



# Emergency Shelter and Housing Assistance Program (ESHAP)

---

*2022 Program Guide & Application*

*Agency Name:*

*Date:*

Table of Contents

Program Guide..... 3

    Overview & Purpose..... 3

    Funding Allocation & Eligible Activities ..... 3

    Housing Voucher Rental Subsidies..... 5

    ESHAP Eligible Applicants ..... 6

    Monitoring Compliance and Technical Assistance ..... 8

Application..... 9

    Application Process..... 9

    Application Timeline..... 10

    Application Questions ..... 10

MAINEHOUSING NONDISCRIMINATION NOTICE: ..... 16

ATTACHMENT A. CERTIFICATION REGARDING LOBBYING ..... 17

ATTACHMENT B: HOMELESS EXPERIENCE CONSUMER PARTICIPATION..... 18

ATTACHMENT C: MINIMUM DATA REQUIREMENTS..... 19

ATTACHMENT D - APPLICANT CONFLICT OF INTEREST DISCLOSURE FORM ..... 20

ATTACHMENT E CERTIFICATION OF LOCAL APPROVAL FOR NONPROFIT ORGANIZATIONS..... 22

ATTACHMENT F HOMELESS INITIATIVES CONTACT FORM..... 23

# Program Guide

## Overview & Purpose

The mission of MaineHousing is to assist Maine people in obtaining and maintaining quality affordable housing and services suitable to their housing needs. In carrying out this mission, MaineHousing provides leadership, maximizes resources, and promotes partnerships to develop and implement sound housing policy.

MaineHousing uses funds from certain federal and state resources to give grants to agencies for a variety of activities to assist people who are experiencing homelessness or who are at risk of experiencing homelessness. MaineHousing has allocated resources to the Emergency Shelter and Housing Assistance Program (ESHAP) to be distributed according to the Funding Formula Allocation outlined in Section 4 of MaineHousing's Homeless Solutions Rule (the "Rule"). The Rule is available electronically at:  
<http://www.mainehousing.org/docs/default-source/msha-rules/19--homeless-solutions-rule.pdf>.

This program guide and application outlines the process through which these funds will be distributed, the parameters of the activities that they can support, and the process to apply for funding. Capitalized terms have the same meaning as in the Rule unless context indicates otherwise.

ESHAP grantees can receive funding through the three funding components that make up the award: the Shelter Operations Share, the Housing Stabilization Share and the Performance Share. MaineHousing also allocates Rapid Re-housing and permanent rental subsidies to ESHAP Shelters through vouchers. These vouchers are: Stability Through Engagement Program/Tenant Based Rental Assistance (STEP/TBRA) Vouchers and Home to Stay/Housing Choice Vouchers (HTS/HCV). Each of these vouchers have Administrative Plans which detail their usage and are available electronically at  
<https://www.mainehousing.org/docs/default-source/rental/2021-hcv-administrative-plan.pdf> and  
<https://www.mainehousing.org/docs/default-source/homeless/homeless-initiatives/step/step-resources/step-administrative-plan.pdf>

All ESHAP funds must be targeted to individuals and families that meet the definition of homeless outlined in 24 CFR § 576.2. MaineHousing has designed ESHAP and tailored its monitoring of ESHAP to ensure its grantees are in compliance with all listed funding sources. Housing vouchers and subsidies are always subject to the availability of funds.

MaineHousing has also made Supportive Housing Repair Program Funds available to current ESHAP grantees in good standing. The purpose of this funding is to assist Emergency Shelters in addressing physical plant deficiencies and/or issues in need of correction. Application to this funding must be made separately and details are available at

<https://www.mainehousing.org/docs/default-source/development/2021-final-supportive-housing-emergency-shelter-repair-program-guide---updated-3-2021687c2d36-1658-41af-8fab-9049b6b834d2.pdf>

## Funding Allocation & Eligible Activities

ESHAP funds will be distributed as follows:

### Shelter Operations Share:

An amount equal to 45% of the Funding Formula Allocation will be disbursed among Emergency Shelters, 3 such that each Emergency Shelter will receive a percentage equal to its Bed Capacity divided by a number

equal to the total Bed Capacity available statewide for the calendar year. Bed Capacity for the 2022 ESHAP operations share is based on the last pre-pandemic HIC, 2020. Agencies will receive scheduled payments on a quarterly basis.

