MaineHousing
MAINE STATE HOUSING AUTHORITY

# 2026 Homeless Services Program Application

Emergency Shelter and Housing Assistance Program (ESHAP) & Housing Problem Solving (HPS)

**Agency:**

**Date:**

**Prepared By:**

**Application Questions**

**Programs Applying For**

For what program(s) are your agency applying in 2025?

ESHAP Navigator Services **Yes** ◯ **No** ◯

ESHAP Shelter Operations **Yes** ◯ **No** ◯

Housing Problem Solving (HPS) **Yes** ◯ **No** ◯

**ESHAP Application Questions:**

**Please answer the following questions. Additional questions may appear as you answer, any additional questions that appear must also be answered. If you have any questions, please contact us at shltapp@mainehousing.org**

1. Description of Applicant Organization. (1000 characters)

2. Narrative Describing Organizational Capacity (1000 characters)

3. Please describe your program's intake procedure. (1000 characters)

4. What is your program's turn away policy when at capacity? (1000 characters)

5. Does your agency receive any other funding for Housing Navigation or Rapid Rehousing Services? **Yes** ◯ **No** ◯

6. What criteria do you have in place for acceptance into your program? Specifically, what if any criteria would make a person ineligible for entry into your program? Please list specific criteria below, with the justification for those criteria.

Criteria #1:

Justification #1:

Criteria #2:

Justification #2:

Criteria #3:

Justification #3:

Criteria #4:

Justification #4:

Criteria #5:

Justification #5:

7. Will your agency be applying for Low Barrier Funding for any of your facilities? The Maine Homeless Solutions Rule defines Low Barrier Shelter as an Emergency Shelter that does not require any of the following for a client to stay at the shelter: (i) criminal background checks, (ii) credit checks or income verification, (iii) program participation, (iv) sobriety, or (v) identification. Low Barrier Shelters must be accessible and have staff

on-site 24 hours a day. Low Barrier Shelters must conduct regular staff training on substance abuse and crisis response and must have overdose and mitigation strategies in place for common spaces and sleeping quarters. All Low Barrier Shelters must maintain and enforce safety requirements for self, staff, place, and others in instances of an imminent threat to safety.

**Yes** ◯ **No** ◯

8. Will your agency be requesting permission to collect fees from clients' personal assets?
   **Yes** ◯ ◯

9. Please describe your agency's involvement, if any, with Hub or Coordinated Entry meetings. Please include the name and contact email of any and all staff that attend these meetings regularly. (1000 characters)

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|---|
| |

10. Is this your agency's first year applying for ESHAP funding? **Yes** ◯ **No** ◯

11. Has your agency had any citizen complaints in the last 12 months? **Yes** ◯ **No** ◯

12. Which CoC committees are your agency on? Who is your agency's representative(s) on those committees?

13. Describe your agency's plan to make RentSmart Tenant training available to eligible ESHAP participants for the 2026 program year. (1000 characters)

**Data and Security**

1. What is your Malware/Virus Protection Software Type?

2. How often is your Malware/Virus Protection software updated?

3. When was the Malware/Virus Protection software last updated?

4. What does your agency have for internet access? Check all that apply.

   Wired Connection ☐

   Staff Only WiFi ☐

   Public/Client WiFi ☐

5. Does your agency have standards for periodic password changes and password complexity? **Yes** ◯ **No** ◯ Please Explain Below:

6. Does your agency currently conduct background checks and federal exclusion checks on staff? **Yes** ◯ **No** ◯

   6a. Who does your agency screen, and at what level?

7. Link to agency website where HMIS/Empower privacy notice is posted.

**Shelter Operations - Only complete this section if you are applying for Operations Funding**

**Please list all fixed facilities for which you are requesting funding, including shelter name and address (if you are a domestic violence service provider, omit address)**

1. For how many sites is your agency requesting funding?

   4

SITE #1

Site #1 Site/Shelter Name

Site #1 Physical Address (non-DV only)

Site #1 Have you undergone any Capital Improvements in the last 5 years? **Yes** ◯ **No** ◯

Site #1 Do you have plans in the next 2 years to undergo Capital Improvements?

