



**2014 EMERGENCY
SOLUTIONS GRANT (ESG)**

AND

**STATE HOMELESS
ASSISTANCE FUNDS**

Program Guide & Application

RENEWAL

February 2014

Table of Contents

Section 1:	Overview and Purpose
Section 2:	Process
Section 3:	Eligible Program Activities
Section 4:	Data Collection and Reporting Requirements
Section 5:	Monitoring
Section 6:	Funding
Section 7:	Application Submission and Review
Section 8:	Application Submission Requirements
Section 9:	Non-discrimination Policy

Section 1: Overview and Purpose

Maine State Housing Authority (MaineHousing) uses funds from certain federal and state resources for grants to emergency shelters for their expenses for provision of shelter and services to homeless persons.

This Program Guide and Application govern the Emergency Shelter Funding Allocation set forth in MaineHousing's Homeless Programs Rule. The source of funds is as follows:

Emergency Solutions Grant (ESG) Funds: federal funds provided by the Department of Housing and Urban Development (HUD) and designed to be a first step in a continuum of assistance to prevent homelessness and to enable homeless individuals and families to move toward independent living pursuant to the McKinney-Vento Act (the Stewart B. McKinney-Vento Homeless Assistance Act, 42 U.S.C. § 11301 et seq.) as recently amended by the Homeless Emergency and Rapid Transition to Housing Act of 2009 (the "HEARTH Act") and the implementing regulations.

State Homeless Assistance Funds: allocations from the Real Estate Transfer Tax fund (State HOME), the State General Fund, and monies generated from savings on bonds MaineHousing has issued.

Section 2: Process

Applicants submitting a renewal application must have been approved and received Emergency Solutions Grant and/or State Homeless Assistance Funds in 2013 and submit the completed renewal application no later than **Friday, February 28, 2014** via electronic submission in Adobe format or hard copies may be forwarded via postal courier. Faxed applications WILL NOT be accepted. Applications received via postal courier will be date and time stamped to verify receipt by the deadline. Applications submitted electronically will be printed when they are received. It is the responsibility of the applicant to verify a successful electronic submission. Applications that are incomplete and/or missing required documents, in MaineHousing's sole judgment, will not be eligible for consideration. The application package is available on the MaineHousing website at the following link:

<http://www.mainehousing.org/docs/default-source/homeless/shelter-funds-program-guide-renewal-application.pdf>

or from the MaineHousing Homeless Initiatives Department.

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

- a. MaineHousing staff will review each application to ensure that it is complete, including the submission of the required attachments. Incomplete applications will be returned to the applicant. Only complete applications will be considered.
- b. Applicants who are eligible for funding will be issued a grant agreement specifying terms and conditions of a funding award. Successful applicants will be expected to submit a Certification of Local Approval verifying that the municipality in which the program will run will not be seeking any funds from the Emergency Solutions Grant program to perform similar activities. A grant agreement will not be fully executed until this certification and any other documents that may be required by MaineHousing are received.

Section 3: Eligible Program Activities

Funds must be used for shelter program expenses for provision of shelter to persons who are staying at the emergency shelter.

Eligible activities include: salaries, rent, insurance, utilities, security, operating supplies, maintenance, food, equipment, fuel, furnishings and minor or routine repairs all related to emergency shelter operations.

Section 4: Data Collection and Reporting Requirements

In order to receive shelter funds, applicants other than providers of shelter to victims of domestic violence must demonstrate their ability to do the following:

- Enter client data prescribed by MaineHousing and HUD in accordance with requirements set forth in *Homeless Management Information System (HMIS) Data Standards Revised Notice* (March 2010) and the HEARTH Act, on a monthly basis and submit reports as prescribed by MaineHousing or HUD for State Homeless Assistance Grant and Emergency Solutions Grant funds;
- Enter client data on outcomes and housing stability as prescribed by MaineHousing or HUD, which will be used for performance measurement, research, or evaluation; and
- Meet HUD and MaineHousing's Minimum Data Entry and Quality Standards; ESG 2014 Minimum Data Requirements (Exhibit B)

Providers of shelter to victims of domestic violence will be required to collect the information contained in MaineHousing's Minimum Data Entry Standards in an electronic database and provide aggregate, de-duplicated data to MaineHousing in electronic form.

