

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2021 Project Application will be imported into the FY 2022 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2022 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/29/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: MS0010

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. **Legal Name:** Mississippi United to End Homelessness
- b. **Employer/Taxpayer Identification Number (EIN/TIN):** 72-1562519
- c. **Unique Entity Identifier:** P3UMJB8GQKW8

d. Address

- Street 1:** 201 West Capitol Street
- Street 2:** Suite 800
- City:** Jackson
- County:**
- State:** Mississippi
- Country:** United States
- Zip / Postal Code:** 39202

e. Organizational Unit (optional)

- Department Name:**
- Division Name:**

f. Name and contact information of person to be contacted on matters involving this application

- Prefix:** Mr.
- First Name:** Ledger
- Middle Name:**
- Last Name:** Parker
- Suffix:**
- Title:** Executive Director
- Organizational Affiliation:** Mississippi United to End Homelessness
- Telephone Number:** (601) 960-0557
- Extension:** 304

Fax Number: (866) 551-0916

Email: lparker@muteh.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6500-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Mississippi
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: HMIS I

16. Congressional District(s):

a. Applicant: MS-001, MS-002, MS-003, MS-004
(for multiple selections hold CTRL key)

b. Project: MS-001, MS-002, MS-003, MS-004
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 03/01/2022

b. End Date: 02/28/2023

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Louise

Middle Name:

Last Name: Meyer

Suffix:

Title: President/Chief Financial Officer

Telephone Number: (601) 960-0557
(Format: 123-456-7890)

Fax Number: (866) 551-0916
(Format: 123-456-7890)

Email: lmeyer@muteh.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/29/2022

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Mississippi United to End Homelessness
Prefix: Mrs.
First Name: Louise
Middle Name:
Last Name: Meyer
Suffix:
Title: President/Chief Financial Officer
Organizational Affiliation: Mississippi United to End Homelessness
Telephone Number: (601) 960-0557
Extension: 307
Email: lmeyer@muteh.org
City: Jackson
County:
State: Mississippi
Country: United States
Zip/Postal Code: 39202

2. Employer ID Number (EIN): 72-1562519

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$262,080

5. State the name and location (street address, city and state) of the project or activity: HMIS I 201 West Capitol Street Jackson Mississippi

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD	Grant	\$554,879.00	Services/TBRA
HUD	Grant	162037.0	HMIS
HUD	Grant	\$100,043.00	HMIS
NA			
NA			

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA		NA	\$0.00	0%
NA				
NA				
NA				
NA				

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE:

Name / Title of Authorized Official: Louise Meyer, President/Chief Financial Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/26/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Mississippi United to End Homelessness

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a.	<p>Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>
b.	<p>Establishing an on-going drug-free awareness program to inform employees —</p> <ul style="list-style-type: none"> (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
c.	<p>Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>
d.	<p>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —</p> <ul style="list-style-type: none"> (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e.	<p>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
f.	<p>Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted —</p> <ul style="list-style-type: none"> (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g.	<p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mrs.

First Name: Louise

Middle Name

Last Name: Meyer

Suffix:

Title: President/Chief Financial Officer

Telephone Number: (601) 960-0557
(Format: 123-456-7890)

Fax Number: (866) 551-0916
(Format: 123-456-7890)

Email: lmeyer@muteh.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 08/29/2022

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Mississippi United to End Homelessness

Name / Title of Authorized Official: Louise Meyer, President/Chief Financial Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/29/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: Mississippi United to End Homelessness

Street 1: 201 West Capitol Street

Street 2: Suite 800

City: Jackson

County: Hinds

State: Mississippi

Country: United States

Zip / Postal Code: 39202

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

Authorized Representative

Prefix: Mrs.

First Name: Louise

Middle Name:

Last Name: Meyer

Suffix:

Title: President/Chief Financial Officer

Telephone Number: (601) 960-0557
(Format: 123-456-7890)

Fax Number: (866) 551-0916
(Format: 123-456-7890)

Email: lmeyer@muteh.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 08/29/2022

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- | | |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application. |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives. |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency. |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F). |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases. |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |

- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327~333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93~205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify:

Authorized Representative for: Mississippi United to End Homelessness

Prefix: Mrs.

First Name: Louise

Middle Name:

Last Name: Meyer

Suffix:

Title: President/Chief Financial Officer

Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.

Date Signed: 08/29/2022

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2022 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2021 information
- a project that had Issues or Conditions that were addressed in FY 2021 Post-Award and updates need to be reflected in the FY 2022 project application
- a project that had amendments approved in FY 2020 or FY 2021 that need to be reflected in the FY 2022 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2022 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. HMIS Standards	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Answer 4A questions and Match.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2022 CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will submit individual applications.

a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.

b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.



2. HUD HQ will combine the budget data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

**1. Is this renewal project application requesting to No
consolidate or expand?**

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): MS0010

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: MS-501 - Mississippi Balance of State CoC

3. CoC Collaborative Applicant Name: Mississippi United to End Homelessness

4. Project Name: HMIS I

5. Project Status: Standard

6. Component Type: HMIS

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Provide a description that addresses the entire scope of the proposed project.

MUTEH HMIS staff offer on-going trainings for new and current users. The Everest approach allows for users to navigate these complexities like climbers that are approaching the tallest peak on Earth. Base Camp Training confirms they are aware of the basics of the HMIS system. Quizzes are utilized to measure the users' comprehension of the training. Next, Trek Trainings are for furthering their knowledge in the system in different modules that relate to their service programming. Finally, for users that complete both the base camp training and trek trainings they can attempt a Summit Certification. The Summit Certification establishes that a user has mastered relevant modules in the HMIS system, and that user can now access additional features in the database. Therefore, the Everest approach allows for users and agencies to climb this mountain of knowledge while MUTEH's HMIS staff serves as the Sherpas that lead the way and lend a hand.

The HMIS System Administrator attends Regional Coalition Meetings quarterly to acquire new participation, as well as update the Coalition on Coordinated Entry reports and new HMIS features or other updates.

The Monthly Progress Reports (MPRs) detail data accuracy, utilization, and destination breakdowns. The HMIS staff reach out to all agencies after the MPRs are sent out to assist with any questions or technical assistance needed.

The Balance of State works with the HMIS staff to continually implement and troubleshoot the Wait List functionality in the HMIS system. A CoC-wide by name list is generated for CoC workgroups that focus on specific populations (ie. Chronically Homeless, Veterans, and Persons Living with HIV/AIDS), but regional coalitions are also given BNL's that relate to their specific geographies.

The HMIS staff keep a rigorous schedule on all Federal Reports and the accompanying deadlines. There are Funders that request custom reports and the HMIS staff complete these throughout the year.

This CoC HMIS grant allows for the HMIS system to be made available to organizations that do not have the resources to utilize an equivalent system, so small organizations are able to connect to the CES system through HMIS participation.

To ensure that clients are tracked across CoC boundaries, the BOS CoC exchanges program data (with the appropriate consent and confidentiality agreements in place) with the two other CoC's in the state.

The HMIS staff have also created a TA system that allows users to easily access technical assistance at any given time.

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.). Yes

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

The MS Balance of State and Collaborative Applicant review the Governance Charter and HMIS Policies and Procedures annually to make adjustments as needed. The process includes the Governing Council and HMIS Committee to work in conjunction with one another to update the polices and procedures and all board and committee members vote on the changes.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

The System Administrator and HMIS Vendor are responsible for implementing privacy and security standards for all HMIS users and participating agencies.

