

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. 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. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- 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 2024 CoC Program Competition NOFO.

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: 10/16/2024

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Action Coalition for South-Central Wisconsin

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1053827

c. Unique Entity Identifier: J9PFRNKYEHZ1

d. Address

Street 1: 4101 E Towne Blvd

Street 2:

City: Madison

County: Dane

State: Wisconsin

Country: United States

Zip / Postal Code: 53704

e. Organizational Unit (optional)

Department Name: Community Action Coalition for South-Central Wisconsin

Division Name: Madison

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

Prefix: Mr.

First Name: Andrew

Middle Name:

Last Name: Hirst

Suffix:

Title: Grants Coordinator

Organizational Affiliation: Community Action Coalition of South-Central Wisconsin

Telephone Number: (608) 237-1255

Extension:

Fax Number: (608) 246-4760

Email: Andrewh@cacscw.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-6800-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: Jefferson County Rapid Re-Housing Program

16. Congressional District(s):

16a. Applicant: WI-005, WI-002

16b. Project: WI-005
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 05/01/2025

b. End Date: 04/30/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Meghan

Middle Name:

Last Name: Mietchen

Suffix:

Title: Executive Director

Telephone Number: (608) 230-7058
(Format: 123-456-7890)

Fax Number: (608) 246-4760
(Format: 123-456-7890)

Email: Meghanm@cacscw.org

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

Date Signed: 10/16/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Community Action Coalition for South-Central Wisconsin

Prefix: Mrs.

First Name: Meghan

Middle Name:

Last Name: Mietchen

Suffix:

Title: Executive Director

Organizational Affiliation: Community Action Coalition for South-Central Wisconsin

Telephone Number: (608) 230-7058

Extension:

Email: Meghanm@cacscw.org

City: Madison

County: Dane

State: Wisconsin

Country: United States

Zip/Postal Code: 53704

2. Employer ID Number (EIN): 39-1053827

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$256,888.00

(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 |
|--|--------------------|-----------------------------|------------------------------------|
| Community Services Block Grant | Match | \$64,222.00 | Direct Assistance, Program Support |
| | | | |
| | | | |
| | | | |

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.

| |
|---|
| X |
|---|

Name / Title of Authorized Official: Meghan Mietchen, Executive Director

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

Date Signed: 10/16/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Action Coalition for South-Central Wisconsin

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

| |
|---|
| X |
|---|

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

Authorized Representative

Prefix: Mrs.

First Name: Meghan

Middle Name

Last Name: Mietchen

Suffix:

Title: Executive Director

Telephone Number: (608) 230-7058
(Format: 123-456-7890)

Fax Number: (608) 246-4760
(Format: 123-456-7890)

Email: Meghanm@cacscw.org

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

Date Signed: 10/16/2024

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: Community Action Coalition for South-Central Wisconsin

Name / Title of Authorized Official: Meghan Mietchen, Executive Director

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

Date Signed: 10/16/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Approved by OMB: 4040-0013 (exp. 02/28/2025)

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

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

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

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

Legal Name: Community Action Coalition for South-Central Wisconsin

Street 1: 4101 E Towne Blvd

Street 2:

City: Madison

County: Dane

State: Wisconsin

Country: United States

Zip / Postal Code: 53704

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Mrs.
First Name: Meghan
Middle Name:
Last Name: Mietchen
Suffix:
Title: Executive Director
Telephone Number: (608) 230-7058
(Format: 123-456-7890)
Fax Number: (608) 246-4760
(Format: 123-456-7890)
Email: Meghanm@cacscw.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 10/16/2024

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 02/28/2025

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

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

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

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

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

Authorized Representative for: Community Action Coalition for South-Central Wisconsin

Prefix: Mrs.

First Name: Meghan

Middle Name:

Last Name: Mietchen

Suffix:

Title: Executive Director

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

Date Signed: 10/16/2024

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" to move to the next screen.

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: \$0

| Organization | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

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

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.

