

## 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 via 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program 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 navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:** Application

**2. Type of Application:** Renewal Project Application

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

**If "Other", specify:**

**3. Date Received:** 08/29/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** WI0010

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

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

X

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** City of Appleton

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 39-6005381

	<b>c. Organizational DUNS:</b>	053090312	<b>PLUS 4</b>	
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### d. Address

**Street 1:** 100 N Appleton Street

**Street 2:** Sixth Floor

**City:** Appleton

**County:** Outagamie

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54911

### e. Organizational Unit (optional)

**Department Name:** Community and Economic Development

**Division Name:** Community Development Specialist

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

**Prefix:** Mr.

**First Name:** Tony

**Middle Name:**

**Last Name:** Saucerman

**Suffix:**

**Title:** Finance Director

**Organizational Affiliation:** City of Appleton

**Telephone Number:** (920) 832-5924

**Applicant:** City of Appleton

053090312

**Project:** Fox Cities Housing Coalition RRH Program

177918

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**Extension:**

**Fax Number:** (920) 832-6044

**Email:** [tony.saucerman@appleton.org](mailto:tony.saucerman@appleton.org)

## 1C. SF-424 Application Details

**9. Type of Applicant:** C. City or Township Government

**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-6300-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:** Fox Cities Housing Coalition RRH Program

**16. Congressional District(s):**

**a. Applicant:** WI-006, WI-008  
(for multiple selections hold CTRL key)

**b. Project:** WI-006, WI-008  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 10/01/2020

**b. End Date:** 09/30/2021

**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:** Mayor

**First Name:** Timothy

**Middle Name:** M

**Last Name:** Hanna

**Suffix:**

**Title:** Mayor

**Telephone Number:** (920) 832-6400  
(Format: 123-456-7890)

**Fax Number:** (920) 832-6400  
(Format: 123-456-7890)

**Email:** mayor@appleton.org

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

**Date Signed:** 08/29/2019



## 1G. HUD 2880

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

### Applicant/Recipient Information

#### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** City of Appleton

**Prefix:**

**First Name:** Timothy

**Middle Name:** M

**Last Name:** Hanna

**Suffix:**

**Title:** Mayor

**Organizational Affiliation:** City of Appleton

**Telephone Number:** (920) 832-6400

**Extension:**

**Email:** mayor@appleton.org

**City:** Appleton

**County:** Outagamie

**State:** Wisconsin

**Country:** United States

**Zip/Postal Code:** 54911

**2. Employer ID Number (EIN):** 39-6005381

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$187,128.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** Fox Cities Housing Coalition RRH Program 100 N Appleton Street Appleton Wisconsin

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.** 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