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes

8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

HMIS users and participating agencies are trained to understand communication protocols; however, in the event that PII is breached outside of the secure messaging system the procedure is listed below.

"If a user does breach policy and sends protected personal information (PPI) via e-mail or other unsecure means, the user license may be revoked until a phone meeting between the user, MUTEH, Inc. staff and the program manager is held to discuss the breach in protocol and make sure that the user understands the protocol and is committed to following it."

6A. Funding Request

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No



3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year

5. Select the costs for which funding is requested:

HMIS

6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$65,520
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$65,520

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Government	ESG-CV	\$65,520

Sources of Match Detail

1. **Type of Match Commitment:** Cash
2. **Source:** Government
3. **Name of Source:** ESG-CV
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$65,520

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$0
4. Operating	\$0
5. HMIS	\$238,372
6. Sub-total Costs Requested	\$238,372
7. Admin (Up to 10%)	\$23,708
8. Total Assistance plus Admin Requested	\$262,080
9. Cash Match	\$65,520
10. In-Kind Match	\$0
11. Total Match	\$65,520
12. Total Budget	\$327,600

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	Match Letter	08/29/2022
3) Other Attachment	No	HMIS Policies and...	10/15/2021

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description: HMIS Policies and Procedures

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Louise Meyer

Date: 08/29/2022

Title: President/Chief Financial Officer

Applicant Organization: Mississippi United to End Homelessness

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/26/2022
1B. SF-424 Legal Applicant	08/26/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/26/2022
1E. SF-424 Compliance	08/26/2022
1F. SF-424 Declaration	08/26/2022
1G. HUD-2880	08/26/2022

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1H. HUD-50070	08/26/2022
1I. Cert. Lobbying	08/26/2022
1J. SF-LLL	08/29/2022
IK. SF-424B	08/26/2022
Submission Without Changes	08/26/2022
Recipient Performance	08/26/2022
Renewal Grant Consolidation or Renewal Grant Expansion	08/26/2022
2A. Subrecipients	No Input Required
3A. Project Detail	08/26/2022
3B. Description	08/26/2022
4A. HMIS Standards	08/29/2022
6A. Funding Request	08/26/2022
6D. Match	08/29/2022
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/29/2022
7B. Certification	08/29/2022



ADDRESS

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Jackson, MS 39201

MAILING ADDRESS

P.O. Box 24147
Jackson, MS 39225

PHONE

Office: 601-960-0557
Fax: 866-551-0916

MS BOS CoC
201 W Capitol St., Suite 800
Jackson, MS 39225

To Whom it May Concern:

The match for the HMIS Project is to be \$65,520. We are committing cash match that will be provided by MUTEH in the form of ESG-CV dollars from Mississippi Home Corporation.

The source of match funds being utilized is eligible under the laws governing the funds. The source of this cash match is not being used as match for other federal programs.

Sincerely,

Louise Meyer
President/CFO

Membership | 18-19
Year

MS Homeless Management Information Systems

Policies and Procedures



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INTRODUCTION

DOCUMENT OVERVIEW

In order to implement and maintain a region-wide Homeless Management Information System (HMIS), MUTEH, Inc. has developed the following Policies and Procedures Manual to outline and define the goals and objectives of the MUTEH, Inc. AWARDS system. This document delineates the roles and responsibilities of each agency and user involved in the program while establishing protocol for privacy, security, consumer disclosure, data quality and data ownership.

HISTORY OF THE MSHMIS

In 2001, Congress directed HUD to implement a national data collection system to produce an unduplicated count of persons using homeless services. The Homeless Management Information System (HMIS) is a computerized data collection system used by multiple agencies to capture the number, characteristics and demographic information of persons utilizing these services. HUD did not create this database, nor was a specified vendor required. All communities are, instead, required to create their own compliant, relational database or contract individually with an outside software vendor. MUTEH, Inc., at the direction of, and cooperation with, the MUTEH Board of Directors, chose the vendor Foothold Technology and the software AWARDS for this purpose in 2008 and has maintained that relationship through the present day. Foothold's software, AWARDS, is a web-based system in which users access the system via the Internet and includes a comprehensive case management system that each agency can utilize for managing client records, case notes, and referral information if desired. For more information on how to fully utilize these components, please contact the MUTEH Data Systems Administrator.

CONFIGURATION AND PURPOSE OF THE MUTEH, Inc. MSHMIS

The MUTEH, Inc. HMIS has a tremendous capacity to strengthen the collaboration among homeless service providers. Utilizing this coordinated system to count and track homeless trends in the region, the MSHMIS program gives providers the ability to collect data using a universal language accepted by HUD and, increasingly, other State, Federal and Private funders. Methods and procedures for recording use of service are standardized, thereby giving all service providers a common denominator for discussions about the quantity and quality of services. Perhaps most importantly, homeless services providers, at the community, State and Federal level are working together to track those activities and trends. This information is then used at each level for service delivery, allocation of funding and community planning.

The MUTEH HMIS Database is currently comprised of: Adams, Alcorn, Amite, Attala, Benton, Bolivar, Calhoun, Carroll, Chickasaw, Choctaw, Claiborne, Clarke, Clay, Coahoma, Copiah, Covington, De Soto, Forrest, Franklin, Greene, Grenada, Holmes, Humphreys, Issaquena, Itawamba, Jasper, Jefferson, Jones, Kemper, Lafayette, Lamar, Lauderdale, Lawrence, Leake, Lee, Leflore, Lincoln, Lowndes, Marion, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Oktibbeha, Panola, Perry, Pike, Pontotoc, Prentiss, Quitman, Scott, Sharkey, Simpson, Smith, Sunflower, Tallahatchie, Tate, Tippah, Tishomingo, Tunica, Union, Walthall, Washington, Wayne, Webster, Wilkinson, Winston, Yalobusha, and Yazoo counties.

PURPOSE OF THE MSHMIS

1. To meet HUD's requirement to produce an unduplicated count of homeless persons and households
2. To understand the nature and scope of homelessness
3. To develop, foster and maintain regional collaboration

4. To facilitate continuity of care in homeless services
5. To assist in the development of programs addressing the needs of homeless individuals and families through the collection and distribution of aggregate, non-PPI data

GOALS

1. Unduplicated count: The MSHMIS will provide an unduplicated count of the number of individuals accessing services from homeless service providers in the region.
2. Service tracking and trends: The MSHMIS will identify demographic and service utilization trends.
3. Enhanced service delivery: Through tracking client service trends, the MSHMIS will identify service areas in need of enhancement and growth.
4. Information for policymaking: Aggregate data will be shared with homeless service advocates, government officials and researchers. This information will better inform our understanding of homelessness and guide public policy and program development.

PARTICIPATION

All recipients of HUD McKinney-Vento funds are required to participate in the MSHMIS. This includes recipients of Emergency Solutions Grants (ESG) and Continuum of Care Funded programs.

In addition to McKinney-Vento-funded recipients, other housing assistance programs may require participation as a condition of funding. Agencies who receive funding via the Housing Opportunities for Persons with AIDS (HOPWA) program and are dedicated to serving homeless persons must participate. Providers of Grant and Per Diem, Supportive Services for Veteran Families (SSVF) or Veteran Affairs Supportive Housing (VASH) voucher programs by the Department of Veterans Affairs (VA) are also subject to ongoing participation.

