Application

Application Submission Process

Applications are due no later than **Monday, November 16, 2015.** If you have questions as you prepare your Application, please e-mail SHLTAPP@mainehousing.org .

Uploading and submitting your Application and any supporting documents is simple. Just click on the following secure link: https://mainehousing.sharefile.com/r-r42277424f08495eb. Applications must be uploaded as a single document.

Applications that in MaineHousing's sole judgment are incomplete and/or missing required documents will not be eligible for consideration. For an application to be considered complete, it must contain all components within the following sections;

- Application Questions
- Emergency Shelter or Emergency Housing Provider Minimum Threshold Requirements
- Required Attachments & Exhibits

MaineHousing will use the following process to determine which applicants are eligible for funding:

a. Staff will review each application to ensure that it is complete, including the submission of the required attachments. Only complete applications which have included all required attachments will be considered.

b. Staff will determine if the application meets the minimum threshold requirements.

c. Applicants who are eligible for funding will be issued a grant agreement specifying terms and conditions of the funding award. Successful applicants will be expected to submit a signed Data Sharing Agreement and a Certification of Local Approval verifying that the municipality in which the program will run will not be seeking any funds from the Emergency Solutions Grant program to perform similar activities. A grant agreement will not be fully executed until this certification and any other documents that may be required by MaineHousing are received.

d. Applicants who do not meet threshold requirements will be notified in writing.

Application Timeline

Task	Date
Deadline for Completed Applications	November 16, 2015
Award Notification to Grantees	November 23, 2015
Navigator Trainings in Augusta	December 3 & 4, 2015
Executed Grant Agreement	December 23, 2015
Program Year	January 1, 2016 – December 31, 2016

Application Questions

1. Description of Applicant Organization. (1000 characters)

2. Narrative describing Organizational Capacity. (1000 characters)

3. Do you operate a fixed shelter facility? ☐ Yes ☐ No (if no, skip to question 4)

   a. If yes, list all fixed facilities by Shelter Name and Address

Shelter Name	Physical Address

   b. If yes, how many beds will you be reporting on the 2016 Housing Inventory Chart? ☐

4. Do you have experience providing; Street Outreach, Homelessness Prevention, or Rapid Re-Housing activities for at least one year? ☐ Yes ☐ No

   a. If applying for the first time please describe these activities. If you have previously applied for Shelter Funding at MaineHousing please skip this question. (1000 characters)

	Emergency Shelter or Emergency Housing Provider Minimum Threshold Requirements	Yes	Not Applicable
1	Staff that will be providing Navigator services will attend a two-day Home to Stay training in Augusta, Maine on December 3rd & 4th, 2015.	☐	☐
2	Our agency is a regular and active participant in the Maine Continuum of Care or the Portland Continuum of Care, in accordance with their respective governance charters and performance criteria.	☐	☐
3	We have the administrative and financial management capacity necessary to administer and to account for the use of the applicable grant in accordance with the funding requirements.	☐	☐
4	We will meet the objectives and strategic goals to end homelessness as outlined in the Maine Consolidated Plan.	☐	☐
5	We will meet the objectives of the Program under which we are applying as set forth in the applicable Program Guide.	☐	☐
6	We will participate in and meet the performance and reporting requirements of the Homeless Management Information System (HMIS) or a comparable database if the Applicant serves victims of domestic violence.	☐	☐
7	We will not engage in any explicitly religious activities, such as worship, religious instruction, or proselytization, as part of the activities and services funded with any grant for activities or services covered by this rule; and if religious activities are offered, they must be offered at a separate time or location from the activities and services covered by this rule; and participation in those religious activities must be voluntary for persons receiving assistance with funds covered by this rule.	☐	☐
8	We will operate our programs free from discrimination on the basis of age, race, color, religion, national origin, physical or mental disability, sexual orientation, or gender in accordance with applicable federal and state fair housing laws.	☐	☐
9	We will comply with Section 504 of the Rehabilitation Act of 1973, which prohibits disability discrimination in programs that receive HUD funds.	☐	☐
10	We will comply with all MaineHousing requirements.	☐	☐
11	We will provide adequate sleeping space or beds, and clean and functioning shower and toilet facilities.	☐	☐
12	We will provide safe and nutritious food, including breakfast or access to breakfast and, if open 24 hours, also provide lunch and dinner or access to lunch and dinner.	☐	☐