*Eligible Activities:* The costs of maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings, supplies and staff necessary for the operation of the Emergency Shelter.

*Disbursement:* Quarterly

### **Housing Stabilization Share:**

An amount equal to 45% of the Funding Formula Allocation will be disbursed among eligible agencies, such that each agency providing staffing for Rapid Re-housing, Housing First and Housing Stabilization services operated by the agency will be eligible to receive a percentage equal to the agency's number of Clients Assessed and Stabilized, divided by the total number of Clients Assessed and Stabilized statewide in the previous quarter. Agencies are reimbursed for costs on a quarterly basis.

*Eligible Activities:* Navigator staffing, including at least one staff designated and trained as the Primary Navigator for your agency. The Primary Navigator should attend, or complete e-learning training, specific to navigator services. This person will be the primary point of contact regarding Navigator services for the ESHAP grantee. The Primary Navigator will coordinate messaging from MaineHousing staff to the rest of their agency in regards to navigator services and program delivery requirements.

*Additional Criteria:* Although each agency will have a Primary Navigator, other staff within the agency may provide navigator services to eligible households that can be reimbursable through the Housing Stabilization Share. Navigator services must be provided for by the agency receiving the funds. Eligible households must meet the criteria under paragraph (1) of the "homeless" definition in 24 CFR § 576.2 or under paragraph (4) of the "homeless" definition and live in an emergency shelter or other place described in paragraph (1) of the "homeless" definition. Navigator services must include assessment with housing prioritization tools, 30 day check-ins and Housing Stability Plans, as well as housing navigation and stabilization services.

### **Assessments**

Clients may be assessed if they have experienced homelessness for 15 of the previous 90 days, using the common assessment tools which are designated by MaineHousing and the Maine Continuum of Care. Clients whose assessment results deem them ineligible for ESHAP services should not be enrolled, while clients with eligible assessment results will be entered into the agency's ESHAP program. Documentation of enrollment or non-enrollment should be retained in the client file. Detailed information about the common assessment tool and appropriate housing interventions are provided in the Navigator Services Guide found under the ESHAP heading at

<https://mainehousing.org/partners/partner-type/homeless-service-providers/homeless-initiatives>.

### **Monthly Check-Ins and Housing Stability Plans**

Every client enrolled in ESHAP services must have a Housing Stability Plan based on the needs found in the common assessments. The Housing Stability Plan should be updated during at 30 day check-in to assess the progress and address any additional needs. A new Housing Stability Plan should be created every 90 days.

### **Housing Navigation and Stabilization**

Clients should be given Housing Stabilization services after their enrollment in ESHAP. The Navigators should apply for appropriate subsidies and housing based on the assessment result recommendations for the client. All documentation of housing work including housing applications, mainstream and housing referrals, documentation applications, leases, etc. should be kept in the client's file to show on-going navigation efforts. Documentation that clients were offered an opportunity to participate in housing counseling through the RentSmart curriculum should be present in the client file. After the client is housed, on-going Housing Stabilization services are expected to continue for no less than one year. Clients who are not receiving subsidy through a STEP or Home to Stay voucher have the option to opt out of Housing Stabilization services; any decision to opt out must be noted in the client file.

### **Ending Services**

If a client is terminated from the program, the client should be provided with a letter clearly stating the reason for the termination and the process to appeal the decision. A copy of the termination letter and any other appeal documentation must be included in the client file.

Protections under VAWA: Sub-recipients are exempt from service and stability plan requirements if the Violence Against Women Act of 1994 (42 U.S.C. 13701 et seq.) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.) prohibits that recipient or sub-recipient from making its shelter or housing conditional on the participant's acceptance of services.