Section 5: Monitoring

MaineHousing will review a grantee's shelter program for program compliance as applicable at least once every two years at reasonable times. Additionally, MaineHousing may copy and examine all of a grantee's records other than medical or other confidential client information protected by privacy laws. The grantee will maintain records sufficient to meet monitoring and auditing requirements of MaineHousing and HUD including without limitation bednight rosters and client files. In the case of a physical shelter program facility MaineHousing will inspect to a minimum for compliance with HUD's Housing Quality Standards (HQS) as well.

Section 6: Funding

Once applications have been approved, work plans must be completed and returned for approval within the timeframe indicated by MaineHousing. MaineHousing will issue a grant agreement once the work plan is approved. The grant agreement is required to be executed and returned by shelter program providers within the timeframe indicated by MaineHousing.

Funding will occur as outlined in the Homeless Programs Rule. MaineHousing at its discretion may not pay on bednights for clients who have had a stay which equals more than 180 consecutive nights.

Section 7: Application Submission and Review

Applicants must submit requested information, along with required attachments, to:

2014 SHELTER PROGRAM FUNDS APPLICATION

Attention: Laurie Glidden
Maine State Housing Authority
353 Water Street
Augusta, ME 04330

no later than **Friday, February 28, 2014.**

Section 8: Application Submission Requirements

Applicants must provide the following information:

Application Cover Sheet containing:

- Name of organization
- Name of program
- Name, phone and e-mail address of contact
- Agency website address
- Counties served

Attachment A: Organization and Shelter Program Details

(Applicants may ask MaineHousing to rely on last years' application provided Applicants describe any changes in the following areas:

- A: Applicant Organization
- B: Shelter Program
- C. Financial Management
- D. Systems Coordination
- E: Proposed Use of Grants)

Attachment B: Maine Minimum Shelter Standards Certification

Attachment C: Homeless Consumer Participation Certification

Attachment D: ESG 2014 Minimum Data Requirements

Attachment E: Applicant Conflict of Interest Questionnaire

Attachment F: Budget Form Information

List of agency board of directors outlining who each member represents

Section 9: Non-Discrimination Policy

MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Louise Patenaude, Maine State Housing Authority, 353 Water Street, Augusta, Maine 04330-4633, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice) or Maine Relay 711.

ATTACHMENT A: ORGANIZATION AND SHELTER PROGRAM DETAILS

Applicants may request MaineHousing rely on last years' application provided Applicants describe any changes in the following areas, If there have been no changes please indicate by checking the "No Changes" option.

A: Applicant Organization

No Changes ☐

B: Shelter Program

No Changes ☐

C. Financial Management

No Changes ☐

D. Systems Coordination

No Changes ☐

E: Proposed Use of Grants

Indicate, with an X, how your organization proposes to use grant funds.

☐ Rent (not to include mortgage payments)

☐ Utilities

☐ Operating Supplies

☐ Food

☐ Fuel

☐ Minor or Routine Repairs

☐ Insurance

☐ Security

☐ Maintenance

☐ Equipment

☐ Furnishings

☐ Salaries

ATTACHMENT B: MINIMUM SHELTER STANDARDS

1: Maine Minimum Shelter Standards Certification

I, _____, _____ of
(name) (title)

_____ of _____
(organization name) (street address)

_____ certify that our shelter program is in
compliance with the following Maine Minimum Shelter Standards:

- a) provides a clean bed and not a cot, floor mat, or other collapsible bed for every shelter client; however, if an Applicant provided cots, floor mats or other collapsible beds to clients in 2006, the Applicant will satisfy this standard if the applicant is actively working with the Statewide Homeless Council to develop strategies to replace such cots, floor mats and other collapsible beds, and there is no displacement of clients during this process;
- b) supplies adequate linens and blankets which are cleaned before use by a new client;
- c) provides separate accommodations for male and female clients;
- d) if sheltering families with children, provides a space other than open dormitory style shelter for the families with children;
- e) child-proofs areas serving children;
- f) provides breakfast or access to breakfast and, if open 24 hours, also provides lunch and dinner or access to lunch and dinner;
- g) provides one operating telephone accessible to shelter clients at times established by shelter policy;
- h) posts fire, disaster, and other emergency procedures in a conspicuous place and review the procedures with each shelter client;
- i) maintains a daily and confidential census of shelter clients including precise sleeping locations;
- j) ensures staff is trained for fire and other emergencies;
- k) informs staff of issues or events necessary for the proper supervision and monitoring of the shelter through an effective communication system;
- l) forbids use or possession of illegal drugs, weapons, or alcohol on the premises;
- m) communicates rules pertaining to shelter living, and potential consequences if the rules are not followed, to clients within 24 hours of their arrival and with regard to their unique needs;
- n) operates its shelter in compliance with all applicable federal, state, and local building codes, laws, and regulations;
- o) provides access to Emergency Shelter 365 days per year;
- p) accepts eligible persons regardless of their ability to pay or their eligibility for reimbursement or actual reimbursements from any third party source, including local, municipal, state, or federal funding sources;
- q) provides for intake and assessment of Homeless Persons and offer clients links to appropriate services, including services that help clients move toward appropriate stable housing;
- r) provides for response to telephone inquiries 24 hours a day; and
- s) has no lease requirements for shelter clients.