**Yes** ◯ **No** ◯

Site #1 Number of beds for single adult individuals

Site #1 Number of beds for families with children

Site #1 Number of Family units

Site #1 Number of beds for youth

Site #1 Number of beds for flexible use

Site #1 TOTAL BEDS

SITE #2

Site #2 Site/Shelter Name

Site #2 Physical Address (non-DV only)

Site #2 Have you undergone any Capital Improvements in the last 5 years? **Yes** ◯ **No** ◯

Site #2 Do you have plans in the next 2 years to undergo Capital Improvements?

**Yes** ◯ **No** ◯

Site #2 Number of beds for single adult individuals

Site #2 Number of beds for families with children

Site #2 Number of Family units

Site #2 Number of beds for youth

Site #2 Number of beds for flexible use

Site #2 TOTAL BEDS

SITE #3

Site #3 Site/Shelter Name

Site #3 Physical Address (non-DV only)

Site #3 Have you undergone any Capital Improvements in the last 5 years? **Yes** ◯ **No** ◯

Site #3 Do you have plans in the next 2 years to undergo Capital Improvements?

**Yes** ◯ **No** ◯

Site #3 Number of beds for single adult individuals

Site #3 Number of beds for families with children

Site #3 Number of Family units

Site #3 Number of beds for youth

Site #3 Number of beds for flexible use

Site #3 TOTAL BEDS

SITE #4

Site #4 Site/Shelter Name

Site #4 Physical Address (non-DV only)

Site #4 Have you undergone any Capital Improvements in the last 5 years? **Yes** ◯ **No** ◯

Site #4 Do you have plans in the next 2 years to undergo Capital Improvements?

**Yes** ◯ **No** ◯

Site #4 Number of beds for single adult individuals

Site #4 Number of beds for families with children

Site #4 Number of Family units

Site #4 Number of beds for youth

Site #4 Number of beds for flexible use

Site #4 TOTAL BEDS

2. Do any of your fixed facilities listed above have existing agreements with the Asset Management Department at MaineHousing? **Yes** ◯ **No** ◯

3. Do any of your shelters allow pets? **Yes** ◯ **No** ◯

**Housing Problem Solving - Only complete if applying for HPS funding**

1. Narrative describing your agency's experience with Rapid Resolution/Housing Problem Solving activities (1000 characters)

2. Narrative describing how you plan to utilize Housing Problem Solving funds in 2026 (1000 characters)

3. Brief description of which staff will engage in Housing Problem Solving activities with participants. (500 characters)

4. Training Needs
    a. Projected number of staff that will need initial Housing Problem Solving training in 2026
    b. Projected number of staff that will need initial Mediation training in 2026
    c. Projected number of previously trained staff that may want refresher Housing Problem Solving skills training in 2026
    d. Projected number of previously trained staff that may want refresher Mediation training in 2026

5. Is your agency a 2025 recipient of Housing Problem Solving funds? **Yes** ◯ **No** ◯
    a. What percentage of your 2025 HPS grant remains unspent as of 11/1/2025?
    b. If your agency has spent less than 50% of your grant, what is the reason for slow spending, and does your agency have a plan to expend the remainder of your grant by the end of the grant year?

6. Would your agency be able to administer an additional grant for Housing Problem Solving activities in York County? **Yes** ◯ **No** ◯

**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 shltapp@mainehousing.org prior to submitting your application.

1. We have read, will abide by and operate in accordance with all provisions of the current Maine Homeless Solutions Rule.