Through over 50 years of operating anti-poverty in our local communities as a Community Action Agency (CAA), Community Action Coalition for South-Central Wisconsin (CACSCW) has long supported and administered various housing programs to support the Dane, Waukesha, and Jefferson Counties need to support low-income families with affordable housing solutions. CAC has been awarded and currently operates various HUD-contracted housing assistance programs for low-income and homeless participants in this tri-county service area. CAC launched a permanent supportive housing program for chronically homeless single adults in Waukesha County. Since 2013, CAC has offered a transitional housing program in Jefferson County. In this current project funding cycle alone, we have utilized and spent all awarded program funds on clients in both our Transitional Housing Program and Rapid Re-Housing programs. CAC also currently operates a Rapid Re-Housing program for veteran families in both Dane and Jefferson counties called Supportive Services for Veteran Families (SSVF). All programs provide participants with housing navigation services, supportive services, case management, and referrals to mainstream benefits. This program supports comprehensive services for those clients with high barriers to maintaining housing. through intensive case management and helps clients entering permanent supportive housing with further comprehensive services and referrals to help maintain housing. Program case managers are trained in housing first principles and practice progressive client engagement in helping support and provide program services that best support client's needs. These case managers are further experienced in recruiting landlords, conducting NSPIRE inspections, managing damage mitigation, and becoming an expert on the issues and concerns of the local housing market. With a full-time Housing Navigator, the caseworkers will be better equipped to offer high-quality case management and stabilization services.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

As a WISCAP Agency chartered in the state of Wisconsin, CAC supports a variety of programs through various federal, state, and local funding sources to maintain program services and meet the diverse needs of the counties we service. Currently supporting programs through the Department of Housing & Urban Development, United States Department of Agriculture, Wisconsin Department of Trade and Agriculture, Department of Health and Human Services, and supported by various private donors and foundations, we have supported Jefferson County Rapid Re-Housing Program through match funding and Community Services Block Grant. In further support of housing first practices and progressive client engagement standards, CAC continually seeks funding opportunities to provide intensive client services and through referrals with other community partners.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

Structured as a community action agency, the chartered with a tripartite board of directors' performing input and direction on strategic plan, approval of funding and organizations budgets, and oversight of leadership. Programs are overseen by managers with oversight provided by managers that report to directors. Lead by an executive director, that is overseen by the board of directors, financial reports and management is overseen by the financial director and employs standard accounting and reporting procedures. Program reporting and financial accounting procedures include adherence to generally accepted accounting principles (GAAP), reporting guidelines stipulated across multiple federal, state, and local grants and funding sources including (HMIS), utilization of accounting software (SAGE), program audits consistent with our organization’s standards that include Results- Oriented Management and Accountability (ROMA), and annual third-party audits, and donor reports. In accordance with the requirements of 2 CFR Part 200, CAC’s chart of accounts identifies all Federal awards received and expended through its accounting software and all results are compared to their respective budgeted amounts.

**4. Are there any unresolved HUD monitoring or No
OIG audit findings for any HUD grants (including
ESG) under your organization?**

3A. Project Detail

- 1. **CoC Number and Name:** WI-500 - Wisconsin Balance of State CoC
- 2. **CoC Collaborative Applicant Name:** Wisconsin Balance of State Continuum of Care, Inc.

- 3. **Project Name:** Jefferson County Rapid Re-Housing Program

- 4. **Project Status:** Standard

- 5. **Component Type:** PH
 - 5a. **Select the type of PH project:** RRH

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

- 7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No

- 8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No

- 10. **Is this project applying for Rural costs on screen 6A?** Yes

- 10a. **Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)** Wisconsin

10b. Area(s) affected by the project (rural geo-code(s) only): 559055 Jefferson County
(for multiple selections hold CTRL key)

10c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections:
(for multiple selections hold CTRL key)

3B. Project Description

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

Jefferson County residents who have been referred to CAC through the Coordinated Entry (CE) list maintained by WIBOSCOG for clients in need of Rapid Re-Housing services in response to issues maintaining housing. Program will assist those individuals and families in need through the CE and providing support to clients through progressive client engagement by case managers and referrals to other supportive services as needed and under the guidance of Housing First practices.