OFFICIAL AUTHORIZED TO COMMIT APPLICANT ORGANIZATION TO THIS AGREEMENT

PRINT Name & Title _____

**SIGNATURE &
DATE** _____

ATTACHMENT C: HOMELESS CONSUMER PARTICIPATION

1: Eligibility Documentation Regarding Homeless Consumer Participation

Documentation of the active participation of a homeless or formerly homeless individual on the governing board or other equivalent policymaking entity which makes policies and decisions regarding any facility, service, or other assistance is a requirement for organizations applying for ESG funds as per 24 CFR Part V, 576.56 (b) (1).

Name of Organization: _____

1. Does the organization have representation of a Homeless or Formerly Homeless member on the Board of Directors or other equivalent Policymaking Entity?

☐

Yes, homeless representative serves on the Board of Directors.

☐

Yes, homeless representative serves on a Policymaking Entity.

☐

No

2. The number of homeless representatives on the Board of Directors or policymaking entity: _____

3. The name of the Policymaking Entity is: _____

4. a. Does the Policymaking Entity consider and make policies and decisions regarding any facility, service, or other assistance provided by your organization?

☐

Yes

☐

No

b. If yes, explain the types of policies and decisions regarding the facility, services, or other assistance which are made by the Policymaking Entity and how policies and decisions made by the Policymaking Entity are forwarded to the Board of Directors and what happens after. Please limit your response to a narrative that fits within the remaining space on this page.

5. Does your organization involve homeless families and individuals in maintaining, operating and rehabilitating the shelter or other facilities, and/or providing services?

☐

Yes

☐

No

OFFICIAL AUTHORIZED TO COMMIT APPLICANT ORGANIZATION TO THIS AGREEMENT

PRINT Name & Title _____

**SIGNATURE &
DATE**

Attachment D – Exhibit B. 2014 MINIMUM ESG DATA REQUIREMENTS (On client ENTRY to Shelter) Pg. 1

Today's Date: _____ Entry date _____ (If part of a Household, Name / ID of Head of Household _____)

Client name: First: _____ MI: _____ Last: _____
Name Type: ☐ Full or partial - reliable ☐ Full or partial name unreliable ☐ Anonymous – Unnamed Client
SSN: _____ SSN Type: ☐ Full ☐ Partial ☐ Don't know ☐ Refused
DOB: _____ DOB Type: ☐ Full ☐ Approximate or Partial
Race: (P= Primary S= Secondary) ☐ White ☐ Black/African American ☐ Asian ☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander ☐ Don't know ☐ Refused (P= primary S= Secondary)
Ethnicity: ☐ Hispanic/Latino ☐ Other (Non-hispanic /latino) ☐ Don't know ☐ Refused
Gender: ☐ Female ☐ Male ☐ TG Male to Female ☐ TG Female to Male ☐ Other ☐ Don't know ☐ Refused
U.S. Military Veteran (only ask clients 18 and older): ☐ Yes ☐ No ☐ Don't know ☐ Refused
National Guard or Reserve called to active duty: ☐ Yes ☐ No ☐ Don't know ☐ Refused
Disability of long duration?: ☐ Yes ☐ No ☐ Don't know ☐ Refused

Questions in this box are only required of adults (18 and over) and unaccompanied youth (17 and under)**Where did you stay last night** (Type of living situation on night before program entry):

