

## 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 2023 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) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- 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 entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2023 CoC Program Competition NOFO.
- YHDP projects must state they were awarded under the YHDP program on screen 3A and answer the YHDP specific page that follows.

## 1A. SF-424 Application Type

- 1. Type of Submission: Application
- 2. Type of Application: YHDP Project Application

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

If "Other", specify:

3. Date Received: 09/12/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0256

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: Central Wisconsin Community Action Council, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1051779

c. Unique Entity Identifier: DN2EMD3N6UU5

### d. Address

Street 1: 1000 Hwy 13

Street 2:

City: Wisconsin Dells

County: Columbia

State: Wisconsin

Country: United States

Zip / Postal Code: 53965-0430

### e. Organizational Unit (optional)

Department Name: Homeless Intervention/Prevent

Division Name:

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

Prefix: Mrs.

First Name: Wendy

Middle Name: W

Last Name: Schneider

Suffix:

Title: Unit Supervisor

Organizational Affiliation: Central Wisconsin Community Action Council, Inc.

**Telephone Number:** (608) 254-8353

**Extension:** 241

**Fax Number:** (608) 254-4327

**Email:** wendys@cwcac.org

## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6700-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:** Next Door - Youth Joint TH/RRH in Central

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

**16a. Applicant:** WI-005, WI-006, WI-007, WI-002, WI-003

**16b. Project:** WI-005, WI-006, WI-007, WI-002, WI-003  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 11/01/2024

**b. End Date:** 10/31/2025

**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: Mr.

First Name: Fred

Middle Name:

Last Name: Hebert

Suffix:

Title: Executive Director

Telephone Number: (608) 254-8353  
(Format: 123-456-7890)

Fax Number: (608) 254-4327  
(Format: 123-456-7890)

Email: donna@cwcac.org

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

Date Signed: 09/12/2023



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2501-0017 (exp. 1/31/2026)**

## Applicant/Recipient Information

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

**Agency Legal Name:** Central Wisconsin Community Action Council, Inc.

**Prefix:** Mr.

**First Name:** Fred

**Middle Name:**

**Last Name:** Hebert

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Central Wisconsin Community Action Council, Inc.

**Telephone Number:** (608) 254-8353

**Extension:** 226

**Email:** donna@cwcac.org

**City:** Wisconsin Dells

**County:** Columbia

**State:** Wisconsin

**Country:** United States

**Zip/Postal Code:** 53965-0430

**2. Employer ID Number (EIN):** 39-1051779

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

**4. Amount of HUD Assistance Requested/Received: \$240,000.00**

(Requested amounts will be automatically entered within applications)

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

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity? Yes**  
(For further information, see 24 CFR Sec. 4.3).

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes**

**Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Dept. of Admin State of WI	HOME Tenant Based Rental Assistance	\$220,433.00	Housing assistance over 2 years
Workforce Development Board of South Central Wisconsin, Madison, WI	Resource Specialist	\$65,397.00	Resource Specialist to work with 18-24 year olds aging out of foster care
Sauk County Dept. of Human Services, Baraboo, WI	Grant	\$104,714.00	Rental assistance for Sauk County Low-income residents

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

**Part III Interested Parties**

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

**Certification**

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

**I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.**

X

**Name / Title of Authorized Official:** Fred Hebert, Executive Director

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

**Date Signed:** 09/12/2023

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Central Wisconsin Community Action Council, Inc.

**Program/Activity Receiving Federal Grant Funding:** CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

## 2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

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

X

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

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Fred

**Middle Name:**

**Last Name:** Hebert

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (608) 254-8353  
**(Format: 123-456-7890)**

**Fax Number:** (608) 254-4327  
**(Format: 123-456-7890)**

**Email:** donna@cwcac.org

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

**Date Signed:** 09/12/2023

# 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:** Central Wisconsin Community Action Council, Inc.

**Name / Title of Authorized Official:** Fred Hebert, Executive Director

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

**Date Signed:** 09/12/2023

# 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: Central Wisconsin Community Action Council, Inc.

Street 1: 1000 Hwy 13

Street 2:

City: Wisconsin Dells

County: Columbia

State: Wisconsin

Country: United States

Zip / Postal Code: 53965-0430

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:** Mr.

