

## 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](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](mailto: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](mailto: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.
- 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](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.
- 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 2023 Project Application will be imported into the FY 2024 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.
- 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2024 CoC Program Competition NOFO.

## 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: 10/04/2024

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

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
- c. Unique Entity Identifier:** WLT8QFB9NFZ3

### 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:** Miss
- First Name:** Olivia
- Middle Name:**
- Last Name:** Galyon
- Suffix:**
- Title:** Community Development Specialist
- Organizational Affiliation:** City of Appleton
- Telephone Number:** (920) 832-6469
- Extension:**

**Fax Number:** (920) 832-5994

**Email:** olivia.galyon@appletonwi.gov

## 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-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: 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: 10/01/2025

b. End Date: 09/30/2026

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:** Mayor

**First Name:** Jacob

**Middle Name:** A

**Last Name:** Woodford

**Suffix:**

**Title:** Mayor

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

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

**Email:** jake.woodford@appleton.org

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

**Date Signed:** 10/04/2024

# 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:** City of Appleton

**Prefix:**

**First Name:** Jacob

**Middle Name:** A

**Last Name:** Woodford

**Suffix:**

**Title:** Mayor

**Organizational Affiliation:** City of Appleton

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

**Extension:**

**Email:** jake.woodford@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: \$197,940.00**

(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. **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
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**Name / Title of Authorized Official:** Jacob Woodford, Mayor

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

**Date Signed:** 10/04/2024

# 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 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
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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:** Mayor

**First Name:** Jacob

**Middle Name:** A

**Last Name:** Woodford

**Suffix:**

**Title:** Mayor

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

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

**Email:** jake.woodford@appleton.org

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

**Date Signed:** 10/04/2024

## **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:** City of Appleton

**Name / Title of Authorized Official:** Jacob Woodford, Mayor

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

**Date Signed:** 10/04/2024

# 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:** 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.

**Authorized Representative**

**Prefix:** Mayor

**First Name:** Jacob

**Middle Name:** A

**Last Name:** Woodford

**Suffix:**

**Title:** Mayor

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

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

**Email:** jake.woodford@appleton.org

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

**Date Signed:** 10/04/2024

## 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:** City of Appleton  
**Prefix:** Mayor  
**First Name:** Jacob

**Middle Name:** A

**Last Name:** Woodford

**Suffix:**

**Title:** Mayor

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

**Date Signed:** 10/04/2024

## 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.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

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
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - 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 2023 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 e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 CoC Competition.

## Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to 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 checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>

7B. Certification	<input type="checkbox"/>

**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

Updates to Part E for admin dollars. Other check boxes were auto-checked and we were unable to uncheck.

**You have selected "Make Changes." Once this screen is saved, you 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.**

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes
- 4a. If HUD recaptured funds provide an explanation.
- Unspent at end of September 2023, due to challenges with getting buy-in from landlords to lease units.  
TOTAL: \$9,303  
All remaining funds were from the rental assistance category, and is a result of issues related to availability of units for lease.

## Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.
  - a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.
  - b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this renewal project application requesting to consolidate or expand?** Yes - Individual Application in a Renewal Grant Consolidation

If "No" click on "Next" or "Save & Next" below to move to the next screen.

**HUD encourages the consolidation of renewal grants. As part of the FY 2024 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 10 renewal grants into 1 consolidated grant with the final fully consolidated grant completed in the CoC post award process. 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) 2025, as confirmed on the FY 2024 GIW and also confirmed with dates from eLOCCS. In addition, the project 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).**

**2. Is this renewal project application the surviving or terminating grant?** Survivor

**Renewal Grant Consolidation Table**

Surviving PIN or Terminating PIN	Project Identification Number PIN	Operating Start Date	Expiration Date
Surviving PIN	WI0010	10/01/2024	09/30/2025
Terminating PIN	WI0220	10/01/2024	09/30/2025


**\*The surviving PIN must have the earliest operating start date as confirmed from eLOCCS data. All Expiration Dates will be set to 2025.**

**Renewal Grant Consolidation Summary**

<b>Total Number of Grants in Consolidation</b>	2
--	---



I acknowledge the I have reviewed eLOCCS Operating Start Dates and Expiration dates for all grants listed above.

I acknowledge that I have informed my Collaborative Applicant of this consolidation request to be included in the CoCs Project Listing and listed on a special attachment identifying this consolidation request.