☐ Emergency shelter ☐ Rental by Client no subsidy ☐ Safe Haven
☐ Transitional housing for homeless ☐ Owned by Client no subsidy ☐ Rental by client w VASH
☐ Permanent housing for homeless ☐ Staying / living w family ☐ Rental by client w other subsidy
☐ Psychiatric Hospital / facilities ☐ Staying / living w friend ☐ Owned by client w subsidy
☐ Substance Abuse facility ☐ Hotel / Motel no ES subsidy ☐ Other
☐ Hospital....(non-psychiatric) ☐ Foster care home / group home ☐ Don't know
☐ Jail, Prison or JD facility ☐ Place not for habitation ☐ Refused

Length of stay at location selected above: ☐ 1 week or less ☐ More than 1 week but less than 1 month
☐ 1 to 3 months ☐ More than 3 months but less than 1 year ☐ 1 year or longer ☐ Don't know ☐ Refused

Zip code of last permanent address: _____**Zip Code data quality:** ☐ Full or Partial ☐ Don't know ☐ Refused to answer**Housing Status:**

☐ Literally Homeless (unsheltered, in ES, in hospital but in ES or unsheltered prior to hospital stay, leaving TH, or DV victims)
☐ Imminently losing their housing (being evicted from private unit, discharge from institution, or in condemned housing)
☐ Unstably housed and at-risk of losing housing (in housing or doubled up and at risk due to housing cost, conflict or other condition)
☐ Stably Housed ☐ Don't know ☐ Refused

Is Client Chronically Homeless? ☐ Yes ☐ No

Income received from any source in past 30 days?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't	Receiving	\$ per month from
Earned income	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unemployed insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Supplemental Security income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Social Security disability income (SSDI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Veterans disability income	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Private disability insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Workers compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
General Assistance (GA)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Retirement income from Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Veteran's pension	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Pension from a former job	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Child Support	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Alimony or other spousal support	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other source	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Total Monthly Income _____

Attachment D - Exhibit B. 2014 MINIMUM ESG DATA REQUIREMENTS (On client ENTRY to Shelter) Pg. 2

Non-Cash benefit received from any source in last 30 days ___ No ___ Yes ___ Don't know ___ Refused

Source of non-cash Benefit	Received Benefit
Supplemental Nutrition Assistance Program (SNAP – Food Stamps)	___ No ___ Yes
MEDICAID health insurance (Maine Care)	___ No ___ Yes
MEDICARE	___ No ___ Yes
State Children's Health Insurance Program (SCHIP)	___ No ___ Yes
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	___ No ___ Yes
Veterans Administration (VA) Medical Services	___ No ___ Yes
TANF Child Care services	___ No ___ Yes
TANF transportation services	___ No ___ Yes
Other TANF-funded services	___ No ___ Yes
Section 8, public housing, or other rental assistance	___ No ___ Yes
Other Source	___ No ___ Yes

Health, Substance Abuse, and Disabilities (Collected AFTER entry into shelter, prior to exit)

Physical Disability? :	___ Yes ___ No
Developmental Disability?:	___ Yes ___ No
Chronic Health Condition?:	___ Yes ___ No
HIV / AIDS?:	___ Yes ___ No
Mental Health:	___ Yes ___ No
Substance abuse problem:	___ Yes ___ No ___; Alcohol abuse ___ Drug abuse ___ Both

Domestic Violence Experience / Victim?: ___ Yes ___ No ___ Don't know ___ Refused**DV How long ago::** ___ Within the past three months ___ Three to six months ago ___ From six to twelve months ago ___ More than a year ago ___ Don't know ___ Refused**Employed:** ___ Yes ___ No ___ Don't know ___ Refused**Highest Level of Education Achieved**

___ No schooling completed	___ Nursery school to 4 th grade	___ 5 th or 6 th grade	___ 7 th or 8 th grade
___ 9 th grade	___ 10 th grade	___ 11 th grade	___ 12 th grade, no diploma
___ High school diploma	___ GED	___ Post-secondary school	
___ Don't Know	___ Refused		

For children ages 5-17 only

Has McKinney-Vento Homeless Liaison: ___ Yes ___ No ___ Don't know ___ Refused

Child Enrollment difficulties

___ Start Date (entry date in most cases) ___ End Date

Enrollment problem

___ Residency Requirements	___ Availability of school records	___ Birth Certificates
___ Legal guardianship requirements	___ Transportation	___ Lack of available preschool programs
___ Immunization requirements	___ Physical examination records	___ Other
___ None	___ Don't know	___ Refused

