



2017 COC PROGRAM COMPETITION RENEWAL PROJECT APPLICATION HOUSING PROJECTS

AGENCY PROFILE	
Legal Name of Agency	Inner City Christian Federation
Project Name	ICCF Permanent Supportive Housing Program
Contact Person	Deanna Rolffs
Title	Vice President of Housing and Family Services
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Check one:

- ☒ Permanent Supportive Housing
- ☐ Rapid Re-Housing
- ☐ Transitional Housing

Authorized Representative: I hereby certify that the information contained in this proposal is true and accurate. Any falsification of information will render the application void, and the application will not be accepted. This application has been reviewed and authorized for submission by the agency's board of directors as of the date indicated.

Name: John Carman	Title: Vice President of Operations
Date of Board Authorization:	
Date of Anticipated Board Authorization:	9/27/2017

All projects requesting renewal must demonstrate they have met minimum project eligibility, capacity, timeliness, and performance standards to be considered for funding.

GENERAL PROJECT INFORMATION

1a. Provide a narrative describing how the project's performance met the plans and goals established in the current project's application the project's performance in assisting program participants to achieve and maintain independent living, and record of success. (Include target populations and preferences as specified and/or allowed by the Notice of Funding Availability (NOFA) under which the project was initially funded.)

ICCF offered 23 PSH units to the community, targeting chronically homeless families. A system was designed whereby the Coordinated Assessment process would refer the most vulnerable in this population to the lead agency, Pine Rest, for assessment and approval. Applicants were then forwarded to MSHDA for approval of a Project Based Voucher (PBV). As units became available, ICCF requested approved applicants for final approval and lease up. No additional requirements were set by ICCF beyond those determined by MSHDA. All 23 units have been leased. ICCF staff engages with all households periodically to assess current status and offer services that may be desired. In the previous grant year, ICCF served 81 persons in PSH.

1b. Use the last completed grant year APR for this and all other data/outcome measure questions.

Number of Units	Number of Stayers	Number of Leavers
23	78	3

2. Has the project had any significant changes since the last funding approval

No if "yes" complete the chart below to indicate the change.

Check change type		Previous	New
<input type="checkbox"/>	Decrease in the number of persons served		
<input type="checkbox"/>	Change in number of units		
<input type="checkbox"/>	Change in project site location		
<input type="checkbox"/>	Change in target population		
<input type="checkbox"/>	Change in component type		
<input type="checkbox"/>	Change in grantee/applicant		
<input type="checkbox"/>	Line item or cost category budget changes more than 10%		
<input type="checkbox"/>	Other: Click here to enter text.		
If change was made include as many of the following that apply as attachments to your application:			
Attached			

(check)	
<input type="checkbox"/>	Attachment: Written communication to HUD requesting the significant change
<input type="checkbox"/>	Attachment: HUD's written approval of the change requested
<input type="checkbox"/>	N/A: HUD has not yet provided written approval of the requested change

SECTION I: Project Effectiveness

3. Does the project serve priority populations (Veterans, Chronically Homeless, Families, Youth, Domestic Violence Survivors)? Enter the number of units dedicated or prioritized for each population at turnover.

	Number of Units		
	Dedicated	Dedicated Plus	Prioritized
Veterans	0	0	0
Chronically Homeless	23	0	0
Families	0	0	0
Youth	0	0	0
Domestic Violence	0	0	0

4. Low Barrier

To earn points as Low Barrier, the project must answer affirmatively to all the following questions

Does the project ensure that participants are NOT screened out (or denied project entry) due to the following:	
Having too little or not enough income	Yes
Active substance use or history of substance abuse	Yes
Having a criminal record (other than for state-mandated restrictions)	Yes
Domestic violence (requiring survivor to take specific actions or demonstrate distance from assailant)	Yes

5. Housing First

In addition to the answers above, a project must also answer affirmatively to the following questions to qualify as Housing First.

Does the project work to ensure that participants are NOT terminated from the program due to the following:	
Failure to participate in supportive services	Yes
Failure to make progress on a service plan	Yes
Loss of income or failure to improve income	Yes
Being a victim of domestic violence	Yes
Any other activity not typically covered in a lease agreement typically found in the project's geographic area.	Yes

Does the project quickly move participants into permanent housing?	Yes
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6. Did the project take 100% of all referrals from Coordinated Entry in the past grant year? (Or community process if Category 4 homelessness) (Verified by HMIS Staff, next year verified by HMIS Reports) Yes

Efficient Use of Funding

7. What was the project's utilization rate? (*Average of Quarterly Point- in-Time Counts in APR 9 divided by total contracted units. New Projects will only use average of last two quarters in the operating year.*) 100%

8. Expenditure of Funds: Use last **completed** HUD FY year. Projects that have not completed a grant year should not answer.

a. Total amount authorized within eLOCCS	\$35,379
b. Remaining balance in eLOCCS	0
c. Percentage recaptured Divide answer b. by answer a. and multiply by 100	100%

9. Were drawdowns made to eLOCCS at least quarterly? (*Demonstrated in eLOCCS attachment*)

Yes

HMIS Participation

10. Indicate how many APR Data Quality Elements (DQE) have 5% or less null or missing values (*APR Q06*):

Data Quality Element APR 6a.-6d.			
Number of elements with 5% or less null or missing values			
DQE 6a.	DQE 6b.	DQE 6c.	DQE 6d.
5	4	2	2
Total the numbers above, divide by 16, multiply by 100 for a percent: 81%			

HUD Monitoring

11. a. Does the recipient have any HUD monitoring findings in any of the agency's projects? No

If yes, explain below findings in detail for the Funding Review Panel. Include details on the nature of the finding, resolution and corrective actions taken, if any.

[Click here to enter text.](#)

b. Has your organization been monitored by HUD in the past three (3) years? **No**

If yes, include as attachments: Monitoring report from HUD, your organization's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

If no, provide most recent monitoring by an entity other than HUD for federal or state funding (ESG, CDBG, etc) and include as attachments: Monitoring report, your organization's response to any findings, documentation from HUD that finding or concern has been satisfied, and any other relevant documentation.

Impact on Homelessness

12. Please evaluate how the project would impact homelessness in the CoC if it were not awarded funding through this competition.

<input type="checkbox"/>	The project would close and ____ individuals would immediately become homeless if it were to not be funded.
<input checked="" type="checkbox"/>	Loss of funding would result in loss of housing options and could mean eventual displacement or increase in homelessness.
<input type="checkbox"/>	Loss of funding would negatively impact services and resources but not a clear loss of housing options.
<input type="checkbox"/>	Loss of funding would minimally impact the number of housing options or resources available.

13. Is this project the only CoC funded project with dedicated beds to a particular target population?

Answered by Funding Review based on all submitted applications

14. This year, funds that are reallocated may be added to renewal projects to increase the number of households served. If funding is available, would this project be a good candidate to add additional funding to and how might it be used?

Yes. Given ICCF's increase in total units available, the organization would be very interested in increasing the number of PSH units if funding were awarded.

Serving High Need Populations

15. What percentage of the households served met "hard to serve" criteria defined as having zero income at Start/entry? (APR 23. Add values for No Income and divide by Total in last row):

37.5%

16. What percentage of the households served met "hard to serve" criteria defined as having two (2) or more physical or mental health conditions known at Start/entry (APR 13.a.2. add totals for one, two and three or more conditions, then divide by total):

10%

17. What percentage of the households served were chronically homeless? (APR Q26a. divide total chronically homeless by total households):

24%

Section II. Project Performance

Performance Data

18. Length of Stay

a. Permanent Supportive Housing: Calculate the percentage of leavers that remained in project more than 180 days (APR 22a.1)

96%

b. Rapid Re-Housing: Calculate the percentage of participants that took 30 days or less from project entry to lease up (CAPER 22C)

N.A.

c. Transitional Housing: Calculate the average length of project stay in days (APR 22b)

N.A.

19. Exits to Permanent Housing

a. Permanent Supportive Housing: Calculate the percentage of participants who remained in project, or exited to permanent housing destinations. (Total Persons Exiting to Positive Housing Destinations APR Q23.a. + Q23b. + Stayers 5.a.8/ [Total Served 5.a.1. – Excluded Q23.a. + Q23.b.]

0%

b. Rapid Re-Housing: Calculate the percentage of participants who exited to permanent housing destinations (Total Persons Exiting to Positive Housing Destinations APR Q23.a. + Q23b./ [Total Leavers 5.a.5. – Excluded Q23.a. + Q23.b.]

N.A.

c. Transitional Housing: Calculate the percentage of participants who exited to permanent housing destinations (Total Persons Exiting to Positive Housing Destinations APR Q23.a. + Q23b./ [Total Leavers 5.a.5. – Excluded Q23.a. + Q23.b.]

N.A.

20. New or Increased Income and Earned Income

a. PSH Only Project Stayers: What percent of project stayers had new or increased earned income with in the project contract year? APR 19a.1

12%

b. PSH Only Project Stayers: What percent of project stayers had new or increased other (non-employment) income? *APR 19a.1*

4%

c. Project Leavers: What percent of project leavers had new or increased earned income? *APR 19a.2*

0%

d. Project Leavers: What percent of project leavers had new or increased other (non-employment) income? *APR 19a.2*

0%

Financial Information

PROJECT BUDGET

Activity	Requested Funds	% of Requested Funds	Other Funding	Total Project Cost
Acquisition		<div></div> %		
New Construction		<div></div> %		
Rehabilitation		<div></div> %		
Leasing		<div></div> %		
Rental Assistance		<div></div> %		
Supportive Services	\$20,000	57 %	\$5,000	\$25,000
Operating Costs	\$15,379	43 %	\$3,845	\$19,224
HMIS		<div></div> %		
Project Administration (limited to 7%)		<div></div> %		
Total Project Cost	\$35,379		\$8,845	\$44,224

Attachment A

Identify all match and leveraging funds. Only those dollars or non-cash contributions (in-kind) that directly support the project should be listed. This may include federal, state, or local government funds, private funds, grants, and/or other sources, including donations. Worksheet should reflect information in eSnaps application.

Match must be at least 25% of total funding requested.

Resource	Cash or In Kind	Committed or Planned/ Pending	Available (MM/YY)	Amount/ Value	% of HUD Project Award	Serves as CoC Program Match? (Y/N)
Department of Health and Human Services Emergency Shelter Program	Cash	Planned/Pending	10/17	\$8,845	25%	Yes
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%	Yes/No
	Cash/Kind	C/PP	MM/YY		%.	Yes/No
Total leveraged from other sources					%	

Attach additional forms as necessary

Attachment B

Attachments listed below are required but unscored. Failure to include any documentation that is required may result in application being out of the competition.

