



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



City of Flint
2026 - 2027



Application Deadline:

A PDF OF YOUR ENTIRE PROPOSAL MUST BE SUBMITTED TO THE DIVISION of COMMUNITY SERVICES by email to communitydevelopment@cityofflint.com

Proposals must be received by Friday, February 20, 2026, at 11:59 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 a ESG Agency applicant meeting on Thursday, January 29, 2026, from 11:00 pm to 1:00 pm for ESG applicants to attend with questions. The meeting will take place virtually, an invitation will be sent out at a later date.

Causes for Rejection and City's Rights:

Proposals that are incomplete, lack required attachments, or proposals submitted after the published deadline may be cause for rejection. **Agencies with a history of delayed spending patterns or those currently holding significant Emergency Solutions Grant (ESG) balances may be ineligible for funding consideration in the current cycle.** 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 (See Exhibit I), 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.

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 Division of Community Services 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 Division of Community Services.

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

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, Division of Community Services. Staff is available to assist you and will work with your organization to help you achieve success in your program. All ESG recipients will comply with all HUD Addendum 1 policy requirements.

DO NOT INCLUDE THE PREVIOUS THREE PAGES WITH YOUR APPLICATION

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).

5. **Street Outreach:**

The costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. Those services may include, but are not limited to engagement, case management, emergency health services, emergency mental health services, transportation, and services to special populations (homeless youth, victim services and people with HIV/AIDS).

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 | 2024 | 2025 | 2026-27 Estimate |
|-------------------------|-------------|-------------|-------------------------|
| Adults | | | |
| Children | | | |
| Don't Know/Other | | | |

Activity Type:

| Subpopulation | 2024 | 2025 | 2026-27 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 – 7/1/26 - 9/30/26 | | | | |
| Q2 – 10/1/26 - 12/31/26 | | | | |
| Q3 – 1/1/27 – 3/31/27 | | | | |
| Q4 – 4/1/27 – 6/30/27 | | | | |

F. ESG 2026-27 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 | 2026-27 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. **Application Checklist**

Provide completed checklist

2. **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*)

3. **Articles of Incorporation**

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

4. **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*)

5. **Minimum Requirements for ESG Applicants**

Complete and sign form included in this RFP.

6. **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.

7. **Organizational Chart**

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

8. **Accounting Certification**

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

9. **Audit**

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

10. **ESG Certifications**

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

11. **Discharge Coordination Policy**

Provide a copy

12. 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

13. Conflict of Interest Disclosure

Please complete and submit the Conflict of Interest Disclosure form with your application

City of Flint
Division of Community Services
FY 26-27 ESG

ESG APPLICATION CHECKLIST

Submit a copy of this Table of Contents and Checklist with each application.

Proposal Title:

| | Check if attached | Page |
|---|-------------------|-------|
| 1. APPLICANT AND PROJECT INFORMATION SUMMARY | _____ | _____ |
| 2. APPLICATION CHECKLIST | _____ | _____ |
| A. Eligible Activities | _____ | _____ |
| B. Agency Summary | _____ | _____ |
| C. Program Information | _____ | _____ |
| D. Performance Measurement Requirements | _____ | _____ |
| E. Timetable and Goals | _____ | _____ |
| F. ESG Budget and Match | _____ | _____ |
| G. Required Attachments | _____ | _____ |
| 1. List of Board of Directors -Exhibit A | _____ | _____ |
| 2. Articles of Incorporation | _____ | _____ |
| 3. Non-Profit Determination | _____ | _____ |
| 4. Minimum Requirements for ESG Applicants – Exhibit B | _____ | _____ |
| 5. Designation of Authorized Official – Exhibit C | _____ | _____ |
| 6. Organizational Chart | _____ | _____ |
| 7. Accounting Certification | _____ | _____ |
| 8. Audit | _____ | _____ |
| 9. ESG Certifications | _____ | _____ |
| 10. Discharge Coordination Policy – Exhibit D | _____ | _____ |
| 11. Signature Authorization Form - Exhibit H | _____ | _____ |
| 12. Agency IRS 501c3 Letter | _____ | _____ |
| 13. Copy of insurance for program building | _____ | _____ |
| 14. Copy of agency liability insurance | _____ | _____ |
| 15. Collaboration agreements | _____ | _____ |
| 16. Current copy of Financial 990 Report | _____ | _____ |
| 17. Most recent program evaluation report | _____ | _____ |
| 18. Unbound copy of most recent audited financial statements, single audit, or audit statement, as applicable | _____ | _____ |
| 19. Copy of Agency SAM printout to prove registration | _____ | _____ |

Exhibit A

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)