*Disbursement:* Quarterly

### **Performance Share:**

An amount equal to 10% of the Funding Formula Allocation will be allocated among Emergency Shelters that in the previous 6 months had 15% or fewer clients who exited to permanent housing return to homelessness based on performance indicator data in HMIS (or elsewhere for providers of services to victims of domestic violence). The percentage of funding an Emergency Shelter receives will be equal to the number of clients served by that provider divided by the total number of clients served by all of the Emergency Shelters that meet this performance measure in the applicable 6 month period.

*Eligible Activities:* Any purpose consistent with the provider's mission, and not otherwise prohibited by state or federal regulations.

*Disbursement:* The Performance Share is awarded semi-annually with the Operations and Stabilization disbursements. The share is based on performance in January 1- June 30, and July 1 to December 31. The data utilized is from the six-month period that just concluded.

### **Housing Voucher Rental Subsidies**

Staff providing navigator services will additionally have access to a set aside of Stability Through Engagement Program/Tenant Based Rental Assistance Vouchers (STEP/TBRA) and Home To Stay Housing Choice Vouchers (HTS HCV) rental subsidies as resources remain available. Please refer to the Navigator Services Process Guide available electronically at <http://mainehousing.org/partners/partner-type/homeless-service-providers/homeless-initiatives> for detailed information regarding expectations and processes for the navigator role, which is integral to utilizing the voucher resources.

## Stability Through Engagement Program/Tenant Based Rental Assistance (STEP/TBRA)

STEP/TBRA guidelines, funding sources, and governing regulations are detailed in the STEP/TBRA Administrative Plan located at [https://mainehousing.org/docs/default-source/homeless/homeless-initiatives/step/step-resources/step-administrative-plan.pdf?sfvrsn=42f78f15\\_2](https://mainehousing.org/docs/default-source/homeless/homeless-initiatives/step/step-resources/step-administrative-plan.pdf?sfvrsn=42f78f15_2). Providers may access STEP/TBRA only to the extent that the resources remain available. Units funded through STEP/TBRA must be accessed through the Maine CoC Coordinated Entry Process once it is developed. Grantees will use the funds for rental assistance, utility deposits and security deposits to rapidly re-house homeless families and individuals.

## Housing Choice Vouchers (HCV)

Home to Stay Housing Choice Vouchers (HTS HCV) will be administered according to federal regulations and MaineHousing policies detailed in the current Administrative Plan for Section 8 Housing Choice Voucher and Project Based Voucher Programs.

MaineHousing makes the final decision on program eligibility, which requires a determination that the current or past behavior of household members does not include activities which are prohibited by HUD or MaineHousing. Upon admission, each family will be required to pay between 30% to 40% of their adjusted total household income for rent in accordance with the individual vouchers administrative plans. All subsidies are only available as funding permits.

## ESHAP Eligible Applicants

To be eligible to receive ESHAP funds, an Applicant must:

- 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;
- be eligible in accordance with the HEARTH Act;
- be a provider of homeless services with at least one (1) year of experience providing emergency housing, street outreach, Homeless Prevention, or Rapid Re-housing activities;
- be a regular and active participant in the Maine Continuum of Care, in accordance with its governance charter and performance criteria;
- have board and or advisory board representation from Persons Experiencing Homelessness or formerly experiencing homelessness who are involved in policy or planning of the organization;
- participate in Coordinated Entry Process by entering into an Agency Participation Agreement (or equivalent for Domestic Violence and Youth Coordinated Entry Systems) for sharing data and administering housing prioritization and assessment tools in accordance with any CoC Coordinated Entry Written Standards and other policies and procedures documents;
- 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;
- operate in accordance with the homelessness strategy outlined in the Maine Consolidated Plan;
- meet the objectives of ESHAP;
- 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;
- 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 ESHAP funds;

- 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
- comply with MaineHousing requirements.

