

# Housing Stabilization Services Technical Assistance Team

# **MICROGRANT APPLICATION for Organizations**

# **within the PrimeWest Service Area**

The Housing Stabilization Services (HSS) Technical Assistance Team has secured resources to provide financial incentives/support to help organizations within the [PrimeWest service area](https://www.primewest.org/service-area-map) consider, enroll, and implement HSS. These resources have been made available from a generous contribution from PrimeWest Health.

Agencies that have financial barriers to pursue HSS are invited to apply for funding (up to $25,000 per award) by completing this form. Applications for this round of funding are due by the end of the day on 3/15/2022.

We anticipated demand for microgrants will exceed funds available. Where demand exceeds funding availability, our team will utilize the following priorities to determine allocations (in this order):

* Culturally specific organizations and/or Tribal government/programs
* Organizations/Tribes serving Greater MN
* Organizations with limited/smaller budgets, staffing
* Organizations seeking to use HSS to EXPAND their role in their homeless response system
* Organizations that are able to clearly identify where and how they need funding support

**Please submit completed applications NO LATER THAN 3/15/22 to** [**mike@mesh-mn.org**](mailto:mike@mesh-mn.org) **and** [**leah.werner@csh.org**](mailto:leah.werner@csh.org) **and direct any questions regarding microgrants to** [**HSS-TATeam@MESH-MN.org**](mailto:HSS-TATeam@MESH-MN.org)**.**

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| 1. **Contact Information** | |
| Organization | Click or tap here to enter text. |
| Primary Contact | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |

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| 1. **Eligibility** | |
| The following are criteria required to be eligible for HSS Microgrants. If you are not currently able to meet eligibility, please reach out to our technical assistance team ([HSS-TATEAM@MESH-MN.org](mailto:HSS-TATEAM@MESH-MN.org)) if needing help. | |
| 1. **ENROLLMENT STATUS:** Organizations must have begun the HSS enrollment process in order to be eligible. Resources to help organizations through the enrollment process can be found at <https://mesh-mn.org/hssta/> | |
|  | Our organization is enrolled in HSS and is currently serving HSS clients |
|  | Our organization is enrolled in HSS but has not yet begun serving HSS clients |
|  | Our organization has submitted enrollment for HSS and is awaiting approval |
|  | Our organization is in the process of enrolling in HSS |
|  | Our organization has not started the enrollment process (not eligible) |
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| 1. **HOMELESS CLIENT STATUS:** Organizations must commit to ensuring that at least 75% of households served through their HSS program will enter as homeless or at high-risk of homelessness | |
|  | 100% of HSS clients served will be homeless or at high-risk of homelessness |
|  | Over 85% of HSS clients served will be homeless or at high-risk of homelessness |
|  | At least 75% of HSS clients served will be homeless or at high-risk of homelessness |
|  | Less than 75% of HSS clients served will be homeless or at high-risk of homelessness (not eligible) |
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| 1. **INVOLVEMENT IN CONTINUUM OF CARE:** Organizations must exhibit participation and involvement in describe your region’s Continuum of Care OR commit to establishing this participation. (*If not currently connected with your region’s Continuum of Care, please click* [*here*](https://www.mnhousing.gov/sites/Satellite?blobcol=urldata&blobheadername1=Content-Type&blobheadername2=Content-Disposition&blobheadername3=MDT-Type&blobheadervalue1=application%2Fpdf&blobheadervalue2=attachment%3B+filename%3DMHFA_1039171.pdf&blobheadervalue3=abinary%3B+charset%3DUTF-8&blobkey=id&blobtable=MungoBlobs&blobwhere=1533152624470&ssbinary=true) *to learn more about meeting contacts, times, and locations)* | |
|  | Our organization is currently active in your region’s Continuum of Care |
|  | Our organization is NOT currently active in your region’s Continuum of Care, but commits to do so if awarded funding |
|  | Our organization is NOT currently active in your region’s Continuum of Care and does NOT commit to working with the Continuum of Care (not eligible) |
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| 1. **Priority Areas** | |
| 1. **CULTURALLY SPECIFIC/TRIBES—TARGET SUBPOPULATIONS:** We define Culturally Specific and Tribal Government as: (1) An organization or program whose mission and program activities explicitly target persons from cultural sub-populations who are disproportionately represented in the homeless population due to racism, homophobia, transphobia, and oppression; and (2) An organization or program who is characteristically found or proven especially effective within a particular cultural or linguistic population; OR (3) a program or organization within a federally recognized, sovereign Tribal Nation.   Based upon this definition, **please indicate if you provide targeted culturally specific services to any of the following populations** (check all that apply--please check only *primary* target populations). | |
|  | Black/African American Households |
|  | East Asian/Hmong/Karen Households |
|  | Latinx Households |
|  | LGBTQ+ Households |
|  | Households living with HIV/AIDS |
|  | Native American Households |
|  | My agency does not meet your definition of culturally specific or Tribal government/ program |
|  | Other: Click or tap here to enter text. |
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| 1. **CULTURALLY SPECIFIC/TRIBES—BRIEF PROGRAM OVERVIEW:** If you indicated above that you provide targeted culturally specific services to one or more of the subpopulations above, please describe your program (including your service approach, staffing/program management/board composition, and other program components that make your program best suited to meet the needs of this subpopulation). | |
| Click or tap here to enter text. | |
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| 1. **FOR ORGANIZATIONS TARGETING NATIVE AMERICAN HOUSEHOLDS ONLY**. If you indicated above that your program will target Native American households, we expect that you have consulted with Tribal communities in your service area and have secured their support for your HSS microgrant application. **Please identify the Tribal communities in your service region AND the contact information for the person(s) from each community that have indicated support for your application**—we will follow up with these individuals. If your service area is state-wide or covers multiple Tribal communities, please  reach out to Minnesota Tribal Collaborative Coordinator, Mary Riegert at riegsconsulting@gmail.com, for support. If you are applying as a department/organization within a Tribal community, please identify this below. | |
|  | Leech Lake, contact: Click or tap here to enter text. |
|  | Lower Sioux, contact: Click or tap here to enter text. |
|  | Red Lake, contact: Click or tap here to enter text. |
|  | Upper Sioux, contact: Click or tap here to enter text. |
|  | White Earth, contact: Click or tap here to enter text. |
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| 1. **SERVICE AREA—CONTINUUM OF CARE REGION:** Please indicate the service area for your agency (check all that apply). If unsure about CoC region, you can find a map [here](https://www.hmismn.org/coc-regions). | |
|  | Northwest Minnesota |
|  | Southwest Minnesota |
|  | West Central Minnesota |
|  | Other: Click or tap here to enter text. |
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| 1. **SERVICE AREA—PRIMARY COMMUNITIES:** Please indicate the primary communities you serve within your region (please only select options that represent the communities where at least 25% of total clients reside. Select all that apply) | |
|  | Tribal communities/reservations |
|  | Urban cities |
|  | Suburban cities/towns |
|  | Micropolitan cities/towns (town/city with population of 10,000-50,000) |
|  | Rural communities |
|  | Other: Click or tap here to enter text. |
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| 1. **ORGANIZATION SIZE/CAPACITY—OPERATING BUDGET:** Please provide your organization’s current annual operating budget | |
| Click or tap here to enter text. | |
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| 1. **ORGANIZATION SIZE/CAPACITY—STAFFING:** Please list the total number of staff at your organization (entire organization—all programs and support staff. Please include contract and part-time staff). | |
| Click or tap here to enter text. | |
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| 1. **ORGANIZATION SIZE/CAPACITY—INDIRECT COST ALLOCATION:** Does your organization have a federally approved indirect cost allocation rate? IF YES, please indicate the indirect cost allocation rate percentage in the comment box. | |
|  | Yes |
|  | No |
|  | Not Sure |
|  | Comment: Click or tap here to enter text. |
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| 1. **USING HSS FOR PROGRAM EXPANSION:** Do you anticipate your enrollment/use of HSS will help to INCREASE the number of homeless households that you are able to serve? If so, please explain how. | |
| Click or tap here to enter text. | |
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| 1. **Organizational Information** | |
| 1. **MISSION/VISION:** Please provide your organization's mission/vision/purpose statement(s) | |
| Click or tap here to enter text. | |
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| 1. **EXPERIENCE:** Describe your organization's experience serving people experiencing homelessness. *Please include how long you have been providing services to people experiencing homelessness*. | |
| Click or tap here to enter text. | |
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| 1. **PARTICIPATION IN COORDINATED ENTRY:** Please indicate your program’s intention to serve households that come through your Continuum of Care’s coordinated entry referral system. If not planning to accept clients through Coordinated Entry, , please explain. | |
|  | All households we serve will come from Coordinated Entry referrals |
|  | Most household we serve (75% or more) will come from Coordinated Entry referrals |
|  | We do not plan to use Coordinated Entry as our primary referral source (less than 75% of clients we serve will be referred through coordinated entry) |
|  | Other (explain below) |
|  | Comment: Click or tap here to enter text. |
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| 1. **Funding Request/Budget Narrative** | |
| Microgrant requests should be limited to $25,000 or less. Please provide as much detail as possible for how you plan to utilize the funds AND why this contribution is needed to fully utilize HSS. | |
| 1. **FUNDING REQUEST:** How much microgrant funding are you seeking? *note: requests should be $25,000 or less* | |
| Click or tap here to enter text. | |
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| 1. **USE OF FUNDS:** How do you plan to use HSS Microgrant funding (check all that apply and add categories where missing) | |
|  | Staff time dedicated to HSS planning (establishing roles, policies and procedures, etc) |
|  | Staff supports (management/training/etc) |
|  | System update/replacement (i.e. billing/case management software, etc) |
|  | Start up funding to cover gap between start of case management and client enrollment |
|  | Other: Click or tap here to enter text. |
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| 1. **FURTHER REQUEST DETAILS:** Please add any details to help us understand how you plan to use funding | |
| Click or tap here to enter text. | |
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| 1. **WHY FUNDING IS NEEDED:** Please share why this funding is necessary to help you to access HSS | |
| Click or tap here to enter text. | |
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| 1. **ADDITIONAL COMMENTS:** | |
| Click or tap here to enter text. | |
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