All projects must include:

- ☒ Annual Progress Report (APR) for the project's most recent completed contract year. (If a full year has not yet been completed for the project, attach an APR with an end date of 6/25/2015) Other structured outcome report for non-HMIS participating agencies are allowed (i.e. domestic violence agencies).
- ☒ Line of Credit Control System (LOCCS) report showing drawdowns and final balance
- ☒ Project Application submitted in *e-snaps*

Each applicant must include one of the following two:

- ☐ Monitoring report from US Department of Housing and Urban Development (HUD)
- ☒ Monitoring report from an entity other than HUD for federal or state funding (ESG, CDBG, etc)

If relevant include:

- ☒ Organization's response to any findings
- ☐ Documentation from HUD (or other entity) that finding or concern has been satisfied
- ☐ Any other relevant documentation
- ☐ Written communication to HUD requesting the significant change indicated in question 2.
- ☐ HUD's written approval of the change requested in question 2.

Attachment C

HUD General Section Certificates

The agency certifies to the Grand Rapids Area Coalition to End Homelessness that it and its principals are in compliance with the following requirements as indicated by checking the box.

- ☒ *Fair Housing and Equal Opportunity*. See CFR 578.93 for specific requirements related to Fair Housing and Equal Opportunity.
- ☒ *Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity*. See the Federal Register dated February 1, 2012, Docket No. FR 5359-F-02 and Section VI.B.2. of the General Section.
- ☒ *Debarment and Suspension*. See Section III.C.4.c. of the FY 2015 General Section. Additionally, it is the responsibility of the recipient to ensure that all subrecipients are not debarred or suspended. (24 CFR 578.23((3)(c)(4)(v).d. Delinquent Federal Debts. See Section III.C.4.a. of the FY 2013 General Section.
- ☒ *Compliance with Fair Housing and Civil Rights*. See Section III.C.3.a. of the FY 2015 General Section.
- ☒ *Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)*. See Section III.C.3.d. of the FY 2015 General Section.
- ☒ *Economic Opportunities for Low- and Very Low-income Persons (Section 3)*. See Section III.C.3.c. of the FY 2015 General Section.
- ☒ *Real Property Acquisition and Relocation*. See Section VI.B.4. of the FY 2015 General Section.
- ☒ *Conducting Business in Accordance with Core Values and Ethical Standards/Code of Conduct*. See Section III.C.3.f. of the FY 2015 General Section.
- ☒ *Prohibition Against Lobbying Activities*. See Section III.C.3.h. of the FY 2015 General Section.
- ☒ *Participation in HUD-Sponsored Program Evaluation*. See Section VI.B.6. of the FY 2015 General Section.
- ☒ *Environmental Requirements*. Notwithstanding provisions at 24 CFR 578.31 and 24 CFR 578.99(a) of the CoC Program interim rule, and in accordance with Section 100261(3) of MAP-21 (Pub. L. 112-141, 126 Stat. 405), activities under this NOFA are subject to environmental review by a responsible entity under HUD regulations at 24 CFR part 58.
- ☒ *Drug-Free Workplace*. See Section VI.B.9. of the FY 2015 General Section. n. Safeguarding Resident/Client Files. See Section VI.B.10 of the FY 2015 General Section.
- ☒ *Compliance with the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 209-282) (Transparency Act), as amended*. See Section VI.B.11. of the FY 2015 General Section.
- ☒ *Lead-Based Paint Requirements*. For housing constructed before 1978 (with certain statutory and regulatory exceptions), CoC Program recipients must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801, et seq.), as amended by the Residential Lead-Based

☒ *Paint Hazard Reduction Act of 1992* (42 U.S.C. 4851, et seq.); and implementing regulations of HUD, at 24 CFR part 35; the Environmental Protection Agency (EPA) at 40 CFR part 745, or State/Tribal lead rules implemented under EPA authorization; and the Occupational Safety and Health Administration at 29 CFR 1926.62 and 29 CFR 1910.1025.

☒ Attestation that all attachments as required by HUD are uploaded in *e-snaps*. See Notice of Funding Availability for the 2015 Continuum of Care Program Competition FR-5900-N-25; Section VI. C. 2.

This list is not exhaustive of all HUD requirements. Applicants are encouraged to review the 2015 General Section, found at:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/grants/fundsavail/2015general_section to ensure eligibility.

Agency: Inner City Christian Federation

Acknowledged By: Ryan VerWys

Title: President & CEO

Date: 8/17/2017

Report Options

Provider Type	<input checked="" type="radio"/> Provider <input type="radio"/> Reporting Group
Provider *	Inner City Christian Federation - Kent/Grand Rapids - ICCF PSH (10434) <input type="radio"/> This provider AND its subordinates <input type="radio"/> This provider ONLY
Program Date Range *	12/01/2015 to 11/30/2016
Entry/Exit Types *	<input type="checkbox"/> Basic <input type="checkbox"/> Basic Center Program Entry/Exit <input checked="" type="checkbox"/> HUD <input type="checkbox"/> PATH <input type="checkbox"/> Quick Call <input type="checkbox"/> RHY <input type="checkbox"/> Standard <input type="checkbox"/> Transitional Living Program Entry/Exit <input type="checkbox"/> VA <input type="checkbox"/> HPRP (Retired)

CoC-APR Report Results

4a - Project Identifiers in HMIS								
Organization Name	Inner City Christian Federation - Kent/Grand Rapids CoC							
Organization ID	2159							
Project Name	Inner City Christian Federation - Kent/Grand Rapids - ICCF PSH							
Project ID	10434							
HMIS Project Type	PH - Permanent Supportive Housing (disability required for entry) (HUD)							
Method of Tracking ES								
If HMIS Project ID = 6 (S Only)								
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?								
If 2.4, Dependent A = 1								
Identify the Project ID's of the housing projects this project is affiliated with								
5a - Report Validation Table								
Report Validation Table								
1. Total Number of Persons Served	81							
2. Number of Adults (age 18 or over)	32							
3. Number of Children (under age 18)	49							
4. Number of Persons with Unknown Age	0							
5. Number of Leavers	3							
6. Number of Adult Leavers	1							
7. Number of Adult and Head of Household Leavers	1							
8. Number of Stayers	78							
9. Number of Adult Stayers	31							
10. Number of Veterans	1							
11. Number of Chronically Homeless Persons	22							
12. Number of Youth Under Age 25	2							
13. Number of Parenting Youth Under Age 25 with Children	2							
14. Number of Adult Heads of Household	24							
15. Number of Child and Unknown-Age Heads of Household	1							
16. Heads of Households and Adult Stayers in the Project 365 Days or More	31							
6a - Data Quality: Personally Identifiable Information								
Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	% of Error Rate				
Name (3.1)	0	0	0	0%				
SSN (3.2)	1	0	9	12%				
Date of Birth (3.3)	0	0	0	0%				
Race (3.4)	0	0		0%				
Ethnicity (3.5)	0	0		0%				
Gender (3.6)	0	0		0%				
Overall Score				12%				
6b - Data Quality: Universal Data Elements								
Data Element			Error Count	% of Error Rate				
Veteran Status (3.7)			1	3%				

Project Entry Date (3.10)							0	0%
Relationship to Head of Household (3.15)							5	6%
Client Location (3.16)							0	0%
Disabling Condition (3.8)							5	6%
6c - Data Quality: Income and Housing Data Quality								
Data Element							Error Count	% of Error Rate
Destination (3.12)							0	0%
Income and Sources (4.2) at Entry							5	20%
Income and Sources (4.2) at Annual Assessment							14	45%
Income and Sources (4.2) at Exit							0	0%
6d - Data Quality Chronic Homelessness								
Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate	
ES, SH, Street Outreach	0			0	0	0	0%	
TH	0	0	0	0	0	0	0%	
PH(all)	33	0	0	0	0	2	6%	
Total	33						6%	
6e - Data Quality: Timeliness								
Time For Record Entry						Number of Project Entry Records	Number of Project Exit Records	
0 days						0	0	
1 - 3 days						11	0	
4 - 6 days						4	0	
7 - 10 days						9	0	
11+ days						57	3	
6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter								
					# of Records	# of Inactive Records	% of Inactive Records	
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)					0	0	0%	
Bed Night (All clients in ES - NBN)					0	0	0%	
7a - Number of Persons Served								
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type			
Adults	32	4	28		0			
Children	49		49	0	0			
Client Doesn't Know/Client Refused	0	0	0	0	0			
Data not collected	0	0	0	0	0			
Total	81	4	77	0	0			
7b - Point-in-Time Count of Persons on the Last Wednesday								
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type			
January	78	4	74	0	0			
April	78	4	74	0	0			
July	78	4	74	0	0			
October	78	4	74	0	0			
8a - Number of Households Served								
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type			
Total Households	25	2	23	0	0			
8b - Point-in-Time Count of Households on the Last Wednesday								
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type			
January	24	2	22	0	0			
April	24	2	22	0	0			
July	24	2	22	0	0			
October	24	2	22	0	0			
9a - Number of Persons Contacted								
	All Persons Contacted	First Contact was at a place not meant for human habitation	First contact was at a non-residential service setting	First contact was at a residential service setting	First contact place was missing			
Once	0	0	0	0	0			
2-5 Times	0	0	0	0	0			
6-9 Times	0	0	0	0	0			

10+ Times	0	0	0	0	0
Total Persons Contacted	0	0	0	0	0
9b - Number of Persons Engaged					
	All Persons Contacted	First Contact was at a place not meant for human habitation	First contact was at a non-residential service setting	First contact was at a residential service setting	First contact place was missing
Once	0	0	0	0	0
2-5 Times	0	0	0	0	0
6-9 Times	0	0	0	0	0
10+ Times	0	0	0	0	0
Total Persons Engaged	0	0	0	0	0
Rate of Engagement	0%	0%	0%	0%	0%
10a - Gender of Adults					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Male	2	0	2	0	
Female	30	4	26	0	
Transgender male to female	0	0	0	0	
Transgender female to male	0	0	0	0	
Doesn't identify as male, female, or transgender	0	0	0	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data not collected	0	0	0	0	
Subtotal	32	4	28	0	
10b - Gender of Children					
	Total	With Children and Adults	With Only Children	Unknown Household Type	
Male	26	26	0	0	
Female	23	23	0	0	
Transgender male to female	0	0	0	0	
Transgender female to male	0	0	0	0	
Doesn't identify as male, female, or transgender	0	0	0	0	
Client Doesn't Know/Client Refused	0	0	0	0	
Data not collected	0	0	0	0	
Subtotal	49	49	0	0	
10c - Gender of Persons Missing Age Information					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgender male to female	0	0	0	0	0
Transgender female to male	0	0	0	0	0
Doesn't identify as male, female, or transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	0	0	0	0	0
11 - Age					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	22		22	0	0
5 - 12	13		13	0	0
13 - 17	14		14	0	0
18 - 24	9	2	7		0
25 - 34	10	0	10		0
35 - 44	12	2	10		0
45 - 54	1	0	1		0
55 - 61	0	0	0		0
62 +	0	0	0		0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	81	4	77	0	0
12a - Race					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	25	2	23	0	0
Black or African American	44	2	42	0	0

Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple races	12	0	12	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	81	4	77	0	0
12b - Ethnicity					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	70	2	68	0	0
Hispanic/Latino	11	2	9	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	81	4	77	0	0
13a1 - Physical and Mental Health Conditions at Entry					
	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	13	2	11	0	0
Alcohol Abuse	1	0	1	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	1	1	0	0	0
Chronic Health Condition	6	2	4	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	2	0	2	0	0
Physical Disability	9	1	8	0	0
13b1 - Physical and Mental Health Conditions at Exit					
	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	1	0	1	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0
Chronic Health Condition	0	0	0	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	0	0	0	0	0
Physical Disability	0	0	0	0	0
13c1 - Physical and Mental Health Conditions of Stayers					
	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	13	2	11	0	0
Alcohol Abuse	1	0	1	0	0
Drug Abuse	0	0	0	0	0
Both Alcohol and Drug Abuse	1	1	0	0	0
Chronic Health Condition	6	2	4	0	0
HIV/AIDS	0	0	0	0	0
Development Disability	4	0	4	0	0
Physical Disability	10	1	9	0	0
13a2 - Number of Conditions at Entry					
	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	62	2	60	0	0
1 Condition	11	0	11	0	0
2 Conditions	4	1	3	0	0
3+ Conditions	4	1	3	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	81	4	77	0	0
13b2 - Number of Conditions at Exit					
	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	2	0	2	0	0
1 Condition	1	0	1	0	0
2 Conditions	0	0	0	0	0
3+ Conditions	0	0	0	0	0

Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	3	0	3	0	0
13c2 - Number of Conditions for Stayers					
	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	56	2	54	0	0
1 Condition	14	0	14	0	0
2 Conditions	4	1	3	0	0
3+ Conditions	4	1	3	0	0
Condition Unknown	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	78	4	74	0	0
14a - Domestic Violence History					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	13	2	11	0	0
No	20	2	18	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	33	4	29	0	0
14b - Persons Fleeing Domestic Violence					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	0	0	0	0	0
No	3	1	2	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	10	1	9	0	0
Total	13	2	11	0	0
15 - Living Situation					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter	18	4	14	0	0
Transitional housing for homeless persons	2	0	2	0	0
Place not meant for human habitation	4	0	4	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
Subtotal	24	4	20	0	0
Institutional Settings					
Psychiatric hospital or facility	0	0	0	0	0
Substance abuse or detox center	0	0	0	0	0
Hospital (non-psychiatric)	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
PH for formerly homeless persons	0	0	0	0	0
Owned by client, no subsidy	0	0	0	0	0
Owned by client, with subsidy	0	0	0	0	0
Rental by client, no subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client with other subsidy	0	0	0	0	0
Hotel/Motel, paid by client	6	0	6	0	0
Staying or living with friend(s)	2	0	2	0	0
Staying or living with family	1	0	1	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	9	0	9	0	0
Total	33	4	29	0	0
16 - Cash Income - Ranges					

	Income at Entry	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	8	7	0
\$1 - 150	1	0	0
\$151 - \$250	1	1	0
\$251 - \$500	1	0	0
\$501 - \$1000	8	4	1
\$1001 - \$1500	3	4	0
\$1501 - \$2000	2	2	0
\$2001 +	4	1	0
Client Doesn't Know/Client Refused	0	0	0
Data not collected	4	0	0
Number of adult stayers not yet required to have an annual assessment		1	
Number of adult stayers without required annual assessment		11	
Total Adults	32	31	1

17 - Cash Income - Sources

	Income at Entry	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	8	8	0
Unemployment Insurance	0	0	0
SSI	11	6	1
SSDI	5	2	1
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
TANF or Equivalent	2	0	0
General Assistance	1	0	0
Retirement (Social Security)	0	0	0
Pension from Former Job	0	0	0
Child Support	7	3	0
Alimony (Spousal Support)	0	0	0
Other Source	1	1	0
Adults with Income Information at Entry and Annual Assessment/Exit		10	1

18 - Client Cash Income Category - Earned/Other Income Category - by Entry and Annual Assessment/Exit Status

Number of Adults by Income Category	Number of Adults at Entry	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)	3	5	0
Adults with Only Other Income	12	4	1
Adults with Both Earned and Other Income	5	3	0
Adults with No Income	12	7	0
Adults with Client Doesn't Know/Client Refused Income Information	0	0	0
Adults with Missing Income Information	0	0	0
Number of adult stayers not yet required to have an annual assessment		1	
Number of adult stayers without required annual assessment		11	
Total Adults	32	31	1
1 or More Source of Income	22	13	1
Adults with Income Information at Entry and Annual Assessment/Exit		10	1

19a1 - Client Cash Income Change - Income Source - by Entry and Latest Status

Income Change by Income Category (Universe: Adult Stayers with Income Information at Entry and Annual Assessment)	Had Income Category at Entry and Did Not Have It at Annual Assessment	Retained Income Category But Had Less \$ at Annual Assessment Than at Entry	Retained Income Category and Same \$ at Annual Assessment as at Entry	Retained Income Category and Increased \$ at Annual Assessment	Did Not Have the Income Category at Entry and Gained the Income Category at Annual Assessment	Did Not Have the Income Category at Entry or at Annual Assessment	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Entry to Annual Assessment, Average Gain	Performance Measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	4	1	2	11	19	3	16%
Average Change in Earned Income	0	0		1,663	950			1,187.67	
Number of Adults	2	0	6	1	0	9	19	1	5%

with Other Income									
Average Change in Other Income	-609	0		460	0			460	
Number of Adults with Any Income (i.e., Total Income)	0	0	7	3	1	6	19	4	21%
Average Change in Overall Income	0	0		701.67	700		147.63	701.25	

19a2 - Client Cash Income Change - Income Source - by Entry and Exit

Income Change by Income Category (Universe: Adult Leavers with Income Information at Entry and Exit)	Had Income Category at Entry and Did Not Have It at Exit	Retained Income Category But Had Less \$ at Exit Than at Entry	Retained Income Category and Same \$ at Exit as at Entry	Retained Income Category and Increased \$ at Exit	Did Not Have the Income Category at Entry and Gained the Income Category at Exit	Did Not Have the Income Category at Entry or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Entry to Exit, Average Gain	Performance Measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	1	1	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	1	0	0	0	1	0	0%
Average Change in Other Income	0	0		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	0	0	1	0	0	0	1	0	0%
Average Change in Overall Income	0	0		0	0		0	0	

19a3 - Client Cash Income Change - Income Source - by Entry and Latest Status/Exit

Income Change by Income Category (Universe: Adult Stayers/Leavers with Income Information at Entry and Annual Assessment/Exit)	Had Income Category at Entry and Did Not Have It at Annual Assessment/Exit	Retained Income Category But Had Less \$ at Annual Assessment/Exit Than at Entry	Retained Income Category and Same \$ at Annual Assessment/Exit as at Entry	Retained Income Category and Increased \$ at Annual Assessment/Exit	Did Not Have the Income Category at Entry and Gained the Income Category at Annual Assessment/Exit	Did Not Have the Income Category at Entry or at Annual Assessment/Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Entry to Annual Assessment/Exit, Average Gain	Performance Measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	4	1	2	12	20	3	15%
Average Change in Earned Income	0	0		1,663	950			1,187.67	
Number of Adults with Other Income	2	0	7	1	0	9	20	1	5%
Average Change in Other Income	-609	0		460	0			460	
Number of Adults with Any Income (i.e., Total Income)	0	0	8	3	1	6	20	4	20%
Average Change in Overall Income	0	0		701.67	700		140.25	701.25	

20a - Type of Non-Cash Benefit Source

	Benefit at Entry	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program	19	12	1
WIC	3	1	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

20b - Number of Non-Cash Benefit Sources

	Benefit at Entry	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	11	7	0
1 + Source(s)	20	12	1
Client Doesn't Know/Client Refused	0	0	0
Data not collected	1	12	0
Total	32	31	1

21 - Health Insurance

	At Entry	At Annual Assessment for Stayers	At Exit for Leavers		
Medicaid	75	43	3		
Medicare	6	4	1		
State Children's Health Insurance Program	1	1	0		
VA Medical Services	1	1	0		
Employer Provided Health Insurance	1	1	0		
Health Insurance through COBRA	1	1	0		
Private Pay Health Insurance	3	3	0		
State Health Insurance for Adults	1	1	0		
Indian Health Services Program	0	0	0		
Other	0	0	0		
No Health Insurance	2	1	0		
Client Doesn't Know/Client Refused	0	0	0		
Data not collected	1	0	0		
Number of stayers not yet required to have an annual assessment		3			
1 Source of Health Insurance	72	43	2		
More than 1 Source of Health Insurance	6	3	1		
22a1 - Length of Participation - CoC Projects					
	Total	Leavers	Stayers		
30 days or less	0	0	0		
31 to 60 days	0	0	0		
61 to 90 days	3	0	3		
91 to 180 days	0	0	0		
181 to 365 days	0	0	0		
366 to 730 Days (1-2 Yrs)	78	3	75		
731 to 1,095 Days (2-3 Yrs)	0	0	0		
1,096 to 1,460 Days (3-4 Yrs)	0	0	0		
1,461 to 1,825 Days (4-5 Yrs)	0	0	0		
More than 1,825 Days (>5 Yrs)	0	0	0		
Data not collected	0	0	0		
Total	81	3	78		
22b - Average and Median Length of Participation in Days					
		Leavers	Stayers		
Average Length		480	493		
Median Length		525	519		
23a - Exit Destination - More than 90 days					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0
PH for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel, paid by client	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0

Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention	3	0	3	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	3	0	3	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	3	0	3	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%
23b - Exit Destination - 90 Days or Less					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0
PH for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel, paid by client	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%
25a - Number of Veterans					
	Total	Without Children	With Children and Adults	Unknown Household Type	
Chronically Homeless Veteran	1	0	1	0	
Non-Chronically Homeless Veteran	0	0	0	0	

Not a veteran	30	3	27	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	1	1	0	0
Total	32	4	28	0
25b - Number of Veteran Households				
	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	1	0	1	0
Non-Chronically Homeless Veteran	0	0	0	0
Not a veteran	23	2	21	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Total	24	2	22	0
25c - Gender - Veterans				
	Total	Without Children	With Children and Adults	Unknown Household Type
Male	0	0	0	0
Female	1	0	1	0
Transgender male to female	0	0	0	0
Transgender female to male	0	0	0	0
Doesn't identify as male, female, or transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	1	0	1	0
25d - Age - Veterans				
	Total	Without Children	With Children and Adults	Unknown Household Type
18 - 24	0	0	0	0
25 - 34	0	0	0	0
35 - 44	0	0	0	0
45 - 54	1	0	1	0
55 - 61	0	0	0	0
62 +	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Total	1	0	1	0
25e - Physical and Mental Health Conditions - Veterans				
	Conditions at Entry	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers	
Mental Health Problem	1	1	0	
Alcohol Abuse	0	0	0	
Drug Abuse	0	0	0	
Both Alcohol and Drug Abuse	0	0	0	
Chronic Health Condition	0	0	0	
HIV/AIDS	0	0	0	
Development Disability	0	0	0	
Physical Disability	0	0	0	
25f - Cash Income Category - Income Category - by Entry and Annual/Exit Status - Veterans				
Number of Veterans by Income Category	Number of Veterans at Entry	Number of Veterans at Annual Assessment (Stayers)	Number of Veterans at Exit (Leavers)	
Veterans with Only Earned Income (i.e., Employment Income)	0	1	0	
Veterans with Only Other Income	1	0	0	
Veterans with Both Earned and Other Income	0	0	0	
Veterans with No Income	0	0	0	
Veterans with Client Doesn't Know/Client Refused Income Information	0	0	0	
Veterans with Missing Income Information	0	0	0	
Number of veterans not yet required to have an annual assessment		0		
Number of veterans without required annual assessment		0		
Total Veterans	1	1	0	
25g - Type of Cash Income Sources - Veterans				
	Income at Entry	Income at Latest Annual	Income at Exit for Leavers	