To be eligible to receive Shelter Operations or Performance Share Funds, an Applicant must also:

- provide access 365 days per year to assist Persons Experiencing Homelessness meet basic emergency shelter needs;
- provide adequate sleeping space or beds, and clean and functioning shower and toilet facilities;
- 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;
- treat all guests with dignity and respect, regardless of religious or political beliefs, cultural background, disability, gender identity or sexual orientation;
- provide shelter and housing services based upon a Rapid Re-housing or Housing First approach;
- have admittance and stay policies that are appropriate for the population served and do not create unnecessary barriers to guests staying;
- 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;
- assess guests for housing prioritization and services to enable mobility to permanent housing with adequate supports;
- inform guests of their rights and responsibilities, including specific shelter policies and house rules;
- 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;
- have no lease requirements for guests;
- if serving families with children, provide space other than open dormitory style and do not require involuntary family separation for admission;
- provide separate accommodations for male and female consumers consistent with their gender identity;
- protect the privacy and confidentiality of guests and their personal information;
- provide training, policies, procedures and regular maintenance to encourage, improve, and maintain the health and safety of guests, volunteers and staff;
- post fire, disaster, and other emergency procedures in a conspicuous place and review the procedures with each guest;
- maintain a daily and confidential census of shelter clients including precise sleeping locations;
- operate in compliance with all applicable federal, state and local codes, laws and regulations; and
- have written standards in the form of agency specific policies and procedures 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 or comparable database; coordination of services; non-discrimination; grievance and termination; whistleblower protections; and computer protocols; and

- make RentSmart tenant based educational training available to eligible ESHAP participants.

### **Monitoring Compliance and Technical Assistance**

MaineHousing will review for program compliance at least every two years at reasonable times and may copy and examine all of a grantee's records other than medical or other confidential client information protected by privacy laws except as required by the federal award pursuant to 2 CFR section 200.336. Grantees will maintain records sufficient to meet monitoring and auditing requirements of MaineHousing and HUD including, without limitation, daily rosters and client files. Grantees will adhere to uniform administrative requirements as outlined in the code of federal regulations 2 CFR section 200, and retain program records for no less than 5 years after participation ends. Grantees will maintain timesheets for staff salaries being charged to ESHAP that specify the amount of time spent on ESHAP activities. MaineHousing will inspect the shelter physical plant for compliance with 24 CFR 576.403 (b) and other MaineHousing requirements.

MaineHousing staff will provide grantees with training, technical assistance, monitoring and oversight to ensure program integrity.

Funding is subject to a grantee's compliance with this guide, a grant agreement with MaineHousing, and with all applicable federal, state and local laws and ordinances as may be amended from time to time including, without limitation, the Rule, the Maine Housing Authorities Act, 30-A M.R.S.A., §4701, et. seq., as amended: and the McKinney-Vento Act, as amended by the HEARTH Act.

MaineHousing will review the performance of each grantee in carrying out its responsibilities at least every two years and as otherwise determined by MaineHousing. In conducting performance reviews, MaineHousing will rely primarily on information obtained from the records and reports from grantees, as well as information from monitoring reviews, audit reports, and HMIS or comparable data bases. If MaineHousing determines that a grantee has not complied with a program requirement, MaineHousing will give the grantee notice of this determination. MaineHousing will offer technical assistance and give the grantee an opportunity to demonstrate, within the time prescribed by MaineHousing, that grantee has complied with program requirements. If the grantee fails to demonstrate to MaineHousing's satisfaction that the activities were carried out in compliance with program requirements, MaineHousing may take one or more of the following actions:

- provide additional technical assistance and training opportunities;
- instruct the grantee to submit and comply with proposals for action to correct, mitigate, and prevent noncompliance with program requirements;
- suspend disbursement of funds for some or all activities;
- reduce or terminate the remaining grant and reallocate those funds to other grantees;
- disqualify grantee from participation in the Performance Share or future ESHAP; and
- require grantee to repay grant funds.



