



Emergency Solutions Grant (ESG) Request for Proposals (RFP)



City of Flint
2023-24



Application Deadline:

A FULL ELECTRONIC PDF OF YOUR ENTIRE PROPOSAL MUST BE SUBMITTED TO THE DIVISION of COMMUNITY and ECONOMIC DEVELOPMENT ELECTRONICALLY by email to communitydevelopment@cityofflint.com. Proposals must be received by Tuesday, February 28, 2023 at 5:00 pm.

NO FAX, MAIL DELIVERIES, or IN-PERSON PROPOSALS WILL BE ACCEPTED.

All proposals submitted by public or private non-profit agencies must be submitted in the legal name of the organization. An authorized representative of the organization who has the legal authority to enter into an agreement with the City of Flint must sign each original proposal.

If you have questions about the application or the ESG process, please contact Kevin L. Miller (810)766-7426, ext. 3023.

There will be an ESG Agency applicant meeting on Friday, February 10, 2023, from 1:00pm to 3:00pm for ESG applicants to attend with questions. The meeting will take place in the Domed Auditorium, located just off Seventh St. behind Flint City Hall, 1101 S. Saginaw St., Flint, MI

NOTE:

Proposals that are incomplete, lack required attachments, or proposals submitted after the published deadline may not be considered for funding. Changes and/or additions to the proposal after the submission will not be accepted unless specifically requested by the review committee or by occurrence of an extenuating circumstance.

Only submit materials that have been requested.

Reservations of the City

1. The City reserves the right to accept or reject any or all proposals received.
2. The City has the right to seek additional information from organizations, especially those not previously funded by the City.
3. The City reserves the right to establish spending guidelines for all projects.
4. All funding decisions related to this RFP are subject to all applicable federal, state, and local laws and regulations, and the policies and procedures of the City of Flint
5. Applicants should be aware that this is a preliminary application/Request for Proposal and there will be a final requirement following recommendation and award of funding.

Introduction

Purpose of the Emergency Solutions Grant Program is to provide funding to engage homeless individuals and families living on the street and in homeless shelters; to improve the quality of shelters; to help operate such shelters; to provide essential services to shelter residents; to rapidly rehouse homeless individuals and families; and to prevent families/individuals from becoming homeless.

ESG Process: Each year the City of Flint invites eligible organizations to submit proposals for ESG funding based on their program and project goals. An Agency eligible to submit a proposal must have a legal (501(c)(3)) designation obtained from the U.S. Internal Revenue Service, that provides for crisis relief of the homeless or near homeless on a daily basis with no fee or religious participation requirement and have been a voting member of the Genesee County/City of Flint CoC for at least one year.

The original proposal will be reviewed and evaluated by a review committee that is comprised of a citizen representative from each of Flint's nine wards, appointed by members of the Flint City Council, as well as two appointed by the Office of the Mayor. The review committee will make funding recommendations based upon a scoring matrix, the required amount to run the activity by the applicant, the amount of funds available and funding caps that may be established by HUD regulations. A review committee comprised of members of the Continuum of Care (CoC) and/or Community Collaborative also reviews the proposals.

Our goal is always to conclude the process in time for funds to be made available by July 1. If the process is delayed for any reason, the date that funds are available, will also be delayed. Throughout the program year, the Community Development Division works closely with grantees to monitor their progress and compliance with federal regulations. If you are not sure if your program is eligible for funding, please check with the Community and Economic Development Division.

Funds may only be used within the City of Flint boundaries.

Your Responsibilities as an ESG Subrecipient:

All ESG recipients are responsible for maintaining accurate records of all expenditures, certifying that programs are reaching the target population, and performing annual audits of all financial records. **ESG recipients must verify and document City of Flint residency.** Recipients are also responsible for completing monthly reports and submitting them to the City of Flint, Community and Economic Development Division. Staff is available to assist you and will work with your organization to help you achieve success in your program.

Applicant and Project Information Summary

1. Organization or Agency Name:	2. Project Name:
3. Address:	4. Amount Requested: Min. amount agency will accept and can still carry out the activity:
5. City, State, Zip:	6. Phone Number:
7. Fax Number:	8. Executive Director/Chairperson: Email Address:
9. Agency Unique Entity Identifier (UEI) No.:	10. EIN No.:
11. Contact Person 1: Email Address: Phone Number:	
12. Contact Person 2: Email Address: Phone Number:	
13. Legal Status: Private, Non-Profit <input type="checkbox"/> Internal City Department <input type="checkbox"/>	
14. Has this agency received ESG funding in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. Has agency been an active voting member of the CoC for at least 1-year?	

