

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 Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/03/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Newcap, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1050492

	c. Organizational DUNS:	136478786	PLUS 4:	
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d. Address

Street 1: 1201 Main St

Street 2:

City: Oconto

County: Oconto

State: Wisconsin

Country: United States

Zip / Postal Code: 54153

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Debra

Middle Name: Jean

Last Name: Bushman

Suffix:

Title: Housing Director

Organizational Affiliation: Newcap, Inc.

Telephone Number: (920) 834-4621

Applicant: NEWCAP, Inc.

136478786

Project: Brown County PSH Individuals Expansion

169543

Extension: 1110

Fax Number: (920) 834-4887

Email: debbiebushman@newcap.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-6200-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): Wisconsin
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Brown County PSH Individuals Expansion

16. Congressional District(s):

a. Applicant: WI-008
b. Project: WI-008
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2019
b. End Date: 12/31/2019

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: Ms.

First Name: Cheryl

Middle Name:

Last Name: Detrick

Suffix:

Title: CEO

Telephone Number: (920) 834-4621
(Format: 123-456-7890)

Fax Number: (920) 834-4887
(Format: 123-456-7890)

Email: cheryldetrick@newcap.org

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

Date Signed: 09/03/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Newcap, Inc.

Prefix: Ms.

First Name: Cheryl

Middle Name:

Last Name: Detrick

Suffix:

Title: CEO

Organizational Affiliation: Newcap, Inc.

Telephone Number: (920) 834-4621

Extension: 1137

Email: cheryldetrick@newcap.org

City: Oconto

County: Oconto

State: Wisconsin

Country: United States

Zip/Postal Code: 54153

2. Employer ID Number (EIN): 39-1050492

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$343,770.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

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
Department of Children & Families, 201 E Washington, Madison WI 53708-8916	grant	\$12,778.00	Admin, Supportive Services - Life Skills
Department of Health & Human Services	grant	\$2,500.00	Supportive Services- Outpatient Health Services
Department of Agriculture	grant	\$7,200.00	TEFAP Food boxes
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

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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	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

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 this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Cheryl Detrick, CEO

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

Date Signed: 08/30/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Newcap, Inc.

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. 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.	e. 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 Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (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.	f. 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 --- (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;
c. 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.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (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;	

2. 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 hereby certify that all the information stated herein, as well as any information provided in X

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)

Authorized Representative

Prefix: Ms.

First Name: Cheryl

Middle Name

Last Name: Detrick

Suffix:

Title: CEO

Telephone Number: (920) 834-4621
(Format: 123-456-7890)

Fax Number: (920) 834-4887
(Format: 123-456-7890)

Email: cheryldetrick@newcap.org

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

Date Signed: 09/03/2018

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:

X

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: Newcap, Inc.

Name / Title of Authorized Official: Cheryl Detrick, CEO

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

Date Signed: 09/03/2018

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? Yes

- 1. Type of Federal Action:** Grant
2. Status of Federal Action: Application
3. Report Type: Initial Filing

4. Name and Address of Reporting Entity: Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known: WI-008

6. Federal Department/Agency: Department of Housing and Urban Development

7. Federal Program Name/Description and (CFDA Number): Continuum of Care (CoC) Program (14.267)

8. Federal Action Number: FR-5900-N-18B

9. Award Amount: \$343,770.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):

Cheryl Detrick
1881 Short Street
Suamico, WI 54313

10b. Individuals Performing Services (including address if different from

No. 10a) (last name, first name, MI):

None

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: Ms.