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

**I AGREE:** ☒

**Name / Title of Authorized Official:** Timothy Hanna, Mayor

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

**Date Signed:** 08/15/2019

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** City of Appleton

**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;	

### 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**

X

**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.**

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:** Mayor

**First Name:** Timothy

**Middle Name** M

**Last Name:** Hanna

**Suffix:**

**Title:** Mayor

**Telephone Number:** (920) 832-6400  
**(Format: 123-456-7890)**

**Fax Number:** (920) 832-6400  
**(Format: 123-456-7890)**

**Email:** mayor@appleton.org

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

**Date Signed:** 08/29/2019

## **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:** City of Appleton

**Name / Title of Authorized Official:** Timothy Hanna, Mayor

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

**Date Signed:** 08/29/2019

## 1J. SF-LLL

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

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

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

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

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

**Legal Name:** City of Appleton

**Street 1:** 100 N Appleton Street

**Street 2:** Sixth Floor

**City:** Appleton

**County:** Outagamie

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54911

**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.**

X

**Authorized Representative**

**Prefix:** Mayor

**First Name:** Timothy

**Middle Name:** M

**Last Name:** Hanna

**Suffix:**

**Title:** Mayor

**Telephone Number:** (920) 832-6400  
**(Format: 123-456-7890)**

**Fax Number:** (920) 832-6400  
**(Format: 123-456-7890)**

**Email:** mayor@appleton.org

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

**Date Signed:** 08/29/2019



## Information About Submission without Changes

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

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

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year's FY 2018 information, e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that select "Fully Consolidated" on the Grant Consolidation screen may not use the "Submit Without Changes" process and esnaps will automatically be set to "Make Changes". However, if the applicant selects "Individual Renewal", this project application(s) can use the "Submit Without Changes" process. In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Expansion Screen, this project application is for a "Combined Renewal Expansion" project application. However, the stand-alone renewal expansion project application(s) can use the "Submit Without Changes" process.

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

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

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

## Recipient Performance

**1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Yes

**2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

**3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

## Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.


No

## Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No  
If "No" click on "Next" or "Save & Next" below 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:** \$165,011

Organization	Type	Type	Sub-Award Amount
ADVOCAP	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$45,272
Pillars, Inc.	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$18,864
Salvation Army Fox Cities	M. Nonprofit with 501C3 IRS Status	M. Nonprofit with 501C3 IRS Status	\$100,875

## 2A. Project Subrecipients Detail

**a. Organization Name:** ADVOCAP

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 39-1053365

	* d. Organizational DUNS:	078934148	PLUS 4	
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**e. Physical Address**

**Street 1:** 19 West First Street

**Street 2:** P.O. Box 1108

**City:** Fond du Lac

**State:** Wisconsin

**Zip Code:** 54936-1108

**f. Congressional District(s):** WI-006  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$45,272

**j. Contact Person**

**Prefix:** Mr.

**First Name:** Michael

**Middle Name:**

**Last Name:** Bonertz

**Suffix:**  
**Title:** Executive Director  
**E-mail Address:** mikeb@advocap.org  
**Confirm E-mail Address:** mikeb@advocap.org  
**Phone Number:** 920-922-7760  
**Extension:**  
**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Pillars, Inc.

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 39-1582471

	* d. Organizational DUNS:	779950930	PLUS 4	
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### e. Physical Address

**Street 1:** 605 E. Hancock Street  
**Street 2:**  
**City:** Appleton  
**State:** Wisconsin  
**Zip Code:** 54911

**f. Congressional District(s):** WI-006, WI-008  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$18,864

**j. Contact Person**

**Prefix:** Mr.

**First Name:** Joseph

**Middle Name:**

**Last Name:** Mauthe

**Suffix:**

**Title:** Executive Director

**E-mail Address:** jmauthe@pillarsinc.org

**Confirm E-mail Address:** jmauthe@pillarsinc.org

**Phone Number:** 920-731-6644

**Extension:**

**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Salvation Army Fox Cities

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**c. Employer or Tax Identification Number:** 36-2167910

	<b>* d. Organizational DUNS:</b>	150777253	<b>PLUS 4</b>	
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**e. Physical Address**

