

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. *



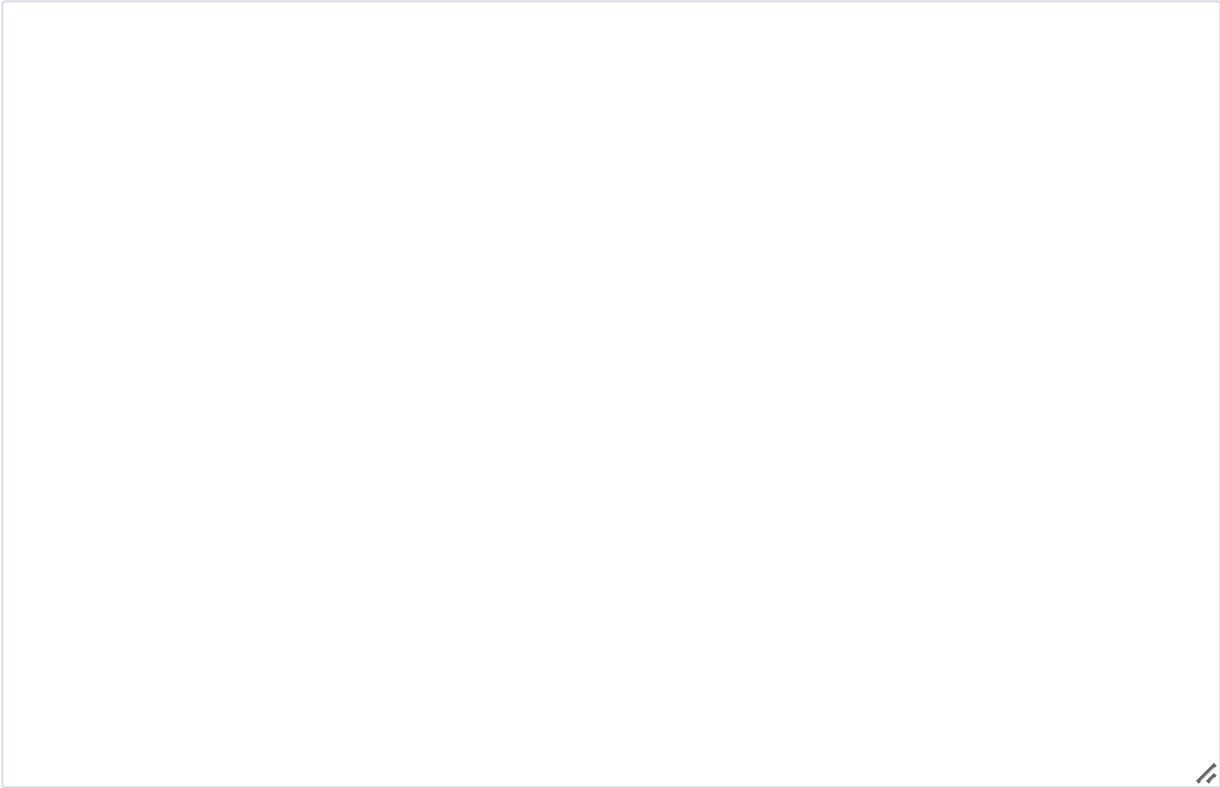
How will your organization comply with the HUD Equal Access Rule and federal Equal Opportunity Employment? *