First Name: Cheryl

Middle Name:

Last Name: Detrick

Suffix:

Title: CEO

Telephone Number: (920) 834-4621
(Format: 123-456-7890)

Fax Number: (920) 834-4887
(Format: 123-456-7890)

Email: cheryldetrick@newcap.org

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

Date Signed: 09/03/2018

2A. Project Subrecipients

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:

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Newcap receives federal funds from many different sources and was incorporated as a Community Action Agency in 1965. Newcap, Inc. has been assisting and serving the needs of low-income people in Northeast Wisconsin for the past 53 years. Newcap has developed, implemented and administered programs or projects to meet the needs of low-income families. Staff coordinates and collaborates with area service providers to prevent duplication of effort and to maximize the use of scarce resources in a 10-county service area. Newcap has effectively utilized federal CoC funding since 2013 at which time we received our first PSH Grant using HUD funds and have successfully completed proposed activities and time limitations set forth in the application. We have received additional CoC funding including two PSH programs and a Rapid Re-Housing Youth grant. Newcap also receives funding from the Community Services Block Grant (\$599,038), Department of Energy (\$357,848 Weatherization), Department of Agriculture (\$896,001—Jobs & Business Development, Skills Enhancement, TEFAP, Commodities), Department of Housing & Urban Development (\$2,003,510—Emergency Solutions Grant, Section 8 Housing Choice Voucher, CoC, Homebuyer, TBRA), Department of Transportation (\$197,167—WETAP, New Freedom), Department of Health & Human Services (\$1,076,317—Weatherization LIHEAP, Weatherization EAP, Emergency Furnace LIHEAP, WHEAP). Newcap concentrates on spending all funding with a great success rate and spend them within the time allotted by the grant.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Newcap is a Community Action Agency (CAA) that follows the principle idea of CAA where resources of all kinds are integrated so they can be used in combination to solve community and individual problems. CAAs manage more than \$5.6 billion in public and private resources annually, serving more than 9.3 million low-income persons; the CSBG-funded staff goes into the community and to other government sources to bring in not only leveraged funds but also hundreds of thousands of local volunteers. Every Community Service Block Grant (CSBG) dollar spent leverages nearly \$4 of state, local, and private contributions combined. The CAA network administers a total of nearly \$5.6 billion in federal, state, local and private resources. Newcap has been administering this program since its inception in 1965 and uses these funds to help leverage other community resources.

Newcap administers a variety of programs funded by Federal, State, and Local agencies. These programs include Employment and Training, Weatherization, Family Planning, and Housing programs. Newcap has been in operation since

the War on Poverty began in 1965 and we administer various Human Service type programs. The programs we administer offer opportunities, services and support to assist individuals and families in gaining the basic necessities and achieving economic self-sufficiency that will enable them to have more fulfilling, productive and contributing lives, for the betterment of individuals, families, communities. The programs provide help in attaining education, training, employment, housing, food, transportation, child care, and other needs. They help people of all ages, from children to the elderly, and range from dental and family planning clinics to emergency shelters and personal home care for the elderly; substance abuse prevention and mental health education; assistance in saving income and buying a first home; and community-wide initiatives and leadership in coalitions that teach skills, provide and promote safe, decent and affordable housing, advance energy efficiency and affordability and economic security.

The need for these programs is reflected in our Needs Assessment which is conducted every 3 years. The results of the Needs Assessment drive the agency's operations into the most cost effective, beneficial direction of programming within the communities that we serve.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

Newcap is a locally controlled, private, not-for-profit organization governed by a Board of Directors made up of low-income, public, and private sector representatives. Newcap, Inc. is a locally controlled, private, not-for-profit, human services organization incorporated as a Community Action Agency (CAA) in 1965, serving the needs of low-income people in northeast Wisconsin. The Corporation is governed by a policymaking board of 30 directors made up of representatives from (1) the low-income population, (2) elected public officials, and (3) members of the private sector. Also, one of the directors must be currently homeless or has been formally homeless. The directors represent the following ten Wisconsin-area counties: Vilas, Oneida, Langlade, Menominee, Forest, Florence, Marinette, Oconto, Shawano, and Brown. Newcap is 1 of 16 CAAs in Wisconsin and 1100 in the country. The administration is made up of staff that oversees all programs. The CEO is responsible for liaising with the board and for carrying out their instructions, as well as for overseeing the people who run the programs. Each department within Newcap has different structure. Newcap has leadership meetings with all management and leadership staff which assists program directors with knowledge of other programs, changes to programs, and allows for coordination among programs. Newcap has a new centralized intake system. Each department has an intake worker that meets every two weeks to talk about new intakes and what else Newcap has to offer. This information is then relayed to case managers and referrals are made to in-house programs. The Housing Director attends many external meetings to stay apprised of other resources that are available within different communities. Newcap is a partner member of the Brown County Homeless & Housing Coalition which allows for the coordination among other homeless service providers in Brown County and allows for warm hand offs for program participants. Newcap is involved in many subcommittee of the Coalition such as, Systems Committee, Service Providers and Housing Resource Day. Newcap is a member of the Basic Needs Committee which is made of hospitals, mental health providers, shelters,