Attachment D - Exhibit B. 2014 MINIMUM ESG DATA REQUIREMENTS (On client EXIT from Shelter) Pg. 3

Please complete one sheet for each person served, whether they are an individual or a family member

Today's Date: _____ **Exit date** _____ (If part of a Household, Name / ID of Head of Household _____)**Client name:** First: _____ MI: _____ Last: _____**Reason for Leaving:**

<input type="checkbox"/> Left for housing opp. before completing program:	<input type="checkbox"/> Completed program:
<input type="checkbox"/> Non-Payment of rent / occupancy charge:	<input type="checkbox"/> Non-Compliance with program
<input type="checkbox"/> Criminal activity / destruction of property / violence	<input type="checkbox"/> Reached maximum time allowed
<input type="checkbox"/> Needs could not be met:	<input type="checkbox"/> Disagreement with rules/persons
<input type="checkbox"/> Death <input type="checkbox"/> Other _____	<input type="checkbox"/> Unknown/Disappeared

If Other _____

Destination or residence at program exit:

<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Owned by Client no subsidy	<input type="checkbox"/> Rental by client w VASH
<input type="checkbox"/> Transitional housing for homeless	<input type="checkbox"/> Staying / living w family temporary	<input type="checkbox"/> Rental by client w other subsidy
<input type="checkbox"/> Permanent housing for homeless	<input type="checkbox"/> Staying / living w friend temporary	<input type="checkbox"/> Owned by client w subsidy
<input type="checkbox"/> Psychiatric Hospital / facilities	<input type="checkbox"/> Hotel / Motel no ES voucher	<input type="checkbox"/> Staying / living w family permanent
<input type="checkbox"/> Substance Abuse facility	<input type="checkbox"/> Foster care home / group home	<input type="checkbox"/> Staying / living w friends permanent
<input type="checkbox"/> Hospital....(non-psychiatric)	<input type="checkbox"/> Place not for habitation	<input type="checkbox"/> Deceased
<input type="checkbox"/> Jail, Prison or JD facility	<input type="checkbox"/> Other _____	<input type="checkbox"/> Don't know
<input type="checkbox"/> Rental by Client no subsidy	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Refused

Health, Substance Abuse, and Disabilities (Collected AFTER entry into shelter, prior to exit)

Physical Disability? :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV / AIDS?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance abuse problem:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ; Alcohol abuse <input type="checkbox"/> Drug abuse <input type="checkbox"/> Both

Income received from any source in past 30 days?: ☐ Yes ☐ No ☐ Don't know ☐ Refused

Monthly Income - Financial Resources:	Receiving income	\$ per month from Source
Earned income	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Unemployed insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Supplemental Security income (SSI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Social Security disability income (SSDI)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Veterans disability income	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Private disability insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Workers compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
General Assistance (GA)	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Retirement income from Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Veteran's pension	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Pension from a former job	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Child Support	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Alimony or other spousal support	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other source	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Total Monthly Income _____

Attachment D - Exhibit B. 2014 MINIMUM ESG DATA REQUIREMENTS (On client EXIT from Shelter) Pg. 4

Non-Cash benefit received from any source in last 30 days ___ No ___ Yes ___ Don't know ___ Refused

Source of non-cash Benefit	Received Benefit
<i>Supplemental Nutrition Assistance Program (SNAP – Food Stamps)</i>	___ No ___ Yes
<i>MEDICAID health insurance (Maine Care)</i>	___ No ___ Yes
<i>MEDICARE</i>	___ No ___ Yes
<i>State Children's Health Insurance Program (SCHIP)</i>	___ No ___ Yes
<i>Special Supplemental Nutrition Program for Women, Infants and Children (WIC)</i>	___ No ___ Yes
<i>Veterans Administration (VA) Medical Services</i>	___ No ___ Yes
<i>TANF Child Care services</i>	___ No ___ Yes
<i>TANF transportation services</i>	___ No ___ Yes
<i>Other TANF-funded services</i>	___ No ___ Yes
<i>Section 8, public housing, or other rental assistance</i>	___ No ___ Yes
<i>Other Source</i>	___ No ___ Yes

Employed: ___ Yes ___ No ___ Don't know ___ Refused

CERTIFICATION OF COMPLIANCE

I, _____, in my capacity as Executive Director of _____ do hereby certify
to comply with the _____
(name) (Agency)

data entry requirements outlined within this form. I understand that failure to enter this information into ServicePoint may impact future funding.