Exhibit B

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 Y | No Y |
| 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 Y | No Y |
| D | 3. | Our agency has an organizational chart delineating the administrative responsibilities of all persons working in the shelter. | Yes Y | No Y |
| D | 4. | Our agency has space designated for securing all documents in order to ensure client confidentiality. | Yes Y | No Y |
| E | 5. | Our agency, on an annual basis, conducts an evaluation of our services to determine program effectiveness. | Yes Y | No Y |

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 Y | No Y |
| 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 Y | No Y |
| 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 Y | No Y |
| D | 4. | Our agency has written personnel policies in effect which include, at least, a Code of Ethics for all our personnel. | Yes Y | No Y |
| D | 5. | Our agency's staff has been trained in emergency evacuation, first aid procedures, and CPR procedures. | Yes Y | No Y |

| | | | | |
|---|----|---|----------|---------|
| 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 Y | No Y |
|---|----|---|----------|---------|

Fiscal Management

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

Procedures

| | | | | |
|---|----|---|----------|---------|
| E | 1. | Our agency has written policies for intake procedures and criteria for admitting people to our shelter. | Yes Y | No Y |
| 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 Y | No Y |
| 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 Y | No Y |
| 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 Y | No Y |
| D | 5. | Our agency refers people to the appropriate shelter or agency if we cannot provide shelter. | Yes Y | No Y |
| 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 Y | No Y |

Medical

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

| | | | | |
|---|----|--|----------|---------|
| 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 Y | No Y |
|---|----|--|----------|---------|

Food Service

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

Safety

| | | | | |
|---|----|--|----------|---------|
| E | 1. | Our agency has a fire safety plan, including a fire detection system. | Yes Y | No Y |
| E | 2. | Our agency has an emergency evacuation plan posted. | Yes Y | No Y |
| E | 3. | Our agency has an office phone to contact fire, emergency squad or police. | Yes Y | No Y |

Equipment and Environment

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

Signature of Authorized Agency Official

Date:

Exhibit C

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

Exhibit D

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

Exhibit E

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 2025 INCOME LIMITS DOCUMENTATION SYSTEM

HUD.gov [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2025 Income Limits Summary

| FY 2025 Income Limit Area | Median Family Income Click for More Detail | FY 2025 Income Limit Category | Persons in Family | | | | | | | |
|---------------------------------|---|---|-------------------|--------|--------|---------------|--------|--------|--------|--------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Flint, MI MSA | \$83,000 | Very Low (50%) Income Limits (\$) Click for More Detail | 29,050 | 33,200 | 37,350 | 41,500 | 44,850 | 48,150 | 51,500 | 54,800 |
| | | Extremely Low Income Limits (\$)* Click for More Detail | 17,450 | 21,150 | 26,650 | 32,150 | 37,650 | 43,150 | 48,650 | 54,150 |
| | | Low (80%) Income Limits (\$) Click for More Detail | 46,500 | 53,150 | 59,800 | 66,400 | 71,750 | 77,050 | 82,350 | 87,650 |

The **Flint, MI MSA** contains the following areas: Genesee County, MI;

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as [established by the Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Exhibit F