A. Eligible Activities

ESG Program funds may be used for one or more of the following activities relating to emergency shelter for homeless or at-risk populations:

1. **Emergency Shelter:**

- a. Essential Services such as case management, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations
- b. Shelter Operations, including maintenance, rent, repair, security, fuel, equipment, insurance, utilities, relocation, and furnishings.

2. **Homelessness Prevention:**

Housing relocation and **stabilization** services and short- and/or medium-term rental assistance as necessary to prevent the individual or family from becoming homeless; if:

- a. Annual income of the individual or family is below 30 percent of median area income for a household of the same size, as determined by HUD.
- b. Assistance is necessary to help program participants regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing.

3. **Rapid Re-Housing:**

Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing. Eligible costs include utilities, rental application fees, security deposits, last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, and credit repair.

4. **Data Collection (HMIS):**

Funds may be used to pay the costs for contributing data to the HMIS designated by the Continuum of Care for the area. Eligible activities include (computer hardware, software, or equipment, technical support, and office space, salaries of operators, staff training costs, and participation fees).

Select the eligible activity that your organization will undertake with ESG funds:

- ☐ Emergency Shelter (Operations and Essential Services)
- ☐ Homelessness Prevention
- ☐ Rapid Re-Housing
- ☐ Data Collection

Explain how your proposed program/project will undertake the activity checked above.

B. Agency Summary

1. **Briefly describe your agency.** *Include the length of time your agency has been in operation, the date of incorporation, the purpose of the agency, and the type of corporation.*
2. **Describe your financial management department.** *Include how your agency will account for ESG funds and follow the federal financial requirements.*
3. **Describe your key staff's management experience in CDBG, HOME, or ESG programs.** *Please do NOT include resumes.*
4. **Provide the name(s) of your accountant/financial staff.**
5. **Provide the name of your organization's Treasurer(s).**
6. **Describe the responsibilities and qualifications, if part of the grant proposal, of each staff person funded with ESG funds.** *Identify the staff titles, hourly wage, fringe breakdown, and distribution across funding sources (if applicable)*

C. Program Information

1. Provide a short, succinct description of your proposed service. *This information should be able to be excerpted out and provide reviewers with a clear understanding of exactly how ESG funds will be used in a summary form of the detailed information requested in the remainder of this application.*

2. Describe how your program addresses the need(s) and gap(s) of the Continuum of Care?

3. Describe the client population being served, specific to the homeless. *Include the number of unduplicated persons served directly as a result of the ESG funding received. State the number of men, women and children to be served based on the number of beds and expected length of stay.*

4. Is this proposal an increase in the number of persons that would be served?
If yes, circle the level of additional persons served:

Increase of 10%, Increase of 10-25%, Increase of 26-70%, Increase of 70%+

5. Identify the specific services that will be provided with funding received from the ESG program. Is this an expansion in existing services because of the grant? Will new services be provided because of this grant?

6. Is the facility barrier-free? If so, how many accessible units are there?

7. Specify any needed minor renovations/rehabilitation, extent of modifications and approximate costs (please identify the funding source).

8. Provide a copy of your organization's intake policy, including process, eligibility, and service determination.

9. Describe your agency's coordination with programs and other community agencies in the provision of client services, and the benefits of such collaboration.

10. Describe the systems used for client record keeping and statistical reporting.

11. Describe how client confidentiality is maintained.

12. Outline your procedures for follow-up services.

13. Describe your agency's HMIS process for collecting and reporting demographic data on clients who will be provided services under an ESG award.

D. Performance Measurement Requirements

Referring to the following chart, please identify performance outcomes, objectives, and statements that best describe your proposed accomplishments with the assistance of ESG Program funds.

EMERGENCY SOLUTIONS GRANT (ESG)			
PROJECTS/ACTIVITIES	OUTCOME (Accessibility OR Affordability)	OBJECTIVE (Suitable Living Environment OR Decent Housing)	STATEMENT

Provide the total number of households projected to be assisted with ESG funds.

Activity Type:

Demographic	2021	2022	2023-24 Estimate
Adults			
Children			
Don't Know/Other			

Activity Type:

Subpopulation	2021	2022	2023-24 Estimate
Veterans			
Domestic Violence			
Elderly			
HIV/Aids			
Chronic Homelessness			
Disabled			

E. Timetable and Goals

1. Complete the table below to indicate how the program will accomplish the objectives and fully expend the funds during the funding cycle.