		Assessment for Stayers	
Earned Income	0	1	0
Unemployment Insurance	0	0	0
SSI	1	0	0
SSDI	0	0	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
TANF or Equivalent	0	0	0
General Assistance	0	0	0
Retirement (Social Security)	0	0	0
Pension from Former Job	0	0	0
Child Support	0	0	0
Alimony (Spousal Support)	0	0	0
Other Source	0	0	0
Veterans with Income Information at Entry and Annual Assessment/Exit		1	0

25h - Type of Non-Cash Benefit Sources - Veterans

	Benefit at Entry	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program	1	1	0
WIC	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

25i - Exit Destination - Veterans

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0
PH for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel, paid by client	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0

Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%
26a - Chronic Homeless Status - Number of Households w/at least one or more CH person					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	6	1	5	0	0
Not Chronically Homeless	18	0	18	0	0
Client Doesn't Know/Client Refused	1	1	0	0	0
Data not collected	0	0	0	0	0
Total	25	2	23	0	0
26b - Number of Chronically Homeless Persons by Household					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	22	2	20	0	0
Not Chronically Homeless	57	0	57	0	0
Client Doesn't Know/Client Refused	2	2	0	0	0
Data not collected	0	0	0	0	0
Total	81	4	77	0	0
26c - Gender of Chronically Homeless Persons					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	7	0	7	0	0
Female	15	2	13	0	0
Transgender male to female	0	0	0	0	0
Transgender female to male	0	0	0	0	0
Doesn't identify as male, female, or transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	22	2	20	0	0
26d - Age of Chronically Homeless Persons					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	13		13	0	0
18 - 24	3	1	2		0
25 - 34	3	0	3		0
35 - 44	2	1	1		0
45 - 54	1	0	1		0
55 - 61	0	0	0		0
62 +	0	0	0		0
Client Doesn't Know/Client Refused	0	0	0		0
Data not collected	0	0	0		0
Total	22	2	20	0	0
26e - Physical and Mental Health Conditions - Chronically Homeless Persons					
		Conditions at Entry	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers	
Mental Health Problem		7	6	1	
Alcohol Abuse		1	1	0	
Drug Abuse		0	0	0	
Both Alcohol and Drug Abuse		1	1	0	
Chronic Health Condition		1	1	0	
HIV/AIDS		0	0	0	
Development Disability		3	3	0	
Physical Disability		2	2	0	
26f - Client Cash Income - Chronically Homeless Persons					
		Number of Chronically Homeless Persons at Entry	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)	
Number of Chronically Homeless Persons by Income Category					
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)		0	1	0	

Chronically Homeless Persons with Only Other Income	4	1	1		
Chronically Homeless Persons with Both Earned and Other Income	1	1	0		
Chronically Homeless Persons with No Income	17	13	2		
Chronically Homeless Persons with Client Doesn't Know/Client Refused Income Information	0	0	0		
Chronically Homeless Persons with Missing Income Information	0	0	0		
Number of Chronically Homeless Persons not yet required to have an annual assessment		0			
Number of Chronically Homeless Persons without required annual assessment		3			
Total Chronically Homeless Persons	22	19	3		
26g - Type of Cash Income Sources - Chronically Homeless Persons					
	Income at Entry	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers		
Earned Income	1	2	0		
Unemployment Insurance	0	0	0		
SSI	5	2	1		
SSDI	1	0	1		
VA Service - Connected Disability Compensation	0	0	0		
VA Non-Service Connected Disability Pension	0	0	0		
Private Disability Insurance	0	0	0		
Worker's Compensation	0	0	0		
TANF or Equivalent	0	0	0		
General Assistance	0	0	0		
Retirement (Social Security)	0	0	0		
Pension from Former Job	0	0	0		
Child Support	1	1	0		
Alimony (Spousal Support)	0	0	0		
Other Source	0	1	0		
Chronically Homeless Persons with Income Information at Entry and Annual Assessment/Exit		3	1		
26h - Type of Non-Cash Income Sources - Chronically Homeless Persons					
	Benefit at Entry	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers		
Supplemental Nutrition Assistance Program	4	4	1		
WIC	0	0	0		
TANF Child Care Services	0	0	0		
TANF Transportation Services	0	0	0		
Other TANF-Funded Services	0	0	0		
Other Source	0	0	0		
27a - Age of Youth					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0	0	0	0	0
18 - 24	2	0	2	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	2	0	2	0	0
27b - Parenting Youth					
	Total Parenting Youth	Total Children of Parenting Youth	Total Persons	Total Households	
Parenting youth < 18	0	0	0	0	0
Parenting youth 18 to 24	2	3	5	2	
27c - Gender - Youth					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	2	0	2	0	0
Transgender male to female	0	0	0	0	0
Transgender female to male	0	0	0	0	0
Doesn't identify as male, female, or transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	2	0	2	0	0
27d - Living Situation - Youth					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type

Homeless Situations					
Emergency shelter	2	0	2	0	0
Transitional housing for homeless persons	0	0	0	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Interim Housing	0	0	0	0	0
Subtotal	2	0	2	0	0
Institutional Settings					
Psychiatric hospital or facility	0	0	0	0	0
Substance abuse or detox center	0	0	0	0	0
Hospital (non-psychiatric)	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
PH for formerly homeless persons	0	0	0	0	0
Owned by client, no subsidy	0	0	0	0	0
Owned by client, with subsidy	0	0	0	0	0
Rental by client, no subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client with other subsidy	0	0	0	0	0
Hotel/Motel, paid by client	0	0	0	0	0
Staying or living with family	0	0	0	0	0
Staying or living with friend(s)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	2	0	2	0	0
27e - Length of Participation - Youth					
			Total	Leavers	Stayers
30 days or less			0	0	0
31 to 60 days			0	0	0
61 to 90 days			0	0	0
91 to 180 days			0	0	0
181 to 365 days			0	0	0
366 to 730 Days (1-2 Yrs)			2	0	2
731 to 1,095 Days (2-3 Yrs)			0	0	0
1,096 to 1,460 Days (3-4 Yrs)			0	0	0
1,461 to 1,825 Days (4-5 Yrs)			0	0	0
More than 1,825 Days (>5 Yrs)			0	0	0
Data not collected			0	0	0
Total			2	0	2
27f - Exit Destination - Youth					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0
PH for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0

Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel, paid by client	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	0	0	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%



INNER CITY CHRISTIAN

Payment Voucher Entry

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eLOCCS

SNAP Special Needs Assistance

Payment Voucher

U.S. Department of Housing
and Urban Development
Office of Community Planning and Development

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

1. Voucher Number 501-255135	2. LOCCS Pgrm Area SNAP	3	4
5. Voice Response No. 33597-17966	6. Grantee Organization INNER CITY CHRISTIAN		
8. Grant or Project No. MI0413L5F061401	6a. Grantee Organization TIN 38-1903026		

Budget Line Item	Name	Authorized	Disbursed	Available Balance	Voucher Amount
1030	Operating Costs	17,439.00	17,439.00	0.00	8,719.00
1050	Supportive Services	17,940.00	17,940.00	0.00	8,970.00
Total:		35,379.00	35,379.00	0.00	17,689.00

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number of Person completing this form RYAN VERWYS	12. Name & Title of Authorized Signatory
	13. Signature
	14. Date of Request 09-20-2016

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012.; 31 U.S.C. 3729, 3802)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form HUD-50080-SNAP-a (4/2000)

This Payment Request was **APPROVED...**

A payment of **\$17,689.00** should be deposited in your account on **Thursday September 22, 2016**.
Please print this request, and retain for your records.



Please use the **Cancel Voucher** option on the main menu if you need to cancel this voucher prior to payment.

Welcome, BOBBI KAYSER

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Inner City Christian Fed - Q62897

Previous Day - 09/22/2016 to 09/22/2016

Account Number	Account Name	Type
00002352507	Inner City Christian	Checking

Transaction Date	Transaction Type	Transaction Description	Reference Number	Debits	Credits
09/22/2016 02:52:00	ACH Credit	HUD TREAS 310 MISC PAY 381903026860103 INNER CITY CHRISTIAN RMT*VV*501255135*****HUD Special Needs As		\$0.00	\$17,689.00

BAI Code: ACH Credit 142

Memo:

Bank Reference: 200105001274

Description: HUD TREAS 310 MISC PAY 381903026860103 INNER CITY
CHRISTIAN RMT*VV*501255135*****HUD Special Needs As

Processing Date: 09/22/2016

Amount Credited: \$17,689.00

0 Day Float:

1 Day Float:

2 Day Float:



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eLOCCS

SNAP Special Needs Assistance
Payment Voucher

**U.S. Department of Housing
and Urban Development**
Office of Community Planning and Development

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

1. Voucher Number 501-198534	2. LOCCS Pgrm Area SNAP	3	4
5. Voice Response No. 33597-17966	6. Grantee Organization INNER CITY CHRISTIAN		
8. Grant or Project No. MI0413L5F061401	6a. Grantee Organization TIN 38-1903026		

Budget Line Item	Name	Authorized	Disbursed	Available Balance	Voucher Amount
1030	Operating Costs	17,439.00	8,720.00	8,719.00	8,720.00
Total:		17,439.00	8,720.00	8,719.00	8,720.00

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number of Person completing this form BEN KROMBEEN	12. Name & Title of Authorized Signatory	
	13. Signature	14. Date of Request 01-13-2016

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012;; 31 U.S.C.3729, 3802)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form HUD-50080-SNAP-a (4/2000)

Pd.
1/15/16
AIC
43100-25

This Payment Request was **APPROVED...**

A payment of **\$8,720.00** should be deposited in your account on **Friday January 15, 2016**.
Please print this request, and retain for your records.



Please use the **Cancel Voucher** option on the main menu if you need to cancel this voucher prior to payment.

