**WI Balance of State CoC**

**Housing Program (HP) Application 2019-2020**

***Explanation of the grant and process:***

The Housing Assistance Program (HAP) is funding and programming for housing and supportive services for people experiencing homelessness. The HUD Continuum of Care (CoC) must be the lead agency for each Housing Assistance Program (HAP) grant application. The lead agency will distribute funds to sub-recipients within their system. The State will coordinated contracts, payments, and compliance with the lead agency.

The available 2019-2020 grant funds are estimated to be:

Balance of State CoC $175,000 Balance of State CoC Admin $17,500

Available for Projects $157,500

Agencies eligible to apply for funding (in alphabetical order): \*\*\*

|  |  |
| --- | --- |
| **Balance of State** | **Maximum Award Amount** |
| ADVOCAP, Inc: ADVOCAP Fond du Lac Rapid Rehousing | $14,270 |
| ADVOCAP, Inc: COC Winnebagoland Rapid Rehousing | $17,812 |
| ADVOCAP, Inc: Winnebagoland PSH | $19,828 |
| ADVOCAP, Inc: Winnebagoland Rapid Rehousing | $25,000 |
| CACSCW: Jefferson County Transitional Housing | $25,000 |
| CACSCW: Project WISH | $25,000 |
| CAI: CAI\_PSH | $25,000 |
| CAI: CAI\_RRH | $25,000 |
| Central Wisconsin Community Action Council, Inc: Project Chance Rapid Re-Housing | $25,000 |
| City of Appleton: Fox Cities Housing Coalition RRH Program | $25,000 |
| City of Appleton: Fox Cities HP RRH | $9,134 |
| Couleecap, Inc: Housing First Permanent Housing Program | $25,000 |
| Couleecap, Inc: Housing First II PSH | $25,000 |
| Family Services of NE WI: Brown County RRH | $24,959 |
| KHDS: MyHome RRH Project | $21,594 |
| KHDS: KENOSHA Permanent Housing Connections | $25,000 |
| KHDS: KYF Rapid Rehousing Project | $19,467 |
| Lakeshore CAP, Inc: RRH | $19,669 |
| Newcap: Brown County PSH | $25,000 |
| Newcap: Brown County Youth RRH | $25,000 |
| Newcap: SHP Housing First | $25,000 |
| North Central Community Action Program, Inc: PSH | $25,000 |
| NWCSA: PSH | $17,478 |
| Pillars: It Takes A Village Permanent Supportive Housing Program | $25,000 |
| The Salvation Army: Permanent Supportive Housing | $25,000 |
| Walworth County Housing Authority: Hartwell Street Apartments | $10,622 |
| West CAP: West CAP Permanent Supportive Housing | $23,682 |
| West CAP: PSH II | $25,000 |
| West CAP: West CAP Rapid Rehousing II | $25,000 |
| Western Dairyland EOC, Inc: Housing First | $25,000 |
| Western Dairyland EOC, Inc: Permanent Supportive Housing | $25,000 |
| Western Dairyland EOC, Inc: Permanent Supportive Housing Program | $18,899 |
| YWCA of La Crosse: YWCA La Crosse RRH | $10,994 |

At the time of this application, the eligible of these programs are unknown.

* Couleecap, Inc: New Hope Permanent Housing Program
* ADVOCAP, Inc: ADVOCAP Winnebagoland PSH

These charts are based on a maximum award of $25,000 or 15% of COC grant award (FY2018).