**First Name:** Fred

**Middle Name:**

**Last Name:** Hebert

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (608) 254-8353  
**(Format: 123-456-7890)**

**Fax Number:** (608) 254-4327  
**(Format: 123-456-7890)**

**Email:** donna@cwcac.org

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

**Date Signed:** 09/12/2023

# IK. SF-424B

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

OMB Number: 4040-0007  
Expiration Date: 02/28/2022

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: Central Wisconsin Community Action Council, Inc.

Prefix: Mr.

**First Name:** Fred

**Middle Name:**

**Last Name:** Hebert

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 09/12/2023

## 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? No

## **YHDP Renewal Grant Consolidation Screen**

The FY2023 CoC Competition will continue offering opportunities to consolidate CoC projects.

1. Consolidations will no longer be required to submit a combined version of the application.



a. 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 the 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 project application requesting to be part of a renewal grant consolidation in the FY 2023 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: \$0

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

### 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** WI0256

(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:** Next Door - Youth Joint TH/RRH in Central

**5. Project Status:** Standard

**6. Component Type:** Joint TH & PH-RRH

**7. Is your agency or expected subrecipient a victim service provider, as defined in 24 CFR 578.3?** No

**8. Was this project funded under the Youth Homeless Demonstration Program (YHDP)?** Yes

**9. Will this project include replacement reserves in the Operating budget?** No



### 3B. Project Description

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

In order to meet the Mission Statement: “With shared responsibility and driven by youth leadership and cross-sector collaboration the WIBOS YHDP Coalition’s mission is to prevent youth homelessness whenever possible and if it is not, ensure that the experience is rare, brief and non-recurring,” CWCAC has developed a joint TH/RRH project. This program will provide housing to youth aged 24 or younger, including unaccompanied and pregnant or parenting youth, who qualify as homeless under paragraph (1), (2), or (4) of the homeless definition in 24 CFR 578.3. In addition to housing, CWCAC will provide a Case Manager (CM) who will utilize Positive Youth Development and Trauma Informed Care to work with youth and young adults. Program funding will provide 6 individual TH units and 8 RRH units for Youth pulled from the Priority List who are not able to divert. Funding will also support a CM to coordinate with community partners meeting the needs of youth in our program. The program will work to understand and address the root causes of inequities within the system and to embrace diversity in cultural expression to develop a truly youth driven system that is innovative and accessible to all young people. Youth who are able to divert to other appropriate housing options will work with the System Navigator for supportive services such as WIOA and to address barriers and obtain eligible mainstream resources. At full capacity, we have two, 3-bedroom transitional shared housing units that can accommodate up to 12 youth individuals and youth families. And, 8 scattered site Rapid Re-Housing units that can accommodate up to 15 individuals (families included). Each youth enrolled in the program will meet with the CM to create a youth led and highly individualized – Individual Service Plan (ISP). This ISP will allow the youth the opportunity to identify their supportive service needs and housing barriers. The youth will take the lead with the assistance of the CM in creating a plan to acquire services and eliminate barriers. The CM, SN, and youth will work together to achieve goals as laid out in the ISP. The ISP will be evaluated at least every 30 days during the youth stay in TH to make necessary adjustments and check in with how the youth is adjusting. When goals on the ISP are achieved, youth will be ready to transition into the RRH program if needed. Youth will have developed financial skills, rental history, and understanding of being a good tenant and neighbor, and the ability to sign a lease with the landlord. At full capacity the program will be able to provide Th and RRH to 27 youth. It’s the goal of Central to ensure that at least 70% of those youth are moved into stable permanent housing and have the ability to maintain such housing. Putting together the Coordinated Community plan created the opportunity to meet with & create connections with multiple organizations whose goals is youth success.

**1a. Provide a description that addresses how this project will follow Positive Youth Development.**

Case Managers and all who work with our Youth will work toward effective youth engagement, not trying to fix behavior, but building and nurturing "all the beliefs, behaviors, knowledge, attributes and skills that result in a healthy and productive engaged youth. We will strive to engage youth within their communities, schools, organizations, peer groups and families in a manner that is productive and constructive; recognizing, utilizing and enhancing our youth and young adults strengths; and promoting positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

**1b. Provide a description that addresses how this project will follow Trauma Informed Care.**

CWCAC will continually provide Trauma Informed care training and experience, offer caring awareness, and sensitivity. We will provide a safe space for our youth and young adults., foster trustworthiness and transparency, offer peer support, collaboration and mutual agreement, provide empowerment voice and offer choice and understand and nurture cultural, historical and gender differences. Training will allow us to recognize the signs and symptoms of trauma in our youth, understand the widespread impact of trauma and understand the paths for recovery and actively avoid re-traumatization.