13	We will treat all guests with dignity and respect, regardless of religious or political beliefs, cultural background, disability, gender identity or sexual orientation.	☐	☐
14	We will provide shelter and housing services based upon a Rapid Re-housing or Housing First.	☐	☐
15	We will operate at Bed Capacity unless the homeless response system is experiencing demand insufficient to fill capacity.	☐	☐
16	We will provide linkages and access to community resources such as health care, job readiness and employment services, Mainstream Resources, and educational services to assist guests in achieving housing stability.	☐	☐
17	We will assess guests for housing prioritization and services to enable mobility to permanent housing with adequate supports.	☐	☐
18	We will inform guests of their rights and responsibilities, including specific shelter policies and house rules.	☐	☐
1.9	We will accept eligible persons regardless of their ability to pay or their eligibility for reimbursement or actual reimbursements from any third party source, including local, municipal, state, or federal funding sources.	☐	☐
20	We have no lease requirements for guests.	☐	☐
21	If serving families with children, we will provide space other than open dormitory style and do not require involuntary family separation for admission.	☐	☐
22	We will provide separate accommodations for male and female consumers.	☐	☐
23	We will protect the privacy and confidentiality of guests and their personal information.	☐	☐
24	We will provide training, policies, procedures and regular maintenance to encourage, improve, and maintain the health and safety of guests, volunteers and staff.	☐	☐
25	We will post fire, disaster, and other emergency procedures in a conspicuous place and review the procedures with each guest.	☐	☐
26	We will maintain a daily and confidential census of shelter clients including precise sleeping locations.	☐	☐
27	We will operate in compliance with all applicable federal, state and local codes, laws and regulations.	☐	☐

28	We will act in accordance with the restrictions on lobbying in 31 U.S.C. 1352 and implementing regulations in 24 CFR Part 87, which require that no federally appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of a federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any federal contract, grant, loan or cooperative agreement.	☐	☐
29	We will prohibit any employee, agent, consultant, officer, or elected or appointed official of an applicant, who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision-making process or gain inside information with regard to such activities, from obtaining a personal or financial interest or benefit from the activity, or from having an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for him or herself or those with whom he or she has family or business ties, during his or her tenure or for one year thereafter.	☐	☐

Executive Director Signature_____

Date _____

Required Attachments & Exhibits			
	Attachments & Exhibits	**Check if Attached**	**Not Applicable**
A.	Emergency Shelter Certification	☐	☐
B.	Certification Regarding Lobbying	☐	☐
C.	Homeless Consumer Participation Certification	☐	☐
D.	ESG 2016 Minimum Data Requirements and Participation Certification	☐	☐
E.	Applicant Conflict of Interest Disclosure Form	☐	☐
F.	2016 Shelter Budget Form	☐	☐
G.	Certification of Local Approval for Nonprofit organizations	☐	☐

H.	Homeless Initiatives Contact Form	☐	☐
I.	Documentation of 501(c)(3) status.	☐	☐
J.	Most recent audit completed by an outside firm and accompanying management letter	☐	☐
K.	Corporate Resolution from Board of Directors to approve application submission.	☐	☐
L.	An organizational chart showing titles and lines of authority for all individuals with any role in approving or recording of financial transactions.	☐	☐
M.	List of agency board of directors outlining who each member represents.	☐	☐
N.	Written policies and procedures for standards that address the following areas: • Applicant organization's non-discrimination policy with a paragraph narrative indicating how the general public will be informed of the policy. • Client Grievance Policy • Client Termination Policy • Evidence of policies and procedures that outline approval authority for financial transactions and guidelines for controlling expenditures. • Procurement • Access to shelter services • Residential rights and responsibilities • Personnel and facility operations • Health and safety • Food preparation and distribution • Case management services • Staff training • HMIS and computer protocols.	☐	☐

Section 4: Documents that will be required at Grant Execution

- Data Sharing Agreement
- Certification of Local Approval
- 2016 Program Budget

MAINEHOUSING NONDISCRIMINATION NOTICE:

MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Louise Patenaude, Maine State Housing Authority, 353 Water Street, Augusta, Maine 04330-4633, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice) or Maine Relay 711.

ATTACHMENT A: EMERGENCY SHELTER CERTIFICATION

I, _____,
(name)

_____
(title)

of _____
(organization name)

of _____
(street address)

_____ certify the above-mentioned
(city)

organization is compliant with the requirements of the Homeless Programs Rule as follows:

- be a non-profit corporation in good standing in the State of Maine qualified for tax exemption under 501(c)(3) of the Internal Revenue Code or a municipal corporation;

- have the administrative and financial management capacity necessary to administer and to account for the use of the applicable grant in accordance with the funding requirements;

- have a policy for the procurement of goods and services, must comply with the codes of conduct and conflict of interest requirements under 24 CFR 85.36 and 24 CFR 84.42;

- meet the objectives of the Program under which they are applying as set forth in the applicable Program Guide; and

- not engage in any explicitly religious activities, such as worship, religious instruction, or proselytization, as part of the activities and services funded with any grant for activities or services covered by this rule; and if religious activities are offered, they must be offered at a separate time or location from the activities and services covered by this rule; and participation in those religious activities must be voluntary for persons receiving assistance with funds covered by this rule;