   Requirement 1 Acknowledgement, Sign Here:

   1a. We have read, will abide by and operate in accordance with all provisions of the 2026 ESHAP Program Guide

   Requirement 1a Acknowledgement, Sign Here:

   1b. We have read, will abide by and operate in accordance with all provisions of the 2026 Housing Problem Solving Program Guide

   Requirement 1b Acknowledgement, Sign Here:

2. We have read and will operate in accordance with the homeless strategy outlined in the Maine Consolidated Plan

   Requirement 2 Acknowledgement, Sign Here:

3. 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).

   Requirement 3 Acknowledgement, Sign Here:

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.

Requirement 4 Acknowledgement, Sign Here:

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.

   Requirement 5 Acknowledgement, Sign Here:

6. We will have an HMIS notice (Or equivalent for DV agencies) present on website

   Requirement 6 Acknowledgement, Sign Here:

7. Our HMIS Agency Admin will attend HMIS Agency Admin training as required by the HMIS Lead Agency (non-DV only)

   Requirement 7 Acknowledgement, Sign Here:

**MAINEHOUSING NONDISCRIMINATION NOTICE:**

MaineHousing does not discriminate on the basis of protected classes under the applicable federal and state nondiscrimination laws, in the admission or access to, or treatment in, its programs and activities and in employment. 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: Kelley Stonebraker, 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), Maine Relay 711, or Email: EqualAccess@mainehousing.org

**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.

Selecting "I agree" below acknowledges you have read through and agree to the above certification regarding lobbying.

I agree ☐

Typed Name and Address

Title

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 previously experienced homelessness on the Board of Directors or other equivalent policymaking entity? **Yes** ◯ **No** ◯
    a. What is the name of the policymaking entity?

    b. Number of years since agency has had lived experience participation on policymaking entity or Board?

    c. What steps are being taken to recruit a person with lived experience of homelessness to a policymaking entity?

2. The number of person(s) who are experiencing or have previously experienced homelessness on the Board of Directors or policymaking entity:

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

    **Yes** ◯ **No** ◯

    a. 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. (1000 characters)

Print Name and Title:

Selecting "I agree" below acknowledges you have completed Attachment B: Homeless Experience Consumer Participation and acts as a signature of completion.

I Agree: ☐

Date:

**ATTACHMENT C. MINIMUM DATA REQUIREMENTS**

CERTIFICATION OF COMPLIANCE

I, (please include your name in this field):

In my capacity as Executive Director/CEO of:

do hereby certify to comply with the data entry requirements as prescribed by HUD in the HMIS Data Standards, as the same may be amended, restated, renewed or replaced, which can currently be found at- https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2024.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.

Selecting "I agree" below acknowledges you have completed Attachment C: Minimum Data Requirements and acts as a signature of completion.

I Agree: ☐

Date:

**Required Attachments and Exhibits**

D. Partner Conflict of Interest Policy - Procedure – Disclosure

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 (single audit or MAAP if applicable)**

** if not available, please contact hifinancials@mainehousing.org

I. Corporate Resolution from Board of Directors to approve application submission

J. 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

M. HMIS or Comparable Database Data Quality Report for the period of 10/1/24 to 9/30/25

**Below are all required policies for ESHAP agencies. All required policies must be submitted and labeled with their corresponding number. Policies must be submitted as individual, discrete documents. Submitting a full policy manual will not be accepted.**

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. Approval of Financial Transactions Policy
4. Record Retention Policy
5. Procurement Policy
6. Whistleblower Policy
7. Access to services policy

8. Participant Rights and Responsibilities Policy
9. Navigator Service Administration Policy
10. Health and Safety Policy
11. Food Access Policy
12. Data and Security Protocols
13. Fair Housing Policy
14. Reasonable Accommodation Policy
    a. Reasonable Accommodation Public Posting
15. Drug Free Workplace Policy
16. Emergency Action Plans
17. Coordination of Services Policy
18. Policy on handling of confidential information, both electronic and physical files.
19. Agency's Verification of Homeless Status Form, if agency uses their own form.