Upon entry into the program, the caseworker completes a needs assessment with our clients to find the gaps and discuss with the client their wants and thoughts on needs to ensure we are connecting them to the proper resources or community partners.

Intended project outcomes will be supporting 21 total beds (12 Units), with the capacity for 21 individuals to locate and maintaining housing to end homelessness which includes support from housing stability efforts with progressive case-management and client referrals.

In administering over 30 programs across housing security, food security, and community resources, CAC has worked to coordinate and share services to best provide clients with quality programs and services. Over the last couple years, CAC has been working to reestablish the Jefferson County Homeless Coalition to coordinate services, care, funding, resources, and advocacy for those who experience homelessness or at risk in Jefferson County. By doing this, we have been able to create and build strong relationships with community partners to build our programs capacity and quality program services, further engage partners in solutions to ending homelessness, and expand resources and efforts in the county. Examples of community partners currently established and helping support or share in our agencies mission are JC Human Services Health Department, Jefferson County Workforce Development, Jefferson County Economic Development, Easter Seals, Fort Healthcare, Rainbow Hospice, Greater Watertown Community Foundations, various food pantry partners we food bank with, New Beginnings, and many more. CAC holds the SSO-CE grant, in which our SSO has been involved in many partners groups and meetings like the Jefferson County Drug Free Coalition, Wrap Around Services Committee, and Community Coordination Committee. Supporting and developing further partnerships is important to better help the coordination of services and efficiencies of care and program resources, and further helps build community support to ending homelessness. Program funds will go to support leasing for 12 total units (6-1 Bedroom, 3 –2 bedroom, 3- 3 bedroom) units with 70,000 in supportive services and 11% in administration to help support program services.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

| 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 |
| Begin hiring staff or expending funds | 1 | | | |
| Begin program participant enrollment | 90 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 90 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 150 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | 0 | | | |
| Start rehabilitation | 0 | | | |
| Complete rehabilitation | 0 | | | |
| Start new construction | 0 | | | |
| Complete new construction | 0 | | | |

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

| | | | |
|---|-------------------------------------|-----------------------------------|--------------------------|
| N/A - Project Serves All Subpopulations | <input checked="" type="checkbox"/> | Survivors | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Use Disorders | <input type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Families | <input type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers?
 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"/> |

5c. Will the project prevent program participant termination 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"/> |

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? No

4A. Supportive Services for Participants

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

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

Once clients are housed, the caseworkers use motivational interviewing skills to encourage the client on ways to engage with services that increases success in staying housed. Advised and consented to by the clients', activities included services and programs that increase participants income, finding and supporting employment opportunities, applying for the appropriate benefits they are eligible for including but not limited to like WIC, TANF, SNAP/EBT, etc. Language access opportunities including translation and interpretation services are available for clients, case workers, and landlords as need to help facilitate clients remaining housed. Creating a plan on how they will keep stability and housing after the program ends, clients and caseworkers meet within the first week of them moving in and starting the program. This plan opens discussion of what the client feels would help them most immediately and create goals for the client to achieve that will lead to housing stability in the long term. With these goals developed by the client, they are encouraged to create action steps on how they will achieve timely outcomes in support of achieving housing stability. This plan is reviewed at least monthly and revised every 3 months to show progress and success and share where focus and improvements can still be made. With this plan, caseworkers can encourage seeking out program services like financial planning and budget management, navigating banking and financial services, connection to job and skills training programs like FSET or WIOA, and connecting to services to assist with substance abuse or mental health. Further any services needed to support clients overcome barriers in maintaining housing.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

In administering over 30 programs across housing security, food security, and community resources, CAC has worked to coordinate and share services to best provide clients with quality programs and services. Over the last couple years, CAC has been working to reestablish the Jefferson County Homeless Coalition to coordinate services, care, funding, resources, and advocacy for those who experience homelessness or at risk in Jefferson County. By doing this, we have been able to create and build strong relationships with community partners to build our programs capacity and quality program services, further engage partners in solutions to ending homelessness, and expand resources and efforts in the county.