**1c. How does this project help the community meet the shared vision, goals and objectives of the coordinated community plan?**

By working together in Central, we will be able to identify homeless youth in a timely manner and provide immediate and equitable access to everything they need to thrive in housing, education, employment, well-being and positive community connections. We will share responsibility and utilize youth driven leadership and cross-sector collaboration to prevent youth homelessness whenever possible and if it is not, ensure that the experience is rare, brief and non-recurring. Our Case Manager will be trained in Trauma Informed care, Positive Youth Development as well as other youth related skills that will provide all youth inclusive and individualized, wrap-around supports to create a mentally and physically healthy environment for growing and learning. Youth will be empowered through our YAB while in the program. Because this is a Community effort – we have multiple community partners who will support and provide services to our youth. These partners will help address special populations and assure needs are met in a culturally affirming and trauma-informed way. Central has a close collaboration with mental health, substance abuse and health systems to meet youth needs. By providing Transitional housing, youth and young adults will have immediate access to safe, temporary housing. Once ready, they will transition to scattered site Rapid Re-Housing offering flexible housing options. Case Management will assist in housing navigation and landlord engagement. This meets the Stable Housing goal of our Coordinated Community Plan (CCP). We will assist youth in: moving, obtaining necessary items, rent, security deposit and rental stability. Central's CCP brought many organizations and providers together as community stakeholders. These stakeholders will assist in making permanent connections for youth. Central will support an SSO who will advocate and mentor youth as they will have similar life experiences.

**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 type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input checked="" 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"/>

**2a. Please identify the specific populations addressed in this project**

Pregnant/Parenting	<input checked="" type="checkbox"/>
Minors (Include short textbox if "minor" selected"	<input checked="" type="checkbox"/>
Foster care/justice involved youth	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>
Gender Non-Conforming	<input checked="" type="checkbox"/>
Victims of Sexual Trafficking	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

**Abiding by state law in serving Minors:** Yes - we only serve 17 year olds.

**3. Housing First**

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

**3b. Does the project items 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**

**5. Effectively serving youth populations:**

**5a. Describe the racial composition of the persons or households who are expected to benefit from your proposed grant activities, including a description of how you analysed the local population to determine this.**

CWCAC does a demographic report for our Community Services Block Grant (CSBG). For this report, entered into the CAP 60 database, we reported that in all our CWCAC programs in 2021, we served: 9.3% Black, Indigenous, people of color. According to US Census, the average for our 5 Counties is 5.6% Black, Indigenous, people of color. (www.census.gov) Central is also working to keep our YAB diverse. Thus far, we have served 20 youth, 25% being Black, 5% American Indian, 10% multiple Race and 60% white. This does not follow with the US Census or our entire agency demographics.

**5b. Identify any potential barriers to persons or communities of color equitably benefiting from your proposed grant activities.**

Looking at the Census, Central does not have concentrated communities of color, our population is low. However with our youth program, 40% is BIPOC so community acceptance may be a potential barrier. Especially with young people of color. We treat everyone equally. As indicated earlier, CWCAC serves everyone and does not single out anyone for race. CWCAC will make every effort to provide Positive Youth Development and understand our diverse population, providing the best resources and assistance.

**5c. Detail the steps you will take to prevent, reduce or eliminate these barriers.**

Case managers work closely with youth and are very involved with them. Case Managers go with youth to appointments and engagements to help prevent these barriers. Education and involvement in the community also helps prevent, reduce and eliminate barriers. All youth receive extra assistance with Rent Smart and Budgeting skills that help eliminate prejudgements about youth.

**5d. Describe the measures in place to track progress and evaluate the effectiveness of efforts to advance racial equity through the grant activities.**

All youth are tracked in Clarity, our Homeless Management Information System (HMIS), allowing us to run reports showing our progress. We can track who entered and completed the program and our successes in advancing racial equity. Having a Youth Advisory Board is essential to this effort also. Their voice is amazing as well as their ideas in this effort.

## Youth Homeless Demonstration Projects

1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? Yes

**1a. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?**

The community has been involved from the start as they have been instrumental in helping to create our CCP. Many Stakeholders, who want our youth to thrive, have signed on to this commitment to end youth homelessness. Our CM will work with stakeholders including child welfare agencies, schools DV agencies & Youth providers to provide diversion and intervention strategies with each youth family who presents as homeless. Each family ISP will include community partners to best meet family needs and barriers. If families cannot be helped with diversion, they are, as quickly as possible, entered into our TH or RRH program, whichever fits their needs at the time. While in this program, the CM will work with families and partners to develop the best plan providing community supports and leading to self-sufficiency. Clients will be able to contact the CM after they are self-sufficient should they have questions or need further assistance.