*Note: If the COC-funded grant is not awarded or contracted for the 2019-2020 grant year by HUD, the agency is not eligible for the Housing Assistance Program (HAP) funds.*

***Agency Eligibility Requirements***

To be eligible to receive financial assistance, an applicant must:

1. Be a city, county, tribal agency, private non-profit agency, or for-profit corporation that is both organized under Chapter 180 in Wisconsin and in good standing.
2. Private nonprofit agencies must also be exempt from taxation under subtitle A of Section 501(c) of the Internal Revenue Code; governed by a voluntary board of directors; use approved accounting systems; and practice nondiscrimination in the provision of assistance.
3. Have the administrative and financial management capacity necessary to administer and to account for the use of a grant in accordance with the funding requirements;
4. Not engage in any inherently religious activities, such as worship, religious instruction, or proselytization, as part of the activities and services funded with any grant for activities or services covered by this rule; and if religious activities are offered, they must be offered at a separate time or location from the activities and services funded under this program; and participation in those religious activities must be voluntary for persons receiving assistance under this program;
5. Be a drug free work-place in accordance with federal statute;
6. Operate its programs free from discrimination on the basis of age, race, color, religion, national origin, physical or mental disability, sexual orientation, or gender in accordance with applicable federal and state fair housing laws;
7. Regularly participate in all local area coalition meetings and planning functions for at least one-year;
8. Not have any findings that may result in the forfeiture of funds or unresolved questioned costs in a financial audit;
9. Actively participate in the WI Balance of State CoC – defined as volunteering for the board of directors or an active member of a WI Balance of State CoC committee;
10. In good standing (no outstanding findings) with WI Balance of State COC, WI DEHCR, and HUD;
11. CoC-funded projects must be in compliance with the CoC Interim Rule – including by not limited to: HQS, leasing/occupancy agreements, Match requirements, supportive service requirements, program fees, termination, etc. COC-funded projects must be in compliance with the WI BOS written standards for the project type.
12. Participation and compliance with the State of WI HMIS Policies & Procedures for Data Collection unless program is prohibited from utilizing HMIS, then a comparable database.
13. Participation and compliance with the WI BOS Coordinated Entry System, policies, written standards, and prioritization policies.

***Once the Grant is awarded, the agency is required to:***

1. Document services provided with Housing Assistance Program (HAP) dollars in HMIS. If the CoC-funded project is victim-based, the agency will be required to track services in a comparable manner to HMIS.

2. Provide Housing Assistance Program (HAP) funded services only to those clients enrolled in the CoC-funded project.

3. Use the grant to support a program that does all of the following:

a) Utilize only existing buildings;

b) Utilize buildings with individual housing units that meet Housing Quality Standards (HQS) and that are lead safe;

c) Facilitate appropriate case management and supportive services;

d) Help clients access mainstream resources;

e) Require that at least 30% of the income of residents be spent on rent;

f) Permit persons to reside in transitional housing facilities for a period not to exceed 24 months.

***Eligible Activities:***

Funds are available for both service and operation-based activities. All eligible activities are required to be documented in HMIS or comparable database (if program is prohibited from utilizing HMIS).

* Services include: case management, child care, education services, employment assistance, outpatient health services, life skill training, mental health services, substance abuse treatment, and transportation.
* Operations include: maintenance, rent, security and insurance, utilities, food, furnishings and supplies.

***To apply:***

Agency applicants must submit one (1) electronic copy of the completed application no later than **Friday, March 15, 2019 at 5:00pm CST** to Carrie Poser (CoC Director) at: [wiboscoc@gmail.com](mailto:wiboscoc@gmail.com). Either WORD or PDF is acceptable. Any request received after the deadlines above will not be considered.

***Grant Awards for each region will be determined as follows:***

The applications will be reviewed and scored by members of the Board and staff. Each project will be ranked, highest point total to lowest. Each grant will be awarded from the top down until the funds are depleted. The exact dollar amount will not be determined until and unless the Balance of State is awarded the Housing Assistance Program (HAP) grant from WI DEHCR.

***To score applications:***

Scoring of the applications consist of two components: application review and data-driven. Scores from each component are totaled for each application.

The application review is done by members of the Balance of State Board of Directors and staff. Each reviewer uses a standardized scoring sheet to review the application questions – both assurances and narrative. The reviewers volunteered, do not receive CoC funds for housing programs, nor will they review applications from their local coalition.