Dates	Services to be provided	Estimated # Beneficiaries		Budget per quarter
		Individuals	Beds	
Q1 – 7/1/23- 9/30/23				
Q2 – 10/1/23- 12/31/23				
Q3 – 1/1/24 – 3/31/24				
Q4 – 4/1/24 – 6/30/24				

F. ESG 2023-24 Budget and Match

Please provide **the budget for the ENTIRE PROGRAM in the box below**. Include ESG and **ALL OTHER sources of revenue** for the program.

Support and Revenue	2023-24 Proposed	Match Amount
Emergency Solutions Grant (ESG)		
Contributions		
Foundations & Venture Grants		
Special Events		
Legacies & Bequests (unrestricted)		
Other Government Fees & Grants		
Program Service Fees		
Investment Income		
Misc. Revenue (not otherwise listed)		
Total Support and Revenue	\$	\$
Expenses		
Salaries		
Employee Benefits		
Payroll Taxes		
Professional Fees		
Supplies		
Telephone		
Postage		
Occupancy (building, grounds, utilities)		
Equipment Rental & Maintenance		
Printing and Publications		
Mileage for Staff		
Conferences, Conventions, Meetings		
Agency Dues		
Awards, Grants, & Individual Assistance		
Officers & Directors Liability Insurance		
Misc. Expenses (not otherwise listed)		
Total Expenses (Before Depreciation)	\$	\$
(Deficit) or Excess (Revenue - Expenses)	\$	\$
Depreciation		
Payment to National Organization		

A minimum of one-for-one cash match of total funding requested is required. Identify all sources of non-federal match funds and include supporting documentation. Include letters of intent, award notices, verification letters, and other credible evidence of funding. Provide copies of all written grant agreements with this application if available

G. Required Attachments

Attach the following information to your application in the order listed. Incomplete information will result in your application not being considered.

1. **List of the Board of Directors**

A list of the current board of directors or other governing body of the agency must be submitted. *(Use table included in this RFP.)*

2. **Articles of Incorporation**

Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or agency.

3. **Non-profit Determination**

Non-profit organizations must submit their tax-exemption determination letter from the Federal Internal Revenue Service and MI Licensing and Regulatory Affairs. *(Certificate of Exempt Status)*

4. **Minimum Requirements for ESG Applicants**

Complete and sign form included in this RFP.

5. **Designation of Authorized Official**

Submit *Signature Authorization Form* included in this RFP authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

6. **Organizational Chart**

An organizational chart must be provided that describes the agency's administrative framework and staff positions.

7. **Accounting Certification**

The form must be completed and signed by an independent CPA on behalf of the agency.

8. **Audit**

Attach one (1) copy of your latest audit or financial review if one was completed.

9. **ESG Certifications**

Complete, sign, and attach the certification included in this RFP.

10. **Discharge Coordination Policy** - Provide a copy.

11. **Insurance**: Provide copy of the insurance certificate detailing the agency's liability, fidelity bonding coverage, workmen's compensation, and auto insurance for the agency as applicable

Agency Name: _____

Board Members

Office	Full Name	Phone Number (Other than Agency Address)	Address (Other than Agency Address)	Email Address	Occupation/Affiliation
President/Chair					
Vice President/Chair					
Treasurer					
Secretary					
Ex-Officio					

(Attach more pages if necessary)

Minimum Requirements for Emergency Solutions Grant Applicants (Checklist to Complete and Submit)

An emergency shelter provides crisis relief for the homeless on a daily basis with no fee or religious participation required. It provides the basic needs of a place to sleep, humane care, reasonable security, safety, and referrals to other agencies.

The following requirements are categorized as Essential (E) or Desirable (D). A shelter will comply 100% with the essential requirements and 70% with the desirable requirements. In order to receive funds, shelters will be asked to answer "YES" or "NO" (circle one) to the following statements, and to sign their responses.

Administration

- | | | | | |
|---|----|--|---------------------------------|--------------------------------|
| E | 1. | Our Agency has 501(c) IRS designation or is a governmental agency. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 2. | Our Agency shall provide a policy statement which includes our shelter's purpose(s), population served, program(s) description, shelter criteria and non-discrimination policy. Our shelter does not require religious participation, and does not discriminate on the basis of race, religion, or natural origin. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 3. | Our agency has an organizational chart delineating the administrative responsibilities of all persons working in the shelter. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 4. | Our agency has space designated for securing all documents in order to ensure client confidentiality. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 5. | Our agency, on an annual basis, conducts an evaluation of our services to determine program effectiveness. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