While not all service agencies are mandated to participate, both HUD and local Continuums of Care encourage participation by all agencies who serve the homeless population, including those funded by other federal programs or non-government sources. Participation by organizations that do not receive HUD Continuum of Care funding is voluntary (other than the exceptions noted), but strongly encouraged in order to achieve an accurate picture of homeless services in the region. Because overall participation by all agencies that provide homeless housing services is rated by HUD annually through the CoC Grant Application process.

BENEFITS TO NON-FUNDED PROGRAMS

Voluntary participation by non-mandated programs and agencies helps the community meet the threshold for new funding and retain current funding for current homeless housing, create new homeless housing and assist with community planning and development. Through this collaborative effort, non-mandated agencies receive the benefit of a more sophisticated homeless services network in their community, better access to data for research, grant writing and program planning and representation for those they serve to HUD and other Federal partners through standard MSHMIS reports such as the MSHMIS Dedicated Grantee Annual Progress Report and the Annual Homeless Assessment Report. Additionally, and perhaps most importantly, access to more and better housing opportunities for persons and households experiencing homelessness is potentially created through renewals, new projects and bonus projects through the CoC Grant process, thus reducing the burden of local agencies, both non-profit and government, trying to assist and house homeless persons and families.

BENEFITS TO CONTINUUMS OF CARE

In addition to fulfilling the HUD requirements, participation in the MSHMIS enables the participating counties to report accurate statistical data to funders and policy makers regarding topics such as financial resources, county of origin, housing utilization and more. It ensures that all local providers are using a common intake instrument, thereby providing the most effective and efficient service to clients while allowing cross-agency data analysis for the community. The reporting capabilities allow agencies to generate accurate and timely reports, reducing time spent away from client services for monitoring, reporting and case review. Electronic management of client records also allows for remote access, reduced use of office resources such as paper, printer ink and office supplies while providing consistent neat, easily accessed files to present to reviewers some of whom are allowing remote monitoring and auditing at this time.

ADMINISTRATIVE STRUCTURE

HMIS/Technology Committee

The role of the HMIS/Technology Committee is to facilitate a better-working MSHMIS and continue to ensure that it meets the needs of both the CoC as well as meeting the program requirements described in the latest HMIS regulations put out by HUD. The HMIS/Technology Committee will also advise on policies regarding such issues as: consumer privacy and confidentiality, reporting schedules, information sharing, software choices, and user/agency monitoring.

MUTEH, Inc. RESPONSIBILITIES/Technical Assistance Provided

(Data Systems Administrator)

MUTEH, Inc., will monitor compliance with the established policies and procedures while providing the following services:

1. Access for questions and concerns with the Software Solution Provider, Foothold Technology
2. Communicate system-related information to Participating Agencies
3. Develop system enhancements and communicate to Participating Agencies of the changes
4. Assistance with HUD mandated reporting on an agency/CoC level
5. AHAR and CoC Grant Application reporting
6. Annual and Quarterly CoC reports on basic, aggregate client demographics
7. Creation, deletion and monitoring of user log-ins and passwords
8. Daily helpdesk (work days) for standard helpdesk issues
9. Evaluations and strategies for better use of the MSHMIS in regards to HUD reporting
10. Monitoring of HUD policy and procedure regarding MSHMIS with regular CoC updates
11. Quarterly New User Trainings (in a group setting)
12. Quarterly Program specific trainings
13. Remote access to all in-house trainings upon request
14. Regular updates on MSHMIS policy, procedure and the database via a variety of mediums
15. Rapid turn-around for addressing all helpdesk tickets
16. Ongoing CoC level data quality check and follow-up

RESPONSIBILITIES

PARTICIPATING AGENCY RESPONSIBILITIES

Participating Agencies Requirements

Participating agencies have specific responsibilities when using the MSHMIS to ensure proper functioning of the system, accurate data collection, as well as the privacy and security of all consumers. The Executive Director of any Participating Agency shall follow, comply, and enforce the HMIS Participation Agreement (Appendix 1) before granting access to the AWARDS database.

MUTEH, Inc. will enter into a Participation Agreement with agencies that are eligible to participate in the MSHMIS. The Participation Agreement will outline the specific manner in which MUTEH, Inc. will utilize the data submitted in the MSHMIS.

The participating agency is responsible for all activities associated with agency staff access and use of the Foothold Software System (AWARDS). The agency will be held responsible for any misuse of the software system by the designated staff.

Each participating agency must:

1. Establish operating practices to ensure organizational adherence to the MSHMIS Policies and Procedures.
2. Communicate operating practices, including privacy protection and user responsibilities, to all agency users. Agencies should document that each user understands and accepts the responsibilities associated with use.
3. Monitor user compliance and periodically review control decisions.
4. Edit and update agency information, including staff, location, and capacity, as needed.
5. Notify all users in their agency of interruptions in service.
6. Detect and respond to violations of the Policies and Procedures or agency procedures.
7. Maintain complete and accurate client records for participating programs within the MSHMIS.
8. Monitor that users respectfully collect data for all required fields in the intake and discharge, indicated by an asterisk, to the best of their ability. This includes required fields that may not be required by HUD for all program types but are used for reporting at the local, State and Federal level, and as such are important to the proper collection and interpretation of data from the MSHMIS as well as the assurance of continued funding.

Agencies must follow all privacy and security requirements outlined in order to participate in the MUTEH, Inc. MSHMIS.

USER RESPONSIBILITIES

User Agreement Requirements

Users of any Participating Agency shall follow, comply, and enforce the HMIS User Agreement/User Code of Ethics (Appendix 5). The user must sign an HMIS User Code of Ethics form before being granted access to the AWARDS database.

Each user within a participating agency is responsible for maintaining client privacy and protecting each client's protected personal information. A User ID and Password will be provided to each User within the agency by the MSHMIS Data Systems Administrator at the written request of the Agency Executive or Program Director once training has been completed.

All Users must understand and accept the following responsibilities for utilizing the MSHMIS:

1. The User ID and Password are to be used by the assigned user only and must not be shared with anyone. All Users will take all reasonable means to keep passwords physically secure.
2. All Users will log-off the system before leaving the work area.
3. Users must not decline services to a client or potential client if that person refuses to allow entry of information in the MSHMIS (except if that policy is over-ridden by agency policy or if the information is required to be collected as a condition of receiving services).
4. The user has primary responsibility for information entered by the user. Information entered by the users is truthful, accurate and complete to the best of the user's knowledge.
5. Users will not solicit from or enter non-required information about clients into the MSHMIS unless the information is required for a legitimate program purpose such as to provide services to the client.
6. Any hard copies of personally identifiable (client-level) information printed from the MSHMIS must be kept in a secure file, and destroyed when no longer needed.
7. All Users must immediately notify the Agency Executive Director should a breach in security be recognized or suspected.
8. Users may only access the MSHMIS from a designate terminal, following agency guidelines for electronic access of records. Access to the MSHMIS from public or unsecured computers and networks is prohibited.
9. Users may not send identifying information on clients through standard e-mail but, instead, should utilize the secure messaging feature of the MSHMIS-AWARDS system for all client-based communications, preferably through a helpdesk ticket.
10. Users agree to respectfully collect all required fields in the intake and discharge, indicated by an asterisk, to the best of their ability. This includes required fields that may not be required by HUD for all program types but are used for reporting at the local, State and Federal level, thus are important to the proper collection and interpretation of data from the MSHMIS as well as the assurance of continued funding.

Data Collection Requirements

Participating Agencies will collect and verify the minimum set of data elements for all clients served by their projects.

