

Office of Rental Assistance and Homeless Solutions

# Recovery Housing Program (RHP)

## RHP Application

Grant Term: June 1, 2024, to November 30, 2025

**Due Date: April 22, 2024**

735 E Michigan Ave  
P.O. Box 30044  
Lansing, MI 48909



**GENERAL INSTRUCTIONS**

- This document is designed to be shared with current Recovery Housing Program grantees seeking to re-apply for RHP funding. Additional information regarding RHP, and this funding opportunity, can be found in the [Request For Proposal](#).
  
- To be eligible to receive MSHDA Recovery Housing Program (RHP) funding, this document and required attachments must be completed in their entirety and submitted by the deadline.
  
- Completed applications must be submitted via email to the RHP Specialist. Questions regarding the application process or overall program can be directed to the RHP Specialist.
  - Nicole Beagle – [beaglen1@michigan.gov](mailto:beaglen1@michigan.gov)
  - (517) 335-1852
  
- Questions received after 5:00 PM Eastern time on April 22, 2024, are not guaranteed a response.
  
- Applications submitted by the stated deadline will receive an email confirmation receipt from the RHP Specialist. The email response only confirms receipt of the submitted documents; it does not indicate a thorough review has been completed.

**1. Applicant Information**

Legal Name of Organization		Tax Identification Number:		SAM.gov UEI Number:	
				SAM.gov UEI Expiration Date:	
Physical Address			City		State
					Zip Code
Mailing Address (if different than above)			City		State
					Zip Code
Telephone	Fax		Email		Web Address
Executive Director or Highest Elected Official			Telephone		Email
*Primary Contact			Telephone		Email
*Alternate Contact			Telephone		Email
<p><i>*Both the primary and alternate contact provided above will serve as intermediaries between the agency and MSHDA. Therefore, the primary and alternate contact shall be responsible for the distribution of information, provided by MSHDA, within the agency.</i></p>					
<p>Type of Organization</p> <p> <input type="checkbox"/> Government                    <input type="checkbox"/> Non-Profit                    <input type="checkbox"/> Faith Based Organization                    <input type="checkbox"/> Other: _____             </p>					
<p>Which county (ies) will your organization serve under this project?</p>					

**Application Type:** Please see RFP Eligible Applicants Section for more information.

Option 1 (Fiduciary Agency)

Option 2 (Recovery Housing Provider)

## 2. Program Overview

- a. Provide an overview of the applicant organization, including the following:
  - i. Number of individuals served in the last completed fiscal year
  - ii. Number of individuals served in the last completed fiscal year that were below 50% AMI (Area Median Income)
  - iii. Number of individuals that exited your program to permanent housing
  - iv. Number of individuals that exited your program with employment
  - v. Number of individuals that exited your program to homelessness
  - vi. Milestones or benchmarks of service (i.e. performance outcomes)
  
- b. Describe the organization’s current recovery housing model, including the following:
  - i. Date of most recent Michigan Association of Recovery Residencies (MARRs) Certification and Level.
  
- c. Describe how the applicant organization will continue to **expand** (not supplant) the number of recovery housing beds in the counties served with this funding.
  
- d. Describe how the applicant organization plans to cover supportive services/case management costs for expanded recovery housing.
  
- e. Describe how the applicant organization plans to expend at least **30%** of their total RHP allocation by September 2024 but no later than December 2024.
  
- f. Provide an overview of the applicant organization’s relationship (or plan to establish) to their community’s [Homeless Continuum of Care or Local Planning Body](#).

## 3. Estimation of Numbers Served

Please estimate the total number of individuals served by the program expansion outlined in this application:

<b>Estimate Number to be Served</b>	
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## 4. Budget Information

### Budget Component/Activity Detail

Please provide details on EACH component/activity your agency will utilize if funded.

<b>Rental and Leasing Assistance</b>	
MSHDA RHP funds may be used to make payments for lease, rent, utilities, and administrative costs associated with the purpose of providing stable, temporary housing, on behalf of an individual in recovery from a substance use disorder.	
<b>Components</b>	<b>Amount Requested</b>
<b>Leasing Costs</b> <i>Leasing of property, or portions of property – for use in providing transitional and supportive services. (<a href="#">Section 423 HEARTH Act</a>)</i>	\$
<b>Rental Assistance Costs</b> <i>Provision of rental assistance to provide transitional housing to eligible persons. (<a href="#">Section 423 HEARTH Act</a>)</i>	\$
<b>Utilities</b> <i>Include heat, electricity, sewer, and water.</i>	\$
<b>Administration</b> MSHDA RHP grantees may use up to <b>5%</b> of the total grant allocation for the payment of administrative costs related to the planning and execution of RHP activities.	\$
	<b>Amount Requested</b>
<b>Total</b>	\$

**Other Funding Sources**

Please estimate the total ANNUAL funding received by the applicant organization from all sources in support of recovery housing activities.