**Street 1:** 130 E North Street

**Street 2:**

**City:** Appleton

**State:** Wisconsin

**Zip Code:** 54911

**f. Congressional District(s):** WI-006, WI-008  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** Yes

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$100,875

**j. Contact Person**

**Prefix:** Mr.

**First Name:** Patrick

**Middle Name:**

**Last Name:** Leigl

**Suffix:**

**Title:** Social Services Director

**E-mail Address:** Pat\_leigl@usc.salvationarmy.org

**Confirm E-mail Address:** Pat\_leigl@usc.salvationarmy.org

**Phone Number:** 920-955-1222

**Extension:**

**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 3A. Project Detail

**1. Project Identification Number (PIN) of  
expiring grant:** WI0010

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

**2a. CoC Number and Name:** WI-500 - Wisconsin Balance of State CoC

**2b. CoC Collaborative Applicant Name:** Wisconsin Balance of State Continuum of Care,  
Inc.

**3. Project Name:** Fox Cities Housing Coalition RRH Program

**4. Project Status:** Standard

**5. Component Type:** PH

**5a. Does the PH project provide PSH or RRH?** RRH

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

## 3B. Project Description

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

ADVOCAP, Pillars, and the Salvation Army- as the City of Appleton's sub-recipients- will be administer the provision of low-barrier, rapid placement entry into housing, both agency-owned and third-party private units. Subrecipient staff will utilize the local CE process to ensure appropriate assessment and prioritization for the program. In addition, through the use of the VI-SPDAT and VI-F-SPDAT, primary focus will be placed on serving individuals and families who meet the following: (a) reside in places not meant for human habitation; (b) reside in an emergency shelter or come directly from the streets; (c) who qualify under category 4 of the definition of homelessness. Supportive services will be offered and available for all clients, incorporating goal setting and action planning that is client-centered and constructed from their own self-determination. These client specific services and supports will be identified and provided through continuous case management. Project outcomes of the rapid re-housing program will focus on unit utilization, increased income, and connection to mainstream resources and benefits. To achieve these outcomes and support the specific needs of the households being served, all three agencies will coordinate and collaborate with the local shelters, care providers, and supportive service agencies in the community, including Pillars Adult & Family Shelter, Pillars Adult Shelter, and Harbor House Domestic Abuse Shelter. The funding offered through this opportunity contributes to retaining a level of programming equivalent to the need in the community. This funding is further necessary for as agencies have exhausted all other funding sources on other current programming.

### 2. Does your project have a specific population focus? Yes

#### 2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input 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 with Children	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

### 3. Housing First

**3a. Does the project quickly move participants into permanent housing** Yes

**3b. 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"/>

**3c. 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"/>

**3d. Does the project follow a "Housing First" approach?** Yes

## 4A. Supportive Services for Participants

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

1. 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	Subrecipient	As needed
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Subrecipient	Bi-weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Non-Partner	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Subrecipient	Bi-weekly
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Subrecipient	As needed
Outreach Services	Non-Partner	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes



3. Do project participants have access to Yes

**SSI/SSDI technical assistance provided by  
the applicant, a subrecipient, or partner  
agency?**

**3a. Has the staff person providing the  
technical assistance completed SOAR  
training in the past 24 months.** Yes

## 4B. Housing Type and Location

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

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:** 7

**Total Beds:** 13

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	2	2
Scattered-site apartments (...)	---	1	2
Scattered-site apartments (...)	---	4	9

## 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:** 2

**b. Beds:** 2

### 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 victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 181 N Water St

**Street 2:**

**City:** Menasha

**State:** Wisconsin

**ZIP Code:** 54956

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

559139 Winnebago County, 559015 Calumet  
County, 559087 Outagamie County

## 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:** 1

**b. Beds:** 2

### **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 victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 605 E Hancock St

**Street 2:**

**City:** Appleton

**State:** Wisconsin

**ZIP Code:** 54911

#### **4. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)**

559015 Calumet County, 559087 Outagamie County

## **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:** 4

**b. Beds:** 9

### **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 victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

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:** 130 E North St

**Street 2:**

**City:** Appleton

**State:** Wisconsin

**ZIP Code:** 54911

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

559015 Calumet County, 559087 Outagamie  
County

## 5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	7	0	0	7
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	7	0		7
Persons ages 18-24	0	0		0
Accompanied Children under age 18	16		0	16
Unaccompanied Children under age 18			0	0
Total Persons	23	0	0	23

Click Save to automatically calculate totals

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	1	0	1	2	0	0	2	1	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	2			0	0	0	13	1	0	0
Total Persons	3	0	1	2	0	0	15	2	0	0

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24										
Persons ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

### Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

## 6A. Funding Request

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

**1. Do any of the properties in this project have an active restrictive covenant?** No

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

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

**4. Renewal Grant Term:** 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

## 6C. Rental Assistance Budget

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

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 Request for Grant Term:		\$67,080	
Total Units:		7	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Appleton, WI MSA (5501599999)	5	\$53,808
TRA	WI - Oshkosh-Neenah, WI MSA (5513999999)	2	\$13,272

## Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WI - Appleton, WI MSA (5501599999)

**Does the applicant request rental assistance funding for less than the area's per unit size fair market rents?** No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$419	\$419	x	\$0
0 Bedroom	x	\$559	\$559	x	\$0
1 Bedroom	x	\$641	\$641	x	\$0
2 Bedrooms	4 x	\$822	\$822	x	\$39,456
3 Bedrooms	1 x	\$1,196	\$1,196	x	\$14,352
4 Bedrooms	x	\$1,208	\$1,208	x	\$0
5 Bedrooms	x	\$1,389	\$1,389	x	\$0
6 Bedrooms	x	\$1,570	\$1,570	x	\$0
7 Bedrooms	x	\$1,752	\$1,752	x	\$0
8 Bedrooms	x	\$1,933	\$1,933	x	\$0
9 Bedrooms	x	\$2,114	\$2,114	x	\$0
<b>Total Units and Annual Assistance Requested</b>	5				\$53,808
<b>Grant Term</b>					1 Year
<b>Total Request for Grant Term</b>					\$53,808

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WI - Oshkosh-Neenah, WI MSA (5513999999)

**Does the applicant request rental assistance No  
funding for less than the area's per unit size  
fair market rents?**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$415	\$415	x	12	=	\$0
0 Bedroom	2	x	\$553	\$553	x	12	=	\$13,272
1 Bedroom		x	\$603	\$603	x	12	=	\$0
2 Bedrooms		x	\$765	\$765	x	12	=	\$0
3 Bedrooms		x	\$1,019	\$1,019	x	12	=	\$0
4 Bedrooms		x	\$1,300	\$1,300	x	12	=	\$0
5 Bedrooms		x	\$1,495	\$1,495	x	12	=	\$0
6 Bedrooms		x	\$1,690	\$1,690	x	12	=	\$0
7 Bedrooms		x	\$1,885	\$1,885	x	12	=	\$0
8 Bedrooms		x	\$2,080	\$2,080	x	12	=	\$0
9 Bedrooms		x	\$2,275	\$2,275	x	12	=	\$0
Total Units and Annual Assistance Requested	2							\$13,272
Grant Term								1 Year
Total Request for Grant Term								\$13,272

**Click the 'Save' button to automatically calculate totals.**



## 6D. 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:	\$35,787
Total Value of In-Kind Commitments:	\$12,296
Total Value of All Commitments:	\$48,083

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Salvation Army of...	08/16/2019	\$26,000
Yes	In-Kind	Government	City of Appleton	08/20/2019	\$3,500
Yes	Cash	Government	ADVOCAP, Inc.	08/19/2019	\$9,787
Yes	In-Kind	Private	Pillars, Inc.	08/23/2019	\$8,796

## 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: Salvation Army of the Fox Cities  
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2019
6. Value of Written Commitment: \$26,000

## 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: City of Appleton  
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: \$3,500

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: Cash

- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** ADVOCAP, Inc.  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/19/2019
- 6. Value of Written Commitment:** \$9,787

## 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:** Pillars, Inc.  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/23/2019
- 6. Value of Written Commitment:** \$8,796

**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.**

## 6E. Summary Budget

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

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$67,080
3. Supportive Services	\$104,048
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$171,128
7. Admin (Up to 10%)	\$16,000
8. Total Assistance plus Admin Requested	\$187,128
9. Cash Match	\$35,787
10. In-Kind Match	\$12,296
11. Total Match	\$48,083
12. Total Budget	\$235,211

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	sub recipient non...	10/03/2014
2) Other Attachmenbt	No	HUD 50070 Sites f...	09/07/2017
3) Other Attachment	No		