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Inner City Christian Fed - Q62897

Previous Day - 01/15/2016 to 01/15/2016

Account Number	Account Name	Type
00002352507	Inner City Christian	Checking

Transaction Date	Transaction Type	Transaction Description	Reference Number	Debits	Credits
01/15/2016 02:02:00	ACH Credit	HUD TREAS 310 MISC PAY 381903026860103 INNER CITY CHRISTIAN RMT*VV*501198534*****HUD Special Needs As		\$0.00	\$8,720.00

BAI Code: ACH Credit 142

Memo:

Bank Reference: 200109734283

Description: HUD TREAS 310 MISC PAY 381903026860103 INNER CITY CHRISTIAN RMT*VV*501198534*****HUD Special Needs As

Processing Date: 01/15/2016

Amount Credited: \$8,720.00

0 Day Float:

1 Day Float:

2 Day Float:



INNER CITY CHRISTIAN

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eLOCCS

SNAP Special Needs Assistance
Payment Voucher

**U.S. Department of Housing
 and Urban Development**
 Office of Community Planning and Development

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

1. Voucher Number 501-217361	2. LOCCS Pgrm Area SNAP	3	4
5. Voice Response No. 33597-17966	6. Grantee Organization INNER CITY CHRISTIAN		
8. Grant or Project No. MI0413L5F061401	8a. Grantee Organization TIN 38-1903026		

Budget Line Item	Name	Authorized	Disbursed	Available Balance	Voucher Amount
1050	Supportive Services	17,940.00	8,970.00	8,970.00	8,970.00
Total:		17,940.00	8,970.00	8,970.00	8,970.00

pd. 3/30/16

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number of Person completing this form BEN KROMBEEN	12. Name & Title of Authorized Signatory	
	13. Signature	14. Date of Request 03-28-2016

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form HUD-50080-SNAP-a (4/2000)

This Payment Request was **APPROVED...**

A payment of **\$8,970.00** should be deposited in your account on **Wednesday March 30, 2016**. Please print this request, and retain for your records.



Please use the **Cancel Voucher** option on the main menu if you need to cancel this voucher prior to payment.

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Inner City Christian Fed - Q62897

Previous Day - 03/30/2016 to 03/30/2016

	Account Number	Account Name	Type
	00002352507	Inner City Christian	Checking

Transaction Date	Transaction Type	Transaction Description	Reference Number	Debits	Credits
03/30/2016 01:54:00	ACH Credit	HUD TREAS 310 MISC PAY 381903026860103 INNER CITY CHRISTIAN RMT*VV*501217361*****HUD Special Needs As		\$0.00	\$8,970.00

BAI Code: ACH Credit 142

Memo:

Bank Reference: 200105946504

Description: HUD TREAS 310 MISC PAY 381903026860103 INNER CITY CHRISTIAN RMT*VV*501217361*****HUD Special Needs As

Processing Date: 03/30/2016

Amount Credited: \$8,970.00

0 Day Float:

1 Day Float:

2 Day Float:



STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

KEVIN ELSSENHEIMER
EXECUTIVE DIRECTOR

August 5, 2016

Mr. Ryan VerWys, Executive Director
Inner City Christian Federation
920 Cherry Street, SE
Grand Rapids, Michigan 49506

Dear Mr. VerWys:

I want to thank your staff for the time spent with me during my July 21st visit to your agency!

This audit focused on MSHDA Housing Education Program (HEP) Pre- and Post-Purchase Services and National Mortgage Settlement (NMS) Round 6 services provided by Inner City Christian Federation during the past year. Agency audits are conducted to ensure that agencies participating in MSHDA's HEP are performing within established compliance guidelines.

I hope the following information will be helpful to you and your staff.

General Overview

- In the past, MSHDA audits of partner agencies were completed every 2 to 3 years to meet the expectations outlined by HUD, however our HEP feels it is important to conduct these reviews more frequently. As outlined in our policy on Agency Performance Reviews which was updated July 1, 2016, these reviews will now occur on an annual basis.

I was encouraged by the feedback from ICCF staff, who all felt that a more regular review of activity, along with the opportunity for sharing of ideas would be most valuable!

- As required by the National Industry Standards, HUD and MSHDA all client files are to be maintained in a consistent stacking order. There are no guidelines for how this stacking order should be designed, so agencies can determine what works best for them! Once established, all client files must be maintained in this order, which makes it easy for anyone reviewing files to quickly locate information. Your agency's files all followed the same stacking order, well done!

During my visit I encouraged staff to look at other types of files they might be able to utilize for client files. We also discussed how adding tabs to separate the various sections of the file would make accessing files, by ICCF staff or others, like auditors, an easier task.

- Group Homebuyer Education (HBE) Files
 - Group files for four (4) sessions of HBE were reviewed during my visit; September 2, 2015, November 4, 2015, March 2, 2017 and April 2, 2016. Only two of those files contained all required documents.

735 East Michigan Avenue, P.O. Box 30044, Lansing, Michigan 48909
michigan.gov/mshda • 517.373.8370 • FAX 517.335.4797 • TTY 800.382.4568

MSHDA provides updated guidelines for all of its services at least annually, or as changes occur. MSHDA's Group Homebuyer Education Guidelines were updated June 29, 2015 and included information about Group File Requirements.

MSHDA's requirements for Group Files is the same as those outlined in the HUD Housing Counseling Handbook, Chapter 5 – Recordkeeping and Reporting.

- It's excellent to see that the agency invites local partners from the community to provide information on their areas of expertise, like banking, real estate, etc. This certainly helps to maintain the partnerships the agency has worked to build over the years, and helps keep the workshop from getting boring for participants!
- Though not a requirement, including the booklet provided to attendees as part of the file is a great idea!
 - To make it easier to follow along during the workshop, I would recommend adjusting the Agenda to follow the same flow as the information provided in the booklet.
 - Because MSHDA's Pre-Purchase Inspection Program is no longer available, *please remove the reference to that program from your booklet.*
- The purpose of the Client Action Plan (CAP) is to provide the client with a clear outline of their housing goals and the steps needed to achieve them. The CAP's completed by your staff provided good information that would be easily understood by the client; good job!
- Effective July 1, 2016 clients do not have to attend Homebuyer Education prior to attending one or more Financial Capability Workshops, as outlined in our updated Guideline on Financial Capability Workshops. These workshops can certainly help build a strong foundation that will help attendees identify areas where they may need to make changes in order to purchase their first home or retain their current home.

Occasionally, a client will already be working with ICCF in preparation for purchasing their home or trying to remedy a potential foreclosure. *In these situations*, ICCF staff should identify the workshop(s) that best meets the clients' needs. For example, a client who clearly has an existing, positive relationship with a banking institution probably doesn't need to sit through the workshop on Banking Basics.

- During my review I discovered several required documents that had not been signed by the Counselor. Since that individual is no longer employed by ICCF, a warning was provided to staff about this matter. As stated in our HEP Guidelines, documents that don't contain the appropriate agency signatures are considered non-compliant during an audit.

For **this audit only**, there will be no negative affect on Inner City Christian Federation files reviewed where this information was missing.

Compliance Reminders

- Out of the ten (10) individual files reviewed for services billed to MSHDA during the past 12 months, three (3) were inappropriately billed; this included providing services prior to completing other required activity, billing the wrong funding source, and billing the same service twice to multiple funding sources. The agency was reminded to carefully review the activity submitted during the invoicing process to ensure that all activity is billed appropriately. **For this audit only, there will be no recapture of funds tied to these clients.**

- Client files ***should never*** contain original documents, such as Court Documents, bank statements or utility bills. Copies should be made with the original document being returned to the client immediately.
- Family Self Sufficiency (FSS) client files **must contain all required documents** for the services they are provided. This information is outlined in each of MSHDA's service guidelines. **For this audit only, there will be no recapture of funds tied to FSS client files that were missing this documentation.**
- It is important that all staff members who provide assistance to the agency's housing education program be familiar with all MSHDA Policies and Guidelines, and how their misinterpretation may affect the agency's compliance. I would suggest that staff consider discussing one or two MSHDA Policies and/or Guidelines during each of their regularly scheduled staff meetings. Of course, I am always available to provide insight or to answer any questions that may arise.

Additional Information

I truly believe anything is possible! While I concede that it's so easy to travel down a road because it's familiar, sometimes taking the less traveled route shows us that the trip has much more to offer! I hope the following information will spark some conversation on possible trips down unfamiliar paths.

- **Fees** – A growing number of agencies are charging participants to attend their HBE Workshop. Agencies who have instituted this practice have found that it increases the perceived value of the service provided and that potential homebuyers are more likely to recognize the credibility of the information provided and the benefit they receive. It truly is reflective of the old adage "you get what you pay for". Agencies have also found that participants are more likely to attend, as their payment acts as an additional measure of accountability to follow-through on the commitment they've made. Of course, an additional plus is that the fee will help support the delivery costs incurred by ICCF, which in turn allows the agency to invest in program improvements.

The sample on the following page is a fee structure developed by one of our partner agencies after they reviewed information outlined in the HUD Housing Counseling Handbook about fee structures, as well as an article included in the September 2014 issue of our newsletter, ***Counselor Connection***, which I've included at the end of this letter.

Homebuyer Education Fee Schedule

Area Median Income (AMI) Income Eligibility Chart

Family Size	Very Low Income-50% AMI	Low Income-80% AMI	Moderate Income-100% AMI
1	19,000	30,350	38,000
2	21,700	34,700	43,400
3	24,400	39,050	48,800
4	27,100	43,350	54,200
5	29,300	46,850	58,600
6	31,450	50,300	62,900
7	33,650	53,800	67,300
8	35,800	57,250	71,600
	Total Cost Per Participant \$10*	Total Cost Per Participant \$15*	Total Cost Per Participant \$20*

**Participants who register and pay their fee at least 2 days prior to the date of the Homebuyer Education course will receive a \$5 discount from their registration fees at the time of registration.*

How to determine your AMI%:

Step 1- Determine your family size as filed in your Federal Income Tax Return 1040, line 6d.

Step 2- Determine your Adjusted Gross Income as filed in your Federal Income Tax Return 1040, line 37.

Additional Information:

- If your income is above one category, you default to the next income category.
- All participants will be charged the Moderate Income rate unless they provide proof of income at the time of registration demonstrating that they qualify for a reduced rate.
- Payment can be made by check or money order. NO CASH will be accepted. Fee is non-refundable/non-transferable.

If your agency would like to discuss this idea further with one of our agencies who has been charging a fee for a couple of years, and who is also a HUD Approved Agency, I would recommend contacting:

Denise Keiser, Executive Director
Center for Financial Health
Phone: 517-708-2546
denisek@centerforfinancialhealth.org

- **Online Homebuyer Education** – Out of the 46 agencies currently participating in MSHDA's HEP, over 30% have elected to offer online HBE to their clients, in addition to their traditional group workshops. It took a while for agencies to realize the benefits of this new tool, but we've seen the number of agencies electing to partner with either eHome America or Framework grow over the past couple of years. Framework and eHome America are the two products approved for use in conjunction with MSHDA's HEP.

735 East Michigan Avenue, P.O. Box 30044, Lansing, Michigan 48909
michigan.gov/mshda • 517.373.8370 • FAX 517.335.4797 • TTY 800.382.4568

Some of the reasons agencies are adding this as another option for their clients include:

- A growing number of potential homebuyers are computer savvy;
- Many clients have busy schedules and can't devote their Saturday to a workshop;
- There are more people working 2nd and 3rd shifts who can't get away from work to attend a workshop;
- Clients like the convenience of completing HBE in the comfort of their own home, and;
- Clients see the value in spending up to \$99 to complete this requirement of completing their new home purchase.