# Application

## Application Process

The Applications are due no later than Monday, **November 24th, 2021 by 5pm**. If you have questions as you prepare your Application, please e-mail [SHLTAPP@mainehousing.org](mailto:SHLTAPP@mainehousing.org).

Uploading and submitting the Application and any supporting documents must be completed online; just click on the following secure link: <https://mainehousing.sharefile.com>. Upload to the following path: Shared Folders/Homeless Initiatives/Your Shelter/2022/Program Guide and Application. Applications may be submitted as two documents; the application as one document (filled electronically), and the attachments as a second. Applications not submitted as prescribed will not be reviewed. The application is electronically fillable; please utilize electronic signatures for all required signatures when submitting the filled application. Please note that the documents submitted with your ESHAP Application are used for the purpose of monitoring your shelter's compliance with ESHAP.

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 the following and be uploaded to your ShareFile Folder;

1. Complete answers for Application questions 1 – 12;
2. a completed Emergency Shelter Minimum Threshold Requirements review (see below);
3. the following attachments uploaded and with electronic signatures;
  - Attachment A: Certificate Regarding Lobbying;
  - Attachment B: Homeless Experience Consumer Participation Certification;
  - Attachment C: Minimum Data Requirements Certification;
  - Attachment D: Applicant Conflict of Interest Disclosure and Acknowledgement Form;
  - Attachment E: Certificate of Local Approval for Nonprofit Organizations;
  - Attachment F: Homeless Initiatives Contact Form;
  - Attachment G: Documentation of 501c3 Status;
  - Attachment H: Most recent audit within the last 12 months completed by an outside firm and accompanying management letter. (A133 or comparable);
  - Attachment I: Corporate Resolution from Board of Directors to approve application submission;
  - Attachment J: An organizational chart showing titles and lines of authority for all individuals with any role in approving or recording of financial transactions;
  - Attachment K: List of agency board of directors outlining who each member represents and;
4. any listed policy that has been revised or edited since the previous grant application or all listed policies and procedures if your agency did not apply for ESHAP funding in 2021.

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

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

Applicants who are eligible for funding will be issued a Grant Agreement specifying terms and conditions of the funding award. Once successful applicants receive this notification they will be expected to submit:



4. What is your shelter's turn away policy when the shelter is full? (1000 Characters)
  
  
  
  
  
  
  
  
  
  
5. What criteria do you have in place for acceptance into shelter? If you provide Navigation services only, is the population and criteria different, if so, how? What are your hours of operation? Please include hours administrative staff are available as well as the hour's guests are allowed to stay on site.
  
  
  
  
  
  
  
  
  
  
6. Please describe your agency's involvement, if any, with Long Term Stayer meetings. Please include the name and contact email of any and all staff that you have attending these meetings regularly. (1000 Characters)
  
  
  
  
  
  
  
  
  
  
7. Data & Security:
  - a. What is your Malware/Virus Protection software type? How often is it updated?
  
  
  
  
  
  
  
  
  
  
  - b. What does your agency have for internet access check all that apply –
    - i. Wired Connection Only
    - ii. Staff Only Wi-Fi
    - iii. Public Wi-Fi
  
  - c. Does your agency have standards for periodic password changes and password complexities? If yes, please describe.

- d. Do you currently do background checks and federal exclusion checks on staff – if so, who does your agency screen and at what level?

8.

- a. For all sites you are requesting funding for, please list all fixed facilities by Shelter Name and Address (Unless you are a DV shelter)

Site/Shelter Name	Physical Address (Do not list if you are a DV provider)

- b. For each site that you are applying for funding please answer the following:

	Site:	Site:	Site:	Site:
Target Population(s)				
Number of Beds for Single Adult Individuals				
Number of Beds for Families with Children				
Number of Family Units				
Number of Beds dedicated to Chronically Homeless Youth				
Number of Beds dedicated to any other Youth				
Number of Beds dedicated to Chronically Homeless Veterans				
Number of Beds dedicated to youth Veterans (up to age 24)				
Number of Beds dedicated to any other Veterans				
Number of Beds dedicated to any other Chronically Homeless				

- c. Are you adding a new fixed facility or any additional beds to a pre-existing facility?