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: *

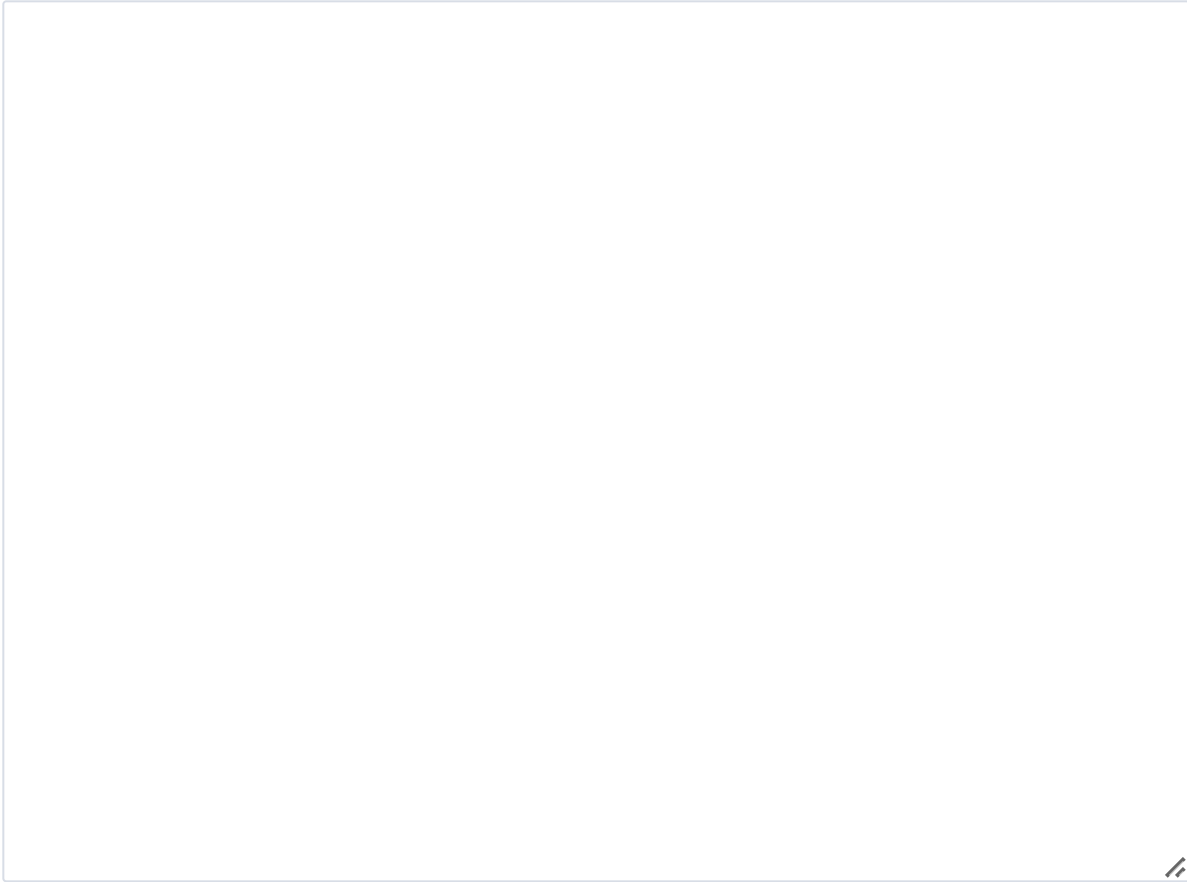
 

Street Outreach

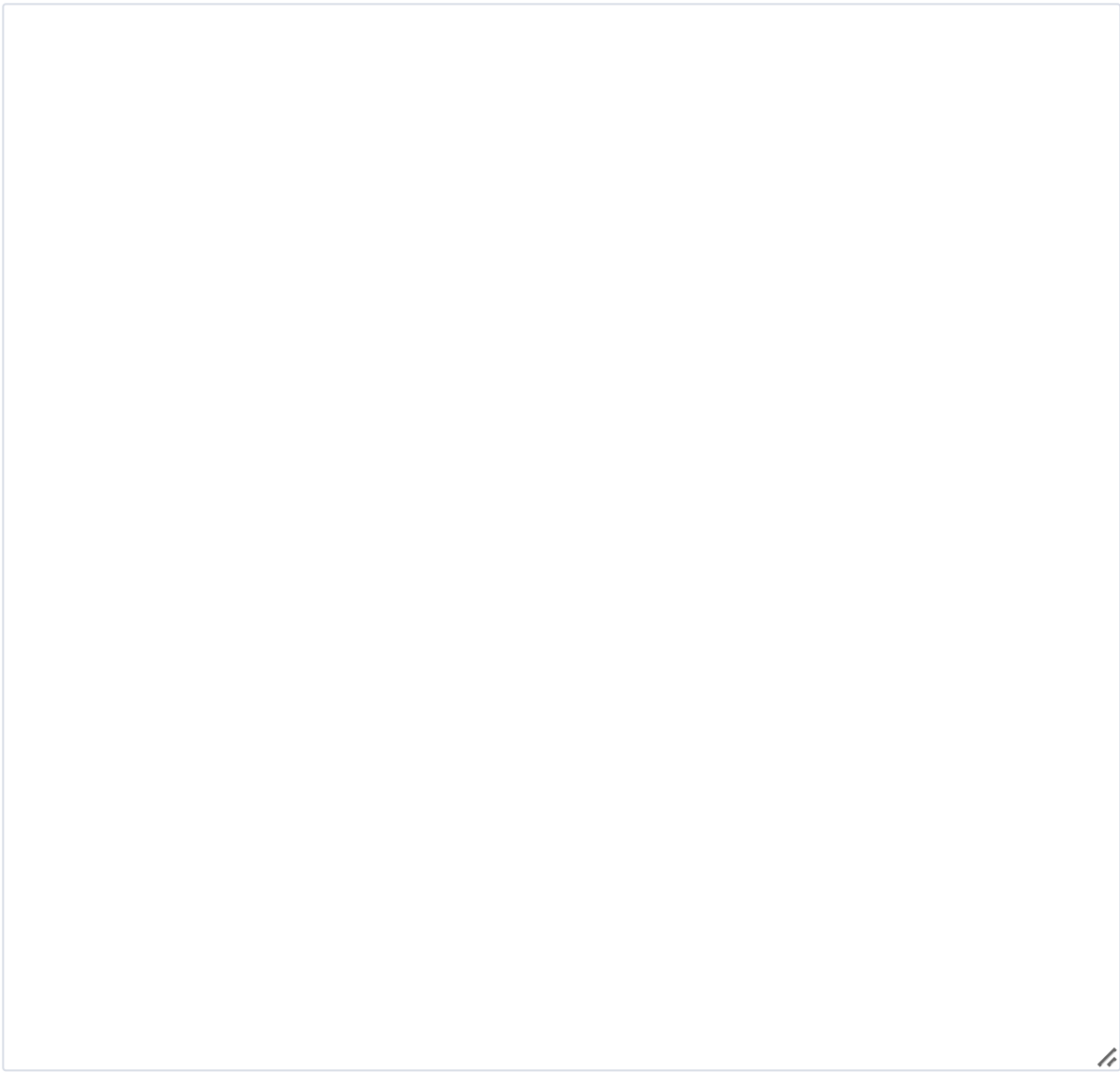
Explain any experience the organization has in implementing street outreach.*