<b>Funding Source</b>	<b>Amount Received</b>
<b>MSHDA Funds</b>	\$
<b>Other Federal Funds</b>	\$
<b>Local Government Funds</b>	\$
<b>Private Funds</b>	\$

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<i>(Financial Donations, Philanthropic Grants, Program Income)</i>	
<b>Other:</b>	\$
<b>Total Funding</b>	\$

**ATTACHMENT-A**

**Officer Compensation Form** (Fiduciary Agency Only)

To be signed by the Authorized Official of Applicant, as applicable.

**Instructions:** Fiduciaries may be required to submit one copy of the Officer Compensation Form to MSHDA. In accordance with the Federal Funding Accountability and Transparency Act, (FFATA) of 2006, as amended, grantees must enter 'Yes' or 'No' to indicate whether it is required to report its top five most highly compensated officers. Recipient reports 'Yes' if:

- I. In the recipient's fiscal year immediately preceding the year in which the federal award was awarded, the recipient received:
  - o 80% or more of its annual gross revenues from federal contracts (and subcontracts), loans, grants (and sub grants) and cooperative agreements; and
  - o \$25 million or more in annual gross revenues from federal contracts (and subcontracts), loans, grants (and sub grants) and cooperative agreements; and
- II. The public does not have access to information about the compensation of the senior executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986.

If 'No', there is no officer compensation information requirement.

If 'Yes', sub-recipient must provide the names and "total compensation" of the top five most highly compensated officers for the calendar year in which the award is awarded.

**Note:** Total compensation means the cash and non-cash dollar value earned by the executive during the sub recipient's past fiscal year of the following (for more information see 17 CFR 229.402(c)(2)).

**Answer the Following:**

In your business or organization's previous fiscal year, did your business or organization (including parent organization, all branches, and all affiliates worldwide) receive:

1. 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; AND
2. \$25 million or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants and/or cooperative agreements; AND
3. The public does not have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986.

**Check One:**

- Yes – the above does apply to my agency.
- No – the above does not apply to my agency.

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If you checked yes above, please complete the following for the top five most highly compensated officers:

Name	Total Compensation

\_\_\_\_\_  
**Organization Name**

\_\_\_\_\_  
**Authorized Official Signature and Date**





**ATTACHMENT-B**

**Administrative Compliance Certification Form**

**Instructions:** All funded agencies must submit the completed certification to the Fiduciary agency. The Fiduciary is responsible to retain this document and make available upon request.

**Certifications & Assurances**

**By signing at the bottom of this application, I certify that to the best of my knowledge and belief, information in the application is true and correct, and the application has been duly authorized by the governing body of the Applicant, I am an authorized representative of the Applicant, and the Applicant will comply with all applicable federal and state requirements, including, but not limited to the following, if assistance is approved:**

**General Certifications**

The Applicant acknowledges and agrees that any representation or information contained in this application and in any subsequent documentation provided to the Michigan State Housing Development Authority (MSHDA) that is misleading or incorrect may result in termination of: 1) review of this application; 2) any reservation of funds; 3) any commitment of funds, 4) any pending disbursement of funds. The Applicant acknowledges and agrees that it is obligated to notify MSHDA of any changes in the information provided in the application.

The Applicant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the transaction by any Federal department or agency. The Excluded Parties List System can be found at <https://www.sam.gov/>.

The Applicant will use any RHP funds granted pursuant to MSHDA's approved Consolidated Plan and any applicable local Consolidated Plan and in compliance with all requirements of 24 CFR Part 576.

**Federal and State Requirements**

If awarded MSHDA RHP funds, the Applicant will comply with the following:

- The federal RHP rules and regulations under Section 8071 of the SUPPORT for Patients and Communities Act, entitled Pilot Program to Help Individuals in Recovery From a Substance Use Disorder Become Stably Housed, herein referred to as the Recovery Housing Program, or RHP; [Support for Patients and Communities \(SUPPORT\) Act](#).
- All applicable State of Michigan statutes and Administrative Rules.
- The requirements of the federal grant Uniform Guidance, 2 CFR Part 200, and the financial management guidelines issued by the U.S. Office of Management and Budget, as applicable, in accordance with 2 CFR Part 200.
- Maintaining in client files adequate documentation of engagement in substance use disorder recovery services to determine the eligibility of persons served, according to the most current definition.
- Termination of Assistance procedures, including a formal notification and appeals process for the termination of assistance to individuals or families who violate program requirements.
- To the maximum extent possible, the involvement, through employment, volunteer services, or otherwise, individual's in recovery in constructing, renovating, maintaining, and operating facilities assisted with grant funds, in providing services assisted with grant funds, and in providing services for occupants of facilities assisted with grant funds.
- Conflict of Interest provisions at 2 CFR Sec. 200.112, 24 CFR Sec. 578.95, and 24 CFR Sec. 576.404. In addition, the provision of any type or amount of assistance will not be conditioned on an individual's or family's acceptance or occupancy of housing owned by the agency, or a parent or subsidiary of the agency. If awarded MSHDA RHP, the Direct Applicant will not, with respect to individuals or families occupying housing owned by the agency, or any parent or subsidiary of the agency, carry out the initial evaluation for assistance or administer assistance under Part 576.103.

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- Non-discrimination, in accordance with all applicable federal and state regulations. These include the requirements in 24 CFR Part 5, the prohibitions against discrimination against disabled individuals under Section 504 of the Rehabilitation Act of 1973/Americans with Disabilities Act, the nondiscrimination and equal opportunity requirements under 24 CFR Part 576.407(a), and the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101-07).

- Requirements for religious organizations: the Applicant will not be engaging in religious proselytizing or counseling utilizing these grant funds, will not require attendance at religious services as a requirement or condition to receive services, and will not limit services or give preference to persons on the basis of religion.

- Fair Housing Requirements, including all applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101–12213) and implementing regulations at 28 CFR part 35 and part 36 (public accommodations and requirements for certain types of short-term housing assistance).

- Affirmative Action, including all requirements as implemented with Executive Orders 11625, 12432, and 12138, which require that every effort be made to solicit the participation of minority and women business enterprises (MBE/WBE) in governmental projects.

- Affirmative Outreach efforts, including procedures to ensure that all persons who qualify for the assistance, regardless of their race, color, religion, sex, age, national origin, familial status, or disability, know of the availability of the RHP services and assistance, including facilities and services accessible to persons with a handicap, and maintain evidence of implementation of the procedures. Consistent with Title VI and Executive Order 13166, the Recipient must also take reasonable steps to ensure meaningful access to programs and activities for limited English proficiency persons.

- Job Training and Employment for Low-income Residents, including Section 3 of the Housing and Urban Development Act of 1968, 12 U.S.C. 1701u, and implementing regulations at 24 CFR part 135, except that homeless individuals have priority over other Section 3 residents in accordance with § 576.405(c).

- Section 6002 of the Solid Waste Disposal Act as amended by the Resource Conservation and Recovery Act.

- The “Anti-Lobbying” Restrictions of 31 U.S.C. 1352.

- The Drug-Free Workplace Act of 1988 and HUD’s implementing regulations at 24 CFR Part 24.

- The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821–4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851–4856), and implementing regulations in 24 CFR part 35, subparts A, B, H, J, K, M, and R, as applicable.

**Note that the Certifications & Assurances above are not an exhaustive list of all federal and state requirements that pertain to the RHP program and that requirements may change over time. Applicants awarded funds are required to comply with all applicable state and federal regulations.**

***I certify that I am authorized to execute this application on behalf of the Applicant.***

\_\_\_\_\_  
**Organization Name**

\_\_\_\_\_  
**Authorized Official Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### Submission Checklist

Before submitting this application for MSHDA RHP, please review the following to make sure that all required information is included with the application.

#### All Applicants

- Organizational Mission Statement and Target/Service Area Map
- List of Board of Directors & Officers
- Organizational Chart – including a staff roster with relevant program staff
- Most Recent Completed Financial Audit
- [Single Audit Certification Form](#) (MSHDA Form)
- [Conflict of Interest Certification Form](#) (MSHDA Form: Attachment-C)
- [Fair Housing Certification Form](#) (MSHDA Form: Attachment-D)
- Fraud Policy
- Indirect Cost Allocation Plan (If applicable)
- Proof of MARR Certification
- Proof of Liability Insurance
- Proof of Crime and Dishonesty Insurance
- Proof of SAM.gov UEI Active Status
- Letters of Support, including the [Continuum of Care \(CoC\) or Local Planning Body \(LPB\)](#) (Optional)

#### Non-profit Applicants Only

- Most recent 990 (Corporate Tax Return)
- Current Fiscal Year Operating Budget
- Certificate of Good Standing, dated within last 12 months
- IRS 501(c)(3) Designation

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- Articles of Incorporation
- Organizational Bylaws
- Employee Status (list indicating the number of paid personnel working 35 hours or more per week and the number working less than 35 hours per week)