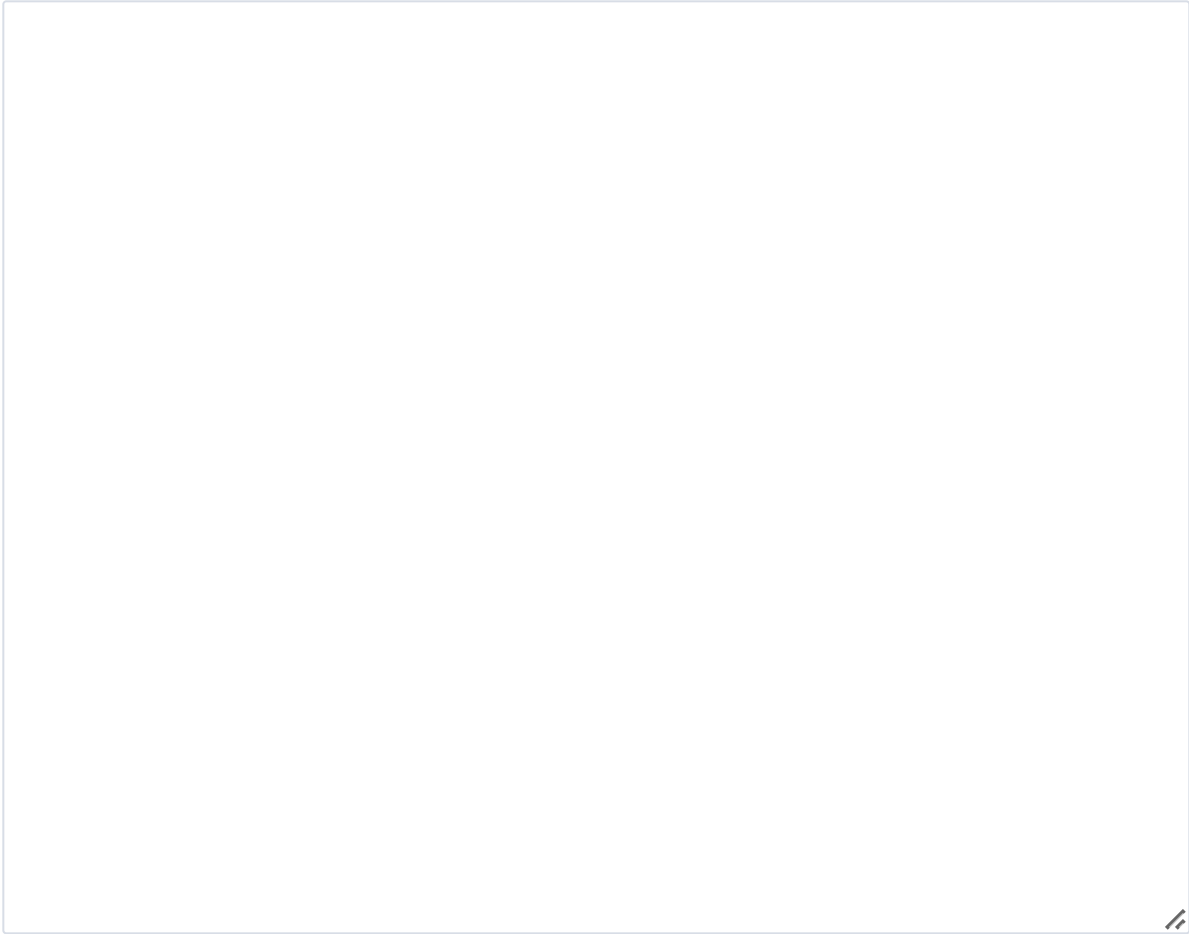
List objectives, outcomes, and performance indicators (if applicable). \*

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Describe how your case managers are working with program participants to develop a housing-oriented goal plan to obtain housing stabilization. How is it determined when a family reaches stabilization? \*

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above. In the bottom right corner of the box, there is a small, faint icon of a pencil or pen tip.

Describe the process for determining program eligibility to receive Rapid Re-Housing services. \*

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Under what circumstances would you provide a reevaluation of a participant prior to the 6-month requirement established by MSHDA? \*



#### 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 \*

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