The Universal Data Elements include:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Gender
- Veteran Status
- Disabling Condition
- Type of Residence
- Project Entry Date
- Project Exit Date
- Destination
- Relationship to Head of Household
- Housing Move-In Date

There are also project-specific data elements that are required depending on the projects funding sources.

CES DISCHARGE/REMOVAL POLICY (By-Name-List)

There are 2 criteria warranting discharge or removal from the CES BNL:

1. If a client on the by-name list is housed by any agency in the continuum, the client will be removed from the BNL.
2. If a client on the by-name list has not been successfully contacted in 90 days (with agencies applying great diligence to make contact in said period), the client will be removed from the BNL with the assumption that the person is missing or stably housed.

NOTE: If a client who was removed from the BNL is re-engaged through outreach contact, the client is allowed to be re-added to the CES BNL for housing services. The same will also be done for someone who was previously housed via the CoC CES.

The HMIS Lead, MUTEH Inc. will be responsible for the removal of clients from the by-name list. MUTEH Inc. will consult with Coalition CES BNL participants to ensure the process yields accurate information and consistency as reflected by the CES policy.

COMMUNICATION PROTOCOL

Helpdesk

All client-level communications are to go through the AWARDS system by filling out a helpdesk ticket. If that is impractical, or the question is from an administrative non-user, the request may be made via telephone. It is strictly prohibited to send client-level information (name, date of birth or social security number), even using client initials in place of names.

If a user does breach policy and sends protected personal information (PPI) via e-mail or other unsecure means, the user license may be revoked until a phone meeting between the user, MUTEH, Inc. staff and the program manager is held to discuss the breach in protocol and make sure that the user understands the protocol and is committed to following it.

The MSHMIS team works to address all helpdesk tickets within one business day; however, that is not always possible. If there is an urgent helpdesk matter which needs more immediate attention, any user or administrator may send an email or leave a voice mail with the MSHMIS Data Systems Administrator, Program Director or CoC to alert the team to the more pressing issue so that it can be addressed more expediently.

MSHMIS DATA SYSTEMS ADMINISTRATOR

There are several ways to contact the MSHMIS Data Systems Administrator of the MUTEH. MSHMIS.

1. E-mail: Please send all (non PPI) e-mail communications to the MSHMIS Data Systems Administrator at platham@muteh.org.
2. The MUTEH, Inc. MSHMIS Google chat is an on-line, open chat where the MSHMIS Data Systems Administrator keeps the users and managers who rely on the MSHMIS and MSHMIS data apprised of problems, upcoming changes, trainings, events, etc. It is highly recommended that every user and program administrator join and participate in the on-line chat to keep apprised of what is going on with and around the MSHMIS.

3. Telephone: The MSHMIS Data Systems Administrator can be reached via phone at (601) 960-0557 EX. 303.
4. Staff Connect Calls: Trainings, helpdesk, technical assistance and calls may be facilitated via a webinar format in order to better assist the user or to review reports contracts and other deliverables.

TECHNICAL ASSISTANCE

Agencies having trouble integrating MSHMIS into their programs or getting needed reporting (both mandated and internal) from the database can set up an appointment with the MSHMIS staff to look for solutions and set up any further intervention that may be needed. Please contact Bethany Latham, MSHMIS Data Systems Administrator, at (601) 960-0557 EX.303 or e-mail her at blatham@muteh.org for more information.

Participation Fees/Additional Costs

Fee Structure – Rate Card (Appendix 6)

Each program within an agency will be permitted 3 users accounts to access the MSHMIS. The MSHMIS Data Systems Administrator will have the ability to add these users to the system as needed. Agencies exceeding the permitted number of system users will be charged an additional monthly fee.

ADDITIONAL FEES MAY BE ACCESSED FOR MSHMIS TA SERVICES THAT ARE NOT WITHIN THE NORMAL SCOPE OF MUTEH, INC MSHMIS DATA SYSTEMS ADMINISTRATOR DUTIES; INCLUDING BUT NOT LIMITED TO, THE FOLLOWING:

1. Agency/Program evaluation for use of the database beyond CoC requirements
2. Agency specific report and form building
3. Agency specific training on non-HUD mandated features of the database
4. Customized internal or external reports not related to HUD
5. Large helpdesk requested due to user error
6. Program level data quality and clean-up assistance

Training on basic computer skills which complement the use of the MSHMIS, including but not limited to; internet, Excel, keyboarding and MS Word Document creation

DATA OWNERSHIP

MUTEH, Inc. does not claim ownership of any client level data stored within the MSHMIS other than that which belongs to programs they administer. As such, the MSHMIS will not at any time change, distribute or delete data within programs without the direct instruction of the program in question.

If a community or agency withdraws from the MSHMIS, a request may be made to have their data transferred onto disk in CSV format and sent to them by post. This request, following the protocol at the end of this section, must be made within six months of discontinuing the relationship with the MSHMIS. After six months, the data will no longer be accessible to users or program managers and MUTEH, Inc. will discontinue the program within the database. If the agency wishes to have all data wiped from the MSHMIS, making it no longer available for historical comparison or data analysis, a written request from the Agency Director must be sent, by post, to MUTEH, Inc., care of Ledger Parker, Executive Director. That request will be followed

up with by the MSHMIS Data Systems Administrator and confirmation of the data purge will be sent to the requesting Agency Director once the process has been completed.

Following the parameters, set out by Loshin (2002), there are several parties who can claim full or partial ownership of MSHMIS data:

1. Creator: The party that creates or generates the data
2. Consumer: The party that uses the data
3. Funder: The party that commissions the data
4. Packagers: The party that collects information for a particular use and adds value through formatting the information for a particular market or set of consumers
5. Subject: The subject of the data claims ownership of that data

In the case of the MSHMIS, there is a hierarchy of ownership of data. It begins with the Subject (5) who can, at any time, submit a written request to MUTEH, Inc. to have his or her personal information removed from the database. These requests for data removal from the MSHMIS will be honored by MUTEH, Inc. when done through the correct protocol (below).

Secondly, The Consumer (2), or the agency that enters data, has the ability to claim the data within the MSHMIS that they have input as an agency. In this way, they can modify, delete or ask for a full purge as they desire. These requests for data removal from the MSHMIS will also be honored by MUTEH, Inc. when done through correct protocol (below).

Last, the Packager (4), MUTEH, Inc., has ownership of the data within the database for the purposes outlined within this manual, namely:

1. The aggregation of data for reporting at the community level
2. Control of access to the data via usernames and log-ins
3. Data Quality Parameters to qualify data for admission into the MSHMIS
4. Helpdesk and reporting support request

Data request for PPI (client level data) must go through the contracted agency rather than the MSHMIS Data Systems Administrator. Upon written request by the Executive Director, MUTEH, Inc. will grant access to client files as defined by the contractual agency. This access can range from read-only, aggregate data to client file level access.

Similarly, though the data collected and packaged from the MSHMIS is often published and made available for use in grants, research and educational material, all such data aggregations and analysis belong to the packager, not the consumer who may be using that data for their own purposes.

PROTOCOL FOR REQUESTING DATA REMOVAL FROM THE MSHMIS:

Client (Subject) Request for Data Removal
Please send a written, signed request to

MUTEH, Inc.
C/O Ledger Parker
Executive Director
P.O. Box 24147
Jackson, MS 39201

Make sure to include your full name and which agency/agencies you visited and wish your records removed from. If you would like to also include your contact information, the MSHMIS Data Systems Administrator will verify your data removal once complete.