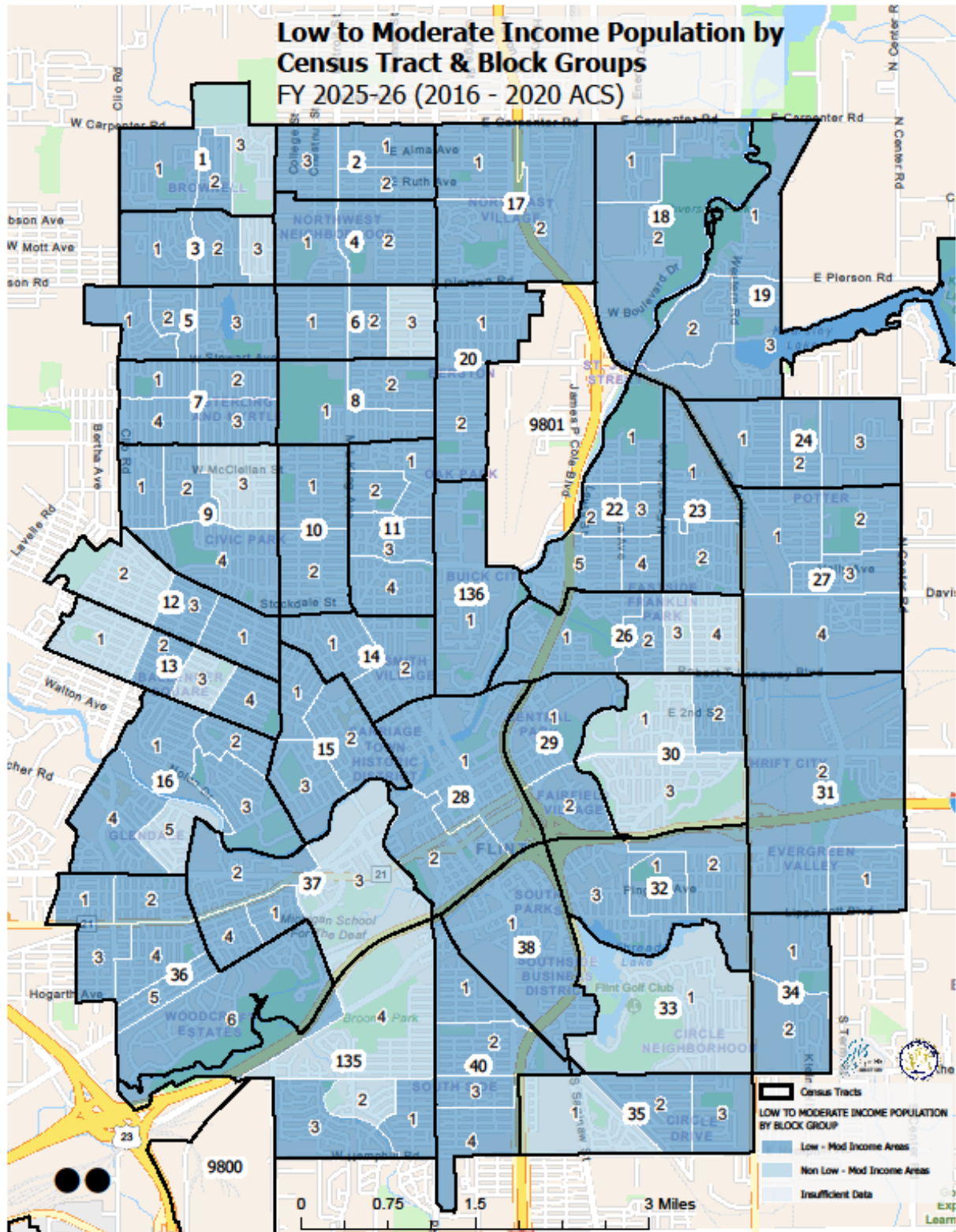


Exhibit G

CONFLICT OF INTEREST DISCLOSURE

Conflict of Interest Regulations: U.S. HUD'S Conflict of Interest provisions are set forth at **24 CFR 570.611** *(a) Applicability.* (1) In the procurement of supplies, equipment, construction, and services by recipients and by sub recipients, the conflict of interest provisions in **2 CFR Part 200**, shall apply. *(b) Conflicts prohibited.* The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. *(c) Persons covered.* The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of sub recipients that are receiving funds under this part.

Community Development Block Grant

- | |
|---|
| 1. There are no persons involved with this potential CDBG project who have family or business ties with any of the local government elected officials or local government staff. |
| 2. There are no persons involved with this potential CDBG project that requested or received an opinion about a potential conflict of interest from an attorney. |
| 3. There are no persons involved with this potential CDBG project who have an ownership interest in an entity that is directly affected by activities proposed in the application. |
| 4. There won't be any persons involved with this potential CDBG project who will derive any income or commission as a direct result of action taken by the local government elected board or its staff. |

I have read and understand the Conflict of Interest Disclosure Form. I will complete the attached disclosure form, disclosing all information required, if any, in the attached statement. I agree to comply with any conditions or restrictions imposed by the federal regulations under the Community Development Block Grant (CDBG) program to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document.

Name of Authorized
Representative

Title

Signature

Date

| DETERMINATION OF CONFLICT OF INTEREST | |
|---------------------------------------|-------------|
| Administrator: | Contract #: |
| Applicant: | |
| Description of Situation: | |

| PART 1- AFFECTED PERSONS | |
|---|--|
| Applicant's submission for CDBG Program Assistance is subject to the conflict of interest regulations at 24 CFR 24 CFR 570.611 as a result of his/her relationship with the following Affected Person who is associated with the Administrator of the contract: | |
| Affected Person's Name: | |
| Affected Person's Position with Administrator | <input type="checkbox"/> Employee <input type="checkbox"/> Officer <input type="checkbox"/> Agent <input type="checkbox"/> Elected Official <input type="checkbox"/> Consultant <input type="checkbox"/> Other: _____ |
| Affected Person's Relationship to Applicant: | <input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant's Family within 2 degrees of consanguinity or affinity as shown on Attachment 1: Relationship Charts <input type="checkbox"/> Partner with Applicant <input type="checkbox"/> Associated with an organization that employs or is about to employ applicant <input type="checkbox"/> Has a financial or other interest in or with Applicant <input type="checkbox"/> Other: _____ |
| 1. Does the Affected Person exercise any function or responsibility with respect to the CDBG program currently or in the past? No Yes. Describe function/CDBG responsibilities: _____ | |
| 2. Is the Affected Person in a decision-making role with the Administrator with respect to the CDBG Program currently or in the past? No Yes. Describe role: _____ | |
| 3. Is the Affected Person in a position in which he/she may have gained inside information regarding the CDBG program currently or in the past? No Yes. Describe position: _____ | |
| Of the answer to ALL of the above questions are 'no', complete 'Part 2- Certification of NO Conflict' and submit to CED for review. | |
| If the answer to ANY of the above questions is 'yes', a prohibited conflict may exist. Complete 'Part 3' | |