Community Police, homeless providers and detox facilities. Newcap's mission is to move people from poverty to opportunities and economic security and improve communities. The involvement of low-income representatives in various aspects of the agency's operation makes Newcap unique among human service organizations. Newcap's financial accounting system of cost allocation of direct costs will be used to administer this grant. The accounting software that Newcap uses is Financial Edge.

4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: WI-500 - Wisconsin Balance of State CoC

1b. CoC Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

2. Project Name: Brown County PSH Individuals Expansion

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? PSH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

This project will be expanded and administered in Brown County. Newcap will hire 2 additional case managers to serve the program participants in Brown County area. The project will expand from 45 to 65 chronically homeless individuals. These individuals will be below 30% of County Median Income at entry into the program. This project will target individuals that are chronically homeless & are at the top of the prioritization list. The list prioritizes by length of time homeless then vulnerability. Newcap will not allow any barriers to stop an individual from being housed. A strength-focused assessment will be used to identify barriers that have kept these individuals from obtaining or maintaining housing in the past. Case managers will work each individual to try to eliminate these barriers, so program participants can maintain housing in this program. Case managers will also use this assessment to identify goals and objectives for each individual to work toward so income can be increased and possibly self-sustainability obtained. Case Managers will make appropriate referrals to other agency service providers to assist program participants to further access resources that are available in the community. Case Managers will transport individuals to appointments, if necessary, or bus passes will be issued, whichever works best for the participant. Newcap will pay the security deposit for these units & entire contract rent each month to landlord. The program participant will be 30% of the total household income back to Newcap each month. If the household has zero income, nothing will be required to be paid each month. The target population for this grant will be those individuals that are chronically homeless in Brown County. This population must be below 30% of the County Median Income at entry into the program. They will be prioritized by the length of time homeless & need according to the VI-SPDAT. These individuals will be taken off the prioritization list established in Brown County. The needs & barriers will be addressed through strength-focused assessment that is conducted after the individual is housed. This assessment will be used as a guide for the program participant to make choices regarding their needs. Case manager will be required to coordinate services with other homeless providers and service providers in Brown County and make referrals as needed. Newcap also operates the Tenant Based Rental Assistance Program in Brown County that coordinates with the Micah Center which is a day center for the homeless population of Brown County to drop in for services throughout the day. The Micah Center is operated through the St. John's Homeless Shelter. Below is the Balance of State Point-In-Time chart showing chronically homeless individuals divided by CoC. Newcap's Supportive Housing program is the only project addressing the needs to of the chronically homeless population in Brown County at this time.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or

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structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	1			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**
 (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing? Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project

that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: WI0176

Eligible Renewal Grant Project Name: Brown County PSH

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Provide additional supportive services to homeless persons, Increase the number of homeless persons served

Increase number of homeless persons served

Indicate how the project is proposing to "increase the number of homeless persons served."

Current level of effort	
# of persons served at a point-in-time	45
# of units	45
# of beds	45
New effort	
# of additional persons served at a point in time that this project will provide	65
# of additional units this project will provide	65
# of additional beds this project will provide	65

Additional supportive services to homeless persons

Indicate how the project is proposing to "provide additional supportive services to the homeless persons served." Increase number of and/or expand variety of supportive services provided

Describe the reason for the supportive service increase indicated above.