The data-driven component is comprised of the following scores:

* CoC Project Scoring Tool – Rank from the FY2018 CoC Competition (revised)\*;
* Population Scoring – Chronic Homeless (new), Adults with disabilities, Place Not Meant for Human Habitation, and No Income at Entry;
* Performance Scoring – Housing stability, maintain or increase total income, reoccurrence (SPM) and (0555). Note: the SPM report only includes those persons exiting to a permanent housing destination. The 0555 includes all persons existing the project.

\* The rank from the FY2018 CoC Competition was modified to remove the HMIS grant, the SSO grant, reallocated new projects, BONUS new projects, and those projects not funded by HUD during the FY2018 CoC Competition. These projects are not eligible applicants for Housing Assistance Program (HAP) funds.

**Housing Assistance Program (HAP)** **Sub-recipient Application**

**PART 1: Applicant Information**

|  |  |
| --- | --- |
| Agency Name |  |
| CoC-Funded Project Name *(as listed on FY18 Project Application)* |  |
| Program Contact Name |  |
| Phone Number |  |
| E-mail |  |
| Mailing Address |  |
| Individual Authorized to Sign Grant Agreement and Title |  |
| Local Coalition |  |
| CoC-Funded Project grant start date and end date (19-20) |  |
| Project Type | PSH  TH  RRH |

**Required by DEHCR:**

|  |  |
| --- | --- |
| Facility Type | Scattered Site  Single Site |
| Population Type | Households with Children  Households without Children  Youth (18-24)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART 2: Funding**

Eligible activities under these grant funds include:

* **Services:** (via actual services provided by the agency or vouchers) Case-Management, Child Care, Education Services, Employment Assistance, Outpatient Health Services, Life Skills Training, Mental Health Services, Substance Abuse Treatment, and Transportation
* **Operations:** Maintenance, Rent, Security and Insurance, Utilities, Food, Furnishings, Supplies

|  |  |
| --- | --- |
| Activity | **HAP Request** |
| Services |  |
| Operations |  |
| **OVERALL TOTAL** |  |

Fill out the chart below with the total request. It is your responsibility to make sure the Overall Total matches the programs maximum award amount listed on page 1 of this application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Services** | **Funding Request** | **Operations** | **Funding Request** |
| Case Management |  | Maintenance |  |
| Child Care |  | Rent |  |
| Education Services |  | Security and Insurance |  |
| Employment Assistance |  | Utilities |  |
| Outpatient Health Services |  | Food |  |
| Life Skills Training |  | Furnishings |  |
| Mental Health Services |  | Supplies |  |
| Substance Abuse Treatment |  |  |  |
| Transportation |  |  |  |

**PART 3: Project Design**

1. **Program Description**

The program description must include these three components:

a) Describe the CoC-funded housing project for which funding is being requested. The description should include what the project is and who it serves, a description of the targeted population and how those populations are reached.

b) Describe the geographic area for the project. Note any issues with capacity.

c) Explain what funds the CoC-funded project currently receives (leasing, supportive service, operations, HMIS) from HUD and what those funds are used for.

d) Explain how the project complements and does not duplicate other services in the coalition.

|  |
| --- |
| CoC-funded project description |
|  |

2. **Budget and Staffing**

Enter information about the project for your agency’s last fiscal year. If you did not have this project in the last year, write NA.

|  |  |
| --- | --- |
| Fiscal Year (enter start and end date) |  |
| Total CoC-funded Housing Project Budget  *(if you have more than one project, this line should be about only the project reference in this application)* |  |
| Total Homeless Program Budget |  |
| Total Agency Budget |  |

Indicate the number of staff and/or volunteers utilized during the same time frame identified above for this CoC-funded project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff** | **Full-time** | **Part-Time** | **Volunteers** |
| **# of individuals** |  |  |  |

**PART 4: Information and Assurances**

Enter information about the agency. Write “YES” if the agency performs the function or has the policy or document described and “NO” if it does not. If it is not applicable, write “NA.” If the agency currently does not perform a function, documentation as to how the requirement will be met by 7/1/2019 may suffice.