I acknowledge that I have reviewed the accuracy and submitted all the individual renewal project applications related to this consolidation request into esnaps. **NOTE: DO NOT SUMBIT A FULLY CONSOLIDATED PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2024 COC COMPETITION.**

**Click on "Save & Next" to continue completing the remainder of this individual project application**

## 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: \$181,940**

Organization	Type	Sub-Award Amount
ADVOCAP	M. Nonprofit with 501C3 IRS Status	\$49,440
Pillars, Inc.	M. Nonprofit with 501C3 IRS Status	\$23,056
Salvation Army Fox Cities	M. Nonprofit with 501C3 IRS Status	\$109,444

## 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. Unique Entity Identifier:** SCLANJCNMH86

**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:** \$49,440

**j. Contact Person**

**Prefix:** Mrs.

**First Name:** Becky

**Middle Name:**  
**Last Name:** Heldt  
**Suffix:**  
**Title:** Homeless Prevention Director  
**E-mail Address:** becky.heldt@advocap.org  
**Confirm E-mail Address:** becky.heldt@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. **Unique Entity Identifier:** DKKLKT1RJG26
- 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:** \$23,056

**j. Contact Person**

**Prefix:** Mrs.

**First Name:** Lisa

**Middle Name:**

**Last Name:** Strandberg

**Suffix:**

**Title:** Executive Director

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

**Confirm E-mail Address:** lstrandberg@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

**d. Unique Entity Identifier:** NDM9CJA8ZSH8

**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:** \$109,444

**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. Expiring Grant Project Identification Number (PIN):** WI0010  
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** WI-500 - Wisconsin Balance of State CoC
- 3. CoC Collaborative Applicant Name:** Wisconsin Balance of State Continuum of Care, Inc.
- 4. Project Name:** Fox Cities Housing Coalition RRH Program
- 5. Project Status:** Standard
- 6. Component Type:** PH
- 6a. Select the type of PH project.** RRH
- 7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
- 9. Is this project applying for Rural costs on screen 6A?** 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 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. Focus will be placed on using a housing first approach to serve 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) qualify under category 4 of the definition of homelessness. Agencies will conduct a Barriers Assessment for clients to determine proper placement and prioritization status. Funds will specifically support rental assistance for participants and supportive services by each agency. 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.

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

### 3. Housing First

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

3b. Does 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"/>

3c. 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"/>

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

## 4A. Supportive Services for Program Participants

1. 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	Subrecipient	As needed
Assistance with Moving Costs	Subrecipient	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	Subrecipient	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	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits	Subrecipient	As needed

Identify whether the project includes the following activities:



2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

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

4a. 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:** 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

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

**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:** 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 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:** 181 N Water St

**Street 2:**

**City:** Neenah

**State:** Wisconsin

**ZIP Code:** 54956

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

559087 Outagamie County, 559015 Calumet County, 559139 Winnebago County

## 4B. Housing Type and Location Detail

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

**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:** 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 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:** 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)**

559087 Outagamie County, 559015 Calumet County, 559139 Winnebago County

## 4B. Housing Type and Location Detail

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

**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:** 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 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:** 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)**

559087 Outagamie County, 559015 Calumet County

## 5A. Program Participants - Households

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.

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

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	5	2	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
Persons over age 24	5	2		7
Persons ages 18-24	0	0		0
Accompanied Children under age 18	6		0	6
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	11	2	0	13

Click Save to automatically calculate totals

## 5B. Program 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	0	0	1	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	3	1	0	0
<b>Total Persons</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>0</b>

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						
Persons ages 18-24										
<b>Total Persons</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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										
<b>Total Persons</b>	<b>0</b>	<b></b>	<b></b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 6A. Funding Request

### 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.

**1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?** No

**2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?** No

**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.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

**3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO?** No

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

**5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:** 1 Year

**6. Select the costs for which funding is requested:**

Rental Assistance	X
Supportive Services	X
HMIS	

VAWA	<input checked="" type="checkbox"/>
Rural	<input 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.**

## 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:	\$77,892
Total Units:	7

The number of beds for which funding has been requested in the Rental Assistance budget is 13.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Appleton, WI MSA (5501599999)	5	\$60,804
TRA	WI - Oshkosh-Neenah, WI MSA (5513999999)	2	\$17,088

## 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 \$511	\$511	x 12 =	\$0
0 Bedroom		x \$681	\$681	x 12 =	\$0
1 Bedroom		x \$748	\$748	x 12 =	\$0
2 Bedrooms	4	x \$949	\$949	x 12 =	\$45,552
3 Bedrooms	1	x \$1,271	\$1,271	x 12 =	\$15,252
4 Bedrooms		x \$1,276	\$1,276	x 12 =	\$0
5 Bedrooms		x \$1,467	\$1,467	x 12 =	\$0
6 Bedrooms		x \$1,659	\$1,659	x 12 =	\$0
7 Bedrooms		x \$1,850	\$1,850	x 12 =	\$0
8 Bedrooms		x \$2,042	\$2,042	x 12 =	\$0
9 Bedrooms		x \$2,233	\$2,233	x 12 =	\$0
<b>Total Units and Annual Assistance Requested</b>					\$60,804
<b>Grant Term</b>					1 Year
<b>Total Request for Grant Term</b>					\$60,804