## Attachment Details

**Document Description:** sub recipient non profit documents

## Attachment Details

**Document Description:** HUD 50070 Sites for Work Performance

## Attachment Details

**Document Description:**

## 7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	COC RRH Match Let...	08/23/2019

## Attachment Details

**Document Description:** COC RRH Match Letters



## 7B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

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

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

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

**1-Year Operation Rule.**

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

**C. Explanation.**

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

**Name of Authorized Certifying Official** Timothy Hanna

**Date:** 08/29/2019

**Title:** Mayor

**Applicant Organization:** City of Appleton

**PHA Number (For PHA Applicants Only):**

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

X

**Active SAM Status Requirement.**

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

X

## Submission Without Changes

**1. Are the requested renewal funds reduced from the previous award as a result of reallocation?** No

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

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

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

7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

- 2A. updated Housing Partnership to new name "Pillars"
- 3B. updating text to reflect most accurate efforts.
- 5A. update units to reflect subpopulation
- 5B. updating subpopulation to reflect households with children

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

## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/15/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2019	Page 54	08/29/2019
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<b>1D. SF-424 Congressional District(s)</b>	08/29/2019
<b>1E. SF-424 Compliance</b>	08/15/2019
<b>1F. SF-424 Declaration</b>	08/15/2019
<b>1G. HUD-2880</b>	08/15/2019
<b>1H. HUD-50070</b>	08/15/2019
<b>1I. Cert. Lobbying</b>	08/15/2019
<b>1J. SF-LLL</b>	08/15/2019
<b>Recipient Performance</b>	08/15/2019
<b>Renewal Expansion</b>	08/15/2019
<b>Renewal Grant Consolidation</b>	08/15/2019
<b>2A. Subrecipients</b>	08/15/2019
<b>3A. Project Detail</b>	08/15/2019
<b>3B. Description</b>	08/15/2019
<b>4A. Services</b>	08/15/2019
<b>4B. Housing Type</b>	08/15/2019
<b>5A. Households</b>	08/15/2019
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	08/15/2019
<b>6C. Rental Assistance</b>	08/15/2019
<b>6D. Match</b>	08/23/2019
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	08/15/2019
<b>7A. In-Kind Match MOU Attachment</b>	08/23/2019
<b>7B. Certification</b>	08/15/2019
<b>Submission Without Changes</b>	08/15/2019

Section 06 - Legal  
Minute # 4  
Part # 1  
Date of Minute:

**CENTRAL TERRITORIAL HEADQUARTERS**  
**10 West Algonquin Road**  
**Des Plaines, Illinois 60016**

**INCOME TAX**

**Income Tax**

**INTERNAL REVENUE CODE**

The Salvation Army is certified by the Internal Revenue Service as an organization exempt from Federal Income Taxes, contributions to which are deductible by the donors within the limitations prescribed by Section 23 of the 1939 code and Section 170 of the 1954 code. By L.T. 2747, XII - 2 C.B. 70 (1933), the Treasury Department specifically ruled that The Salvation Army was exempt from Federal Income Taxes under Section 103 (6) of the Revenue Act of 1932 (the earlier counterpart of Section 101 (6) of the 1939 code and Section 501 © (3) of the 1954 code), and that this was applicable to all branches of The Salvation Army organization. It is unnecessary, therefore, for The Salvation Army to file Form 1023 with the Treasury Department.

**CONTRIBUTIONS TO THE SALVATION ARMY**

On October 10, 1955, the following letter was written by the Assistant Commissioner, U.S. Treasury Department to The Salvation Army's Attorneys, Messrs. Cadwaladar, Wickersham and Taft in New York:

"Gentlemen:

Under section 170 (b) (1) (A) of the 1954 Code, individuals are allowed an additional deduction of not exceeding 10 percent of their adjusted gross income for contributions made to a church or a convention or association of churches, to educational organizations referred to in section 503 (b) (2), and to hospitals referred to in section 503 (b) (5).