***Please note, some functions listed in the agency information section are required for funding by DEHCR and as such are required by the WI Balance of State Continuum of Care.***

|  |  |  |
| --- | --- | --- |
| **Financial Management** | | |
| A | Do the accounting records for the organization (or agency) identify the source and use of all funds, including information on: all grant awards received; authorizations or obligations of awards received; de-obligated balances; assets & liabilities; program income; and total actual outlays or expenditures to date? |  |
| B | Are the accounting records of the agency supported by adequate source documentation such that the combination of source documentation and accounting records provides a complete audit trail? This includes but is not limited to: documenting when a purchase was requested and by whom, how it was formally approved, what funds were used to pay for it, when it was paid, and for how much. |  |
| C | Does the agency use employee timesheets that allow employees to track grant funded time spent on EHH and COC related activities separately from time spent and funded from other resources? |  |
| D | Does the agency have a system in place for maintaining its financial resources for five (5) years or until any litigation, claim, audit, or other action involving the records has been resolved, whichever comes later? |  |
| E | Does the agency have a current financial policy and procedure manual that covers basic accounting procedures such as those for recording financial transactions, for maintaining accounting records, and for approving grant funded expenditures? |  |
| F | Does the agency have a policy manual covering basic account procedures and specifying approval authority for financial transactions (in which no one person has control over an entire financial transaction)? |  |
| G | Does the organization have an organization chart showing titles and lines of authority? |  |
| H | Does the organization have written position descriptions describing the responsibilities of key employees and all employees paid with CoC and EHH funds? |  |
| I | Are there hiring policies to ensure that staff qualifications are equal to job responsibilities and the individual hired are competent to do the job? |  |

|  |  |  |
| --- | --- | --- |
| **Consumer Participation** | | |
| A | Does the agency have representation of a person who is homeless or formerly homeless on the board of directors or a policymaking entity directly responsible for making policy for the project(s) for which funding is being requested? |  |
| B | If you answered “Yes” to question (A), indicate whether the person is on the board or policymaking entity (name the entity) AND provide either the name or the initials of that person. |  |
| C | If you answered “No” to question (A), describe how you will comply with this requirement by the start of the FY2019 grant year (7/1/19). |  |
| D | Does the agency, to the maximum extent practicable, encourage the participation of individuals and families who are homeless in maintaining, and operating the facilities and programs for which funding is requested? |  |

|  |  |  |
| --- | --- | --- |
| **Client Rights** | | |
| A | Does the agency have published and accessible grievance and termination procedures that meet the requirements of 24 CFR 578.91 - Terminating assistance? |  |
| B | Does the agency release client-specific data only insofar as it is required for the client’s case plan or in the course of business and with the client’s written permission? |  |

|  |  |  |
| --- | --- | --- |
| **Client HMIS Data** | | |
| A | Does the agency fully participate in HMIS – Service Point, including by not limited to: signing the agency agreement, requiring each user to sign a user agreement, comply with training requirements, and follow the most recent HUD Data Standards? |  |
| B | If you answered “No” to question (A), and your agency is a victim service agency – answer the following:  Effective July 1, 2019: will the agency fully participate in an HMIS comparable database? A comparable database must be able to generate a CAPER report and an Annual Performance Report, such as Osnium. |  |
| C | If you answered “yes” to question (B), what is the name of the database? |  |

|  |  |  |
| --- | --- | --- |
| **Point-in-Time Count** | | |
| A | Did the agency actively participate in the overnight street count during the semi-annual Point-in-Time Count held on the 4th Wednesday in July and January? |  |
| B | If you answered “no” to question (A) and the agency was not previously required to participate in the PIT count- answer the following:  Effective July 1, 2019: Will the agency actively participate in the overnight street count during the semi-annual Point-in-Time Count held on the 4th Wednesday in July and January? |  |