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 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 \$534	\$534	x 12 =	\$0
0 Bedroom	2	x \$712	\$712	x 12 =	\$17,088
1 Bedroom		x \$739	\$739	x 12 =	\$0
2 Bedrooms		x \$954	\$954	x 12 =	\$0
3 Bedrooms		x \$1,289	\$1,289	x 12 =	\$0
4 Bedrooms		x \$1,502	\$1,502	x 12 =	\$0
5 Bedrooms		x \$1,727	\$1,727	x 12 =	\$0
6 Bedrooms		x \$1,953	\$1,953	x 12 =	\$0
7 Bedrooms		x \$2,178	\$2,178	x 12 =	\$0
8 Bedrooms		x \$2,403	\$2,403	x 12 =	\$0
9 Bedrooms		x \$2,629	\$2,629	x 12 =	\$0
<b>Total Units and Annual Assistance Requested</b>					\$17,088
<b>Grant Term</b>					1 Year
<b>Total Request for Grant Term</b>					\$17,088

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 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 Value of Cash Commitments:	\$49,485
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$49,485

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

Type	Source	Contributor	Value of Commitments
Cash	Private	Pillars Staff Time	\$6,284
Cash	Private	ADVOCAP	\$13,440
Cash	Private	Salvation Army St...	\$29,761

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: Pillars Staff Time  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$6,284

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: ADVOCAP  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$13,440

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: Salvation Army Staff Time  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$29,761

## 6E. Summary Budget

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$77,892
3. Supportive Services (Enter)	\$104,048
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$0
6. VAWA (Enter)	\$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	\$0
8. Sub-total of CoC Program Costs Requested	\$181,940
9. Admin (Up to 10% of Sub-total in #8)	\$16,000
10. HUD funded Sub-total + Admin. Requested	\$197,940
11. Cash Match (From Screen 6D)	\$49,485
12. In-Kind Match (From Screen 6D)	\$0
13. Total Match (From Screen 6D)	\$49,485
14. Total Project Budget for this grant, including Match	\$247,425

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	FCHC Subrecipient...	09/24/2024
2) Other Attachment	No	Pillars Match Info	09/30/2024
3) Other Attachment	No	ADVOCAP Match Info	09/30/2024

## Attachment Details

**Document Description:** FCHC Subrecipient Non-profit Status Documentation

## Attachment Details

**Document Description:** Pillars Match Info

## Attachment Details

**Document Description:** ADVOCAP Match Info

## 7B. 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:** Jacob Woodford

**Date:** 10/04/2024

**Title:** Mayor

**Applicant Organization:** City of Appleton

**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

Page	Last Updated
1A. SF-424 Application Type	09/16/2024
1B. SF-424 Legal Applicant	09/10/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/30/2024
Renewal Project Application FY2024	Page 56 10/04/2024

<b>1E. SF-424 Compliance</b>	09/10/2024
<b>1F. SF-424 Declaration</b>	09/16/2024
<b>1G. HUD 2880</b>	09/16/2024
<b>1H. HUD-50070</b>	09/16/2024
<b>1I. Cert. Lobbying</b>	09/16/2024
<b>1J. SF-LLL</b>	09/16/2024
<b>IK. SF-424B</b>	09/16/2024
<b>Submission Without Changes</b>	09/23/2024
<b>Recipient Performance</b>	09/23/2024
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	09/16/2024
<b>2A. Subrecipients</b>	09/30/2024
<b>3A. Project Detail</b>	09/23/2024
<b>3B. Description</b>	10/04/2024
<b>4A. Services</b>	09/24/2024
<b>4B. Housing Type</b>	09/23/2024
<b>5A. Households</b>	09/10/2024
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	09/23/2024
<b>6C. Rental Assistance</b>	09/10/2024
<b>6D. Match</b>	09/30/2024
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/30/2024
<b>7B. Certification</b>	09/30/2024

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 LT. 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"



U. S. TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR

Determination Letter  
Mil-80-66-211

P. O. Box 1157, Milwaukee, Wis. 53201  
August 16, 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 REVE	
Milwaukee, Wis.	ACCOUNTING PERIOD
FORM 990-A RE- QUIRED	ENDING
<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:

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

April 29, 1974

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,

A handwritten signature in cursive script that reads "C. D. Switzer".