Our programs specific plan to implement and coordinate program services include supporting program participants with obtaining and increasing employment income to help support maintaining housing. This is achieved through our partnership and referrals with Jefferson County Workforce Development, Jefferson County Economic Development. Program services will further include ways to assist program participants with obtaining and increasing non-employment income through referrals and enrollment opportunities for applicable programs such as SNAP/EBT, WIC, SSI, and others as qualified for. Further social services and healthcare services will be provided and supported through community partnerships in Jefferson County. These organizations include JC Human Services Health Department, Easter Seals, Fort Healthcare, Rainbow Hospice, Greater Watertown Community Foundations, New Beginnings, various food pantry partners we food bank with, and include and support childcare and health services, and healthcare benefits.

CACSCW further holds the SSO-CE grant, in which our SSO has been involved in many partners groups and meetings like the Jefferson County Drug Free Coalition, Wrap Around Services Committee, and Community Coordination Committee. Supporting and developing further partnerships is important to better help the coordination of services and efficiencies of care and program resources, and further helps build community support to ending homelessness.

3. For all supportive services available to program 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 | Monthly |
| 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 | Non-Partner | As needed |
| Food | Non-Partner | As needed |
| Housing Search and Counseling Services | Applicant | As needed |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Non-Partner | As needed |
| Mental Health Services | Non-Partner | As needed |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Non-Partner | As needed |

| |
|------------------------------------|
| Substance Abuse Treatment Services |
| Transportation |
| Utility Deposits |

| | |
|-------------|-----------|
| Non-Partner | As needed |
| Non-Partner | As needed |
| Applicant | As needed |

Identify whether the project will include the following activities:

- 4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**
- 5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? **Yes**
- 6. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency? **Yes**
- 6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. **Yes**

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: 12

Total Beds: 21

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | --- | 12 | 21 | 0 |

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 program participants at the selected housing site.**

a. **Units:** 12

b. **Beds:** 21

3. **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 survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

Street 1: 4101 East Towne Blvd

Street 2:

City: Madison

State: Wisconsin

ZIP Code: 53704

***4. 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)**

559055 Jefferson County

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Number of Households | 6 | 6 | | 12 |
| | | | | |
| 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 |
| Persons over age 24 | 6 | 6 | | 12 |
| Persons ages 18-24 | | | | 0 |
| Accompanied Children under age 18 | 9 | | | 9 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 15 | 6 | 0 | 21 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | | | 1 | | | | 2 | 1 | 1 | 1 |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | 9 |
| Total Persons | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 1 | 1 | 10 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | | | 1 | | | | 1 | 1 | 2 | 1 |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 2 | 1 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Substance Use Disorders | HIV/AIDS | Mental Illness | Survivors | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|----------------|-----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

Children as listed as not represented as the head of household will be verified

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC 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 requested:

| | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |
| VAWA | <input checked="" type="checkbox"/> |
| Rural | <input checked="" type="checkbox"/> |

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

| | |
|----------------------------------|-----------|
| Total Annual Assistance Request: | \$140,400 |
| Grant Term: | 1 Year |
| Total Request for Grant Term: | \$140,400 |
| Total Units: | 12 |

The number of beds for which funding has been requested in the Rental Assistance budget is 21.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA | WI - Jefferson County, WI (5505599999) | 12 | \$140,400 |

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 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 rents in the chart below.