Agency (Creator) Request for Data Removal

Please send a written, signed request on agency letterhead to

MUTEH, Inc.
C/O Ledger Parker
Executive Director
P.O. Box 24147
Jackson, MS 39201

Please specify if you would like to have a copy made of the data in CSV format, burned to CD. Make sure to include all programs you would like purged from the database, remembering that, once gone, there is no way to retrieve the information. The MSHMIS Data Systems Administrator will verify your data removal once complete.

PASSWORDS

User will have access to the AWARDS database via a username and password. Passwords will be reset every 180 days. User will remain passwords confidential. The Data Systems Administrator will provide new User a unique username and temporary password after User Agreement is signed and training date is set. The password must include upper and lowercase and cannot be the same as the 2 previous passwords.

PRIVACY

Baseline privacy standards are required of all programs and must balance the need to protect the confidentiality of client data with the practical realities of homeless service provision. Each agency is required to review and/or develop a privacy policy specific to the individual agency's needs which includes HMIS activities as it pertains to confidential client data in electronic and hard-copy formats. A copy of the above-referenced agency privacy policy must be provided to MUTEH, Inc., as the Data Systems Administrator and, if the agency has a website, must be published thereon in accordance with HUD's Privacy and Security Standards.

SECURITY

Certain electronic security precautions are required of each agency:

- Install and maintain a firewall on the user's computer or the agency network
- Password protected screensavers set at no more than 5 minute intervals
- Automatically updating antivirus software installed and maintained on every internet-accessible computer
- Keep the Operating System on each AWARDS access computer terminal up to date with the latest security devices

All users must attend a formal AWARDS training within 14 days to being assigned a project, the project manager or Executive Director MUST contact the Data Systems Administrator within 24 hours of the end of employment so that the active user account can be disabled. This can be done in advance, so Directors and administrative staff are encouraged to alert the Data Systems Administrator as soon as it is known that a user account will no longer be needed.

In order to facilitate the privacy and security of AWARDS users, any user account that is inactive for 30 days will be deactivated until the Data Systems Administrator is contacted by a program manager or agency officer.

USER ACCESS TO THE MSHMIS

The AWARDS software is a web-based software system accessed via the Internet. Within the agency's set-up in the MSHMIS, each user is assigned specific permissions to view and work only with those programs and records to which he or she has been assigned. A user in one program within an agency is prohibited from viewing or modifying any records in another program area unless express permission has been given by a program supervisor or Executive Director. No user can access the files of any other agency. All users are reminded to never share their log-in names or passwords with anyone else, and not to keep reminder notes in obvious areas.

Access to the MSHMIS is granted by the Data Systems Administrator or Data Quality Analysis. When an agency needs to add or remove a user, there must be a written request (e-mail, FAX or AWARDS message) from the Project Manager or Executive Director requesting the action. All new users must attend training within 14 days of being assigned a username and password in the meantime interaction with HMIS should be limited.

SOFTWARE SECURITY

Maintaining individual client privacy is among the highest priorities in managing the HMIS database. The AWARDS software uses the highest encryption currently allowable by law along with the use of SSL (Secure Sockets Layer) technology. Foothold Technology uses several hardware and software firewalls and AWARDS keeps warm backups locally and sends daily backups to a separate data center. All data is stored in two data centers in two different states on 8 different electric grids. Warm copies are available in 2-hour intervals and daily copies are available in 24-hour intervals. Information sent from individual agency sites cannot be unscrambled. In addition, a highly sophisticated series of user names and passwords protect data from unauthorized viewing and manipulation within individual agencies, ensuring no one has access to information they should not see. Data security is also monitored by the MSHMIS Data Systems Administrator through regular reports and activities.

DISCLOSURE OF INCLUSION IN THE MSHMIS

Each participating agency is required to post a sign disclosing the inclusion of each client's data in the MSHMIS in a conspicuous location near the site of client interview. Additionally, each agency must provide the MSHMIS System Administrator with a copy of any documentation given to the consumers disclosing participation of the MSHMIS or a statement, on agency letterhead and signed by the Executive Director. As per HUD regulations, a copy of the policy and procedures manual is located on the MUTEH, Inc. website, available to staff and clients alike.

As per HUD policy, no agency may decline to provide services to a client based on refusal to be included in the MSHMIS. While it is desirable to include as many clients as possible in the MSHMIS for both internal and external reporting as well as community planning, we operate on a client-first model and work within the comfort level of those we serve.

If you have clients who refuse all MSHMIS data entry make sure that you keep an intake record separately so that, for agency level reporting, you will be able to include those households in the report.

Please post the sign (Privacy Notice) found at the end of this manual in a conspicuous place anywhere data is collected for inclusion in the MSHMIS.

SECURITY REVIEW

Each Participating Agency will sign the HIMS Policies and Procedures and the HIMS Lead Agency will conduct a security review (annual monitoring visit) that includes the completion of a security checklist ensuring that each security standard is implemented.

TRAINING

MUTEH, Inc. offers on-going user training for new and current users who need a refresher on the basics. Training sessions will be provided in 1-4 hour sessions for which attendees are required to sign up in advance. Users participating in each training session are expected to be computer-literate and to attend the full training session. Users will be given limited access to the database until basic user training is completed. Access permission for each new user must be given to the Data Systems Administrator prior to new user set-up. The Executive Director or Project Manager may e-mail or fax permission information to MUTEH, Inc. while users will be allowed to attend training prior to this verification, no active agency access will be given until the permission has been received and processed.

Additionally, Advanced User trainings, Project Managers and Administration trainings, recurring user-groups and periodic CoC updates will be held regularly to help agencies best use and monitor the MSHMIS system and accompanying software. A list of all available trainings and groups, along with registration information, is available and regularly updated on MUTEH, Inc. website (muteh.org). All trainings and user-groups are available remotely via webinar to accommodate those who cannot attend in person. Remote access requires either a microphone and speaker system, or a regular telephone in conjunction with a computer.

Coarse Description	Coarse Detail	Required
HMS Basic Training	This course focuses on the Policies and Procedures, review of HUD Data and Technical Standards, Privacy procedures, and consents. Also, the navigation of the AWARDS Database.	All new Users.
Ethics and Confidentiality Training	This course focuses on ethics and confidentiality.	All new Users.
Security Training	Federal Regulations.	All new Users
Organization Administrator Training/Fiscal Staff Reporting Training	Monitoring Staff and voucher processes.	Agency Administrators or Accountants
Training Tuesdays	Any changes and updates with the database or module reviews.	

CLIENT CONSENT

Each Participating Agency must obtain informed, signed consent prior to either entering or accessing any client protected personal information (PPI) into the AWARDS database. Services will not be denied if client chooses not to include personal information. Personal information collected about the client should be protected. Clients must sign the Consent to Share Protected Personal Information (Appendix 3 & 4).

HIPAA COMPLIANCE

Compliance with HIPAA regulations is only required for covered entities, such as community service providers that are also health care providers. For agencies that meet these criteria, participation in the MSHMIS requires compliance with HIPAA as defined and arranged within the agency. MUTEH, Inc. as the MSHMIS System Administrator, follows HIPAA precautions with ALL consumers in ALL agencies.

DATA SHARING

Data sharing may be used among programs for case management purposes. Data sharing can be used to streamline the intake process and reduce duplication of benefits. However, due to security and confidentiality issues, data will not be automatically shared among agencies.