(Signature)

(Date)

Attachment E - APPLICANT CONFLICT OF INTEREST DISCLOSURE FORM

To ensure that we maintain the continued confidence of Maine people and our partners in carrying out our mission of providing affordable housing, our employees and commissioners and former employees and commissioners must avoid situations which are, or appear to be, at odds with their responsibility to MaineHousing. These situations can include obligations or commitments to other organizations or individuals or personal or financial relationships or interests.

Maine law and, when federal funding is involved, federal regulations govern conflicts of interest. In general, these laws prohibit MaineHousing employees and commissioners from working on transactions with applicants with whom they have financial, business, professional, or personal relationships or other ties. In addition, these laws prohibit former MaineHousing employees and commissioners from working on certain transactions for up to two years after leaving MaineHousing.

To help ensure the continuing integrity of MaineHousing's business and compliance with these laws, applicants for loans or certain other assistance under MaineHousing's programs must disclose any financial, business, professional, civic, charitable, family (or other personal) relationships, associations or connections that the applicant, its affiliates, employees of applicant who may work on the MaineHousing project, or any parties the applicant intends to hire to work on the MaineHousing project (whether employees, contractors or consultants) may currently have with MaineHousing or any MaineHousing employee or commissioner or may have had within the past two years. An applicant and its affiliates include:

- if the applicant is one or more individuals, all individuals;
- if the applicant is a business or nonprofit entity, that entity;
- the officers and board members of the applicant;
- employees of the applicant with decision-making authority, including an executive director, manager or someone in a similar position;
- if the applicant is a business corporation, any shareholder with a controlling interest;
- if the applicant is a partnership, the applicant's partners;
- any other business partner or associate of the applicant involved in this MaineHousing project;
- if the applicant is a limited liability company, the members and managers;
- a family member (including husband, wife, child, brother, sister) or other person in a personal relationship;

If you are unsure whether a relationship, association, or connection you have may constitute a conflict of interest, please consult with MaineHousing's Manager of Internal Audit

APPLICANT CONFLICT OF INTEREST DISCLOSURE FORM

To the best of your knowledge:

1. Are you, any of your affiliates, or any party you intend to hire to work on the project a party to (or financially interested in) any business owned or operated by a MaineHousing commissioner or employee either as an individual or through an interest in a corporation, partnership, limited liability company, or other entity?

(please circle) YES NO

2. Do you, any of your affiliates, or any party you intend to hire to work on the project have family relations or other personal associations with any MaineHousing employee or MaineHousing commissioner?

(please circle) YES NO

3. Do you or any party you intend to hire to work on the project have any employee who was once an employee or commissioner of MaineHousing?

(please circle) YES NO

4. Do you, any of your affiliates, or any party you intend to hire to work on the project have any other type of relationship either with a MaineHousing employee or MaineHousing commissioner that may be construed to be a conflict of interest?

(please circle) YES NO

5. Do you, a member of your immediate family, your partner, or an organization which employs you benefit from funds from the U.S. Department of Housing and Urban Development?

(please circle) YES NO

PLEASE NOTE: If you answered yes to any of the above questions, please describe below (or on back).

Name of Applicant: _____

Signed: _____

Date: _____

Printed Name: _____

Title: _____

Name of Shelter						Attachment F
Agency Operating Shelter						
Number of Beds Available: _____						
<u>Budget should include revenue and expenses that are necessary to maintain physical plant operations and not programs that are offered as part of your shelter program</u>						
INCOME				EXPENSES		
2014 Projected Revenues				2014 projected Activities		
Calendar or fiscal year dates _____				Calendar or fiscal year dates _____		
MaineHousing State Funds:				Salaries		
Other State Funds				Employee Benefits		
MaineHousing Federal Funds				Rent		
Other Federal Funds:				Utilities		
County/Municipal Funds				Insurance		
Program Income:				Security		
Other Revenue:				Telephone		
Total revenue for shelter plant operations (should equal total expenses)				Copier/Printing		
Cost to provide one bednight of shelter (total operating expenses divided by total number of available bednights)				Office Supplies		
				Postage		
				Transportation		
				Repairs & Maintenance		
				Equipment		
				Fuel		
				Furnishings		
				Administrative Costs		
				HMIS Data Entry		
				Total expenses for shelter plant operations		
Signature of person completing form				Date		
Title of person completing form				Date		