Yes      No

9. If this is your first year you will have received ESHAP funding please describe your experience providing: Street Outreach, Homelessness Prevention, or Rapid Re- Housing activities for at least one year. (1000 Characters)
  
10. Have you had any citizen complaints in the last 12 months? If yes, please attach documentation of the complaint to the application, including the nature of the complaint and the resolution.
  
  
  
  
  
  
  
  
  
  
11. Please describe your agency's plan to make Rent Smart tenant based educational training available to eligible ESHAP participants for the 2022 program year. (1000 Characters)
  
  
  
  
  
  
  
  
  
  
12. Who represents your agency at Maine Continuum of Care meetings?

	Emergency Shelter Minimum Threshold Requirements Review: Please review each item and initial the corresponding box. If you are unable to meet any of the minimum threshold requirements please reach out to us at <a href="mailto:SHLTAPP@mainehousing.org">SHLTAPP@mainehousing.org</a> prior to submitting your application.	Check boxes or initial boxes
1	We have read, will abide by and operate in accordance with all provisions of the current Maine Homeless Solutions Rule.	
1a	We have read and will operate in accordance with the homeless strategy outlined in the Maine Consolidated Plan	
2	We will participate in and comply with all Coordinated Entry System Policies and Procedures (or comparable Coordinated Entry system for Domestic Violence or Youth Agencies) 24 § 576.400 (d).	
3	Our HMIS Agency Admin will attend HMIS Agency Admin training as required by HMIS Staff. (DV Agencies please indicate N/A)	
4	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.	
5	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.	
6	We will have an HMIS notice (Or equivalent for DV agencies) present on website	

Date Required Attachments & Exhibits. Please label with the corresponding letter.			
	Attachments & Exhibits	Attached	Not Applicable or Unchanged from 2021
A.	Certification Regarding Lobbying		
B.	Homeless Experience Consumer Participation		
C.	Minimum Data Requirements Certification		
D.	Applicant Conflict of Interest Disclosure and Acknowledgement Form		
E.	Certification of Local Approval for Nonprofit Organizations		
F.	Homeless Initiatives Contact Form		
G.	Documentation of 501(c)(3) status.		
H.	Most recent audit completed within the last 12 months by an outside firm and accompanying management letter (A 133 or comparable)		
I.	Corporate Resolution from Board of Directors to approve application submission		
J.	An organizational chart showing titles and lines of authority for all individuals with any role in approving or recording of financial transactions		
K.	List of agency Board of Directors outlining who each member represents.		
L.	Agency general Release of Information		
Below are all required policies for ESHAP Shelters. All required policies must be submitted and labeled with their corresponding number.			
		Attached	Not Applicable or Unchanged from 2021
1.	Applicant organization's non-discrimination policy including a narrative indicating how the public will be informed of the policy		
2.	Client Grievance and Appeal of Termination Policies		
3.	Evidence of policies and procedures that outline approval authority for financial transactions, guidelines for controlling expenditures and the recording of financial transactions		
4.	Record retention policy		
5.	Procurement Policy		

6.	Personnel policy indicating all personnel are responsible for communicating to appropriate supervisory officials any operating problems or noncompliance with regulations or laws – whistleblower protections		
7.	Access to shelter services (how one accesses services) policy		
8.	Client Residential rights and responsibilities		
9.	Program personnel and facility operations		
10.	Health and Safety		
11.	Food preparation and distribution		
12.	HMIS or Comparable Database Data Security protocols including any security procedures for staff who work from home with client data		
13.	Fair Housing policy		
14.	Drug-Free Workplace Policy		
15.	Emergency Action Plans <b>(if available)</b>		
16.	Policy on computer protocols and handling confidential information/PII <b>(if available)</b>		
17.	Policy on coordination of services <b>(if available)</b>		
18.	Agency’s Homeless Verification Form (please indicate here if MaineHousing’s form is the only form utilized by your agency)		

**MAINEHOUSING NONDISCRIMINATION NOTICE:**

MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, marital status, 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, 26 Edison Dr, Augusta, Maine 04330-6046, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice) or Maine Relay 711.