**1b. What services are provided to engage the family and youth? (You may select more than one)**

Family counseling	<input type="checkbox"/>
Conflict Resolution	<input checked="" type="checkbox"/>
Parenting Supports	<input type="checkbox"/>
Relative or kinship caregiver resources	<input type="checkbox"/>
Targeted substance abuse and mental health treatment	<input type="checkbox"/>
Housing Search Assistance	<input checked="" type="checkbox"/>
Landlord-Tenant mediation	<input checked="" type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>
Utility or Security Deposits	<input checked="" type="checkbox"/>
One time moving assistance	<input checked="" type="checkbox"/>

Rental Application fees	<input checked="" type="checkbox"/>
Utility or Rental Arrears	<input checked="" type="checkbox"/>
Other (if other selected, use textbox to explain the potential service)	<input type="checkbox"/>

**2. Is this a Host Homes Project?** No

**3. Does this project plan to use Rental Assistance?** Yes

**3a. Will this project use Rental Deposits?** Yes

**3b. Will this project cover first months rent?** Yes

**3c. Short Term Rental Assistance:** Yes

**3d. Medium Term Rental Assistance:** Yes

**4. How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?**

Our YAB will meet at least monthly to look at progress, program success and areas of improvement. YAB members will provide peer support and guidance. Program participants will have the opportunity to participate in the YAB, sharing their experiences and input. This will help to develop trust and transparency. Having YAB input on challenges will be essential to the success of this program. Continued support and input from our YAB will make this program stronger and successful. CWCAC will also involve our YAB in the interviewing and hiring process of our Case Manager and future Youth employees, as well as assisting in identifying and reaching out to youth - outreach.

**5. Will your project offer any specialized services for youth living with HIV/AIDS?** No

## Special YHDP Activities

**1. Is the YHDP Renewal project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity?** Yes

**2. Check the appropriate box(s) for the Special YHDP Activity the applicant is requesting. (Select all that apply)**

Reminder, certain activities require a Supportive Services budget connection. Review the Detailed Instructions to learn more

III.B.4.b(7)(a)(i) Leases under 12 months (minimum 1 month) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(ii) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH) - (ELIGIBLE ONLY FOR PH & JOINT)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(iii) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(iv) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness) - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)	<input type="checkbox"/>
III.B.4.b(7)(a)(v) Employ youth receiving recipient services (document nature of work and no conflicts of interest) - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(vi) Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up to 24 months of housing assistance (document standards applied to units and proof of compliance) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(vii) Provide moving expense more than one time to a program participant - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	<input type="checkbox"/>
III.B.4.b(7)(a)(viii) Provide payments for families that provide housing under host homes and kinship care (up to \$500 per month) - (ELIGIBLE ONLY FOR HOST HOME & KINSHIP CARE)	<input type="checkbox"/>
III.B.4.b(7)(a)(ix) YHDP recipients may continue providing supportive services to program participants for up to 12 months after the program participant exits homelessness, transitional housing or after the end of housing assistance.	<input type="checkbox"/>
No Special YHDP Activities Requested	<input type="checkbox"/>



**3. YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply) - Eligible only to projects with a Supportive Services BLI**

III.B.4.b(7)(a)(x)(i) Security deposits (not to exceed 2 months of rent)	<input checked="" type="checkbox"/>	III.B.4.b(7)(a)(x)(ii) Pay for damage to units (not to exceed 2 months rent)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(x)(iii) Costs to provide household cleaning supplies	<input type="checkbox"/>	III.B.4.b(7)(a)(x)(iv) Housing start-up expenses (not to exceed \$300 per participant)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(x)(v) Purchase cell phone and service (cost must be reasonable and housing related)	<input checked="" type="checkbox"/>	III.B.4.b(7)(a)(x)(vi) Cost of Internet (costs must be reasonable)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(x)(vii) Payment of rental arrears (up to 6 months)	<input checked="" type="checkbox"/>	III.B.4.b(7)(a)(x)(viii) Payment of utility arrears (up to 6 months)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(x)(ix) Payment of utilities (up to 3 months)	<input checked="" type="checkbox"/>	III.B.4.b(7)(a)(x)(x) Pay gas a mileage for participant personal vehicle for trips for eligible services	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(x)(xi) Payment of Legal fees	<input checked="" type="checkbox"/>	III.B.4.b(7)(a)(x)(xii) Payment of insurance, registration and past driving fines	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>		