Personnel

- | | | | | |
|---|----|--|---------------------------------|--------------------------------|
| E | 1. | Our agency has enough adequately trained on-staff persons (paid or volunteer) to meet the needs of residents and ensure the safety of the facility during all hours the facility is open to residents. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 2. | Our agency's staff has received ongoing in-service training in counseling skills, handling tensions in a non-violent manner, emergency assistance, skills, etc. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 3. | Our agency has a written position description for each type of position, which includes (at a minimum) job responsibilities, qualifications, and salary range. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 4. | Our agency has written personnel policies in effect which include, at least, a Code of Ethics for all our personnel. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 5. | Our agency's staff has been trained in emergency evacuation, first aid procedures, and CPR procedures. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

- | | | | | |
|---|----|---|---------------------------------|--------------------------------|
| D | 6. | Our agency has an organized method of selecting and training all volunteers. In addition, volunteers have job descriptions and identifiable lines of authority. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|---|----|---|---------------------------------|--------------------------------|

Fiscal Management

- | | | | | |
|---|----|--|---------------------------------|--------------------------------|
| E | 1. | Our agency carries out fiscal activities, which are consistent with sound financial practices based upon our last audit. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 2. | Our agency has records of accountability for any client's funds or valuables we are holding or managing. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 3. | Our agency has received an independent audit and will make available all financial records as may be required. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

Procedures

- | | | | | |
|---|----|---|---------------------------------|--------------------------------|
| E | 1. | Our agency has written policies for intake procedures and criteria for admitting people to our shelter. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 2. | Our agency keeps a daily office log which documents the activities of each shift, and any unusual or special situations and instructions regarding special clients (such as children, medicine, illness, etc.). | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 3. | Our agency maintains an attendance list which includes at least the name, age, and sex of all persons residing at our agency. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 4. | Our agency reads to all residents our house rules, regulations, and disciplinary procedures; asks residents to sign a copy, and/or post a copy in a conspicuous place. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 5. | Our agency refers people to the appropriate shelter or agency if we cannot provide shelter. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 6. | Our agency provides all residents with a one-page handout which summarizes our program and, when needed, the handout is read to and explained to the clients. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

Medical

- | | | | | |
|---|----|---|---------------------------------|--------------------------------|
| E | 1. | Our agency always has available first aid equipment and supplies in case of medical emergency. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 2. | Our agency has at least one staff person on duty that is trained in emergency first aid procedures. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 3. | Our agency has a written policy regarding the possession and use of controlled substances, prescription medicine and over-the-counter medication. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

- | | | | | |
|---|----|--|---------------------------------|--------------------------------|
| D | 4. | Our on-duty agency staff has available the 911 phone. Our agency's staff relies on EMT personnel or a physician to determine medical status. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|---|----|--|---------------------------------|--------------------------------|

Food Service

- | | | | | |
|---|----|--|---------------------------------|--------------------------------|
| E | 1. | (For agencies that provide food service): Our agency has made adequate provision for sanitary storage and preparation of food. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 2. | (For agencies which serve infants, young children, or pregnant women): Our agency has made provision to meet their nutritional requirements. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 3. | (For agencies which do not provide food services): Our agency has a nearby food system available for our residents. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

Safety

- | | | | | |
|---|----|--|---------------------------------|--------------------------------|
| E | 1. | Our agency has a fire safety plan, including a fire detection system. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 2. | Our agency has an emergency evacuation plan posted. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 3. | Our agency has an office phone to contact fire, emergency squad or police. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

Equipment and Environment

- | | | | | |
|---|----|--|---------------------------------|--------------------------------|
| E | 1. | Our agency has a housekeeping and maintenance plan. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 2. | Our agency provides each person with at least a crib or bed with linen or a mat. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 3. | Our agency has adequate ventilation and heating system. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 4. | Our agency is clean and in good repair. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| E | 5. | Our agency has adequate toilets, wash basins and shower facilities for men and women. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 6. | Our agency has reasonable access to public transportation. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 7. | Our agency has private space in which to meet with individual residents. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 8. | Our agency has laundry facilities available to residents or access to laundry facilities nearby. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| D | 9. | Our agency has secure storage for checking in/out residents' personal belonging. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |

Signature of Authorized Agency Official

Date:

Emergency Solutions Grant Program Certifications by the Authorized Agency Official

I _____, Chief Executive Officer / Director of _____ certify that _____ will ensure the provisions of the matching supplemental funds required by the regulation 24 CFR 576.71.