We have held The Salvation Army and its State and Regional organizations and local posts exempt from Federal income tax under the provisions of section 101 (6) of the Internal Revenue Code of 1939, and that contributions made thereto are deductible by the donors in arriving at their taxable net income in the manner and to the extent provided by section 23 (o) and (q) of the 1939 Code.

Section 101 (6) and section 23 (o) and (q) of the 1939 Code correspond to section 501 © (3) and section 170 of the Code of 1954.

Based upon the evidence submitted it is the opinion of this office that the National Headquarters of The Salvation Army and its various components throughout the United States constitute a church or a convention or association of churches as that term is used in section 170 (b) (1) (A) (I) of the 1954 Code, and contributions made thereto are deductible by individual donors to the extent of the special rule provided in section 170 (b) (1) (A) of the 1954 Code.

Very truly yours  
(signed) Justin F. Winkle  
Assistant Commissioner  
U.S. Treasury Department"



The Tax Reform Law of 1969 provides for mandatory exemption for a church or convention or association of churches which coincides with the 1955 letter above recorded.

#### CONFIRMATION

On 20 April, 1972, the following letter was written from the Internal Revenue Service to The Salvation Army's National Headquarters in New York:

"Gentlemen:

This refers to your letter of November 18, 1971, in which you request a ruling that the National Headquarters of The Salvation Army and its components be excluded pursuant to Sections 509 (a) (1) and 170 (b) 1) (A) (I) from "private foundation" classification.

You received a ruling dated October 10, 1955, which determined the National Headquarters of The Salvation Army and its various components throughout the United States do constitute a church or a convention or association of churches as that term is used in Section 170 (b) (1) (A) (I) of the Code.

Based on the information provided and assuming there have been no material changes in the organization or operation since the ruling dated October 10, 1955, we rule The Salvation Army and its various components throughout the United States constitute organizations described in Section 170 (b) (1) (A) (I) and therefore are not private foundations under Section 509 (a) (1).

Sincerely yours  
(signed) J.A. TIDESCO  
Chief, Rulings Section  
Exempt Organizations Branch"

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U. S. TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR

Determination Letter  
Mil-EO-66-211

P. O. Box 1157, Milwaukee, Wis. 53201  
August 18, 1966

IN REPLY REFER TO  
Form L-178

A:R:P:RWG

Fond du Lac Area Economic Opportunity  
Committee, Incorporated  
146 Forest Ave.  
Fond du Lac, Wis. 54935

Gentlemen:

PURPOSE	
Charitable	
ADDRESS INQUIRIES & FILE RETURNS WITH DISTRICT DIRECTOR OF INTERNAL REVENUE	
Milwaukee, Wis.	ACCOUNTING PERIOD ENDING
FORM 990-A RE- QUIRED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	December 31

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

*W. S. Stumpp*

District Director

R2m 5/18  
on

Department of the Treasury



District Director

Internal Revenue Service

Date:

April 29, 1974

In reply refer to: Mr. Swanson  
612-725-7344

A:F:211:RMS:ag

Advocap, Inc.  
19 West First Street  
Fond du Lac, Wisconsin 54935

Gentlemen:

In a letter dated August 18, 1966, your organization was granted exempt status under Section 501(c)(3) of the Internal Revenue Code. In that letter we made no determination as to your foundation status.

Based on information available, we have now classified your organization as one that is not a private foundation as defined in Section 509(a) of the Internal Revenue Code because you are an organization described in Code Section 509(a)(1) and Section 170(b)(1)(A)(vi).

This classification is based on the assumption that your operations will continue as stated in your application.

All changes in your purposes, character or method of operation must be reported to your District Director so he can consider their effect on your status.