| PART 2- CERTIFICATION OF NO CONFLICT OF INTEREST | |
|---|-------|
| <p>Warning: It is a violation of Title 18, Section 1001 of the U.S. Code states for a person to knowingly and willfully make false, fictitious, or fraudulent statements in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States.</p> | |
| <p>I hereby certify under penalty of the law that I am not a person who exercises, or has exercised, any responsibility with respect to the CDBG Program funds. I am not, and have not been, in a position to participate in a decision-making process with respect to CDBG Program Activities. I have not been in a position to gain inside information with the regard to CDBG Program Activities.'</p> | |
| Signature of Affected Person: | Date: |
| <p>'Administrator certifies under penalty of the law that this information is true and correct and that provision of CDBG Program Assistance to applicant would not constitute a conflict of interest as discussed at 24 CFR 570.611.'</p> | |
| Signature of Contract Administrator: | Date: |

| PART 3- REQUEST FOR EXCEPTION TO CONFLICT OF INTEREST |
|--|
| <p>All submissions must be submitted for review by the City of Flint Legal Department on a case-by-case basis. Upon review, CED may make a written request and submission to HUD for final determination and approval. Only HUD has the authority to make the final determination regarding a disposition of a conflict of interest and/or to approve a request for exception. Activities for which an exception is required may not be submitted to CED for approval until an exception has been granted by HUD. Do not proceed with assistance to any applicant that is an Affected Person until receiving final written authorization from CED and HUD.</p> |
| <p>1. Provide a detailed explanation of the nature of the conflict:</p> |
| <p>2. Will the exception result in a significant cost benefit, expertise, or other benefit to the administrator of the Program which would not otherwise be available?</p> <p>No Yes- Describe _____</p> |
| <p>3. Is the applicant a member of a group or class of low-income persons intended to be the beneficiaries of the assisted activity (for program applicants only)?</p> <p>No Yes- Describe _____</p> |
| <p>If yes to 3- will the exception permit the applicant to receive the same type of benefits made available to other members of the group or class?</p> <p>No Yes- Describe _____</p> |

| | |
|---|--------------|
| <p>4. Has the Affected Person recused themselves and/or withdrawn from any functions, responsibilities, and/or decision making obligation with respect to the assisted activity?</p> <p>No Yes- Describe_____</p> | |
| <p>5. Was the CDBG Contract available before the Affected Person became subject to the potential conflict?</p> <p>No Yes- Describe_____</p> | |
| <p>6. Will denial of the benefit result in any undue hardship when weighed against the public interest served by avoiding the conflict?</p> <p>No Yes- Describe_____</p> | |
| <p>7. Provide other relevant information:</p> | |
| <p>8. Attach evidence of the public disclosure of the conflict, which must include printing the disclosure in a local newspaper or similar publication. The publication must adequately reach all residents of the Administrators entire service area and may require the use of multiple publications. Only posting a public notice in the Administrators Office is insufficient.</p> | |
| <p>9. Attach a written statement from an attorney representing the Administrator confirming that no state or local law would be violated as a result of the issuance of an exception to the conflict of interest requirements.</p> | |
| <p>10. Attach documents evidencing that the Affected Person has withdrawn from his or her functions or responsibilities with respect to the CDBG Program.</p> | |
| <p>11. Attach a resolution from the Administrator's governing body confirming that the Administrator intends to request an exception to the conflict of interest requirements from HUD.</p> | |
| <p>Warning: It is a violation of Title 18, Section 1001 of the U.S. Code states for a person to knowingly and willfully make false, fictitious, or fraudulent statements in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States.</p> | |
| <p>'Contract Administrator certifies under penalty of the law that this information is true and correct and that provision of CDBG Program Assistance to applicant would not constitute a conflict of interest as discussed at 24 CFR 570.611.'</p> | |
| <p>Signature of Contract Administrator:</p> | <p>Date:</p> |

Attachment 1: Relationship Chart