Size of Units: These options are system generated. 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 2023 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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 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 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>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Jefferson County, WI (5505599999)

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|---|---------------------------|
| SRO | | x | \$503 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$671 | x | 12 | = | \$0 |
| 1 Bedroom | 6 | x | \$763 | x | 12 | = | \$54,936 |

| | | | | | | | |
|--|----|---|---------|---|----|---|-----------|
| 2 Bedrooms | 3 | x | \$1,004 | x | 12 | = | \$36,144 |
| 3 Bedrooms | 3 | x | \$1,370 | x | 12 | = | \$49,320 |
| 4 Bedrooms | | x | \$1,384 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,592 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$1,799 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$2,007 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,214 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,422 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 12 | | | | | | \$140,400 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$140,400 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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 | Working with a case manager and housing manager to assess needs for 12 households | \$4,000 |
| 2. Assistance with Moving Costs | cost of rental trucks to assist in move for 6 households | \$4,000 |
| 3. Case Management | Weekly case management for 12 households, computer, IT items, phones and items needed for program staff | \$63,000 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | assistance in purchasing food items for households for 6 households | \$1,000 |
| 8. Housing/Counseling Services | assistance for locating units and landlord mediation for 6 households | \$10,000 |
| 9. Legal Services | | |
| 10. Life Skills | | |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | | |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | | |
| 16. Utility Deposits | | |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$82,000 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$82,000 |

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation.** Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements.** Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project’s Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

| Eligible Costs | Annual Assistance Requested |
|---|-----------------------------|
| Estimated budget amount for VAWA Emergency Transfer Facilitation: | |
| Estimated budget amount for VAWA Confidentiality Requirements: | |

| | |
|------------------------------|--------|
| CoC VAWA BLI Total: | \$0 |
| Grant Term | 1 Year |
| Total Request for Grant Term | \$0 |

Click the 'Save' button to automatically calculate totals.

Rural Budget



Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

| Eligible Costs | Annual Assistance Requested |
|--|-----------------------------|
| Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers. | \$5,000 |
| Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation. | \$6,988 |
| Staff Training to include professional development, skill development, and staff retention activities. | \$1,500 |
| CoC Rural BLI Total: | \$13,488 |
| Grant Term | 1 Year |
| Total Request for Grant Term | \$13,488 |

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

| | |
|--------------------------------------|----------|
| Total Amount of Cash Commitments: | \$0 |
| Total Amount of In-Kind Commitments: | \$64,222 |
| Total Amount of All Commitments: | \$64,222 |

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

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.

| Type | Source | Name of Source | Amount of Commitments |
|---------|------------|----------------------|-----------------------|
| In-Kind | Government | CSBG | \$20,000 |
| In-Kind | Private | Donations for FEC... | \$39,222 |
| In-Kind | Private | Jefferson County ... | \$5,000 |

Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Government
- 3. Name of Source: CSBG
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$20,000

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. Type of Match commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Donations for FEC Program- Financial Literacy Case management
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$39,222

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. Type of Match commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Jefferson County Health Department
(Be as specific as possible and include the office or grant program as applicable)

4. Amount 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.

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Applicant CoC Program Costs Requested |
|--|---|------------------------|---------------------------------------|
| 1a. Acquisition (Screen 6B) | | | \$0 |
| 1b. Rehabilitation (Screen 6B) | | | \$0 |
| 1c. New Construction (Screen 6B) | | | \$0 |
| 2a. Leased Units (Screen 6C) | \$0 | 1 Year | \$0 |
| 2b. Leased Structures (Screen 6D) | \$0 | 1 Year | \$0 |
| 3. Rental Assistance (Screen 6E) | \$140,400 | 1 Year | \$140,400 |
| 4. Supportive Services (Screen 6F) | \$82,000 | 1 Year | \$82,000 |
| 5. Operating (Screen 6G) | \$0 | 1 Year | \$0 |
| 6. HMIS (Screen 6H) | \$0 | 1 Year | \$0 |
| 7. VAWA | \$0 | 1 Year | \$0 |
| 8. Rural (Only for HUD CoC Program approved rural areas) | \$13,488 | 1 Year | \$13,488 |
| 9. Sub-total of CoC Program Costs Requested | | | \$235,888 |
| 10. Admin (Up to 10% of Sub-total in #9) | | | \$21,000 |
| 11. HUD funded Sub-total + Admin. Requested | | | \$256,888 |
| 12. Cash Match (From Screen 6I) | | | \$0 |
| 13. In-Kind Match (From Screen 6I) | | | \$64,222 |
| 14. Total Match (From Screen 6I) | | | \$64,222 |
| 15. Total Project Budget for this grant, including Match | | | \$321,110 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment(s) | No | Jefferson RRH Match | 10/16/2024 |
| 3) Other Attachment(s) | No | Jefferson County ... | 10/09/2024 |