Very truly yours,

C. D. Switzer  
District Director



1 640 9th Ave. S.W., Aberdeen, S. Dak. 57401  
2 17 N. Dearborn St., Chicago, Ill. 60602  
3 210 Walnut St., Des Moines, Iowa 50309  
4 653 Second Ave. N., Fargo, N. Dak. 58102

5 517 E. Wisconsin Ave.  
Milwaukee, Wis. 53202  
6 15th and Dodge Sts., Omaha, Nebr. 68102  
7 1114 Market St., St. Louis, Mo. 63101

8 Federal Building and U. S. Courthouse  
316 Robert St., St. Paul, Minn. 55101  
9 325 W. Adams St., Springfield, Ill. 62704

## Department of the Treasury

### District Director Internal Revenue Service

Date:

March 8, 1974

In reply, refer to:

A:F:1211:DJM



► Advocap, Inc.  
19 West First Street  
Fond Du Lac, Wisconsin 54935

Date of Exemption: August 18, 1966  
Internal Revenue Code Section: 501(c)(3)

Gentlemen:

Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

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

Thank you for your cooperation.

Sincerely yours,

*R. C. Voskuil*

R. C. Voskuil  
District Director

#### Item Changed

#### From

#### To

Name

Fond Du Lac Area Economic  
Opportunity Committee, Inc.

Advocap, Inc.

**Internal Revenue Service**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** April 10, 2003

Housing Partnership of the Fox Cities, Inc.  
P.O. Box 5101  
Appleton, WI 54912-5101

**Person to Contact:**

Ms. Smith #31-07262  
Contact Representative

**Toll Free Telephone Number:**

8:00 a.m. to 6:30 p.m. EST  
877-829-5500

**Fax Number:**

513-263-3756

**Federal Identification Number:**

39-1582471

Dear Sir or Madam:

This is in response to your request of April 10, 2003, regarding your organization's tax exempt status.

Our records indicate that a determination letter issued in October 1987 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(a)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Housing Partnership of the Fox Cities, Inc.  
39-1582471

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

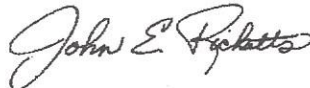
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services

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**Sites for Work Performance  
HUD 50070**

City of Appleton  
100 N Appleton St  
Appleton, WI 54911  
Outagamie County  
Project/Activity: Administration

ADVOCAP, Inc.  
181 N Water St #210  
Neenah, WI 54956  
Winnebago County  
Project/Activity: Transitional Housing Leasing & Supportive Services

Salvation Army of the Fox Cities  
130 E North St  
Appleton, WI 54911  
Outagamie County  
Project/Activity: Transitional Housing Supportive Services

Housing Partnership of the Fox Cities  
605 E Hancock St  
Appleton, WI 54911  
Outagamie County  
Project/Activity: Transitional Housing Supportive Services





*"...meeting community needs...enhancing quality of life."*

**FINANCE DEPARTMENT**

100 N Appleton Street  
Appleton, WI 54911  
Phone: (920) 832-6442

August 20, 2019

U.S. Department of Housing and Urban Development  
Office of Housing  
451 7<sup>th</sup> Street S.W.,  
Washington, DC 20410

To Whom it May Concern:

The City of Appleton will provide a match in the approximate amount of \$3,500 for the COC funded Rapid Re-housing Program (RRH). The source of this match will be general funds for technical and administrative support provided by the City of Appleton staff for reviewing, processing, and approving reimbursement requests to the COC sub-recipients, accounts payable and receivable staff, and management of accounting processes and annual single audit costs related to the COC grant.