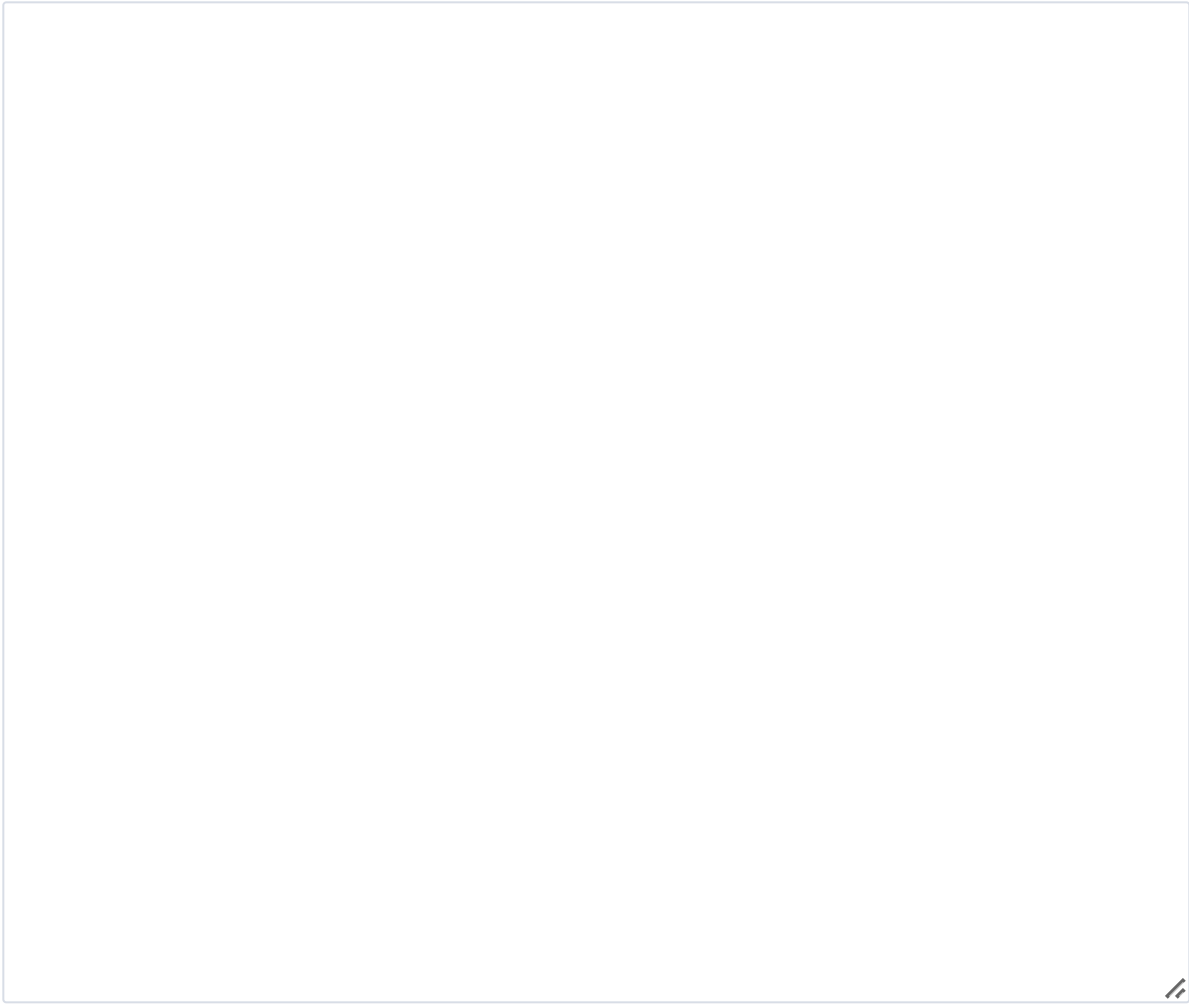
Describe in detail the specific services to be provided. i.e., engagement, case-management, transportation, or services for special populations. (Please refer to [24 CFR, 576.101\(a\)](#)). *