The expansion of this project will add two additional case managers that will provide intensive case management to these chronically homeless individuals. Other supportive services added are: bus passes for medical, employment and job training assistance, stipends for individuals to participant in employment and job training assistance programs, budgeting and money management life skills training, leased vehicle expense for case managers to transport program participants to appointments, purchase food or other shopping, mileage reimbursement for housing quality standards inspections.

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

2. Describe how participants will be assisted to obtain and remain in permanent housing.

CM will assist with housing stability & will address needs & help to remove barriers that have prevented from obtaining/maintaining PH.SS offered are transportation to medical, food, furnishings, hygiene products, etc. An assessment is completed once housed. This assessment will be tailored to meet the needs of the client. EX. housing, employment, health & mental health, past DV, education & AODA issues. CM will have a discussion to see what they feel their needs are & address them when ready. These supportive services are made readily available when the client is ready to address them. These services are accessible to all program participants. CM will attend the Landlord Association meetings & other various landlord's meeting to find suitable landlords to house this population. The CM will arrange & coordinate with the landlord. Other homeless services providers will be utilized on a case by case basis. Coordination of services available will be made through the local CoC the Brown County Coalition.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Once a program participant is able to obtain employment referrals will be made to the local job center for job search assistance, job readiness and job retention. All participants who are not already mandated to participate in the Food Stamp Employment and Training (FSET) program will be encouraged to participate. Brown County has a sheltered workshop available as well a DVR office for any program participant that needs that kind of assistance. For any program

participants that are able and would like to further their education a referral will be made to the WIA or Skills Enhancement programs. Case managers will assist all program participants with Wisconsin ACCESS for all mainstream resources. Each program participant will be asked to update their information on ACCESS at least once per year.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	As needed

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 20

Total Beds: 20

Total Dedicated CH Beds: 20

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	20	20

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 20

b. Beds: 20

3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless? 20

This includes both the “dedicated” and “prioritized” beds.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1540 Capital Drive

Street 2:

City: Green Bay

State: Wisconsin

ZIP Code: 54303

***5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

552664 Green Bay, 559009 Brown County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	20	0	20
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	19		19
Adults ages 18-24	0	1		1
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	20	0	20

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	18	1	0	11	0	8	0	0	0	0
Adults ages 18-24	1	0	0	1	0	0	0	0	0	0
Total Persons	19	1	0	12	0	8	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

40%	Directly from the street or other locations not meant for human habitation.
60%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

Newcap currently has a great working relationship with the Micah Center in Green Bay, which is a year-round daytime resource center for adult men and women. The Micah Center is located in downtown Green Bay. Newcap is currently using office space at Micah Center to enroll participants into the Tenant Based Rental Assistance Program.

Newcap will do a presentation at a meeting of the Brown County Homeless & Housing Coalition to make homeless and service providers in Brown County aware of the program and how appropriate referrals can be made.

Newcap also attends Housing Resource Day on a monthly basis. Housing Resource day is a place where community resources gather to allow household with housing needs can attend to learn out what services are available and they may be eligible for. The benefit of having these resources under one roof allows the household to travel to one place rather than all over the county. The location of Housing Resource Day is on the bus line so it allows for easy access for those in need to attend. Bus Passes are also given out at Housing Resource Day to anyone in need. There is food, hygiene products, sleeping bags, laundry products also available that day. They just come to engage with program providers if they are not seeking services at this time.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Reallocation + Bonus

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

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$133,680	
Grant Term:		1 Year	
Total Request for Grant Term:		\$133,680	
Total Units:		20	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WI - Green Bay, W...	20	\$133,680	\$133,680

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Green Bay, WI HUD Metro FMR Area (5500999999)

Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$356		x	12	=	\$0
0 Bedroom		x	\$474		x	12	=	\$0
1 Bedroom	20	x	\$557	\$557	x	12	=	\$133,680
2 Bedroom		x	\$738		x	12	=	\$0
3 Bedroom		x	\$1,035		x	12	=	\$0
4 Bedroom		x	\$1,039		x	12	=	\$0
5 Bedroom		x	\$1,195		x	12	=	\$0
6 Bedroom		x	\$1,351		x	12	=	\$0
7 Bedroom		x	\$1,507		x	12	=	\$0
8 Bedroom		x	\$1,662		x	12	=	\$0
9 Bedroom		x	\$1,818		x	12	=	\$0
Total units and annual assistance requested:	20							\$133,680
Grant term:								1 Year
Total request for grant term:								\$133,680

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	\$750 @ 10 units - One-time moving costs are eligible and include truck rental and hiring a moving company	\$7,500
3. Case Management	2 FTE @ \$17 per hour plus 39% fringe rate	\$118,160
4. Child Care		\$0
5. Education Services		\$0
6. Employment Assistance	\$25 per day @ 100 times - The cost of stipends to program participants in employment assistance and job training program.	\$2,500
7. Food		\$0
8. Housing/Counseling Services	Costs of assisting eligible program participation locate, obtain and retain suitable housing. Assisting individuals understand leases, securing utilities and making moving arrangements	\$10,000
9. Legal Services		\$0
10. Life Skills	Costs budgeting and Money Management and shopping for food and other items	\$5,000
11. Mental Health Services		\$0

12. Outpatient Health Services		\$0
13. Outreach Services		\$0
14. Substance Abuse Treatment Services		\$0
15. Transportation	Cost of public transportation for medical care, employment and job training assistance. (30 @ \$30=\$900) Mileage allowance for case managers to visit program participants and to carry out housing quality standards. (\$.54*5000 miles = \$2700) Cost of Leasing a vehicle in which staff transports program participants and/or staff serving program participants (\$450*12=\$5400)	\$9,000
16. Utility Deposits		\$0
17. Operating Costs	Equipment for Community Advocate (laptop, desk, filing cabinet, phone, etc.)	\$3,693
Total Annual Assistance Requested		\$155,853
Grant Term		1 Year
Total Request for Grant Term		\$155,853

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Estimated \$500 per 20 units for damages done by participant that are not covered by the lease	\$10,000
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Utilities not included in monthly contract for approximately 15 units	\$5,625
6. Furniture		
7. Equipment (lease, buy)	estimate 15 families will need furniture for their unit (\$250 each)	\$3,750
Total Annual Assistance Requested		\$19,375
Grant Term		1 Year
Total Request for Grant Term		\$19,375

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software	\$60 license fee, \$50 Advanced Reporting Tool Fee	\$110
3. Services		
4. Personnel	.2 FTE plus 39% fringe - staff time to enter and track program information	\$3,500
5. Space & Operations		
Total Annual Assistance Requested:		\$3,610
Grant Term:		1 Year
Total Request for Grant Term:		\$3,610

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$25,578
Total Value of In-Kind Commitments:	\$26,945
Total Value of All Commitments:	\$52,523

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Yes

1a. Briefly describe the source of the program income: (limit 1000 characters)

The program participant will pay 30% of their monthly adjusted income back to Newcap as rent payments

1b. Estimate the amount of program income that will be used as Match for this project: \$12,800

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Community Service...	08/28/2019	\$12,778
Yes	Cash	Private	Rent Payments	08/28/2018	\$12,800
Yes	In-Kind	Private	Private Donations	08/28/2018	\$10,000
Yes	In-Kind	Private	Hygiene Products	08/28/2018	\$5,000
Yes	In-Kind	Government	Community Health ...	08/28/2018	\$2,500
Yes	In-Kind	Private	Volunteer Inmate ...	08/28/2018	\$1,200
Yes	In-Kind	Private	Packer City Inter...	08/28/2018	\$1,045
Yes	In-Kind	Government	TEFAP Food Boxes	08/28/2018	\$7,200

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Government
- 4. Name the source of the commitment: Community Services Block Grant
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/28/2019
- 6. Value of Written Commitment: \$12,778