Agencies work independently with either company to secure the product that works best for them. Once that work has been completed, the agency needs to contact me so that the appropriate service can be added to the list of services you offer; that information will also be added to MSHDA's Housing Education Locator website.

If you would like to explore this idea further with one of our agencies who is currently offering online HBE, I would recommend contacting any or all of the following MSHDA agencies:

H.O.M.E. of Mackinac County
 Location: St. Ignace
 Contact: Lori Pieri, Executive Director
 Product Used: eHome America
 Phone: 906-643-6239
 Email: home@lighthouse.net

Northern Homes
 Location: Boyne City
 Contact: Jane MacKenzie, Executive Director
 Product Used: eHome America
 Phone: 231-582-6422
 Email: jane@northernhomes.org

Bay Area Housing, Inc.
 Location: Bay City
 Contact: Jessica Rivard, Program Manager
 Product Used: Framework
 Phone: 989-686-6800, Ext. 208
 Email: Jessica@bahinc.org

Center for Financial Health
 Location: Lansing
 Contact: Denise Keiser, Executive Director
 Product Used: eHome America
 Phone: 517-708-2546
 Email: denisek@centerforfinancialhealth.org

Audit Findings

Client	Description of Findings	Recapture Amount
MSHDA Group Homebuyer Education Workshops		
September 2, 2015	<ul style="list-style-type: none"> • File did not contain all required documents; missing Household Profile and Release of Information for all attendees. Agency warned that these documents must be in all Group Files. <u>No recapture for this audit only.</u> • Other documents required for Group Files were present. • Suggested agency align Agenda with booklet provided to attendees for ease of following along during class. 	\$0.00

November 4, 2015	<ul style="list-style-type: none"> File did not contain all required documents; missing Household Profile and Release of Information for all attendees. Agency warned that these documents must be in all Group Files. <u>No recapture for this audit only.</u> Other documents required for Group Files were present. Suggested agency align Agenda with booklet provided to attendees for ease of following along during class. 	\$0.00
March 2, 2016	<ul style="list-style-type: none"> File contained Household Profile for the twelve (12) workshop participants. File contained Release of Information for the twelve (12) workshop participants, but not all of these documents were signed by the Counselor. This counselor is no longer employed by agency so could not obtain appropriate signature. Agency was provided warning that all required documents must be signed by appropriate agency staff at time of service. <u>No recapture for this audit only.</u> Other documents required for Group Files were present. Suggested agency align Agenda with booklet provided to attendees for ease of following along during class. 	\$0.00
April 2, 2016	<ul style="list-style-type: none"> File contained Household Profile for nineteen (19) workshop participants. File contained Release of Information for nineteen (19) workshop participants. ICCF staff did not sign that document for attendee, R. Walton. This counselor is no longer employed by agency so could not obtain appropriate signature. Agency was provided warning that all required documents must be signed by appropriate agency staff at time of service. <u>No recapture for this audit only.</u> Other documents required for Group File were present. Suggested agency align Agenda with booklet provided to attendees for ease of following along during class. 	\$0.00
MSHDA Pre-Purchase Financial Capability Workshops		
AUBRY, David	<ul style="list-style-type: none"> All required documentation in file. Client attended the Banking Basics F.C. Workshop 10/31/15, which was prior to completing Homebuyer Education (HBE). At that time, MSHDA Guidelines stated clients receiving F.C. services must have attended HBE prior to attending F.C. workshops unless they were a FSS or KTO client. Date of Service entered in MATT 2.0 for this client's HBE was 11/18/15. <u>No recapture for this audit only.</u> 	\$0.00

BAEZ, Kasha	<ul style="list-style-type: none"> From review the file, it appears this was an IDA client. Household Profile in file was from 6/3/14. Agency must have client complete new document to ensure they have most recent information. Income Verification, Household Budget and Client Action Plan were all outdated. Agency must collect current income verification, complete new Household Budget and Client Action Plan. File contained an original Court Document. Notes entered 6/16/15 stated that client had a Housing Choice Voucher, but there was nothing about the FSS Program in client file; maybe a Grand Rapids HCV recipient. Agency invoiced the Insurance component of Financial Capability to FSS funds for service provided 9/22/15 on HEP Invoice #96. Agency invoiced the Insurance component of Financial Capability to HEP funds for service provided 9/22/15 on HEP Invoice #113. No recapture for this audit only. 	\$0.00
MILLER, Zaanelle M	<ul style="list-style-type: none"> All required documents in file. File contained original bank statements. Original documents should never be maintained in client files; copy should be made and original document should be returned to the client. 	\$0.00
MSHDA FSS Counseling		
HOLLOWAY, Michelle	<ul style="list-style-type: none"> FSS Referral in file. Completed Household Profile in file. Completed Release of Information in file. Files for FSS clients must contain the same required documents as others who receive service. Documents not in this file include the following: Household Budget, Credit Report, and current Verification of Income since information in file indicated client had had a change in income since June 27, 2012. File included the client's Individual Training Service Plan, which takes the place of the Client Action Plan. No recapture of funds for this audit only. 	\$0.00
KIRKWOOD, Brandy	<ul style="list-style-type: none"> FSS Referral in file. Completed Household Profile in file. Completed Release of Information in file. Files for FSS clients must contain the same required documents as others who receive service. Documents not in this file include the following: Household Budget, Credit Report, and current Verification of Income; Certificate of Income in file was from July 16, 2012. The last contact with client was from July 2015. Appears agency is having problems maintaining contact with client. No recapture of funds for this audit only. 	\$0.00

MSHDA Housing Education Program – Individual Counseling		
DOMINISKI, Christen	<ul style="list-style-type: none"> • All required documentation in file. • The one (1) hour of Individual Counseling provided on 1/14/16 is allowed. • Nothing in the notes within the file indicated that the thirty (30) minute session for Individual Counseling provided on 2/1/16 was about work being done towards purchasing a home; notes were more reflective of work being done on the client's IDA. 	\$38.00
National Mortgage Settlement (NMS) Round 6 Clients		
ALEXANDER, Brian	<ul style="list-style-type: none"> • Client attended Financial Capability workshops on Consumer Protection & Rights and Insurance. • Household Profile was not signed by Counselor, who appeared to be Latesha Lipscomb. Agency must have counselor sign this document and return to MSHDA to avoid recapture of funds received for services provided. • Release of Information was not signed by Counselor, who appeared to be Latesha Lipscomb. Agency must have counselor sign this document and return to MSHDA to avoid recapture of funds received for services provided. • All other required documents were in file. • Client was referred to a HECM Counselor for information about that product. 	\$100.00
BASS, Lasonya	<ul style="list-style-type: none"> • This client attended Group HBE 4/20/16 and was billed against the agency's 2015-2016 HEP Grant. • Client attended Financial Capabilities workshops May 10 through June 11 of 2016. All services (\$300) were billed to the agency's NMS Round 6 Grant. These services should have been billed to the agency's 2015-2016 HEP Grant. • MSHDA's NMS Coordinator has been provided information about the \$300 inappropriately billed to the NMS program. • <u>For this audit only no recapture of funds will occur.</u> 	\$0.00
HAVERKAMP, Peter	<ul style="list-style-type: none"> • Client received Foreclosure Intake and Individual Foreclosure Counseling services. • All required documents in file. • Client received Trial Modification. • Good file. 	\$0.00
KILGO, Victoria L.	<ul style="list-style-type: none"> • This SFM client received Hardest Hit Application and Individual Foreclosure Counseling services. • All required documentation in file. • Client received assistance from SFM. SFM documents were in file. • Good file. 	\$0.00
TOTAL AUDIT RECAPTURE		\$138.00

The findings identified during this audit have resulted in a recapture totaling \$138.00 in MSHDA funds. As identified in the client-specific information provided, \$100.00 of that amount will be forgiven if the agency can provide the identified signed documents.

If your agency elects to appeal the recapture of these funds, **provide your written response, including all documentation to support your appeal, to me by no later than August 20, 2016.**

If you do not elect to appeal this decision, your agency has 30 calendar days from today to pay the recapture amount. Please send a check payable to the Michigan State Housing Development Authority to:

Karen Lawson, Housing Education Specialist
Michigan State Housing Development Authority
P.O. Box 30044
Lansing, Michigan 48909

Closing Thoughts

As you may know, the agency's audit of May 2015 uncovered a number of shortcomings, and the agency was temporarily suspended from MSHDA's HEP. I am happy to say that I see positive changes since that visit. I know it has taken a great deal of work from all of your staff over the past year to begin the process of repair and moving ahead. I want you to know how much I appreciate each of them; this has not been an easy task.

With that said, based on this review, there is still room for improvement. I believe it is in the agency's best interest to undergo another compliance review before July 2017. I will contact staff in several months to arrange for another review of agency files.

In the meantime, don't hesitate to contact me at lawsonk@michigan.gov or 517-373-2307 with any questions you may have.

Sincerely,



Karen Lawson
Housing Education Specialist

cc: John Carman
Katherine Collen

Attachment – September 2014 Counselor Connection



**Counselor
CONNECTION**

Investing in People
Investing in
MSHDA
MICHIGAN STATE HOUSING DEVELOPMENT AGENCY
michigan.gov/mshda

**Homeownership
IN MICHIGAN**

September 2014

This Issue

- [2014 Training Calendar](#)
- [Counselor Connection](#)
- [HEP Invoice/Billing](#)
- [Annual Counselor Training](#)
- [Step Forward Michigan](#)
- [Agencies Hard Work](#)
- [Homebuyer Education Success!](#)
- [CFPB Consumer Education Products: Foreign Language Translations of Foreclosure Avoidance Brochures Available for Homeowners](#)
- [Upcoming Office Closings](#)

Counselor Connection

REMINDER: To be mindful of your time, we are going to be sending the Counselor Connection on a quarterly basis. If MSHDA has important information we will continue sending EMAIL BLASTS. Please contact your Housing Education Specialist if you have questions.

HEP Invoice/Billing

When invoicing for Homebuyer Education-Group, be sure the sign in/out sheets are uploaded in the comments section.

When invoicing for Pre-Purchase Inspection, be sure the invoice is uploaded.

If an invoice is submitted without the uploads (either sign in/out sheets or inspection invoice), it will be sent back for modifications.

Annual Counselor Training!

MSHDA will be hosting Annual Counselor Training, November 6-7th. The training, which fulfills counselor's continuing education requirement (MSHDA Certified Counselors), will be held at Hampton Inn and Suites-Lansing. Registration deadline is October 30th.

Day I (Thursday, November 6th)

- MSHDA Introduction and Overview
- Incorporating Green Education and Practices

2014 Training Calendar

October 20-21 -registration full

**Annual Counselor Training
Radisson Hotel- Lansing**

October 22-23 -registration

**Annual Counselor Training
Radisson Hotel- Lansing**

November 6-

**Annual
Counselor Training Hampton Inn
and Suites-Lansing**

**March 9-
13**

**Annual
Counselor Certification Training
Radisson Hotel- Lansing**

Questions?



