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# FORM 1A

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## Homeless Management Information System (HMIS) Certification

ONLY to be completed by those applicants who enter data into HMIS but not within the Detroit CoC.

**Instructions:** This form is to be completed by the applicable CoC HMIS System Administrator. Please ensure all certifications (1-4) are answered and a signature is provided on page 2.

Applicant:

CoC Code:

Name of CoC HMIS Lead Agency:

**In signing this form, I certify that my answers below are accurate:**

1. This Applicant Organization is currently and has been an active user of an HMIS system for at least 1 year and complies with the HMIS data quality requirements as set forth in the HMIS Policies and Procedures.

Circle one: Yes or No.

**If Yes, please attach data quality report for most recent reporting year**

2. During the past year, did the Applicant enter data into a comparable database for Domestic Violence providers?

Circle one: Yes or No.

3. During the past year, did the Applicant organization meet all relevant requirements, including prompt and accurate data entry for homeless service delivery?

Circle one: Yes or No.

**If no, please provide explanation:**

4. Did the Applicant organization adequately address any data entry concerns raised by the CoC HMIS System Administrator in the past 2 years?

Circle one: Yes or No.

**If no, please provide explanation:**

Printed Name of CoC HMIS System Administrator:

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Signature of CoC HMIS System Administrator:

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Date: \_\_\_\_\_

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# FORM 3

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## Certifications and Assurances

I certify that on behalf of \_\_\_\_\_, a tax exempt nonprofit organization, that if this proposal is awarded ESG, ESG-CV, CDBG and/or CDBG-CV funds by the City of Detroit, that said organization shall, in carrying out grant funded activities, comply with the following terms and conditions:

1. The program will comply with all requirements under the [ESG Interim Rule 24 CFR Part 576](#), [ESG-CV Notices CPD-22-06 and CPD-21-08](#), and [CDBG-CV Notice \(FR-6218-N-01\)](#).
2. The program will FULLY comply with HUD's Expanded [Equal Access Rule](#) as published on October 21, 2016. The program must make take families regardless of composition, sexual orientation, gender identify or marital status. As part of their agreement with the City of Detroit, CAM staff are obligated to report noncompliance. Demonstrated noncompliance will result in reduction of or removal of grant funding.
3. If Funds are used for Homelessness Prevention: 1) the individual or family income is below 30% of area median income (AMI) for the geographic area and 2) the individual or family lacks the sufficient resources to retain housing or attain it without this assistance.
4. Homeless individuals and families will be given assistance in obtaining appropriate supportive services, including permanent housing, medical health treatment, mental health treatment, counseling, supervision, and other services needed to achieve independent living, and other Federal State, local and private assistance available for such individuals.
5. The applicant organization will participate fully in the CAM system in the City of Detroit. Please refer to the City of Detroit Policy and Procedure manual to clarify participation expectations by program component.
6. The applicant organization will enter all required data into the Detroit CoC HMIS system or pre-approved comparable database, and will be accountable to ensure the timeliness, completeness and accuracy of data entry and reporting.
7. The applicant organization will assure that they have taken all reasonable steps to minimize the displacement of persons, families or businesses, as a result of a project assisted under this part.
8. The applicant organization will comply with all Federal, State, and local laws regarding nondiscrimination, equal employment opportunity, and homeless persons' rights with respect to termination of services.
9. The applicant organization will comply with Federal Administrative Requirements found in [24 CFR Part 91](#) and [576](#) and Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards found in [Final Rule: 2 CFR Part 200](#) which sets standard requirements for federal awards

and supersedes OMB Circulars A-21, A-87, A-89, A-102, A-122, A-133 and Uniform Grant Management Standards.

10. The applicant organization will comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Resident Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856) as applicable, with the Drug Free Workplace Act and the requirement that it make a good faith effort to keep the work environment free from drugs and alcohol.
11. The applicant organization will comply with all rules and regulations regarding lobbying, conflicts of interest and the prohibited use of debarred, suspended or ineligible contractors. Applicant organization will also comply with all fair housing and civil rights requirements in 24 CFR 5.105, Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity in 77 FR 5662, Economic Opportunities for Low and Very-Low Income and Homeless Persons (Section 3) in 24 CFR Section 576.407(a), Affirmative Outreach in 24 CFR Section 576.407(b), and Improving Access to Services for Persons with Limited English Proficiency (LEP) in 24 CFR Section 576.407(b).
12. The applicant organization will ensure that records are maintained as necessary to document compliance with the provisions of [24 CFR Part 576.2](#) and the organization's grant agreement with the City. Additionally, the applicant organization shall ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted with ESG or CDBG.
13. The applicant organization has and will have, upon execution of the grant agreement, an action plan to assure that homeless and formerly homeless persons serve on the applicant's Board of Directors in an advisory or other capacity.
14. The applicant will comply with the City of Detroit's Policy and Procedure manual and the Continuum of Care's written program standards.

The undersigned attests that he/she is duly authorized by the Board of Directors of the above-named organization to submit the proposal and certifications to the City.

**SIGNATURE:**

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**PRINT NAME:**

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**TITLE:**

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**DATE:**

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