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  
District Director

Item Changed

From

To

Name

Fond Du Lac Area Economic  
Opportunity Committee, Inc.

Advocap, Inc.



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077989886  
Feb. 25, 2019 LTR 4168C 0  
39-1582471 000000 00

00024006

BODC: TE

PILLARS INC  
605 E HANCOCK ST  
APPLETON WI 54911-5023



025441

Employer ID number: 39-1582471  
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Oct. 11, 2018, about your tax-exempt status.

We issued you a determination letter in October 1987, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

PILLARS INC  
605 E HANCOCK ST  
APPLETON WI 54911-5023

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.


Sincerely yours,

*Stephen A. Martin*

Stephen A. Martin  
Director, EO Rulings & Agreements

025441.789776.74530.18929 1 AB 0.412 536



 PILLARS INC  
605 E HANCOCK ST  
APPLETON WI 54911-5023

025441

CUT OUT AND RETURN THE VOUCHER IMMEDIATELY BELOW IF YOU ONLY HAVE AN INQUIRY.  
DO NOT USE IF YOU ARE MAKING A PAYMENT.

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,  
EVEN IF YOU ALSO HAVE AN INQUIRY.


 The IRS address must appear in the window.

Use for inquiries only

BODCD-TE

4077989886

Letter Number: LTR4168C  
Letter Date : 2019-02-25  
Tax Period : 000000

INTERNAL REVENUE SERVICE  
P.O. Box 2508, Room 4010  
Cincinnati OH 45201  




\*391582471\*

PILLARS INC  
605 E HANCOCK ST  
APPLETON WI 54911-5023

391582471 CI H0US 00 2 000000 670 000000000000


 The IRS address must appear in the window.

Use for payments

BODCD-TE

4077989886

Letter Number: LTR4168C  
Letter Date : 2019-02-25  
Tax Period : 000000

INTERNAL REVENUE SERVICE  
OGDEN UT 84201-0102  




\*391582471\*

PILLARS INC  
605 E HANCOCK ST  
APPLETON WI 54911-5023

391582471 CI H0US 00 2 000000 670 000000000000



SHELTER. SUPPORT. SOLUTIONS.

Sept. 30, 2024

WI Balance of State Continuum of Care  
PO Box 272  
Eau Claire, WI 54702

RE: Source of Match for Grant COC RRH 2024 beginning October 1, 2025

Pillars, Inc certifies that matching funds in the amount of \$6,284 will be available for the grant year October 1, 2025 – September 30, 2026 and will be secured through the following:

Private Donations      \$6,284

**Total Match**              **\$6,284**

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Lisa Strandberg", is written over a light gray background.

Lisa Strandberg  
Executive Director



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

www.pillarsinc.org



**OUR MISSION:**

To create opportunities  
for people & communities  
to reduce poverty &  
increase self-sufficiency.

**MAIN OFFICE**

PO Box 1108  
19 West 1<sup>st</sup> St  
Fond du Lac, WI  
54936-1108  
Tel: 920-922-7760  
Fax: 920-922-7214

**OSHKOSH**

2929 Harrison St  
Oshkosh, WI 54901  
Tel: 920-426-0150  
Fax: 920-426-3071

**NEENAH**

181 E North Water St  
Suite 210  
Neenah, WI 54956  
Tel: 920-725-2791  
Fax: 920-725-6337

**BERLIN**

237 Broadway  
Berlin, WI 54923  
Tel: 920-361-9880  
Fax: 920-361-2463

**PRAIRIE VIEW**

W911 State Hwy 44  
Markesan, WI 53946  
Tel: 920-398-3907  
Fax: 920-398-2103

September 17, 2024

**TO:** Carrie Poser  
COC Director, WI BOS COC

**FROM:** ADVOCAP, Inc.  
UEI # **SCLANJCNMH86**

**RE:** Fox Cities Housing Coalition RRH  
W0010L51002315

We are respectfully submitting our commitment of \$13,440 of match. The funds will come from our agency CSBG allocation. This cash will be available during the grant period 10/01/2025-9/30/2026.

We look forward to continuing to provide rapid rehousing to the people in the Fox Cities.

Sincerely,

*Tanya Marcoe*

Tanya Marcoe  
Executive Director

ADVOCAP contact:  
Becky Heldt [becky.heldt@advocap.org](mailto:becky.heldt@advocap.org)  
2929 N Harrison  
Oshkosh, WI 54901  
920-426-0150 x3581