**4. Check the appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting. (Select all that apply)**

III.B.4.b(7)(b)(i) A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance. - (ELIGIBLE ONLY FOR PH-RRH)	<input type="checkbox"/>
III.B.4.b(7)(b)(ii) YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	<input type="checkbox"/>
III.B.4.b(7)(b)(iii) YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	<input type="checkbox"/>
III.B.3.h Recipients will not be required to meet the 25% match requirement if the applicant is able to show it has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community. - (ELIGIBLE FOR ALL PROJECTS)	<input type="checkbox"/>

III.B.4.b(7)(b)(iv) Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy. - (ELIGIBLE ONLY FOR PROJECTS WITH RENTAL ASSISTANCE, LEASING OR OPERATING BLI)	<input type="checkbox"/>
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III.B.4.b(7)(b)(v) YHDP recipients may provide payments of up to \$1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program. - (ELIGIBLE ONLY FOR HOST HOMES & KINSHIP CARE)	<input type="checkbox"/>
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III.B.4.b(7)(b)(vi) YHDP recipients may pay for short-term (up to three months) emergency lodging in motels or shelters as the transitional housing component in a Joint transitional housing-rapid rehousing (TH-RRH) project, provided that the recipient can demonstrate that use of the hotel or motel room is accessible to supportive services. - (ELIGIBLE ONLY FOR JOINT)	<input type="checkbox"/>
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No Exemptions Requested.	<input checked="" type="checkbox"/>
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**5. Innovative Activities III.B.4.b(7)(c)**

a. Is the applicant requesting an innovative activity? No

6. Are the Special YHDP Activity selections made on this screen different than what this project was awarded in FY2022? If you are unsure what you were awarded, please contact your local CPD Rep. No

## 4A. Supportive Services for 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	Applicant	Weekly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	As needed
Child Care	Applicant	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Applicant	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	Quarterly
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

**2. How will the project allow youth the ability to choose the providers and interventions that fit their needs?**

We will give youth this ability by utilizing Positive Youth development and offering a variety of available providers and interventions. We will also do this by researching available resources and providing useful information and opportunities to our youth. The Youth SSO will support and guide to available resources. Youth will provide their own ideas and input on breaking barriers to their success. By working with our CM and developing their individualized ISP, youth will learn of local resources and providers, what they provide and how to obtain the interventions that fit their needs. This plan is reviewed regularly to best meet each person's needs. Continuing to expand our list of partners will provide more opportunities for youth to succeed.

**3. How will the project respond to the different needs for service type, intensity, and length of supports for youth?**

Each Youth is unique and requires different types of services. By working with each youth in a Trauma Informed Care manner and promoting Positive Youth Development, an individual Service Plan will be developed. This plan can be changed, updated or revised at any time. It is the Youth's plan and they are the ones developing their needs and explaining their barriers. Our Case Manager will work with each youth and provide guidance. Each plan will have different services, intensity and length or frequency of supports. This will be worked through with the client and Case Manager.

**Identify whether the project includes the following activities:**

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

**4a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events?** Yes

**5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** Yes

**6. Do program participants have access to SSI/SSDI technical assistance provided by this project applicant, a subrecipient, or partner agency?** Yes

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

## 4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual? Yes

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.). Yes

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

CWCAC is a member of the Wisconsin Balance of State. As such, we participate in the HMIS utilized throughout the state. We utilize Clarity. Each year, case managers receive training, sign agreements and follow Policies and Procedures. All information is updated as needed and our organization follows all guidelines.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?


The HMIS Lead for CWCAC is responsible for insuring standards are met. The lead works with our HMIS System Administrator for training, input and any questions. All users of HMIS are trained and take privacy and security training yearly.

**7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?** Yes

**8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?**

Once a breach is identified, the Security Officer for the agency is notified. The Security Officer will make every effort to remedy the breach and work with the HMIS System Administrator to do so. HMIS Policies and Procedures will be followed.