- operate its programs free from discrimination on the basis of age, race, color, religion, national origin, physical or mental disability, sexual orientation, or gender in accordance with applicable federal and state fair housing laws;

- comply with Section 504 of the Rehabilitation Act of 1973, which prohibits disability discrimination in programs that receive HUD funds; and

- if serving families with children, provide space other than open dormitory style and do not require involuntary family separation for admission;

- have written policies and procedures for standards that address the following areas: access to shelter services, residential rights and responsibilities; program, personnel and facility operations; health and safety; food preparation and distribution; case management services; staff training; and HMIS and computer protocols.

OFFICIAL AUTHORIZED TO COMMIT APPLICANT ORGANIZATION TO THIS AGREEMENT

PRINT Name & Title _____

SIGNATURE & DATE _____

ATTACHMENT B. CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreement

That undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with this Federal contract, Grant, Loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "disclosure Form to Report Lobbying," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements and that all subrecipients shall certify and disclose accordingly).

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, " Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: _____

Title: _____

Date: _____

Typed Name and Address:

_____

_____

_____

ATTACHMENT C: HOMELESS CONSUMER PARTICIPATION

1: Eligibility Documentation Regarding Homeless Consumer Participation

Documentation of the active participation of a homeless or formerly homeless individual on the governing board or other equivalent policymaking entity which makes policies and decisions regarding any facility, service, or other assistance is a requirement for organizations applying for ESG funds as per 24 CFR Part V, 576.56 (b) (1).

Name of Organization:_____

1. Does the organization have representation of a Homeless or Formerly Homeless member on the Board of Directors or other equivalent Policymaking Entity?
   - ☐ Yes, homeless representative serves on the Board of Directors.
   - ☐ Yes, homeless representative serves on a Policymaking Entity.
   - ☐ No

2. The number of homeless representatives on the Board of Directors or policymaking entity: _____

3. The name of the Policymaking Entity is: _____

4. a. Does the Policymaking Entity consider and make policies and decisions regarding any facility, service, or other assistance provided by your organization?
   - ☐ Yes
   - ☐ No

   b. If yes, explain the types of policies and decisions regarding the facility, services, or other assistance which are made by the Policymaking Entity and how policies and decisions made by the Policymaking Entity are forwarded to the Board of Directors and what happens after. Please limit your response to a narrative that fits within the remaining space on this page.

5. Does your organization involve homeless families and individuals in maintaining, operating and rehabilitating the shelter or other facilities, and/or providing services?
   - ☐ Yes
   - ☐ No

OFFICIAL AUTHORIZED TO COMMIT APPLICANT ORGANIZATION TO THIS AGREEMENT

PRINT Name & Title _____

SIGNATURE & DATE _____

ATTACHMENT D: MINIMMUM DATA REQUIREMENTS

2016 Emergency Shelter & Housing Assistance Program (On client Entry)

NOTE: This form lists the minimum data requirements in a sample format, please only complete the certification section on page 10

Please complete one sheet for each person served, whether they are an individual or a family member

Project Entry Date: _____/_____/_____ **Project Name:**_____

ServicePointClient ID _____ **Is Client the Head of Household?** ❑ Yes ❑ No

If Client is Not Head of Household, Head of Household Name: _____

First Name: _____ **MI**: _____ **Last Name**: _____ **Suffix**: _____

Name Type:
- ❑ Full Name Reported
- ❑ Partial, Street Name, or Code Name Reported
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

SSN: _____ – _____ – _____

SSN Type:
- ❑ Full
- ❑ Approximate/Partial
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

U.S. Military Veteran? (clients 18 and older): ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

DOB(mm/dd/yyyy) _____/_____/_____

DOB Type:
- ❑ Full DOB
- ❑ Approximate or Partial DOB
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

Primary Race:
- ❑American Indian or Alaska Native
- ❑ Asian
- ❑ Black/African American
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ White
- ❑ Client Doesn't know
- ❑ Client Refused
- ❑ Data Not Collected

Secondary Race:
- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Black/African American
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ White
- ❑ Client Doesn't know
- ❑ Client Refused
- ❑ Data Not Collected

Ethnicity:
- ❑ Hispanic/Latino
- ❑ Non-Hispanic /Latino)
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

Gender:
- ❑ Female
- ❑ Male
- ❑ Transgender Male to Female
- ❑ Transgender Female to Male
- ❑ Other - **If other gender, specify** _____
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

ATTACHMENT D: MINIMMUM DATA REQUIREMENTS

2016 Emergency Shelter & Housing Assistance Program (On client Entry)

Residence Prior to Project Entry:

(choose one)	
❑ Emergency Shelter	❑ Rental by Client with GPD TIP Subsidy
❑ Foster Care Home or Foster Care Group Home	❑ Rental by Client with Other Ongoing Housing Subsidy (Non-VASH)
❑ Hospital or other Residential Non-Psychiatric Medical Facility	❑ Residential Project or Halfway House with no Homeless Criteria
❑ Hotel or Motel Paid for without an Emergency Shelter Voucher	❑ Safe Haven
❑ Jail, Prison or Juvenile Detention Facility	❑ Staying or Living in a **Family** Member's Room, Apartment or House
❑ Long-Term Care Facility or Nursing Home	❑ Staying or Living in a **Friend's** Room, Apartment or House
❑ Owned by Client, No Ongoing Housing Subsidy	❑ Substance Abuse Treatment Facility or Detox Center
❑ Owned by Client, with Ongoing Housing Subsidy	❑ Transitional Housing for Homeless Persons (includes homeless youth)
❑ Permanent Housing for Formerly Homeless Persons	❑ Other (specify)_____
❑ Place Not Meant for Habitation	❑ Client Doesn't Know
❑ Psychiatric Hospital or Other Psychiatric Facility	❑ Client Refused
❑ Rental by Client, No Ongoing Housing Subsidy	❑ Data Not Collected
❑ Rental by Client with VASH Subsidy	

Length of stay at location selected above:

- ❑ 1 day or less
- ❑ 2 days to 1 week
- ❑ More than 1 week but less than 1 month
- ❑ 1 to 3 months
- ❑ More than 3 months but less than 1 year
- ❑ 1 year or longer
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

Relationship to Head of Household:

- ❑ Self
- ❑ Head of Household's Child
- ❑ Head of Household's Spouse or Partner
- ❑ Other Relation to Head of Household
- ❑ Other Non-Related Member
- ❑ Data Not Collected

Client Location: ❑ Maine CoC – ME-500 ❑ Portland CoC – ME-502

Client Entering from the Streets, Shelter or Safe Haven? ❑Yes ❑No ❑ Client Doesn't Know ❑ Client Refused ❑ DNC

If yes, Approximate Date Started: _____/_____/_____

Regardless of where they stayed last night – Number of times the clients has been homeless on the streets, in ES, or SH in the past three years including today:

- ❑ Never in the 3 Years
- ❑ One Time
- ❑ Two Times
- ❑ Three Times
- ❑ Four or More Times
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

Total Number of Months Homeless on the street, in ES or SH in the Past Three Years

- ❑ One Month (this time is the first month)
- ❑ 2 Months
- ❑ 3 Months
- ❑ 4 Months
- ❑ 5 Months
- ❑ 6 Months
- ❑ 7 Months
- ❑ 8 Months
- ❑ 9 Months
- ❑ 10 Months
- ❑ 11 Months
- ❑ 12 Months
- ❑ More than 12 Months
- ❑ Client Doesn't Know
- ❑ Client Refused
- ❑ Data Not Collected

ATTACHMENT D: MINIMMUM DATA REQUIREMENTS

2016 Emergency Shelter & Housing Assistance Program (On client Entry)

Zip code of last permanent address: _____

Zip Code data quality: ❑ Full or Partial ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

Receiving Income from any source? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Receiving Income	Source of Income (*Check all that apply*)	Income Amount
❑Yes ❑No	Earned Income	$
❑Yes ❑No	Unemployment Insurance	$
❑Yes ❑No	Supplemental Security Income (SSI)	$
❑Yes ❑No	Social Security Disability Income (SSDI)	$
❑Yes ❑No	VA Service Connected Disability Compensation	$
❑Yes ❑No	Private Disability Insurance	$
❑Yes ❑No	Worker's Compensation	$
❑Yes ❑No	Temporary Assistance for Needy Families (TANF)	$
❑Yes ❑No	General Assistance	$
❑Yes ❑No	Retirement Income From Social Security	$
❑Yes ❑No	VA Non-Service Connected Disability Pension	$
❑Yes ❑No	Pension or Retirement Income from Another Job	$
❑Yes ❑No	Child Support	$
❑Yes ❑No	Alimony or Other Spousal Support	$
❑Yes ❑No	Other – Specify Source _____	$

Receiving Non-Cash Benefit from any source? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Receiving Benefit	Source of Non-Cash Benefit (*Check all that apply*)	Benefit Amount *(when applicable)*
❑Yes ❑No	Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	$
❑Yes ❑No	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	$
❑Yes ❑No	TANF Child Care services	$
❑Yes ❑No	TANF transportation services	$
❑Yes ❑No	Other TANF-funded services	$
❑Yes ❑No	Section 8, public housing, or other ongoing rental assistance	$
❑Yes ❑No	Temporary Rental Assistance	$
❑Yes ❑No	Other Source – Specify Source _____	$

Is Client Covered by Health Insurance? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Covered	Health Insurance Type (*Check all that apply*)
❑Yes ❑No	MEDICAID
❑Yes ❑No	MEDICARE
❑Yes ❑No	State Children's Health Insurance Program
❑Yes ❑No	Veteran's Administration (VA) Medical Services

2016 Emergency Shelter & Housing Assistance Program (On client Entry)

Insurance Information (cont.)