I further certify that _____ will comply with:

1. The requirements of 24 CFR 576.21(a) (4)(ii) providing that the funding of homeless prevention activities for families that have received eviction notices or notices of termination of utility services will meet the requirements that (A) the inability of the family to make the required payments must be the result of a sudden reduction of income; (B) the assistance must be necessary to avoid eviction of the family or termination of the services to the family; (C) there must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and (D) the assistance must not supplant funding for preexisting homeless prevention activities from any other source.
2. The requirements of 24 CFR 576.23 concerning the requirements that organizations that participate in the ESG Program shall not, in providing program assistance, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief. Further, organizations that are directly funded under the ESG Program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization as part of the programs or services funded under the ESG Program.
3. The requirements of 24 CFR 576.51(b) (2) (v) concerning the funding of emergency shelter in the hotels or motels of commercial facilities providing transient housing.
4. The requirements of 24 CFR 576.73 concerning the continued use of buildings for which Emergency Solutions Grant are used for rehabilitation or conversion of buildings for use as emergency shelters for the homeless; or when funds are used solely for operating costs or essential services, concerning the population to be served.
5. The building standards requirement 24 CFR 576.75;
6. The requirement of 24 CFR 576.77, concerning assistance to the homeless; and
7. The requirements of 24 CFR 576.79, other appropriate provisions of 24 CFR Part 576, and other applicable Federal laws concerning nondiscrimination and equal opportunity.
8. The requirement of 24 CFR 576.80 concerning the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
9. The requirement of 24 CFR 576.80 concerning minimizing the displacement of persons as a result of a project assisted with these funds.
10. The requirement of 24 CFR Part 24 concerning the Drug Free Workplace Act of 1988.

11. The requirement of the National Affordable Housing Act (Pub. L. 101-625, November 28, 1990) contained in Section 832 (e) (2) (c) that grantees develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted” under the Emergency Solutions Grant Program and “that the address or location of any family violence shelter project assisted” under the Emergency Solutions Grant Program “will, except with written authorization of the person or persons responsible for the operation of such shelter, not be made public.”
12. The requirement that recipients involve, to the maximum extent practicable, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program, and in providing services for occupants of these facilities (42 U.S.C. 1375 (c) (7), as added by Section 1402(b) of the Housing and Community Development Act of 1992).

I further certify that _____ will comply with the provisions of, and regulations and procedures applicable under, Section 104(g) of the Housing and Community Development Act of 1974 with respect to the environmental review responsibilities under the National Environmental Policy Act of 1969 and related authorities as specified in 24 CFR Part 58.

I further certify that the submission of an application for any Emergency Solutions Grant is authorized under State and/or local law and that _____, possesses legal authority to carry out Emergency Solutions Grant activities in accordance with applicable law and regulations of the Department of Housing and Urban Development.

Name and Title

Signature of Authorized Agency Official

Date

SAMPLE DISCHARGE COORDINATION POLICY
(Please provide your Agency's policy)

I hereby certify that if

(organization name)

project(s) are selected for funding as a result of this application process, we will coordinate and integrate our homeless program with other mainstream health, housing, social services, and employment programs for which homeless populations may be eligible, including, but not limited to Medicaid, Medicare, Children's' health insurance programs, Temporary Assistance for Needy Families, Food Programs, Supplemental Security Income, Workforce Investment Act and Veterans' Programs and Services.

Further, as a condition for any funding received as a result of this application process, our organization agrees to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, physical and mental healthcare facilities, emergency shelters, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.

Signature of Authorized Agency Official

Title

Date

APPENDIX

MAXIMUM HOUSEHOLD INCOME LIMITS

Proposed activities must meet a National Objective and at least 51 percent of the individuals/families served must be low to moderate income, i.e., have incomes at or below 80 percent of median family income, as defined by the U.S. Department of Housing and Urban Development. See table below. (The Click buttons below have been disabled, but you can locate the HUD user income limits at huduser.gov/portal/datasets/il.html).

FY 2022 Income Limit Area	Median Family Income Click for More Detail	FY 2022 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Flint, MI MSA	\$71,600	Very Low (50%) Income Limits (\$) Click for More Detail	25,100	28,650	32,250	35,800	38,700	41,550	44,400	47,300
		Extremely Low Income Limits (\$)* Click for More Detail	15,050	18,310	23,030	27,750	32,470	37,190	41,910	46,630
		Low (80%) Income Limits (\$) Click for More Detail	40,150	45,850	51,600	57,300	61,900	66,500	71,100	75,650

Low to Moderate Income Population by Census Tract & Block Groups
FY 2022 (2011 - 2015 ACS)

Legend:

- Census Tracts
- % of Low and Moderate Income Persons / Block Groups
 - Low-Mod Income Areas (Light Purple)
 - Non Low-Mod Income Areas (Light Blue)
 - Insufficient Data (White)

Scale: 0 to 3 Miles