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: Rent Payments
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/28/2018
- 6. Value of Written Commitment: \$12,800

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: In-Kind
- 3. Type of source: Private
- 4. Name the source of the commitment: Private Donations
(Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 08/28/2018

6. Value of Written Commitment: \$10,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: Hygiene Products
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/28/2018

6. Value of Written Commitment: \$5,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: In-Kind

3. Type of source: Government

4. Name the source of the commitment: Community Health Services
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/28/2018

6. Value of Written Commitment: \$2,500

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: Volunteer Inmate Program
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/28/2018

6. Value of Written Commitment: \$1,200

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: Packer City International
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/28/2018

6. Value of Written Commitment: \$1,045

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Government
- 4. Name the source of the commitment:** TEFAP Food Boxes
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/28/2018
- 6. Value of Written Commitment:** \$7,200

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$133,680	1 Year	\$133,680
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$155,853	1 Year	\$155,853
5. Operating	\$19,375	1 Year	\$19,375
6. HMIS	\$3,610	1 Year	\$3,610
7. Sub-total Costs Requested			\$312,518
8. Admin (Up to 10%)			\$31,252
9. Total Assistance Plus Admin Requested			\$343,770
10. Cash Match			\$25,578
11. In-Kind Match			\$26,945
12. Total Match			\$52,523
13. Total Budget			\$396,293

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501 C 3	08/30/2018
2) Other Attachment(s)	No	50070 Work Site A...	09/03/2018
3) Other Attachment(s)	No		

Attachment Details

Document Description: 501 C 3

Attachment Details

Document Description: 50070 Work Site Attachment

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Match Documentation	09/03/2018

Attachment Details

Document Description: Match Documentation

7D. 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 part 578 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.

15-Year Operation Rule.

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.

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 provide

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: Cheryl Detrick

Date: 09/03/2018

Title: CEO

Applicant Organization: Newcap, Inc.

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

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/03/2018
1E. SF-424 Compliance	08/29/2018
1F. SF-424 Declaration	08/29/2018
1G. HUD 2880	08/29/2018
1H. HUD 50070	08/29/2018
1I. Cert. Lobbying	08/29/2018
1J. SF-LLL	08/29/2018
2A. Subrecipients	No Input Required
2B. Experience	09/03/2018
3A. Project Detail	08/29/2018
3B. Description	08/29/2018
3C. Expansion	08/30/2018
4A. Services	08/29/2018
4B. Housing Type	08/29/2018
5A. Households	08/29/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/29/2018
6A. Funding Request	08/30/2018
6C. Leased Units	08/29/2018
6F. Supp Srvcs Budget	08/29/2018
6G. Operating	08/29/2018
6H. HMIS Budget	08/29/2018
6I. Match	08/30/2018

6J. Summary Budget	No Input Required
7A. Attachment(s)	09/03/2018
7A. In-Kind MOU Attachment	09/03/2018
7D. Certification	08/30/2018

JUN 11 1998

INTERNAL REVENUE SERVICE
District Director

DEPARTMENT OF THE TREASURY
1100 Commerce St., Dallas, TX 75242

Person to Contact:
Customer Service Division

Telephone Number:
1-800-829-1040

NEWCAP, INC
1201 MAIN
OCONTO, WI 54153-1541

Refer Reply to:
Mail Code 4940 DAL

Date:
May 27, 1998

EIN:
39-1050492

Dear Sir or Madam:

Our records show that the above named organization is exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. This exemption was granted August 1966, and remains in full force and effect.

Contributions to your organization are deductible in the manner and to the extent provided by section 170 of the Code.

We have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code. Your organization is described in section 509(a)(1).

Please let us know about any future changes, in the character, purpose, method of operation or, name or address of your organization. This is a requirement for retaining your exempt status.

This letter may be used to verify your tax exempt status.

If we may be of further assistance, please call the telephone number listed above or write to us at the address in the letterhead, Mail Code 4940 DAL.

Sincerely,



A. Sutherland
Chief, Quality Review