Data sharing among collaborating agencies is possible and lends itself to the reduction of duplicative data entry. To establish data sharing amongst two or more agencies, additional fees will be assessed. In addition, consent agreements and release of information must be completed by the individual clients prior to establishing this system.

In some communities a Centralized Intake program exist, allowing demographic data to be shared between a referring program and the program to which it is referring the client. At this time, this is the extent of data sharing between agencies allowed in the MSHMIS.

GRIEVANCE POLICY

For Clients

All grievances regarding the handling of your personal information by an agency within the MSHMIS should be addressed to that agency. If you believe your grievance has not been sufficiently resolved by your agency, you may make a complaint to the MSHMIS System Administrator at:

MUTEH, Inc.
ATTN: Data Systems Administrator
P.O. Box 24147
Jackson, MS 39225

MUTEH, Inc. will attempt a voluntary resolution of the complaint and by ensuring that the participating agency is acting with accordance to the MSHMIS agency agreement. MUTEH, Inc. does not provide legal services.

FOR PARTICIPATING AGENCIES

Complaints regarding the administration of the MSHMIS may be made to either the Data Systems Administrator or Executive Director.

MUTEH, Inc.
 ATTN: Data Systems Administrator /Executive Director
 P.O. Box 24147
 Jackson, MS 39225

Telephone complaints may be recorded for better customer care. MUTEH, Inc. will follow up each complaint in writing and, as appropriate, bring the complaint to the HMIS Committee.

DATA QUALITY

DATA ENTRY REQUIREMENTS

In order for data to be meaningful across program sites, data must be consistently added and updated in the AWARDS system. HUD has identified minimum data standards with which all participating agencies must comply. Information for these minimum data fields must be gathered at intake and regularly updated throughout the client's stay within, and at discharge from, the program. While agencies are not currently required to maintain real-time data records, it is important that all data be complete and up-to-date within seven days of client activity. Backdating permissions for entry of intakes and discharges more than seven days beyond the intake date must go through and identified program manager and be sent as a request via the helpdesk system. Progress notes and contact log input ranges will be established on an agency by agency basis and backdating request must also go through the identified program manager.

ENTRY OF UNIVERSAL AND PROGRAM LEVEL DATA ELEMENTS

Universal and program specific level data elements have been established by HUD and must be collected by all agencies serving homeless persons, regardless of program type. These data elements make it possible to obtain unduplicated estimates of the number of homeless persons accessing services from homeless providers and also provide basic demographic characteristics of people who are homeless, and their patterns of services. Collection of the Universal Data Elements (UDEs) will also allow measurement of the number and percentage of chronically homeless people who use homeless services. The MSHMIS software has safeguards built into the intake and discharge so that an intake may not be completed without filling in these data elements. However, due to periodic changes in HUD requirements and upgrades to the software, it may be necessary for some agencies to correct historical data to remain compliant with the current HUD Data and Technical Standards (Data standards 2014). Additionally, the Continuum of Care may request that specific, non-required fields be filled out for community planning purposes.

DATA QUALITY EXPECTATIONS

As a HUD program, the MSHMIS must report annually on overall data quality in a variety of mediums, including but not limited to: the HMIS Dedicated Grantee Annual Performance Report (APR), the Annual Homeless Assessment Report (AHAR) and the CoC Grant Application (CoC wide data quality is reported in The Collaborative Application, formerly Exhibit 1). Additionally, each mandated agency must report program level data quality during the CoC APR report and CoC Grant Application (program level HMIS data quality is reported to HUD for each renewal) process.

Because of these reports and the constant use of HMIS data for agency level reporting, research and community planning, good data quality is paramount to the success of these program. To facilitate that, the following data quality expectations have been established:

1. Less than 5% missing or null data in any of the universal and program level data elements. This includes any responses of Refused, Unknown or Don't Know as well as

incomplete (missing) data. Due to the nature of some programs (including but not limited to; outreach and drop in centers), that data quality measure will be reassessed on a program-by-program basis and data quality markers will be determined by the CoC Data Committee. Some program types may find, due to the difficult population served, that this is an unrealistic data quality expectation. Agencies with particularly difficult circumstances will be given individual waivers on data quality with separate data quality goals.

2. Data collection (intakes and discharges) will be current within seven days
3. Updates to income, benefits, disability and housing status for consumers at least annually and at discharge
4. Problems with the database or errors in data will be reported, in writing, to the System Administrator immediately upon delivery
5. PDDE (Program Descriptor Data Elements) must be updated annually for programs which create an APR

To facilitate the best data practices possible, programs that have been found to be non-compliant with the above expectations and requirements will be required to have all users and the program manager meet with the Data Systems Administrator for a comprehensive action plan to address the problem areas. If, upon completion of this action plan, there is no improvement in the data quality or security, the Data Systems Administrator will require a meeting with the HMIS Committee chair person, the Agency Executive Director to create a more extensive action plan with agency level follow-up.

Depending on the seriousness and frequency of the issues, the Data Systems Administrator may choose to suspend user licenses until satisfied with agency and user commitment to data quality and security. If a mandated program continues to be out of compliance, Technical Assistance may be sought from the funding entity (the VA and/or HUD) to assist in process. Suspended programs will be listed as 'Not Participating' on the CoC Housing Inventory Chart and in any renewal applications within the CoC Grant Application which could influence funding decisions by the CoC governing body.

DISTRIBUTION OF MSHMIS DATA

MUTEH, Inc. will provide monthly and quarterly reports on the aggregate data collected within the MSHMIS to the corresponding agencies as well as the HMIS Committee. MUTEH, Inc. will also make any AHAR data accepted by HUD available to the participating agencies. This is public information and a copy of the latest and historical reports will be provided to anyone, upon written request. These reports are also published on the MUTEH, Inc. website.

Continuum-wide data will be provided to HUD annually as required through the AHAR report and CoC Grant Application or other reporting mechanism required by HUD (Exhibit 1).

Aggregate county-wide and individual agency-level data may be provided to users and administration of that agency upon request for data-quality reasons or to meet agency needs. Non-users within an agency requesting any aggregate or individual data must have the written consent of the agency Executive Director.

Protected Personal Information (PPI), agency-level information, or any data that may potentially point out an individual or single agency will not be distributed in any reporting. Individuals, agencies or governing bodies who wish to obtain individual or agency-level data will need to go through that agency's Executive Director for that information to avoid conflict with the MSHMIS privacy policies. Should the CoC governing body choose to distribute this data, an amendment to this document must be made and signed by the MUTEH Board and participating parties.

Reporting with the MSHMIS

The MSHMIS Data Systems Administrator regularly exports a system-wide aggregation of data. This data is analyzed to determine which agencies are compliant with the system and regulations. It is also used to identify areas of policy or data requirements that must be more thoroughly defined for individual agencies. Additional training or technical assistance is made available based on need.

Monthly Progress Reports and Quarterly Report Cards are generated to share with the participants of the MSHMIS. These reports include a summary of the number and demographics of individuals and families participating in services in each program type for the given period. Aggregate reports do not include names, social security numbers, or any other identifying characteristics of individual clients. Trends in the reports are then examined and reported to the participating agency. Under no circumstances is client-level data distributed.

MONITORING OF PARTICIPATING PROGRAMS

In order to ensure compliance with this manual and HUD privacy and security requirements, MUTEH, Inc. will do periodic monitoring of all programs participating in the MSHMIS; both mandated and voluntary. This monitoring will review data quality, data completeness, and compliance with the electronic and physical privacy and security procedures outlined in this manual.

