



WI Balance of State CoC Housing Program (HP) Application 2018-2019

Explanation of the grant and process:

The Housing Program (HP) 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 Program (HP) grant application. The lead agency will distribute funds to sub-recipients within their system. The State will coordinate contracts, payments, and compliance with the lead agency.

The available 2018-2019 grant funds are estimated to be:

Balance of State CoC	\$167,500	Balance of State CoC Admin	\$16,750
Available for Projects	\$150,750		

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

Balance of State	Maximum Award Amount
ADVOCAP, Inc: ADVOCAP Fond du Lac Rapid Rehousing	\$14,113
ADVOCAP, Inc: COC Winnebago Land Rapid Rehousing	\$17,699
ADVOCAP, Inc: Winnebago Land PSH	\$19,770
ADVOCAP, Inc: Winnebago Land Rapid Rehousing	\$25,000
CACSCW: Jefferson County Transitional Housing	\$25,000
CACSCW: Project WISH	\$25,000
CAP Services, Inc: Transitional Living Project	\$16,054
Central Wisconsin Community Action Council, Inc: Project Chance Rapid Re-Housing	\$25,000
City of Appleton: Fox Cities Housing Coalition THP – reclass RRH	\$25,000
Couleecap, Inc: Housing First Permanent Housing Program	\$25,000
Couleecap, Inc: Couleecap New Hope Permanent Housing Program	\$25,000
Couleecap, Inc: Transitional Housing Program	\$25,000
Housing Partnership of the Fox Cities, Inc: It Takes A Village Permanent Supportive Housing Program	\$25,000
KHDS: Homeless Youth Project	\$21,486
KHDS: KENOSHA Permanent Housing Connections	\$25,000
KHDS: KYF Rapid Rehousing Project	\$19,323
Lakeshore CAP, Inc: RRH	\$19,377
Mercy Health: House of Mercy Rapid Re-housing	\$25,000
Newcap: Brown County PSH	\$25,000
NEWCAP, Inc: SHP Housing First	\$25,000
North Central Community Action Program, Inc: The Big Ten	\$25,000
Northwest Wisconsin Community Services Agency Inc: ABC Transitional Housing	\$17,377
Richard's Place: Richard's Place I SHP Transitional Housing Project (Whiterock)	\$17,205



Richard's Place: Richard's Place II Permanent Housing Project (Mainstreet)	\$22,548
The Salvation Army: Permanent Supportive Housing	\$25,000
Walworth County Housing Authority: Hartwell Street Apartments	\$10,622
West CAP: West CAP Permanent Supportive Housing	\$23,545
West CAP: West CAP Rapid Rehousing II	\$25,000
Western Dairyland EOC, Inc: Permanent Supportive Housing	\$25,000
Western Dairyland EOC, Inc: Permanent Supportive Housing Program	\$18,828
Women and Children's Horizons Inc: Transitional Living Program	\$25,000
YWCA of La Crosse: YWCA La Crosse Transitional Housing	\$11,208

These charts are based on a maximum award of **\$25,000 or 15%** of COC grant award (FY2017).

Note: If the COC-funded grant is not awarded or contracted for the 2018-2019 grant year by HUD, the agency is not eligible for the Housing Program (HP) funds.

Requirements

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

1. Be a non-profit corporation in good standing, qualified for tax exemption under 501(c)(3) of the internal revenue code or a municipal corporation;
2. Private nonprofit agencies must 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. There was no finding 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 Program (HP) 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 Program (HP) 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, fuel, insurance, utilities, food, furnishings, equipment, and supplies.

To apply:

Agency applicants must submit one (1) electronic copy of the completed application no later than **Friday, March 30, 2018 at 5:00pm CST** to Carrie Poser (COC Director) at: 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 the Balance of State Board of Directors 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 Program (HP) grant from the 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 and are not from COC-funded agencies, nor are they reviewing applications from their local coalition or region.