❑Yes ❑No	Employer-Provided Health Insurance
❑Yes ❑No	Health Insurance obtained through COBRA
❑Yes ❑No	State Health Insurance for Adults
❑Yes ❑No	Private Pay Health Insurance

Do you have a disability of long duration? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Disability Type	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Documentation of the disability and severity on file?	Currently Receiving Treatment or Services?
Physical ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Developmental ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Chronic Health Condition ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
HIV/AIDS ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Mental Health Problem ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Alcohol Abuse ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Drug Abuse ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Both Alcohol and Drug Abuse ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No

Has the client ever been a victim of domestic violence? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

If yes, how long ago?
- ❑ Within the past three months
- ❑ Three to six months ago
- ❑ From six to twelve months ago
- ❑ More than a year ago
- ❑ Client Doesn't know
- ❑ Client Refused

If yes, are you currently fleeing? ❑Yes ❑No ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

ATTACHMENT D: MINIMMUM DATA REQUIREMENTS

2016 Emergency Shelter & Housing Assistance Program (Interim Review)

Interim Review Date: _____/_____/_____ **Project Name:**_____

ServicePointClient ID _____ **Is Client the Head of Household?** ❑ Yes ❑ No

If Client is Not Head of Household, Head of Household Name: _____

First Name: _____ **MI**: _____ **Last Name**: _____ **Suffix**: _____

VI-SPDAT Date: _____/_____/_____

VI-SPDAT Type: ❑ Individual ❑ Family ❑ Teen

VI-SPDAT Score: _____

Housing Stability Plan Completed: ❑Yes ❑No

Client Location: ❑ Maine CoC – ME-500 ❑ Portland CoC – ME-502

Receiving Income from any source? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Receiving Income	Source of Income (*Check all that apply*)	Income Amount
❑Yes ❑No	Earned Income	$
❑Yes ❑No	Unemployment Insurance	$
❑Yes ❑No	Supplemental Security Income (SSI)	$
❑Yes ❑No	Social Security Disability Income (SSDI)	$
❑Yes ❑No	VA Service Connected Disability Compensation	$
❑Yes ❑No	Private Disability Insurance	$
❑Yes ❑No	Worker's Compensation	$
❑Yes ❑No	Temporary Assistance for Needy Families (TANF)	$
❑Yes ❑No	General Assistance	$
❑Yes ❑No	Retirement Income From Social Security	$
❑Yes ❑No	VA Non-Service Connected Disability Pension	$
❑Yes ❑No	Pension or Retirement Income from Another Job	$
❑Yes ❑No	Child Support	$
❑Yes ❑No	Alimony or Other Spousal Support	$
❑Yes ❑No	Other – Specify Source _____	$

Receiving Non-Cash Benefit from any source? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Receiving Benefit	Source of Non-Cash Benefit (*Check all that apply*)	Benefit Amount (*when applicable*)
❑Yes ❑No	Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	$
❑Yes ❑No	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	$
❑Yes ❑No	TANF Child Care services	$
❑Yes ❑No	TANF transportation services	$
❑Yes ❑No	Other TANF-funded services	$
❑Yes ❑No	Section 8, public housing, or other ongoing rental assistance	$

2016 Emergency Shelter & Housing Assistance Program (Interim Review)

Benefit Information (cont.)

❑Yes ❑No	Temporary Rental Assistance	$
❑Yes ❑No	Other Source – Specify Source _____	$

Is Client Covered by Health Insurance? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Covered	Health Insurance Type (*Check all that apply*)
❑Yes ❑No	MEDICAID
❑Yes ❑No	MEDICARE
❑Yes ❑No	State Children's Health Insurance Program
❑Yes ❑No	Veteran's Administration (VA) Medical Services
❑Yes ❑No	Employer-Provided Health Insurance
❑Yes ❑No	Health Insurance obtained through COBRA
❑Yes ❑No	State Health Insurance for Adults
❑Yes ❑No	Private Pay Health Insurance

Do you have a disability of long duration? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Disability Type	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Documentation of the disability and severity on file?	Currently Receiving Treatment or Services?
Physical ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Developmental ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Chronic Health Condition ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
HIV/AIDS ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Mental Health Problem ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Alcohol Abuse ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Drug Abuse ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No

Disability Information (cont.)