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

A large, empty rectangular box with a thin black 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.

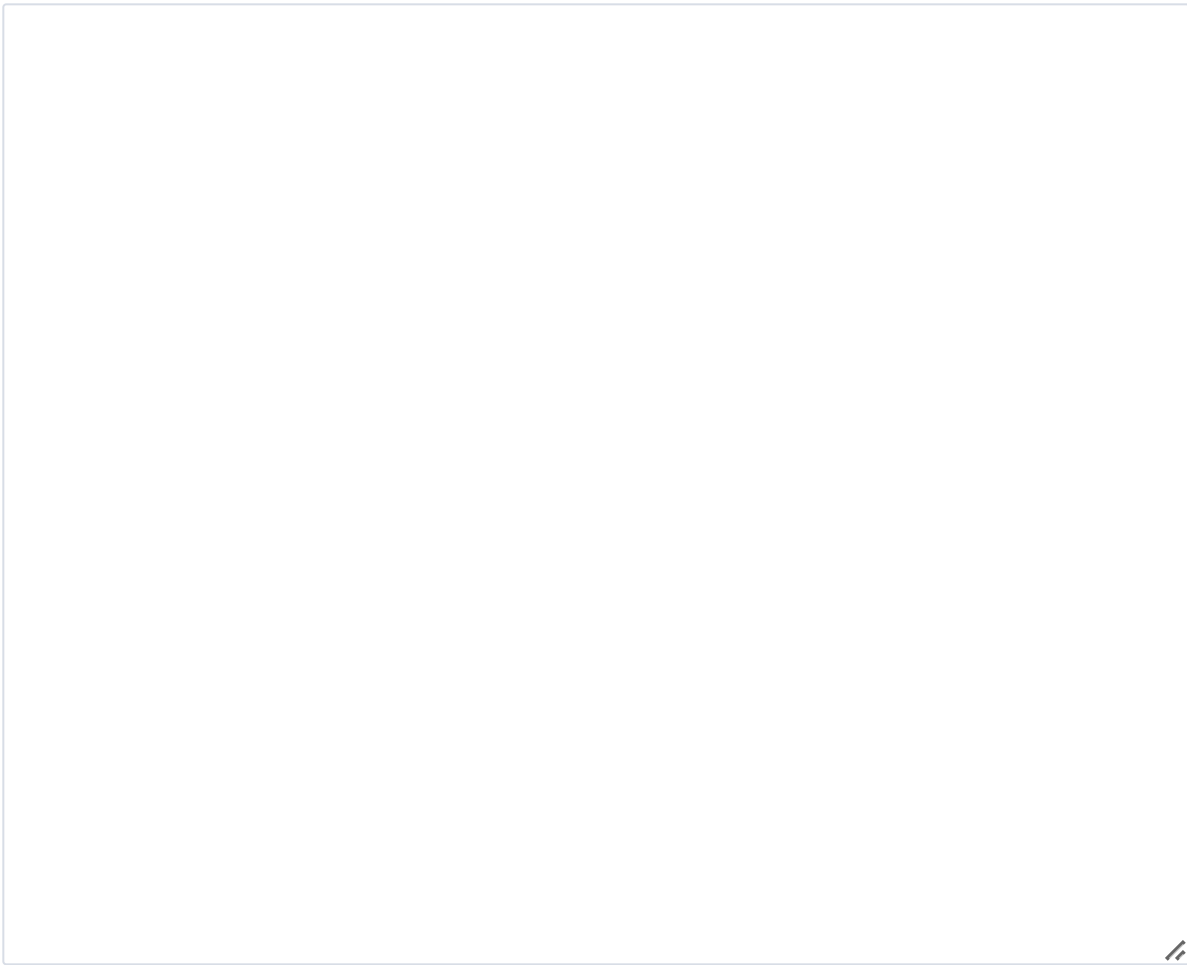
How does your program coordinate with other community service providers? *



List program limitations and special programmatic requirements for a person to receive assistance. i.e., residency requirement *



How does your program determine and document eligibility for services? *



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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