## 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.

	TH	RRH	Total
<b>Total Units:</b>	2	8	10
<b>Total Beds:</b>	8	16	24
Housing Type	Housing Type (JOINT)		Units
---	Shared housing		2
---	Scattered-site ap...		8
			Beds
			8
			16

## 4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? Yes

2. Housing Type: Shared housing

3. What is the funding source for these units and beds? CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

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

a. Units: 2

b. Beds: 8

5. Beds for Youth: 8

### 6. 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: 1000 HWY. 13

Street 2: P.O. BOX 430

City: Wisconsin Dells



**State:** Wisconsin  
**ZIP Code:** 53965

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

## 4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project? RRH

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

3. What is the funding source for these units and beds? CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

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

a. Units: 8

b. Beds: 16

5. Beds for Youth: 16

6. 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:** 1000 HWY. 13

**Street 2:** P.O. BOX 430

**City:** Wisconsin Dells

**State:** Wisconsin

**ZIP Code:** 53965

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

## 5A. Program 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	6	1	14

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	0	0		0
Persons ages 18-24	9	6		15
Accompanied Children under age 18	8		0	8
Unaccompanied Children under age 18			1	1
Total Persons	17	6	1	24

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	0	0	0	0	0
Persons ages 18-24	1	0	1	2	0	1	3	1	0	1
Children under age 18	1			0	0	0	1	0	0	6
<b>Total Persons</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>7</b>

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	0	0	0	0	0
Persons ages 18-24	1	0	1	2	0	1	3	1	1	2
<b>Total Persons</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18	0			0	0	0	0	0	0	0
Unaccompanied Children under age 18	0			0	0	0	1	0	0	0
<b>Total Persons</b>	<b>0</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

Click Save to automatically calculate totals

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

Clients currently don't specifically have one of the characteristics.

## 6A. Funding Request

1. Does this project propose to allocate funds according to an indirect cost rate? **Yes**

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
NA	10%	\$20,744	Will use 10% de minimis rate

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

This field is pre-populated with a one-year grant term and cannot be edited:

3. Select the costs for which funding is requested:

Leased Units	X
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	
VAWA	X

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.

## 6B. Leased Units Budget

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

<b>Total Annual Assistance Requested:</b>	\$26,700
<b>Grant Term:</b>	1 Year
<b>Total Request for Grant Term:</b>	\$26,700
<b>Total Units:</b>	2

The number of beds for which funding has been requested in the Leased Units budget is 6.

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WI - Dodge County...	1	\$13,380	\$13,380
WI - Sauk County,...	1	\$13,320	\$13,320

## Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Dodge County, WI (5502799999)

### Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom		
3 Bedroom	1	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
<b>Total Units and Annual Assistance Requested</b>	<b>1</b>	<b>\$13,380</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$13,380</b>

Click the 'Save' button to automatically calculate totals.

## Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Sauk County, WI (5511199999)



**Leased Units Annual Budget**

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom		
1 Bedroom		
2 Bedroom		
3 Bedroom	1	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
<b>Total Units and Annual Assistance Requested</b>	<b>1</b>	<b>\$13,320</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$13,320</b>

Click the 'Save' button to automatically calculate totals.

## 6D. Rental Assistance Budget

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

<b>Total Request for Grant Term:</b>	\$76,428
<b>Total Units:</b>	8

**The number of beds for which funding has been requested in the Rental Assistance budget is 12.**

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Columbia County, WI HUD Metro FM...	2	\$19,956
TRA	WI - Dodge County, WI (5502799999)	2	\$18,984
TRA	WI - Juneau County, WI (5505799999)	1	\$7,728
TRA	WI - Sauk County, WI (5511199999)	2	\$19,920
TRA	WI - Adams County, WI (5500199999)	1	\$9,840

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Columbia County, WI HUD Metro FMR Area (5502199999)

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	\$471	\$471	x	12	\$0
0 Bedroom		x	\$628	\$628	x	12	\$0
1 Bedroom	1	x	\$718	\$718	x	12	\$8,616
2 Bedrooms	1	x	\$945	\$945	x	12	\$11,340
3 Bedrooms		x	\$1,342	\$1,342	x	12	\$0
4 Bedrooms		x	\$1,381	\$1,381	x	12	\$0
5 Bedrooms		x	\$1,588	\$1,588	x	12	\$0
6 Bedrooms		x	\$1,795	\$1,795	x	12	\$0
7 Bedrooms		x	\$2,002	\$2,002	x	12	\$0
8 Bedrooms		x	\$2,210	\$2,210	x	12	\$0
9 Bedrooms		x	\$2,417	\$2,417	x	12	\$0
<b>Total Units and Annual Assistance Requested</b>							\$19,956
		2					
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$19,956

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 - Dodge County, WI (5502799999)