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

- High Risk Pool Score (chronic homeless, mental health, AODA, coming from the street/place not meant for human habitation, and no income at entry) used during the FY2017 COC Competition;
- Board Scoring Tool rank from the FY2017 COC Competition (revised)*;
- Reoccurrence scores – there will be two different reports generated by ICA out of HMIS: ART 0555 and System Performance. 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 FY2017 CoC Competition was modified to remove ICA, reallocated new projects, BONUS new projects, and those projects not funded by HUD during the FY2017 CoC Competition. These projects are not eligible applicants for Housing Program (HP) funds.



Housing Program (HP) Sub-recipient Application

Legal Name of Applicant	
DUNS Number	
Mailing Address	
Address for Reimbursement (check payable to):	
Individual Authorized to Sign Grant Agreement and Title	
COC-Funded Project Name <i>(as listed in Grant Inventory Worksheet)</i>	
Project Lead Contact Name	
Contact Email Address	
Contact Phone Number	
COC-Funded Project grant start date and end date	
Project Type	<input type="checkbox"/> PSH <input type="checkbox"/> TH <input type="checkbox"/> RRH

Required by DEHCR:

Indicate whether the local continua is served by a COC-funded Transitional Housing Project also operate at least one Rapid Re-Housing project (either COC- or EHH-funded).	<input type="checkbox"/> YES <input type="checkbox"/> NO
How many Rapid Re-Housing projects are there in your local continua? (If none, write 0.)	COC-Funded _____ EHH-Funded _____
List the agency that operates each Rapid Re-Housing project.	

1. Request for 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, Fuel, Insurance, Utilities, Food, Furnishings, Equipment, Supplies

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	
Employment Assistance		Fuel	
Outpatient Health Services		Insurance	



Life Skills Training		Utilities	
Mental Health Services		Food	
Substance Abuse Treatment		Furnishings	
Transportation		Equipment	
		Supplies	
Subtotal for Services		Subtotal for Operations	
Overall Total (Services + Operations)			

2. Program Description

The program description must include these three components:

- a) Describe the COC-funded project for which funding is being requested. The description should include who the project serves, describe populations targeted, and how your agency outreaches to these populations.
- 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

4. Funds within Project Description

Describe how the funds requested will be used to support the COC-funded project. The description must include these two components:

- a) Describe how the funding for each of the specific eligible activities (services and/or operation) will be used,
- b) Describe why it is beneficial to the population served by the COC-funded project.

Brief description of how funds will be used to support the COC-funded project

5. Budget, Staffing, and Referrals

Enter information about the existing project for the time frame 1/1/2017 – 12/31/2017.

	1/1/2017 – 12/31/2017
Total CoC funded Project Budget <i>(if you have more than one project, this line should be about only the project reference in this application)</i>	
Total Homeless Program Budget	
Total Agency Budget	

Indicate the number of staff and/or volunteers utilized during the time frame 1/1/2017 – 12/31/2017 for this COC-funded project.

Staff	Full-time	Part-Time	Volunteers



# of individuals			
------------------	--	--	--

Full-Time Equivalent	Paid Staff	Volunteers
Total hours / 2080 hours		

6. 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 7/1/2018 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 four (4) 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	Is there an organization chart showing titles and lines of authority?	
H	Are there written position descriptions describing the responsibilities of key employees?	
I	Are there hiring policies to ensure that staff qualifications are equal to job responsibilities and the individual hired are competition 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) <u>AND</u> 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 FY2018 grant year (7/1/18).
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 § 576.402 - 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?
B	If you answered “No” to question (A), and your agency is a victim service agency, does your agency use an HMIS comparable database? A comparable database must be able to generate a CAPER report and an Annual Performance Report, such as Osnum.
C	If yes, 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 4 th Wednesday in July 2017 and January 2018?
B	If you answered “no” to question (A), describe how you will meet this requirement during the FY2018 grant process – specifically July 2018 and January 2019 PIT counts.