Attachment Details

Document Description:

Attachment Details

Document Description: Jefferson RRH Match

Attachment Details

Document Description: Jefferson County Health Department

7A. In-Kind MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | | |

Attachment Details

Document Description:

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Meghan Mietchen

Date: 10/16/2024

Title: Executive Director

Applicant Organization: Community Action Coalition for South-Central Wisconsin

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

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 | 09/16/2024 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 10/13/2024 |
| 1E. SF-424 Compliance | 09/16/2024 |
| 1F. SF-424 Declaration | 09/16/2024 |
| 1G. HUD 2880 | 09/16/2024 |
| 1H. HUD 50070 | 09/16/2024 |
| 1I. Cert. Lobbying | 09/16/2024 |
| 1J. SF-LLL | 09/16/2024 |
| 1K. SF-424B | 09/16/2024 |
| 1L. SF-424D | 09/16/2024 |
| 2A. Subrecipients | No Input Required |
| 2B. Experience | 09/16/2024 |
| 3A. Project Detail | 10/13/2024 |
| 3B. Description | 10/13/2024 |
| 3C. Expansion | 09/16/2024 |
| 4A. Services | 10/14/2024 |
| 4B. Housing Type | 09/16/2024 |
| 5A. Households | 09/18/2024 |
| 5B. Subpopulations | 09/16/2024 |
| 6A. Funding Request | 09/16/2024 |
| 6E. Rental Assistance | 09/30/2024 |
| 6F. Supp Srvcs Budget | 10/15/2024 |
| VAWA Budget | No Input Required |

| | |
|-----------------------------------|-------------------|
| Rural Budget | 10/03/2024 |
| 6I. Match | 10/16/2024 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 10/16/2024 |
| 7A. In-Kind MOU Attachment | No Input Required |
| 7D. Certification | 09/16/2024 |

10/16/2024

RE: Rapid Rehousing Jefferson COC Application Match

Dear Receiver,

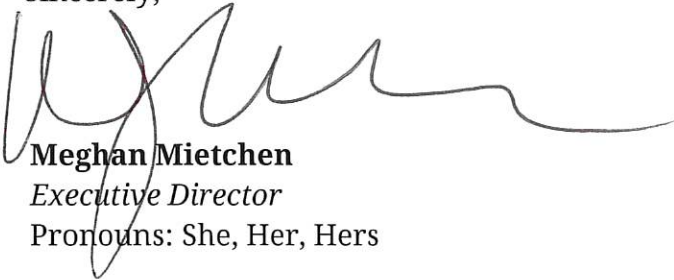
Community Action Coalition for South-Central Wisconsin pledges funds for FY2025 COC Rapid Rehousing Grant for Jefferson County match fund using the following sources:

- Community Services Block Grant \$20,000.00
- In-Kind Match \$39,222
- In-Kind Match from Jefferson County Health Department (please see second attachment) \$5,000

The match equals \$64,222

Our UEI number is J9PFRNKYEHZ1
Congressional District= 5th

Sincerely,



Meghan Mietchen

Executive Director

Pronouns: She, Her, Hers

Community Action Coalition

4101 East Towne Blvd.

Madison, WI 53704

office: 608-230-7058

meghanm@cacscw.org

www.cacscw.org



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