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 \$443	\$443	x 12 =	\$0
0 Bedroom		x \$591	\$591	x 12 =	\$0
1 Bedroom	1	x \$693	\$693	x 12 =	\$8,316
2 Bedrooms	1	x \$889	\$889	x 12 =	\$10,668
3 Bedrooms		x \$1,191	\$1,191	x 12 =	\$0
4 Bedrooms		x \$1,333	\$1,333	x 12 =	\$0
5 Bedrooms		x \$1,533	\$1,533	x 12 =	\$0
6 Bedrooms		x \$1,733	\$1,733	x 12 =	\$0
7 Bedrooms		x \$1,933	\$1,933	x 12 =	\$0
8 Bedrooms		x \$2,133	\$2,133	x 12 =	\$0
9 Bedrooms		x \$2,333	\$2,333	x 12 =	\$0
Total Units and Annual Assistance Requested					\$18,984
Grant Term					1 Year
Total Request for Grant Term					\$18,984

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 - Juneau County, WI (5505799999)

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 \$438	\$438	x 12 =	\$0
0 Bedroom		x \$584	\$584	x 12 =	\$0

1 Bedroom	1	x	\$644	\$644	x	12	=	\$7,728
2 Bedrooms		x	\$847	\$847	x	12	=	\$0
3 Bedrooms		x	\$1,118	\$1,118	x	12	=	\$0
4 Bedrooms		x	\$1,171	\$1,171	x	12	=	\$0
5 Bedrooms		x	\$1,347	\$1,347	x	12	=	\$0
6 Bedrooms		x	\$1,522	\$1,522	x	12	=	\$0
7 Bedrooms		x	\$1,698	\$1,698	x	12	=	\$0
8 Bedrooms		x	\$1,874	\$1,874	x	12	=	\$0
9 Bedrooms		x	\$2,049	\$2,049	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	<b>1</b>							<b>\$7,728</b>
<b>Grant Term</b>								<b>1 Year</b>
<b>Total Request for Grant Term</b>								<b>\$7,728</b>

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 - Sauk County, WI (5511199999)

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 \$483	\$483	x 12	= \$0
0 Bedroom		x \$644	\$644	x 12	= \$0
1 Bedroom	1	x \$751	\$751	x 12	= \$9,012
2 Bedrooms	1	x \$909	\$909	x 12	= \$10,908
3 Bedrooms		x \$1,202	\$1,202	x 12	= \$0
4 Bedrooms		x \$1,235	\$1,235	x 12	= \$0
5 Bedrooms		x \$1,420	\$1,420	x 12	= \$0
6 Bedrooms		x \$1,606	\$1,606	x 12	= \$0
7 Bedrooms		x \$1,791	\$1,791	x 12	= \$0
8 Bedrooms		x \$1,976	\$1,976	x 12	= \$0
9 Bedrooms		x \$2,161	\$2,161	x 12	= \$0
<b>Total Units and Annual Assistance Requested</b>	<b>2</b>				<b>\$19,920</b>

Grant Term
Total Request for Grant Term

1 Year
\$19,920

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 - Adams County, WI (5500199999)

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	\$425	\$425	x 12 =	\$0	
0 Bedroom	x	\$566	\$566	x 12 =	\$0	
1 Bedroom	x	\$623	\$623	x 12 =	\$0	
2 Bedrooms	1 x	\$820	\$820	x 12 =	\$9,840	
3 Bedrooms	x	\$1,027	\$1,027	x 12 =	\$0	
4 Bedrooms	x	\$1,112	\$1,112	x 12 =	\$0	
5 Bedrooms	x	\$1,279	\$1,279	x 12 =	\$0	
6 Bedrooms	x	\$1,446	\$1,446	x 12 =	\$0	
7 Bedrooms	x	\$1,612	\$1,612	x 12 =	\$0	
8 Bedrooms	x	\$1,779	\$1,779	x 12 =	\$0	
9 Bedrooms	x	\$1,946	\$1,946	x 12 =	\$0	
<b>Total Units and Annual Assistance Requested</b>					1	\$9,840
<b>Grant Term</b>						1 Year
<b>Total Request for Grant Term</b>						\$9,840

Click the 'Save' button to automatically calculate totals.