## **ATTACHMENT A. 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, sub-grants, and contracts under grants, loans, and cooperative agreements and that all sub-recipients 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.

Typed Name and Address

Title

Signature

Date

## **ATTACHMENT B. HOMELESS EXPERIENCE CONSUMER PARTICIPATION**

Documentation of the active participation of a person experiencing homeless or formerly experiencing homelessness 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 576.

Name of Organization:

1. Does the organization have representation of a person or Persons Experiencing Homelessness or a person formerly experiencing homelessness on the Board of Directors or other equivalent policymaking entity?
2. The number of person(s) who are experiencing or have formerly experienced homelessness on the Board of Directors or policymaking entity:
3. The name of the policymaking entity is:

Does the policymaking entity listed above consider and make policies and decisions regarding any facility, service, or other assistance provided by your organization?

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 its policies and decisions 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.

4. If your agency does not currently meet this ESHAP requirement please describe what efforts will be taken over the 2022 program year to ensure the participation of a person who is experiencing or did experience homelessness on your decision-making governing board or policy-making entities.

PRINT Name & Title

SIGNATURE & DATE

Narrative space for Question 3 or 4:

## ATTACHMENT C. MINIMUM DATA REQUIREMENTS

### CERTIFICATION OF COMPLIANCE

I, \_\_\_\_\_, in my capacity as Executive Director of \_\_\_\_\_, do hereby (Name) (Agency) certify to comply with the data entry requirements as prescribed by HUD in the HMIS Data Standards, which can be found at <https://files.hudexchange.info/resources/documents/FY-2022-HMIS-Data-Standards-Manual.pdf>, in addition to Maine required data elements, 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

## ATTACHMENT D. CONFLICT OF INTEREST DISCLOSURE AND ACKNOWLEDGEMENT FORM

Please respond to the following questions: Was any principal or affiliate of the applicant, or anyone who will be paid for work on the program a MaineHousing employee or commissioner within the last year? Does the applicant, any principal or affiliate of the applicant, or anyone who will be paid for work on the program have business ties, familial relationships, or other close personal relationships with a current MaineHousing employee or commissioner or with anyone who was a MaineHousing employee or commissioner within the last year? If yes, please describe in the box below:

If you are unsure whether a relationship, association, or connection you or an employee has may constitute a conflict of interest, please consult with MaineHousing's Manager of Audit and Compliance Linda Grotton: (207) 624-5735 or [lgrotton@mainehousing.org](mailto:lgrotton@mainehousing.org)

### ESG Conflict Interest Acknowledgement

I, (name), \_\_\_\_\_ on behalf of (agency name) \_\_\_\_\_, have read and acknowledge the following regulatory requirements from 24 CFR § 576.404 pertaining to conflict of interest and ESG funds.

(a) *Organizational conflicts of interest.* The provision of any type or amount of ESG assistance may not be conditioned on an individual's or family's acceptance or occupancy of emergency shelter or housing owned by the recipient, the subrecipient, or a parent or subsidiary of the subrecipient. No subrecipient may, with respect to individuals or families occupying housing owned by the subrecipient, or any parent or subsidiary of the subrecipient, carry out the initial evaluation required under § 576.401 or administer homelessness prevention assistance under § 576.103. Recipients and subrecipients must also maintain written standards of conduct covering organizational conflicts of interest required under 2 CFR 200.318.

