

MCHCCN MSHDA ESG FY24-25 Local Application Questionnaire

Interested agencies shall answer the local application questionnaire addressing the items outlined below. This questionnaire must be submitted in addition to the other materials stated in the Local Application Memo.

All Components

- 1. How many years has your organization been in business?**

- 2. How long has your organization served homeless populations?**

- 3. Please describe in detail your organization's mission, types of programs and services currently offered, and how homelessness programs fit within that mission.**

- 4. Is your organization an active member of the CoC or LPB?**

- 5. Has your organization received ESG funding in the past two years? Include MSHDA and other ESG jurisdictions.**

- 6. Has your organization received any HUD findings, resolved or unresolved, within the past two years? If yes, please explain.**

- 7. Has your organization received any ESG findings, resolved or unresolved, within the past two years? If yes, please explain.**

- 8. Has your organization had any ESG contract (County, City or State) terminated? If yes, please explain.**

- 9. Does your organization meet the Americans with Disabilities Act (ADA) standards for accessibility by the disabled? If not currently compliant, please describe how your organization intends to meet ADA standards, including funding and timetable.**

- 10. How will your organization comply with the HUD Equal Access Rule and federal Equal Opportunity Employment?**

11. Does your organization participate in the Point in Time (PIT) count? If not, is your organization willing to participate in the future?
12. How will your organization ensure compliance with the MSHDA ESG program? This includes financial management system, participant eligibility, recordkeeping, and timely expenditure.
13. Describe how your organization incorporates Housing First when providing homeless and/or prevention services.
14. Describe in detail your organization's current and proposed usage of HMIS.
15. Describe in detail your organization's current and proposed usage of Coordinated Entry System.
16. Does your program have the capacity to begin immediately? Please explain.

Applicants must provide individual answers to each subset of questions below that pertain to the program component in which they intend to serve:

Street Outreach

1. Describe in detail the specific services to be provided. i.e., engagement, case-management, transportation, or services for special populations. (Please refer to [24 CFR, 576.101\(a\)](#)).
2. List objectives, outcomes, and performance indicators (if applicable).
3. Explain any experience the organization has in implementing street outreach.
4. Describe how outreach is conducted, how participants are contacted and engaged, and how often outreach is done.
5. How does your program coordinate with other community service providers?

6. How does your program determine and document eligibility for services?
7. List program limitations and special programmatic requirements for a person to receive assistance. i.e., residency requirement.

Emergency Shelter

1. Describe in detail the specific services to be provided. i.e., essential services or shelter operations. (Please refer to [24 CFR, 576.102](#)).
2. List objectives, outcomes, and performance indicators (if applicable).
3. Explain any experience the organization has in providing emergency shelter services.
4. How does your program coordinate with other community service providers?
5. How does your program determine and document eligibility for services?
6. List program limitations and special programmatic requirements for a person to receive assistance. i.e., residency requirement, single gender shelter, does not serve families.
7. For organizations providing essential services, describe your case management program in detail.
8. Please provide a copy of your shelter rules. As a reminder, this document should reflect the ability to meet the Minimum Standards for Emergency Shelter.
9. Please provide a copy of your shelter intake packet. As a reminder, this document should reflect the ability to meet the Minimum Standards for Emergency Shelter.
10. How will your organization comply with the Prohibition Against Involuntary Separation?

11. Has your organization received any ESP (Emergency Shelter Program) findings, resolved or unresolved, within the past two years? If yes, please explain.
12. Has your organization had any ESP contract terminated? If yes, please explain.

Homelessness Prevention and/or Rapid Re-Housing

1. Describe in detail the specific services to be provided. i.e., housing relocation and stabilization services and short- and/or medium-term rental assistance (Please refer to [24 CFR, 576.103](#) for Homelessness Prevention and [24 CFR, 576.104](#) for Rapid Re-Housing).
2. List objectives, outcomes, and performance indicators (if applicable).
3. Explain any experience the organization has in implementing a Homelessness Prevention and/or Rapid Re-Housing program.
4. Describe how your case managers are working with program participants to develop a housing-oriented goal plan to obtain housing stabilization.
5. How is it determined when a family reaches stabilization?
6. Homelessness Prevention: Under what circumstances would you provide a reevaluation of a participant prior to the 3-month requirement established by HUD and MSHDA?
7. Rapid Re-Housing: Under what circumstances would you provide a reevaluation of a participant prior to the 6-month requirement established by MSHDA?
8. Does the program have dedicated staff whose responsibility is to identify and recruit landlords and encourage them to rent to homeless households served by the program? If not, does the case manager's responsibilities include landlord recruitment and negotiation?
9. Describe your strategy for marketing the program to participants.

- 10. Are you providing services directly or subcontracting the services to another provider? i.e., inspections?**

- 11. What is your process for linking program participants with the mainstream resources in your community?**

- 12. Describe the process for determining program eligibility to receive Homelessness Prevention or Rapid Re-Housing services.**

- 13. How does your organization ensure you are not providing more than 24 months of assistance to a household within a three-year period?**

- 14. Describe your experience in inspecting housing units for both habitability and lead based paint compliance.**