Thank you,

Anthony D Saucerman  
Director of Finance  
City of Appleton, WI





*Our Mission:  
To create  
opportunities  
for people  
and  
communities  
to reduce  
poverty and  
increase  
self-sufficiency.*

Website:  
[www.advocap.org](http://www.advocap.org)

**MAIN OFFICE**  
19 West First St.  
P.O. Box 1108  
Fond du Lac, WI  
54936-1108  
(920) 922-7760  
FAX: (920) 922-7214

**OSHKOSH**  
2929 Harrison St.  
Oshkosh, WI 54901  
(920) 426-0150  
FAX: (920) 426-3071

**NEENAH**  
181 E. North Water St.  
Suite 210  
Neenah, WI 54956  
(920) 725-2791  
FAX: (920) 725-6337

**BERLIN**  
237 Broadway, Suite C  
Berlin, WI 54923  
(920) 361-9880  
FAX: (920) 361-2463

**PRAIRIE VIEW**  
W911 State Highway 44  
Markesan, WI 53946  
(920) 398-3907  
FAX: (920) 398-2103

August 19, 2019

Nikki Gerhard  
Community Development Specialist  
City of Appleton  
100 N Appleton St.  
Appleton, WI 54911

RE: Fox Cities Housing Coalition Rapid Rehousing Program  
Grant Number: WI0010L5I001911

ADVOCAP is pleased to again participate as a sub-recipient with the City of Appleton in the Fox Cities Housing Coalition Rapid Rehousing Program.

ADVOCAP will provide matching funds in the amount of \$9,787 in corporate and discretionary funds including Community Service Block Grant funds and Employment and Training program funds for FY2019.

We look forward to continuing to work with you in providing services to those experiencing homelessness in the Fox Cities area.

Sincerely,

Michael S. Bonertz  
Executive Director



DOING THE MOST GOOD

Brian Peddle  
General

Commissioner Brad Bailey  
Territorial Commander

Major Steven J. Merritt  
Divisional Commander

Wisconsin & Upper Michigan Division  
11315 W. Watertown Plank Road  
P.O. Box 26019  
Wauwatosa, WI 53226-0019  
414.302.4300  
Fax 414.302.4314

August 12, 2019

Nikki Gerhard,  
Community Development Specialist  
City of Appleton  
Finance Dept.  
Appleton, WI 54911-4799

RE: Match for the Continuum of Care Rapid Rehousing Application for the Fox Cities Housing Coalition  
Continuum of Care

The Salvation Army is committed to reducing homelessness in the Fox Cities. Therefore it is our intention to partner with the City of Appleton to provide Rapid Re-housing and supportive services for homeless individuals in the Fox Cities.

As part of our commitment to this project, we will allocate \$26,000 as cash match (Salvation Army appropriations, private donations) to pay for the necessary case management and other supportive services incurred in this program. In addition, these funds will be available as needed from October 1, 2020 through September 30, 2021.

Our commitment has been, and will continue to be, to break the cycle of homelessness. Therefore we are delighted to have this opportunity to assist in making that happen by partnering with the City of Appleton on this grant application. Please contact Patrick Leigl at 920-955-1222, with any questions.

Sincerely,

Major Steve Merritt  
Divisional Commander

cc: Major David Minks  
Patrick Leigl

*"Have you remembered The Salvation Army in your will?"*

Donations by phone 1.800.SALARMY or internet [www.salvationarmywi.org](http://www.salvationarmywi.org)



**SHELTER. SUPPORT. SOLUTIONS.**

August 23, 2019

U.S. Department of Housing & Urban Development  
Office of Community Planning and Development  
310 W. Wisconsin Avenue, Suite 1380  
Milwaukee, WI 53203

RE: Source for Match for Grant WI0010L51001508

Pillars, Inc. certifies matching in the amount of \$8,796 will be available for the grant year October 1, 2019 – September 30, 2020 and will be secured by the following:

Source	Amount
3% Executive Director's Salary	\$2,823
10% Supportive Services Director's Salary	<u>\$5,973</u>
<b>TOTAL MATCH</b>	<b><u>\$8,796</u></b>

Respectfully Submitted,

Martha A. Baldwin, CPA, MPA  
Finance Director



605 E. Hancock Street  
Appleton, WI 54911  
920.734.9192  
info@pillarsinc.org

f @ t in  
www.pillarsinc.org