(b) *Individual conflicts of interest.* For the procurement of goods and services, the recipient and its subrecipients must comply with 2 CFR 200.317 and 200.318. For all other transactions and activities, the following restrictions apply:

(1) *Conflicts prohibited.* No person described in paragraph (b)(2) of this section who exercises or has exercised any functions or responsibilities with respect to activities assisted under the ESG program, or who is in a position to participate in a decision-making process or gain inside information with regard to activities assisted under the program, may obtain a financial interest or benefit from an assisted activity; have a financial interest in any contract, subcontract, or agreement with respect to an assisted activity; or have a financial interest in the proceeds derived from an assisted activity, either for him or herself or for those with whom he or she has family or business ties, during his or her tenure or during the one-year period following his or her tenure.

(2) *Persons covered.* The conflict-of-interest provisions of paragraph (b)(1) of this section apply to any person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient or its subrecipients.

(c) *Contractors*. All contractors of the recipient or subrecipient must comply with the same requirements that apply to subrecipients under this section.

Name of Applicant:

Signed:

Date:

Printed Name:

Title:

## ATTACHMENT E. CERTIFICATION OF LOCAL APPROVAL FOR NONPROFIT ORGANIZATIONS

Emergency Solutions Grant (ESG) regulations (24CFR § 576.202(a)(2)) require that any private nonprofit agency receiving ESG funding have the approval of the unit of local government in whose jurisdiction they operate.

The undersigned, authorized to act on behalf of (name of town/city) \_\_\_\_\_ certifies to MaineHousing that (name of shelter agency) \_\_\_\_\_ has the approval of the above named local government to provide the following ESG funded services within this municipality:

Signature

Printed Name

Title

# ATTACHMENT F. HOMELESS INITIATIVES CONTACT FORM

This form is required with application. Any changes to shelter contact information must be reported to Maine Housing as changes occur.



Date: \_\_\_\_\_

## Attachment F: Homeless Initiatives Contact Form

Organization Type (check all that apply):	
City/County	<input type="checkbox"/>
Non-Profit	<input type="checkbox"/>
Faith Based/Non-Profit	<input type="checkbox"/>
Other :	<input type="checkbox"/>
Below for MSHA use only	
HMIS Updated	<input type="checkbox"/>
ShareFile Access Set-up	<input type="checkbox"/>
Contact List Updated	<input type="checkbox"/>

**Organization Name:** \_\_\_\_\_  
 Organization Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Organization Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_  
**Shelter Name\*:** \_\_\_\_\_

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

Shelter Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<b>Executive Director:</b> _____ Title: _____ E-mail Address: _____ Phone: _____ Ext. _____ CC: _____
<b>Director/Program Manager:</b> _____ Title: _____ E-mail Address: _____ Phone: _____ Ext. _____ CC: _____
<b>Primary Financial Contact :</b> _____ Title: _____ E-mail Address: _____ Phone: _____ Ext. _____ CC: _____
<b>HMIS Lead :</b> _____ Title: _____ E-mail Address: _____ Phone: _____ Ext. _____ CC: _____
<b>Primary Navigator Services Provider:</b> _____ Title: _____ E-mail Address: _____ Phone: _____ Ext. _____ CC: _____
<b>Navigator Services Provider:</b> _____ Title: _____ E-mail Address: _____ Phone: _____ Ext. _____ CC: _____
<b>Navigator Services Provider:</b> _____ Title: _____ E-mail Address: _____ Phone: _____ Ext. _____ CC: _____
<b>Navigator Services Provider:</b> _____ Title: _____ E-mail Address: _____ Phone: _____ Ext. _____ CC: _____
<b>Coordinated Entry (CE) Primary Contact:</b> _____ Title: _____ E-mail Address: _____ Phone: _____ Ext. _____ CC: _____

**Executive Director:**

\_\_\_\_\_  
 Printed Name Date  
 \_\_\_\_\_  
 Signature

ShareFile Access Levels	
Level A	Directors, Financial Officers, Managers
Level B	Primary Navigators, Navigators, CE contact
Level C	