Central, Northern, UP, Wayne County

Sharon Evans

517-373-8016

evanss@michigan.gov

Eastern Michigan

Renee Ferguson

517-373-8045

fergusonr1@michigan.gov

Western Michigan

Karen Lawson

517-373-2307

lawsonk@michigan.gov

Day II (Friday, November 7th)

- HUD Housing Counseling Certification Update
- CFPB Final Rule on Simplified and Improved Mortgage Disclosures
- Rental Counseling Overview
- Staying Current with CFPB Guides

Register here: <https://www.surveymonkey.com/s/novemberact>

Step Forward Michigan

How to process duplicate SF files. – Fill out form and email to Step Forward staff.

Step Forward Application – Servicer Drop-down list - How to tell if a SF Servicer is a participating servicer or a non-participation servicer: Only lenders that are typed in capital letters and have an *asterisk after their name are participating. All others are NOT participating with the Step Forward Michigan program.

Agencies Hard Work

Here is an example of how life works and comes full circle. One of our agencies recently agency had someone added to their home inspectors list that turns out that he was the first ever MSHDA Mortgage/DPA customer in the State! What a great story, he is now doing home inspections!



Homebuyer Education Success!



Funding for Homebuyer Education (HBE) has changed during the past few months, but the need for it is on the rise. As the Michigan real estate market picks up, new homebuyers need guidance and assistance in taking on homeownership, as informed consumers and borrowers.

Until recently, the Center for Financial Health (the Center) has offered its HBE course to participants for free, while the delivery cost was absorbed mostly by MSHDA funding. In light of recent funding cuts, the Center began charging participants a fee to complete the course. With the new fee structure, management anticipated a slight drop off in participation, especially since two other local agencies offered classes with no fees. It turns out, just the opposite occurred.

Surprisingly, participation in all of the recent HBE courses have had attendance of 30 participants in every class since the fee structure was implemented July 1, 2014. The Center maintains a regular

schedule of HBE events holding classes every third Saturday. Executive Director, Denise Keiser, observed another positive result in the reduction of administrative work; "we have had full registration in every class during the past 14 months. Administratively though, this was cumbersome because only about half of those registered would show up the day of class, with an average turnout of 25 folks".

A few other positive outcomes that have occurred since the change in fee structure is that most participants prepay for the course online through the Center's website with a debit or credit card. This alleviates Center staff from having to handle cash and perform bookkeeping the day of class. It's also important to note that none of the participants, to date, have complained about having to pay for the course.

With any change in policy, Keiser believes it's important to review feedback from the participants about their experiences to support the ongoing promotion of the program. Keiser is happy to report that participant surveys reflect positive attitudes from the participants and suggests that there may be a higher perceived value in the course because of the new fee structure.

Each of the following participants paid a fee to attend the Center's HBE course recently. They shared these comments in their surveys:

- "Thank you for taking what could have been boring, dry material and making it relevant, personal and entertaining."
- "Very positive experience! The presenters all do a fantastic job in presenting material, intelligent, articulate and understanding would be the words I use to describe these gentlemen."
- "Class was very informative, even for someone who is in the real estate business and has owned two homes previously. Great class!"
- "I think this is a great program. We only came because it was required for our loan, but I am glad we came. I think all home buyers could benefit from this class. Thank You!! This was time well spent that will help us for years to come."
- "I am grateful to find a program that allows me a chance at improving myself and the opportunity to purchase a home, something I never thought I would be able to do. J"

Although the Center has had a few real estate professionals address their concern about a fee for the course, none of the lending partners have made light of the policy change. The fee for the course is \$25 for each participant and if paid early, before 5pm the day before class, a discounted price is offered at \$20 per participant.

"One thing we know for sure is that change is inevitable," said Keiser. "This time around though, the policy change was a positive for our Agency."

For additional questions about the Center's new fee policy, contact Denise Keiser at denisek@centerforfinancialhealth.org

Testimonials:

**CPFB Consumer Education Products: Foreign Language
Translations of Foreclosure Avoidance Brochures Available
for Homeowners:**

To help housing counselors and others serve homeowners who do not speak English as their first language, the Consumer Financial Protection Bureau (CFPB) has translated two brochures into several languages. You can find and order these resources and others on [CFPB's Bulk Publications Website](#)

1. Take Control to Avoid Foreclosure Checklist: A checklist for consumers. This short checklist provides troubled borrowers with quick action steps to get help and find out about options to avoid foreclosure. It is available in the following languages:

- [English](#)
- [Spanish](#)
- [French](#)
- [Korean](#)
- [Creole](#)
- [Chinese](#)
- [Vietnamese](#)
- [Tagalog](#)

2. Summary of CFPB foreclosure avoidance procedures: A useful summary of CFPB foreclosure rules for mortgage servicers. Summarizes key timelines and deadlines for borrowers to apply for alternatives to foreclosure that may be available. It is available in the following languages:

- [English](#)
- [Spanish](#)
- [Chinese](#)
- [French](#)
- [Creole](#)

- [Korean](#)
 - [Tagalog](#)
 - [Vietnamese](#)
-

HUD-OHC Listserv Bulk subscriptions:

Some housing counselors have asked, "How do I sign up my entire agency staff for HUD Office of Housing Counseling (HUD-OHC) listserv updates?" It is easy... Just list your staff email addresses like this:

aaa@xyz.com

bbb@xyz.com

ccc@xyz.com

You can send in one email address or your entire agency. Then [Email your list](#) to HUD-OHC. If you have a housing counseling industry friend who you want to subscribe to this listserv, there are 2 other ways to sign up: Send them this [link](#) or forward them this email.

Some Helpful Links for Housing Counselors:

- [Email Technical Support for Housing Counselors](#)
- [HUD Housing Counseling Webpage](#)
- [The Bridge Housing Counseling Newsletter Archive](#)
- [Housing Counseling Listserv Archive](#)
- [Training Webinar Archive](#)
- [Events & Training Calendar](#)
- [Contracting Opportunities](#)
- [Career Opportunities](#)
- [Grant Opportunities](#)
- [Disaster Recovery Resources](#)
- [Foreclosure Assistance](#)



- [Making Home Affordable](#)

- [FHA Resource Center](#)

- [Index of HUD Listserv Mailing Lists](#)

Disclaimer: This list will often provide training opportunities, event notifications and other announcements for non-profit and government HUD Housing Counseling partners. HUD does not endorse the organizations sponsoring linked websites, and we do not endorse the views they express or the products/services they or their community/business partner's offer. For more information please see [HUD's web policies](#)

Upcoming Office Closings

MSHDA's offices will be closed November 4th and November 11th.



Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/17/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MI0413

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Inner City Christian Federation

b. Employer/Taxpayer Identification Number (EIN/TIN): 38-1903026

	c. Organizational DUNS:	092947068	PLUS 4	
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d. Address

Street 1: 920 Cherry SE

Street 2:

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip / Postal Code: 49506

e. Organizational Unit (optional)

Department Name: Housing and Family Services

Division Name: Homeless Services

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Mr.

First Name: John

Middle Name:

Last Name: Carman

Suffix:

Title: Vice President of Operations

Organizational Affiliation: Inner City Christian Federation

Telephone Number: (616) 336-9333

Extension: 402
Fax Number: (616) 336-9323
Email: JCarman@iccf.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Michigan
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: ICCF PSH 2017

16. Congressional District(s):

a. Applicant: MI-003, MI-002
(for multiple selections hold CTRL key)

b. Project: MI-002, MI-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2016

b. End Date: 09/30/2017

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- If "YES", enter the date this application was made available to the State for review:** 08/16/2017

- 20. Is the Applicant delinquent on any Federal debt?** No
- If "YES," provide an explanation:**

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Mr.

First Name: John

Middle Name:

Last Name: Carman

Suffix:

Title: Vice President of Operations

Telephone Number: (616) 336-9333
(Format: 123-456-7890)

Fax Number: (616) 336-9323
(Format: 123-456-7890)

Email: JCarman@iccf.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/17/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Inner City Christian Federation

Prefix: Mr.

First Name: John

Middle Name:

Last Name: Carman

Suffix:

Title: Vice President of Operations

Organizational Affiliation: Inner City Christian Federation

Telephone Number: (616) 336-9333

Extension: 402

Email: JCarman@iccf.org

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip/Postal Code: 49506

2. Employer ID Number (EIN): 38-1903026

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$35,379.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: ICCF PSH 2017 920 Cherry SE Grand Rapids Michigan

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: John Carman, Vice President of Operations

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/18/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Inner City Christian Federation

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and

X

accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mr.

First Name: John

Middle Name

Last Name: Carman

Suffix:

Title: Vice President of Operations

Telephone Number: (616) 336-9333
(Format: 123-456-7890)

Fax Number: (616) 336-9323
(Format: 123-456-7890)

Email: JCarman@iccf.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/17/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The 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 an 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 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, an officer or employee of Congress, or an employee of 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 of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards 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 of Lobbying Activities," 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.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Inner City Christian Federation

Name / Title of Authorized Official: John Carman, Vice President of Operations

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/17/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity 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 a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Inner City Christian Federation

Street 1: 920 Cherry SE

Street 2:

City: Grand Rapids

County: Kent

State: Michigan

Country: United States

Zip / Postal Code: 49506

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mr.

First Name: John

Middle Name:

Last Name: Carman

Suffix:

Title: Vice President of Operations

Telephone Number: (616) 336-9333
(Format: 123-456-7890)

Fax Number: (616) 336-9323
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Email: JCarman@iccf.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/17/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.



Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

2B. Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

The third quarter draw-down was missed and rectified in the fourth quarter.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

3A. Project Detail

1. Expiring Grant Number: MI0413

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: MI-506 - Grand Rapids, Wyoming/Kent County
CoC

2b. CoC Collaborative Applicant Name: Heart of West Michigan United Way

3. Project Name: ICCF PSH 2017

4. Project Status: Standard

5. Component Type: PH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

Twenty three units of PSH made affordable to families thru the issuance of Project Based Vouchers from MSHDA . ICCF receives referrals for housing from Coordinated Assessment & MSHDA, adheres to Housing First principles and has established a preference for chronically homeless families w/children when occupying these 2 and 3 bedroom units. The referral and screening process for PSH residents follows the procedures set by Coordinated Assessment for households who are in a housing crisis. These units will be targeted to the most vulnerable homeless members of the Kent County community. Support services are provided by staff members from Pine Rest (lead agency for services) and ICCF. Core services include those that are needed to move people from the streets into stabilized housing. Additional services will be available in an individualized, coordinated and flexible manner including home based services during non standard hours, life skills training; child care, education, training, health services, employment and legal referrals. A blended management team approach will be employed to coordinate services between Pine Rest as Lead Agency and ICCF as an additional supportive services provider and Asset Manager. These staff will meet as needed to coordinate resident services and develop eviction prevention plans when necessary to promote housing stability. An MOU serves as the agreed upon supportive services plan and outlines the roles and responsibilities between ICCF Real Estate division, Pine Rest and ICCF Housing and Family Services.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>

Families with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Partner	As needed
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Applicant	As needed
Child Care	Non-Partner	As needed
Education Services	Applicant	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Non-Partner	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes

2c. At least annual follow-ups with participants to ensure mainstream benefits Yes



are received and renewed?