Programs found to be out of compliance with the above will be evaluated by the MSHMIS System Administrator and a Plan of Correction; including additional training; measurable goals, a realistic timeline for correction and further monitoring, will be put in place.

Frequency of monitoring visits within a community, agency or program will be at the discretion of the MSHMIS Data Systems Administrator. Monitoring visit results will be shared with the Collaborative Applicant and discussed with the HMIS Committee.

DATABASE CUSTOMIZATIONS

The AWARDS software can be modified to meet specific needs of an agency. Customizations that are above and beyond those created for the MUTEH, Inc. MSHMIS and HUD requirements will be completed at an additional expense to the agency. All private program-level customizations will be facilitated and contracted through MUTEH, Inc.

Modifications that could be completed at an additional charge may include, but are not limited to: additional number of users, supplementary training, software customization, increased security to allow transfer of data among specific agencies, increased data collection capabilities and other options that are outside of those identified by the MSHMIS Implementation Team.

At all times, the Foothold Technology staff and MUTEH, Inc. will work to make sure that the database is compliant with HUD standards for data collection and reporting. MUTEH, Inc. will also work with other required programs under different funders to ensure relevant and accessible functionality.

TO LEARN MORE ABOUT THE MSHMIS

For general information about the MUTEH, Inc. MSHMIS or the policies and procedures contained in this document, please contact the MSHMIS Data Systems Administrator, Bethany Latham at blatham@muteh.org or by phone at (601) 960-0557 EX.303. For information about becoming part of the MUTEH, Inc. MSHMIS, please contact the Executive Director, Ledger Parker, at lparker@muteh.org or by phone at (601) 960-0557 EX. 304.



CONTINUUM OF CARE AGREEMENT & CONSENT REGARDING MUTEH MSHMIS POLICY & PROCEDURES

The Mississippi Balance of State Governing Council has reviewed the MSHMIS Policies and Procedures document and agrees to the privacy, security and data quality measures therein. The MSHMIS System Administrator agrees, in response, to work with the CoC to uphold the policies and procedures outlined in this manual and alert CoC representatives to significant infractions of any of the included policies or procedures.

SIGNATURES:

Executive Committee Chair
CoC Governing Council

/ /

Date

Lead Rep. of the Collaborative
Applicant
MUTEH Inc.

/ /

Date

MSHMIS Data Systems Administrator
MUTEH Inc.

/ /

Date

Appendix 1

HOMELESS MANAGEMENT INFORMATION SYSTEM PARTICIPATION AGREEMENT

This Participation Agreement is entered into on the date hereinafter set forth by and between The Mississippi Balance of State Continuum of Care, hereinafter referred to as MUTEH, Inc., and _____ hereinafter referred to as the Agency, for purposes of providing HMIS connectivity in order to accurately record and report homeless data. The Agency has agreed to participate in the MUTEH HMIS and requests enrollment.

This Agreement shall remain in force as long as the Agency remains a member in good standing with MUTEH, Inc. The Agency may terminate this Agreement upon 30 days written notice if it no longer chooses to participate.

The Agency understands that HMIS will enable each Continuum of Care (COC) agency to enter individual client data about all homeless people served and allow MUTEH to report homeless housing and service activities.

All parties hereto agree to the following:

Agency Rights and Responsibilities

- The Participating agency may not use HMIS participation, or data as a reason to deny services to a client;
- The Agency commits to entering truthful, accurate, complete, and timely information to the best of their ability on clients receiving homeless services;
- The Agency agrees to comply with HUD's Minimum HMIS Data Standards, including confidentiality, client consent and data entry requirements. The agency also agrees to assure that all employees and agents comply with these standards.

Client Consent

- The Agency agrees to document informed client consent for each client entered into HMIS;
- The Agency agrees to maintain physical copies of client consent forms and other data entry supporting documentation for a minimum of three (3) years after client's case closes;
- The Agency agrees to allow clients to view their own HMIS data, upon written request.

HMIS Users

- The Agency may designate and terminate users at their discretion. Only those

- authorized by the Agency may access HMIS;
- Each user will have a unique username and password, which governs the security level for that user;
- The Agency is responsible for supervision of users and assuring that security, confidentiality and data integrity are maintained;
- The Agency will report any breaches of confidentiality, consent, actual and/or suspected misuse of data to MUTEH HMIS Staff immediately;
- HMIS Administration may terminate individual user's access rights upon violation of confidentiality provisions. The Agency will be notified immediately by HMIS Administration. Termination of an individual user will not necessarily affect the agency's overall participation in the system.
- The Agency may enter information on non-homeless clients.

System Hardware, Software and Connectivity:

- The Agency is responsible for purchasing and maintaining computer system(s), operating and security software and reliable high-speed internet access.

HMIS Data

- HMIS data is highly confidential. The Agency agrees not to use or disclose information other than as permitted or required by this agreement or as required by HUD's HMIS Minimum Data Standards;
- The Agency is responsible for the client data associated with their own program(s) and services;
- While acting within this agreement, the Agency has the ability to view, enter and edit information, enter unlimited numbers of clients and services and run an unlimited number of reports;
- Aggregated COC homeless data (not agency specific) will be published annually by MUTEH, Inc.;
- MUTEH, Inc. HMIS Administration performs data quality assurance and security checks. The participating Agency grants MUTEH HMIS Administration permission to access and utilize the data for the purposes of system administration, technical support and quality control;
- MUTEH, Inc. may use HMIS data for continuum planning, reporting and grant writing processes including Consolidated Plans, Gaps Analysis, and HUD reporting, and may release aggregated data to MUTEH member agencies.

Shared Clients

- Agencies that have formal, reciprocal partnership agreements may share client level data. Signed partnership agreements must be provided to MUTEH HMIS Administration in order for partnership level data sharing to be implemented.

HMIS System Responsibilities

- Agency users will have opportunities to provide feedback on the ongoing development of HMIS through user meetings, consistent community progress updates and/or via email or telephone;
- MUTEH HMIS Administration will provide limited technical assistance for troubleshooting, report generation, and one-on-one/classroom training for users.

Limited data entry assistance may be available to agencies that are experiencing substantial hardship in regards to data entry. Additional training and assistance is available;

- MUTEH HMIS Administration will maintain the software required to support the HMIS system; perform regular data backups; and comply with industry standards for data security. The system administrator will make every effort to provide advanced notice to users if and when the system will be unavailable.

Eligibility and Termination

- MUTEH, Inc. is responsible for determining eligibility for participation;
- Should the Agency voluntarily terminate this agreement upon 30-days written notice, data already in the system will remain in the system. Furthermore, data will continue to be used in aggregate reporting and for client searches (based on consent) and will not be removed;
- MUTEH, Inc. may terminate agencies or individual user’s access rights that violate confidentiality or other provisions of this agreement through the following procedures:
 - Agencies will be notified by the HMIS Administrator, verbally and in writing, of violations and issues;
 - If violations are not resolved within two weeks of notification, the HMIS Administration will lock the agency out of the system and notify the MUTEH, Inc. Executive Director;
 - MUTEH, Inc. Executive Director will rule on appropriate sanctions and processes including but not limited to termination of participation.

IN WITNESS WHEREOF, the foregoing instrument is executed on this the ____ day of _____ 20__.

PARTICIPATING AGENCY

MUTEH, INC.