|  |  |  |
| --- | --- | --- |
| **Prohibition Against Involuntary Family Separation and Discrimination** | | |
| A | Does the agency refer clients to the appropriate services that exist outside of the Coordinated Entry system? This can include mainstream benefits as well as specific sub-population programming. |  |
| B | Does the agency refrain from engaging in inherently religious activities, such as worship, religious instruction, or proselytization as part of the programs or services funded under EHH or CoC? |  |
| C | Does the agency serve clients regardless of gender identification or sexual orientation? |  |
| D | Does the agency provide services to an otherwise eligible individuals or families regardless of gender identification, sexual orientation, family status, marital status, or the age of anyone in the household? |  |
| E | Does the agency provide services and refrain from inquiring or requiring any documentation about family status, gender identification, or sexual orientation? Examples of prohibited inquiry and documentation include but are not limited to parentage, birth certificates, marriage, and marriage certificates. |  |

|  |  |  |
| --- | --- | --- |
| **Good Standing** | | |
| A | Is the agency qualified for tax exemption under 501(c)(3) of the internal revenue code or a unit of government? |  |
| B | Is the agency an equal opportunity employer in accordance with all federal regulations? |  |
| C | In the last two prior years, if applicable, was a financial audit conducted in compliance with OMB A-133 standards? |  |
| D | In the last two prior years, in that audit, were there any findings or unresolved questioned costs in the financial audit in which funds were requested to be returned because of misappropriation or ineligible expenses?  *If you answer “yes” to this question, please attach an explanation*. |  |
| E | In the last two prior years, were there any fines or liens levied against the agency (paid or unpaid) from any source? Example: a fine for not paying payroll taxes. *If you answer “yes” to this question, please attach an explanation*. |  |
| F | In the last two prior years, were any funds from any other grantors for the purpose of serving individuals or families experiencing homelessness required to be returned? *If you answer “yes” to this question, please attach an explanation*. |  |
| G | In the last two prior years, has there been any HUD monitoring findings?  *If you answer “yes” to this question, please attach the findings and corrective action.* |  |

**The following are WI Balance of State Continuum of Care specific assurances:**

|  |  |  |
| --- | --- | --- |
| **Continuum of Care** | | |
| A | Does the agency agree to full participate and adhere to the Balance of State Coordinated Entry policies and procedures and required appendices? This includes but is not limited to: completion of the agency and staff agreement, attending trainings, providing a copy of the client rights and responsibilities document to those persons involved in coordinated entry, and filling open units by taking people only from the prioritization list. |  |
| B | Does the agency agree to complete the 4 parts of coordinated entry for every person experiencing homelessness that contacts the agency? These 4 parts are: pre-screen, assessment, referral and follow-up. |  |
| C | Does the agency agree to comply with all eligibility and prioritization standards established by the Balance of State CoC? |  |
| D | Does the agency agree to provide the Lead Agency with HMIS-based and non-HMIS based reports as requested and/or required for the purpose of evaluation and monitoring of performance. |  |
| E | Does the agency actively participate in local coalition meetings? This includes attending meetings regularly, participating in local coalition planning, etc. |  |
| F | Does the agency agree to comply with Balance of State CoC established policies, including by not limited to the Governance Charter? |  |
| G | Is the agency in good standing (no outstanding findings) with the Balance of State COC, HUD, the State of Wisconsin, and other funders (i.e. United Way, private foundations, etc). |  |
| H | To the maximum extent possible, does the agency follow policies and protocols for the discharge of person from publicly funded institutions or system of care (such as health care facilities, mental health facilities, foster care, or other youth facilities, or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons? |  |
| I | Does the agency agree to maintain data quality and data completeness as is required by the Lead Agency and DEHCR? |  |
| J | Does the agency agree to participate in the monitoring process conducted by the Lead Agency and DEHCR? |  |
| K | Does the agency have staff who attend regularly attends WI Balance of State quarterly meetings? |  |
| L | If the answer to (K) is “No” and the agency was not previously required to attend WI Balance of State CoC quarterly meetings – answer the following:  Effective July 1, 2019: Will the agency attend WI Balance of State CoC quarterly meetings? |  |
| M | Does the agency have staff on the Balance of State CoC Board or a member of a Balance of State CoC Committee? |  |
| N | If the answer to (M) is “No” and the agency was not previously required to have staff on the Balance of State CoC Board or a participant on a Balance of State CoC committee – answer the following:  Effective July 1, 2019: Will the agency have staff on the Balance of State Board or a member of a Balance of State CoC committee? |  |
| O | In the last two prior years, has there been any Balance of State CoC monitoring findings?  *If you answer “yes” to this question, please attach the findings and corrective action.* |  |
| P | In the last two prior years, has there been any DEHCR monitoring findings?  *If you answer “yes” to this question, please attach the findings and corrective action.* |  |