Prohibition Against Involuntary Family Separation and Discrimination		
A	When an agency turns down a client because that client does not meet appropriate sub-population criteria, is there a system in place to refer that client to appropriate services?	
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.	
F	Is the agency an equal opportunity employer in accordance with all federal regulations?	
G	If the agency operates as a family shelter, does the agency separate members of the family when they enter shelter? Write NA if the agency is not providing any EHH funded service through a family shelter.	

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 and submitted to the WI Department of Administration?	
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? <i>If you answer "yes" to this question, please attach an explanation.</i>	
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. <i>If you answer "yes" to this question, please attach an explanation.</i>	
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? <i>If you answer "yes" to this question, please attach an explanation.</i>	
G	In the last two prior years, has there been any HUD monitoring findings? <i>If you answer "yes" to this question, please attach the findings and corrective action.</i>	



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

Continuum of Care	
A	The agency agrees to actively participate in the semi-annual overnight street count for the PIT in July 2018 and January 2019.
B	The agency agrees to fully participate in the Balance of State Coordinated Entry process. 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.
C	The agency agrees to complete the 4 parts of the coordinated entry process for every person experiencing homelessness that contacts your agency. These 4 parts are: pre-screen, assessment, referral, and follow-up.
D	The agency agrees to comply with all of the eligibility and prioritization standards established by the Balance of State Continuum of Care, including but not limited to Transitional Housing (TH), Permanent Supportive Housing (PSH), and Rapid re-housing (RRH).
E	The agency agrees to provide the Balance of State with HMIS-based and non-HMIS based reports as requested and/or required for the purpose of evaluation and monitoring of performance.
F	The agency acknowledges that performance standards will be used during the allocation process for ETH during the FY2018 and following grant years. These standards look at agency performance as well as local continua performance as a system.
G	Does the recipient actively participate in local coalition meetings? This includes attending meetings regularly, participating in local coalition planning, etc.
H	The agency agrees to comply with Balance of State COC Policies and Procedures, including Coordinated Entry.
I	The agency agrees to comply with the Balance of State Governance Charter.
J	The agency is 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).
K	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?
L	The agency agrees to maintain data quality and data completeness as is required by DEHCR, HMIS/PIT committee, the Balance of State Board of Directors and Staff, and/or the Lead Agency.
M	The agency agrees to participate in the monitoring process conducted by the Lead Agency (if agency is sub-recipient), DEHCR, and the Balance of State Continuum of Care.
N	Does a member of the recipient's agency regularly attend WI Balance of State quarterly meetings?
O	Is a member of the recipient's agency on the Board of Directors or a Balance of State committee?
P	If yes, name the person(s) and committee(s) or board in the space below:



Q	In the last two prior years, has there been any Balance of State CoC monitoring findings? <i>If you answer “yes” to this question, please attach the findings and corrective action.</i>	
R	In the last two prior years, has there been any DEHCR monitoring findings? <i>If you answer “yes” to this question, please attach the findings and corrective action.</i>	

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 leased with COC program funds or where rental assistance payments are made 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 3 rd 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?	



7. 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 Program (HP) grant funds for that program.

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 Other Homeless Service Providers: Describe how the coordinated entry process works in your community. Which programs and/or agencies are involved? Which programs and/or agencies provide the most referrals? How do unsheltered persons access coordinated entry in your community? Describe the process used to ensure that the highest person on the list is offered the next available opening.

Case Management and Mainstream Resources: 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 case managers access an individual/family mainstream service/non-cash benefit status, identify needs, and make referrals.

Stable Housing: Describe how the project increases long-term housing stability and self-sufficiency for the clients it serves.

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 when determining whether to reallocate or write for a new project? Who is involved in this process and discussions?



Housing Program (HP) Application Signature Page

As the entity applying for funds, I certify that all of the information provided in this application is correct, accurate, and complete to the best of my knowledge.

Signature

Date

Print Name

Agency

OFFICIAL AUTHORIZED TO COMMIT APPLICANT ORGANIZATION TO THIS AGREEMENT

**PRINT NAME &
TITLE**

**SIGNATURE &
DATE**