Name of Agency Representative

Name of MUTEH, Inc. Representative

Signature of Agency Representative

Signature of MUTEH, Inc. Representative

ATTEST:

ATTEST:

AWARDS USER CODE OF ETHICS

Full Name (Printed)	Training Date
Work Phone Number	E-mail Address
Job Title	Agency Name
Supervisor Name (Printed)	Program(s)

Program Type:

	ESG-Funded – Emergency Shelter		ESG Rapid Rehousing
	ESG Homeless Prevention		CoC-Funded – Transitional Housing
	CoC – Funded – Permanent Housing		CoC-Funded – Rapid Rehousing
	Supportive Services for Veteran Families		HOPWA: Specify
	HHS PATH: Street Outreach or SSO		HHS RHY: Specify
	Privately-Funded Agency		Other: Specify

User Agreement

Participating Agencies who use MUTEH's Homeless Management Information System (HMIS) and each User within any Participating Agency are bound by various restrictions regarding protected personal information ('PPI'). The employee, contactor, or volunteer whose name appears above is the **User**.

The HMIS Client Consent Form shall be signed by the Client before any PPI is designated for sharing with any Participating Agencies. The User shall ensure that prior to obtaining the Client's signature; the agency's Notice of Privacy Practices was fully reviewed with the Client in a manner to ensure that Client fully understood the information.

User Principles

A User ID and Password gives you access to the MUTEH HMIS. You must initial each item below to indicate your understanding and acceptance of the proper use of you ID and password. Failure to uphold the confidentiality standards set forth below is grounds for your immediate termination from the HMIS

(initial below)

	I understand that I have an obligation to maintain Client privacy and to protect and safeguard the confidentiality of Client Information. A client's personal information includes, but is not limited to, the Client's name, address, telephone number, social security number, type of medical care provided, medical condition or diagnosis, veteran status, employment information, and any and all other information relating to the Client's programming.
	My User ID and Password are for my use only and must not be shared with anyone. I must take all reasonable precautions to keep my Password physically secure.
	I understand that the only individuals who can view information in HMIS are authorized Users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.
	I may only view, obtain, disclose, or use information within the HMIS that is necessary for my job.
	If I am logged into HMIS and must leave the work area where the computer is located, I must logoff before leaving the work area.

	Any hard copies of PPI printed from the HMIS must be kept in a secure file, and destroyed when no longer needed, in accordance with Agency's records retention policy. I will not leave hard copies of PPI in public view on my desk, or on a photocopier, printer, or fax machine.
	I will not discuss PPI with anyone in a public area.
	I will attend HMIS Trainings regularly (at least twice a year)
	I have reviewed the Agency's Notice of Privacy

User Signature _____ Date _____

Homeless Management Information System

Client Consent—Release of Information

The Homeless Management Information System (HMIS) serves the Mississippi Balance of State Continuum of Care, a group of partner agencies working together to provide services to homeless and low-income individuals and families in Mississippi. The agencies in the BOS Continuum of Care include shelter, housing, food, state, private and non-profit social service agencies, and faith-based organizations.

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the partner agencies and their representatives to share the following information regarding my family and me. I understand that this information is for the purpose of assessing our needs for housing, utility assistance, food, counseling and/or other services.

The information may consist of the following:

- My financial situation, to include the amount of my income, and any savings of money and/or food stamps I may have. This information may also include debts I owe for utilities, rent, etc.
- Identifying and/or historical information regarding myself and members of my household.

I UNDERSTAND THAT:

- Information I give concerning physical or mental health problems will not be shared with other partner agencies in any way that identifies me.
- The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS.
- Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- This authorization will remain in effect for twelve months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement available at any partner agency.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies.
- I have the right to request information about who has accessed my information.

Partner Agencies: A list of the partner agencies within the BOS Continuum of Care may be viewed prior to signing this form.

Client Name *(please print)*

Client Signature

Date

Agency Staff Name *(please print)*

Agency Staff Signature

Date

Client Consent to Release of Information for Data Sharing via MSHMIS

The Homeless Management Information System (HMIS) serves the Mississippi United to End Homelessness Continuum of Care, a group of partner agencies working together to provide services to individuals and families in Mississippi who are homeless or at risk of becoming homeless.

Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

I understand that:

The partner agencies may share limited identifying information about the people they serve with other parties working to end homelessness.

- The release of my information does not guarantee that I will receive assistance.
- This authorization will remain in effect for _____ months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation form.
- The following information will not be shared with and MSHMIS partner agencies via the MSHMIS computer system.
 1. HIV/AIDS information, such as status, diagnostic test results, mode of transmission, or sexuality.
 2. Domestic violence information, such as abuse history, abuser information, trauma information.
 3. Behavioral health information, such as substance and alcohol abuse and mental illness information.
 4. Clients supportive services contacts, medication information and case notes.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies.

By signing this form, I agree to share the following level of information with other MSHMIS partner agencies via the MSHMIS computer system.

- 1) I agree to share my [name (First, Middle, Last), client gender, program enrollment and exit dates] information via the HMIS system with other MSHMIS partner agencies.
- 2) I agree to share my [name (First, Middle, Last), client gender, program enrollment and exit dates, demographic information, miscellaneous information, contacts information] information via the HMIS system with other MSHMIS partner agencies.
- 3) I do not agree to share any of my information via the HMIS system with other HMIS partner agencies via the MSHMIS computer system.

Client Name (Please Print)	Client Signature	Date
Guardian Name (Please Print)	Guardian Signature	Date
Agency Personnel Name (Please Print)	Agency Personnel Signature	Date



MISSISSIPPI- S HMIS: POSTED DATA PRIVACY NOTICE

This Agency receives funding from U.S. Department of Housing and Urban Development to provide services for homeless and near homeless individuals and their families. A requirement of this funding is that the Agency participates in the Homeless Management Information System, which collects basic information about clients receiving services from this Agency. This requirement was enacted in order to get a more accurate count of individuals and families who are homeless and to identify the need for different services.

We only collect information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practice is available to all consumers upon request. This agency shares information with other agencies partnered in HMIS. This list, of which, is available at intake. Sharing information among agencies allows those agencies to work in a cooperative manner to provide you with better services.

We request every client whom we serve to sign a Release of Information form. We believe this will allow us to better serve you and other people who need housing and hopefully help end homelessness itself. You do not have to give us information. However, if you do not give us the information, we may not be able to determine the best services for you.



MISSISSIPPI- S HMIS: POSTED DATA PRIVACY NOTICE

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HMIS Ratecard

Pricing as of: 2/1/2011



MUTEH'S HMIS participating agencies pay an annual fee based on the number of projects associated to each division within the database.

Number of Projects	Hosting Fee/ Funded Agencies	*up to 50 users
1	\$ 2,000	
2	\$ 4,000	Training & technical Assistance: On-site, Webinar, Join.me – How-to documents (video, PDF) – Monthly Follow-up calls – Security Training – Training Tuesday **\$500 per project
3	\$ 6,000	
4	\$ 8,000	
5	\$10,000	
6	\$12,000	
7	\$14,000	
8	\$16,000	
9	\$18,000	
10	\$20,000	Your Annual Fee includes: - Data entry assistance - Monthly Progress Reports - Customization (FormBuilder forms) - Quarterly Report Cards - Backdating permission - Reporting assistance - Marketing HMIS - BNL Reporting
11	\$22,000	
12	\$24,000	
13	\$26,000	
14	\$28,000	
15	\$30,000	
16	\$32,000	
17	\$34,000	
18	\$36,000	
19	\$38,000	
20+	\$40,000	