Both Alcohol and Drug Abuse ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No

Has the client ever been a victim of domestic violence? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

If yes, how long ago?
- ❑ Within the past three months
- ❑ Three to six months ago
- ❑ From six to twelve months ago
- ❑ More than a year ago
- ❑ Client Doesn't know
- ❑ Client Refused

If yes, are you currently fleeing? ❑Yes ❑No ❑ Client Doesn't Know ❑ Client Refused ❑ Data Not Collected

ATTACHMENT D: MINIMMUM DATA REQUIREMENTS

2016 Emergency Shelter & Housing Assistance Program (On client Exit)

Please complete one sheet for each person served, whether they are an individual or a family member

Project Exit Date: _____/_____/_____ **Project Name:**_____

ServicePointClient ID _____ **Is Client the Head of Household?** ❑ Yes ❑ No

If Client is Not Head of Household, Head of Household Name: _____

First Name: _____ **MI**: _____ **Last Name**: _____ **Suffix**: _____

Reason for Leaving:

- ❑ Left for housing opp. before completing program:
- ❑ Non-Payment of rent / occupancy charge:
- ❑ Criminal activity / destruction of property / violence
- ❑ Needs could not be met:
- ❑ Death
- ❑ Other **(Specify)** _____
- ❑ Completed program:
- ❑ Non-Compliance with program
- ❑ Reached maximum time allowed
- ❑ Disagreement with rules/persons
- ❑ Unknown/Disappeared

Destination or residence at program exit:

(choose one)	
❑ Deceased	❑ Rental by Client with GPD TIP Subsidy
❑ Emergency Shelter	❑ Rental by Client with Other Ongoing Housing Subsidy (Non-VASH)
❑ Foster Care Home or Foster Care Group Home	❑ Residential Project or Halfway House with no Homeless Criteria
❑ Hospital or other Residential Non-Psychiatric Medical Facility	❑ Safe Haven
❑ Hotel or Motel Paid for without an Emergency Shelter Voucher	❑ Staying or Living with **Family**, permanent tenure
❑ Jail, Prison or Juvenile Detention Facility	❑ Staying or Living with **Family,** temporary tenure
❑ Long-Term Care Facility or Nursing Home	❑ Staying or Living with **Friends,** permanent tenure
❑ Moved from one HOPWA funded project to HOPWA PH	❑ Staying or Living with **Friends,** temporary tenure
❑ Moved from one HOPWA funded project to HOPWA TH	❑ Substance Abuse Treatment Facility or Detox Center
❑ Owned by Client, No Ongoing Housing Subsidy	❑ Transitional Housing for Homeless Persons (includes homeless youth)
❑ Owned by Client, with Ongoing Housing Subsidy	❑ Other (specify)_____
❑ Permanent Housing for Formerly Homeless Persons	❑ No Exit Interview Completed
❑ Place Not Meant for Habitation	❑ Client Doesn't Know
❑ Psychiatric Hospital or Other Psychiatric Facility	❑ Client Refused
❑ Rental by Client, No Ongoing Housing Subsidy	❑ Data Not Collected
❑ Rental by Client with VASH Subsidy	

Permanent Housing/Ongoing Subsidy Type:
- ❑HCV
- ❑STEP
- ❑Shelter Plus Care
- ❑Facility Based Permanent Supportive Housing

Receiving Income from any source? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Receiving Income	Source of Income (*Check all that apply*)	Income Amount
❑Yes ❑No	Earned Income	$
❑Yes ❑No	Unemployment Insurance	$

2016 Emergency Shelter & Housing Assistance Program (On client Exit)

Income Information (cont.)

❑Yes ❑No	Supplemental Security Income (SSI)	$
❑Yes ❑No	Social Security Disability Income (SSDI)	$
❑Yes ❑No	VA Service Connected Disability Compensation	$
❑Yes ❑No	Private Disability Insurance	$
❑Yes ❑No	Worker's Compensation	$
❑Yes ❑No	Temporary Assistance for Needy Families (TANF)	$
❑Yes ❑No	General Assistance	$
❑Yes ❑No	Retirement Income From Social Security	$
❑Yes ❑No	VA Non-Service Connected Disability Pension	$
❑Yes ❑No	Pension or Retirement Income from Another Job	$
❑Yes ❑No	Child Support	$
❑Yes ❑No	Alimony or Other Spousal Support	$
❑Yes ❑No	Other – Specify Source _____	$