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 23

Total Beds: 70

Total Dedicated CH Beds: 70

Housing Type	Units	Beds
Single family homes/townhou...	23	70

4B. Housing Type and Location Detail

1. Housing Type: Single family homes/townhouses/duplexes

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 23

b. Beds: 70

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 70

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Street 1: 920 Cherry SE

Street 2:

City: Grand Rapids

State: Michigan

ZIP Code: 49506

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

269081 Kent County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	23			23
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	23	0		23
Adults ages 18-24	9	0		9
Accompanied Children under age 18	49		0	49
Unaccompanied Children under age 18			0	0
Total Persons	81	0	0	81

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	21	1	0	1	0	8	10		2	
Adults ages 18-24	9	0	0	0	0			1	1	0
Children under age 18	49			0	0	0	0	0	0	
Total Persons	79	1	0	1	0	8	10	1	3	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

5C. Outreach for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Enter the percentage of project participants that will be coming from each of the following locations.

17%	Directly from the street or other locations not meant for human habitation.
83%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No


3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$31,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$31,000

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Department of Hea...	10/01/2017	\$31,000

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Department of Health and Human Services
(Be as specific as possible and include the office or grant program as applicable) Emergency Shelter Program
- 5. Date of Written Commitment:** 10/01/2017
- 6. Value of Written Commitment:** \$31,000

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$20,000
4. Operating	\$15,379
5. HMIS	\$0
6. Sub-total Costs Requested	\$35,379
7. Admin (Up to 10%)	
8. Total Assistance plus Admin Requested	\$35,379
9. Cash Match	\$31,000
10. In-Kind Match	\$0
11. Total Match	\$31,000
12. Total Budget	\$66,379

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501 c 3	10/13/2014
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: 501 c 3

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official John Carman

Date: 08/17/2017

Title: Vice President of Operations

Applicant Organization: Inner City Christian Federation

PHA Number (For PHA Applicants Only):

**I certify that I have been duly authorized by
the applicant to submit this Applicant**

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Recipient and Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
2B. Recipient Performance	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
3C. Dedicated Plus	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Wording has been added to the description in 3B. The number of individuals served has increased from last year's submission. The changes in section 5A and 5B reflect the updated number served. The living situations prior to PSH services has changed based upon ICCF's intake tracking. The percentages in 5C reflects those changes. There is greater need in providing services to PSH tenants. As such, more funding is being shifted to supportive services.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/16/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/16/2017

1E. SF-424 Compliance	08/16/2017
1F. SF-424 Declaration	08/16/2017
1G. HUD-2880	08/16/2017
1H. HUD-50070	08/16/2017
1I. Cert. Lobbying	08/16/2017
1J. SF-LLL	08/16/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/17/2017
3A. Project Detail	08/16/2017
3B. Description	08/16/2017
3C. Dedicated Plus	08/16/2017
4A. Services	08/16/2017
4B. Housing Type	08/16/2017
5A. Households	08/16/2017
5B. Subpopulations	No Input Required
5C. Outreach	08/16/2017
6A. Funding Request	08/16/2017
6D. Match	08/16/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/16/2017
7B. Certification	08/16/2017
Submission Without Changes	08/16/2017



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248326132
Oct. 21, 2009 LTR 4168C E0
38-1903026 000000 00

00011584
BODC: TE

INNER CITY CHRISTIAN FEDERATION
920 CHERRY ST SE
GRAND RAPIDS MI 49506-1472



18845

Employer Identification Number: 38-1903026
Person to Contact: John Kennedy
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 09, 2009, request for information regarding your tax-exempt status.

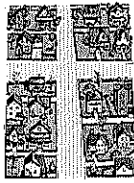
Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 1970.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.



ICCF

INNER CITY CHRISTIAN FEDERATION

Building places, one community at a time.

August 18, 2016

Ms. Karen Lawson, Housing Education Specialist
Michigan State Housing Development Authority
PO Box 30044
Lansing, MI 48909

Dear Ms. Lawson,

Thank you so much for your thorough and helpful audit of our files for the 2015-2016 HEP grant. We certainly appreciate all the feedback and below you will find our intended actions to correct the findings you brought to our attention.

General Overview

- We welcome your intent to conduct file monitoring on a more frequent basis. ICCF is determined to maintain the improvements you noted and to continue refining our practices to conform to industry standards.
- File folders and tabs. We have already acquired new file folders for our Homebuyer Individual clients. Work has been done toward establishing a layout for these files and the order documents will be placed in.
- Group Homebuyer Education Files:
 - You noted that not all MSHDA Profiles and Releases were in these files for clients that were billed.
 - We have put a process in place to ensure that if the client comes in for an individual appointment after the group class, that the original will be copied and placed back into the education file with the original going into the individual client file. This should guarantee that all requisite documentation is where it is required.
 - We have also put a process in place to confirm that all Profiles and Releases are signed by having our counselors sign them the day of class.
 - We are in the process of overhauling the Introduction to Homeownership Curriculum during which time we will be sure to align the agenda with the new booklet. The overhaul will include removing outdated information.
 - We will be aligning the Agenda with the Workbook for the 12 week Workshop curriculum.

- Unsigned Documents. The unsigned documents were for services delivered by Latesha Lipscomb. Ms. Lipscomb is no longer formally employed by ICCF; however, we have recently contracted with her to facilitate the Introduction to Homeownership series and Financial Capability classes (because Ms. Lipscomb is not a certified counselor we have always made arrangements for a certified counselor to be present during delivery of services). Consequently we were able to obtain signatures on the relevant documents. These documents are also the subject of information to be provided later in this response regarding recapture of funds. Going forward we will be conducting regular file audits to insure that all documents are properly signed and executed.

Compliance Reminders

Billing Concerns:

- ICCF's Housing and Billing Assistant is working on a new process to safeguard against the billing mistakes noted in the audit.
- We are working on a checklist to make sure that before billing is done
 - all required documents are in the file and signed
 - the grant that is to be billed is indicated
 - all compliance standards are met

Original Documents. We will implement corrective steps to insure that no original documents are retained by ICCF.

Family Self Sufficiency.

- Going forward, our FSS Specialist will use a file checklist to ensure that the documents required in the Homebuyer files are also in these files.
- Notice was taken of contact issues with a specific client. We plan to implement the "90 day rule" for client contact and file closures.
- We were also made aware of old documentation. We plan to implement a requirement of no document more than 12 months old. This includes all required documentation such as documents to sign as well as supporting documentation.

MSHDA Policies and Guidelines. HFS staff meets weekly and will implement your suggestion of reviewing and discussing one of the policies or guidelines at least twice monthly. In addition, we will designate one staff member to regularly review new or updated policies and guidelines published by MSHDA to insure all staff members remain current.

Additional Information

- Fees for Services
 - ICCF currently charges \$5.00 for our Intro to Homeownership class. We have discussed a sliding scale versus a set fee. We have also been made aware of an online registering system that will allow the client to register and pay for the class online instead of calling into our office. This will ensure that payment is made prior to the day of class and hopefully reduce the number of registrants who do not actually attend class.

- Online Homebuyer Education. We have discussed online education as an option for clients as opposed to attending an in-person class. More discussion will follow.
- Future Audits. A suggestion was made that once a year we do a day of auditing each other's files to confirm that all documents are signed, in the file, and the billing was done properly. This will be discussed further.

Recapture

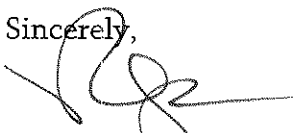
In regards to the recapture of funds in the amount of \$100 for the NMS Round 6 client, Brian Alexander, I have enclosed the MSHDA Profile and Release of Information signed by Latesha Lipscomb. As noted earlier in this response, Ms. Lipscomb is not a MSHDA certified housing counselor, but we wanted to comply with this requirement. We will accept your decision regarding whether repayment of the \$100 in question is required.

In a communication earlier this year it was reported to you that John Carman, Vice President of Operations and interim Director of Housing and Family Services, became aware of a practice that had been permitted by the former Director of Housing and Family Services in which trained but not certified counselors were delivering services. Corrective action was taken immediately to insure that services were delivered by certified counselors or that a certified counselor was present during all education and counseling service delivery. We will continue this practice going forward.

In regards to the recapture of funds in the amount of \$38 for the MSHDA HEP Individual Counseling we accept your decision to recapture these funds; however, with your permission we will remit the funds on determination of the need to recapture funds for the NMS 6 client discussed above.

I hope this information is sufficient for your purposes. If you do require additional information please notify John Carman. Again, thank you for all your feedback and willingness to continue to guide us to better audits in the future.

Sincerely,



Ryan VerWys
Executive Director

cc: John Carman
Laura St. Louis
Elzie Honicutt

September 6, 2016

Ms. Karen Lawson, Housing Education Specialist
Michigan State Housing Development Authority
PO Box 30044
Lansing, Mi. 48909

Dear Ms. Lawson,

I am writing in response to your letter of August 31, 2016 addressing certain items from ICCF's written response to the July 21, 2016 agency audit. You indicated that there are some remaining concerns that you addressed. After reviewing those concerns ICCF is able to respond as follows:

1. Signed MSHDA Documents. ICCF is fully aware of the requirement that a Certified MSHDA Counselor to sign all documents submitted for billing and has taken steps to insure that this policy is observed since approximately March 2016. As you correctly observe, Ms. Lipscomb was not a certified counselor and, pursuant to instructions in your letter the documents signed by Ms. Lipscomb have been re-signed by Elzie Honicutt. Mr. Honicutt was employed by ICCF in October 2015 and is Certified MSHDA Counselor. Thank you for your consideration of the substantial changes we have encountered among our counseling staff and, as noted above all future documents will be signed by a MSHDA Certified Counselor.
2. MSHDA Housing Education Classes. To the substance of this concern, Ms. Lipscomb concluded her engagement with ICCF in mid-August and is no longer teaching classes. Responsibility for Introduction to Homeownership and Financial Capability classes have been assume by Laura St.Louis and Christina Luehrs who are team-teaching the sessions. We do not anticipate using Ms. Lipscomb in the future.
3. Additional Information. We are continuing to work on exactly how to assign and implement a periodic, random audit of client files; however, we do anticipate that this will occur on some regular reoccurring basis throughout the year rather than annually as may have been implied. ICCF is committed to insuring that our housing education program operates in a manner consistent with our funders' expectations and requirements.

4. Recapture of Funds. A check request has been submitted to our Finance Department for the amount of \$38. I expect that the check will be delivered to you within the time frame indicated, i.e. no later than September 30, 2016.

On behalf of the Housing and Family Services team I wish to thank you for your support during a very challenging time of transition here at ICCF. We are well aware that a number of practices had been permitted in the past that did not fully comply with MSHDA and other funders' requirements. We appreciate your recognition of the improvements that have been made thus far, while also recognizing with you that there continue to be areas we can address that will insure our services are of the highest quality both from the funder and the consumer perspective.

I hope this information is sufficient for your purposes. Should you have questions or require additional information please be sure to let us know.

Sincerely,

Ryan VerWys
President and CEO