|  |  |  |
| --- | --- | --- |
| **Continuum of Care Interim Rule** | | |
| A | (TH) Does the agency have program participants enter into occupancy agreements (or sub-leases) for a term of at least one month, automatically renewable upon expiration, except on prior notice by either party, for up to 24 month?  (PSH) Does the agency have program participants enter into a sublease for a term of at least one year, automatically renewable and terminable for cause?  (RRH) Does the program participant sign a lease directly with the landlord? |  |
| B | Does the agency ensure that all housing used in conjunction with CoC Program funds meet Housing Quality Standards (HQS) by physically inspecting each unit? |  |
| C | Does the agency ensure that the staff physical inspecting each unit is HQS certified or trained? |  |
| D | Does the agency inspect all units at least annually during the grant period to ensure that the units continue to meet HQS? |  |
| E | Does the agency use a HUD rent calculation form to calculate rent, including the appropriate deductions and utility allowances? |  |
| F | Does the agency only charge the program participant the amount of rent indicated in the HUD rent calculation, using 3rd party income verification? |  |
| G | Does the agency avoid requiring program participants to participate in supportive services as a condition of continued service and assistance? |  |
| H | Does the agency ensure that the termination of program participants is limited to only the most severe cases? |  |
| I | Does the agency ensure that the housing first philosophy has been adopted by the project including but not limited to: low-barrier entry, no additional prerequisites for entry, re-housing participants if evicted, and refraining from termination from project unless absolutely necessary? |  |
| J | Does the agency differentiate termination from the project (ending the program services for a client) and eviction from unit (does not end the program services for a client)? |  |
| K | Does the agency draw down from *e-LOCCS* at least quarterly? |  |

**PART 5: Program Experience & Design**

Answer the following questions specifically as it relates to the funding requested. These responses should pertain directly to the COC-funded project and the requested Housing Assistance Program (HAP) grant funds for that program. This part of the application will be scored by the reviewers.

|  |
| --- |
| **Experience and Capacity:** Provide a brief description of the staff that will be assigned to this project – including staff availability, knowledge, and capacity. |
|  |

|  |
| --- |
| **Collaboration with Community Resources:** Describe how the program facilitates the utilization of appropriate mainstream resources and social services in the community. Include MOUs, partnership agreements, and any other formal collaborations. Describe how the project facilitates referrals to agencies and resources. |
|  |

|  |
| --- |
| **Case Management:** Describe how case management works in the CoC-funded project. Discuss location of visits (on or off-site), other agencies involved, frequency, duration, and items covered during visit. Describe how the participant’s share of their monthly rent is calculated. |
|  |

|  |
| --- |
| **Stable Housing:** Describe how the project increases long-term housing stability and self-sufficiency for the clients it serves. This should include how the program provides, or facilitates, training in self-sufficiency. |
|  |

|  |
| --- |
| **Project Type:** Explain why this project type (PSH, TH, RRH) is the most efficient and effective project for your community. How do you assess the needs of people experiencing homelessness? How do you use that information to improve program quality? Who is involved in this process and discussions? |
|  |

**Housing Assistance Program (HAP) Application Signature Page**

I certify that all of the information provided in the Housing Assistance Program (HAP) application is correct, accurate, and complete to the best of my knowledge.

By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature* Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name