Receiving Non-Cash Benefit from any source? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Receiving Benefit	**Source of Non-Cash Benefit** (*Check all that apply*)	**Benefit Amount** *(when applicable)*
❑Yes ❑No	Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	$
❑Yes ❑No	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	$
❑Yes ❑No	TANF Child Care services	$
❑Yes ❑No	TANF transportation services	$
❑Yes ❑No	Other TANF-funded services	$
❑Yes ❑No	Section 8, public housing, or other ongoing rental assistance	$
❑Yes ❑No	Temporary Rental Assistance	$
❑Yes ❑No	Other Source – Specify Source _____	$

Is Client Covered by Health Insurance? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Covered	**Health Insurance Type** (*Check all that apply*)
❑Yes ❑No	MEDICAID
❑Yes ❑No	MEDICARE
❑Yes ❑No	State Children's Health Insurance Program
❑Yes ❑No	Veteran's Administration (VA) Medical Services
❑Yes ❑No	Employer-Provided Health Insurance
❑Yes ❑No	Health Insurance obtained through COBRA
❑Yes ❑No	State Health Insurance for Adults
❑Yes ❑No	Private Pay Health Insurance

ATTACHMENT D: MINIMMUM DATA REQUIREMENTS

2016 Emergency Shelter & Housing Assistance Program (On client Exit)

Do you have a disability of long duration? ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused ❑Data Not Collected

Disability Type	Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Documentation of the disability and severity on file?	Currently Receiving Treatment or Services?
Physical ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Developmental ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Chronic Health Condition ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
HIV/AIDS ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Mental Health Problem ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Alcohol Abuse ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Drug Abuse ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No
Both Alcohol and Drug Abuse ❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No ❑Client Doesn't Know ❑Client Refused	❑Yes ❑No	❑Yes ❑No

CERTIFICATION OF COMPLIANCE

I, _____, in my capacity as Executive Director of _____, do hereby certify to comply with the
(name) (Agency)

data entry requirements outlined within this form and will record services provided to our clients. This data will be recorded in the HMIS or comparable database for victim service providers. I understand that failure to enter this information into ServicePoint or a comparable database for victim service providers may impact future funding.

_____ _____
(Signature) (Date)

MaineHousing
Maine State Housing Authority

Attachment E - APPLICANT CONFLICT OF INTEREST DISCLOSURE FORM

To ensure that we maintain the continued confidence of Maine people and our partners in carrying out our mission of providing affordable housing, our employees and commissioners and former employees and commissioners must avoid situations which are, or appear to be, at odds with their responsibility to MaineHousing. These situations can include obligations or commitments to other organizations or individuals or personal or financial relationships or interests.

Maine law and, when federal funding is involved, federal regulations govern conflicts of interest. In general, these laws prohibit MaineHousing employees and commissioners from working on transactions with applicants with whom they have financial, business, professional, or personal relationships or other ties. In addition, these laws prohibit former MaineHousing employees and commissioners from working on certain transactions for up to two years after leaving MaineHousing.

To help ensure the continuing integrity of MaineHousing's business and compliance with these laws, applicants for loans or certain other assistance under MaineHousing's programs must disclose any financial, business, professional, civic, charitable, family (or other personal) relationships, associations or connections that the applicant, its affiliates, employees of applicant who may work on the MaineHousing project, or any parties the applicant intends to hire to work on the MaineHousing project (whether employees, contractors or consultants) may currently have with MaineHousing or any MaineHousing employee or commissioner or may have had within the past two years. An applicant and its affiliates include:

- if the applicant is one or more individuals, all individuals;
- if the applicant is a business or nonprofit entity, that entity;
- the officers and board members of the applicant;
- employees of the applicant with decision-making authority, including an executive director, manager or someone in a similar position;
- if the applicant is a business corporation, any shareholder with a controlling interest;
- if the applicant is a partnership, the applicant's partners;
- any other business partner or associate of the applicant involved in this MaineHousing project;
- if the applicant is a limited liability company, the members and managers;

- a family member (including husband, wife, child, brother, sister) or other person in a personal relationship;

If you are unsure whether a relationship, association, or connection you have may constitute a conflict of interest, please consult with MaineHousing's Manager of Internal Audit

.

APPLICANT CONFLICT OF INTEREST DISCLOSURE FORM

To the best of your knowledge:

1. **Are you, any of your affiliates, or any party you intend to hire to work on the project a party to (or financially interested in) any business owned or operated by a MaineHousing commissioner or employee either as an individual or through an interest in a corporation, partnership, limited liability company, or other entity?**

   ☐ **YES** ☐ **NO**

2. **Do you, any of your affiliates, or any party you intend to hire to work on the project have family relations or other personal associations with any MaineHousing employee or MaineHousing commissioner?**

   ☐ **YES** ☐ **NO**

3. **Do you or any party you intend to hire to work on the project have any employee who was once an employee or commissioner of MaineHousing?**

   ☐ **YES** ☐ **NO**

4. **Do you, any of your affiliates, or any party you intend to hire to work on the project have any other type of relationship either with a MaineHousing employee or MaineHousing commissioner that may be construed to be a conflict of interest?**

   ☐ **YES** ☐ **NO**

5. **Do you, a member of your immediate family, your partner, or an organization which employs you benefit from funds from the U.S. Department of Housing and Urban Development?**

   ☐ **YES** ☐ **NO**

PLEASE NOTE: If you answered yes to any of the above questions, please describe below (or on back).

Name of Applicant:

_____

Signed: _____ Date: _____

Printed Name: _____

Title:_____

2016 Shelter Budget Information

ATTACHMENT F

SEPERATE BUDGET PER SHELTER FACILITY

Name of Shelter

Agency/Organization

Number of Beds Available:

Number of FTE's for Operating:

Number of FTE's for Rapid Re-housing:

INCOME	
Calendar or fiscal year dates →	2016 Projected Revenues
MaineHousing State Funds	
MaineHousing Federal Funds (ESG)	
State DHHS Agreement	
MaineCare (Targeted Case Mgmt)	
Other State Funds	
County/Municipal Funds	
Direct Federal Funds (specify)	
Other Revenue:	
United Way	
Fundraising	
Private Donation	
Other (specify)	
Program Income:	
Client Fees (rent, etc)	
Sale of Products	
Other (specify)	
Other (specify)	
Total Revenue	$ 0.00

OPERATING EXPENSES	
Calendar or fiscal year dates ►	2016 Projected Activities
Operating Salaries	
Employee Benefits	
Rent	
Utilities	
Insurance	
Security	
Fuel	
Repairs & Maintenance	
Equipment	
Telephone	
Furnishings	
Food	
Other (Specify)	
Other (Specify)	
Other (Specify)	
Other (Specify)	
Other (Specify)	
Total expenses for shelter plant operations	$ 0.00

STAFFING & NAVIGATOR EXPENSES	
Calendar or fiscal year dates ►	2016 Projected Activities
Salaries	
Employee Benefits	
Telephone	
Office Supplies	
Postage	
Copier/Printing	
Occupancy Costs	
Travel	
HMIS Data Entry	
Computer Equipment	
Other (Specify)	
Other (Specify)	
Other (Specify)	
Other (Specify)	
Other (Specify)	
Other (Specify)	
Other (Specify)	
Total expenses for staffing & Navigator services	$ 0.00

Signature of person completing form

Date

Title of person completing form

Date

ATTACHMENT G:

CERTIFICATION OF LOCAL APPROVAL FOR NONPROFIT ORGANIZATIONS

This form is required with the application of any non-profit applying directly to MaineHousing, instead of in conjunction with a local government.

The undersigned, authorized to act on behalf of _____, certifies to
(Name of town, city or county)
MaineHousing that although this jurisdiction will not perform the functions of the 2016 grant recipient for Emergency Shelter Grants amounts, it does hereby approve of the activities to be undertaken with the grant funds by _____, _____ to
(Name of shelter) (Location of grant activities)
to include the following activities:

_____ _____
Date Signature

_____
Printed Name

_____
Title

MaineHousing
Maine State Housing Authority

Attachment H: Homeless Initiatives Contact Form

Organization Name: _____ Date:
Organization Mailing Address: _____
City: _____
State: _____
Organization Physical Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Website: _____

Organization Type (check all that apply):	
City/County	
Non-Profit	
FaithBased/NonProfit	
Other :	

Shelter Name*: _____
Shelter Mailing Address: _____
City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____

*If you operate more than one shelter please complete one form for each.

Executive Director:_____ Title:_____
E-mail Address:_____ Phone: _____ Ext. _____ Fax: _____

Shelter Director and/or Program Manager:_____Title:_____
E-mail Address:_____ Phone: _____ Ext. _____ Fax: _____

Primary Financial Contact:_____ Title:_____
E-mail Address:_____ Phone: _____ Ext. _____ Fax: _____

Primary Navigator Services Contact:_____Title:_____
E-mail Address:_____ Phone: _____ Ext. _____ Fax: _____

Primary HMIS Contact:_____ Title:_____
E-mail Address:_____ Phone: _____ Ext. _____ Fax: _____

Navigator Services Provider:_____ Title:_____
E-mail Address:_____ Phone: _____ Ext. _____ Fax: _____

Navigator Services Provider:_____ Title:_____
E-mail Address:_____ Phone: _____ Ext. _____ Fax: _____

Navigator Services Provider:_____ Title:_____
E-mail Address:_____ Phone: _____ Ext. _____ Fax: _____

Navigator Services Provider:_____ Title:_____
E-mail Address:_____ Phone: _____ Ext. _____ Fax: _____

Executive Director _____ _____ _____
Signature *Printed Name* *Date*