## 6E. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>	Moving youth from TH to RRH 8 x \$125 - vehicle and people, Requesting Special YHDP Activities to assist eligible youth & YA obtain & maintain housing: See attached supportive services costs - Sec Dep, Pay damages, housing start-up, cost of internet, pay rent arrears	\$36,673
<b>3. Case Management</b>	1 FTE Case Manager @ \$58763.00 including fringe benefits of \$9402.00	\$58,763
<b>4. Child Care</b>	\$241 per week for 12 months - Child 6 weeks - 24 months	\$12,532
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>	Requesting Special YHDP Activities to assist eligible youth & YA obtain & maintain housing - 4 cell phones and card @ \$100 each	\$400
<b>9. Legal Services</b>	Legal fees, court fees, courses and equipment 3 x 400	\$1,200
<b>10. Life Skills</b>		
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>		
<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	Taxi Vouchers 40 x \$24.00/book (Dodge/Col) & 20 x \$60 (Sauk), (2160.00), Requesting YHDP Special Services request to travel to work, housing, services, etc. reimburse participants for gas utilized for job, housing, services at .55/mile x 1364 miles (\$750.00), insurance, registration & past driving fines - 4 @ \$100 and 2 @ \$125 for a total of \$650	\$3,560
<b>16. Utility Deposits</b>	Requesting Special YHDP Activities to assist eligible youth & YA obtain & maintain housing - C.1.a(10)(h) Utility arrears 2 x \$100x 6 mo.,(\$1200) & C.1.a(10)(i) Utilities 6 wks x 100 x 3 mo.(1800)	\$3,000
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$116,128
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$116,128

Click the 'Save' button to automatically calculate totals.

# VAWA Budget

## VAWA Budget

New in FY2023, 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 new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

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



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



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

Click the 'Save' button to automatically calculate totals.

## 6H. 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 Amount of Cash Commitments:	\$49,434
Total Amount of In-Kind Commitments:	\$4,500
Total Amount of All Commitments:	\$53,934

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

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

Type	Source	Contributor	Value of Commitments
Cash	Private	CWCAC - WIOA/IL f...	\$25,000
In-Kind	Private	CWCAC Food Pantries	\$4,500
Cash	Private	CWCAC CSBG/Natl E...	\$13,000
Cash	Private	CWCAC - HSESG Grant	\$11,434

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: CWCAC - WIOA/IL funding  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$25,000

## Sources of Match Detail

- 1. Type of Match Commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: CWCAC Food Pantries  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$4,500

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. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: CWCAC CSBG/Natl Exchange and Scott Construction  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$13,000

## Sources of Match Detail

**1. Type of Match Commitment:** Cash

**2. Source:** Private

**3. Name of Source:** CWCAC - HSESG Grant

(Be as specific as possible and include the office or grant program as applicable)

**4. Amount of Written Commitment:** \$11,434

## 6I. 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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)	\$26,700
1b. Leased Structures (Screen 6C)	\$0
2. Rental Assistance (Screen 6D)	\$76,428
3. Supportive Services (Screen 6E)	\$116,128
4. Operating (Screen 6F)	\$0
5. HMIS (Screen 6G)	\$0
6. VAWA	\$0
7. Sub-total of CoC Program Costs Requested	\$219,256
8. Admin (Up to 10% of Sub-total in #8)	\$20,744
9. HUD funded Sub-total + Admin. Requested	\$240,000
10. Cash Match (From Screen 6H)	\$49,434
11. In-Kind Match (From Screen 6H)	\$4,500
12. Total Match (From Screen 6H)	\$53,934
13. Total Project Budget for this grant, including Match	\$293,934

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Nonprofit Doc	08/30/2023
2) Other Attachmenbt	No		
3) Other Attachment	No		

## Attachment Details

**Document Description:** IRS Nonprofit Doc

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## 7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In kind MOU and M...	08/21/2023



## Attachment Details

**Document Description:** In kind MOU and Match

## 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:** Fred Hebert

**Date:** 09/12/2023

**Title:** Executive Director

**Applicant Organization:** Central Wisconsin Community Action Council, Inc.

**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
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## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/12/2023
1B. SF-424 Legal Applicant	09/12/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/12/2023
1E. SF-424 Compliance	09/12/2023
1F. SF-424 Declaration	09/12/2023
1G. HUD 2880	09/12/2023
1H. HUD 50070	09/12/2023
1I. Cert. Lobbying	09/12/2023
1J. SF-LLL	09/12/2023
IK. SF-424B	09/12/2023
Recipient Performance	No Input Required
YHDP Renewal Grant Consolidation	09/12/2023
2A. Subrecipients	No Input Required
3A. Project Detail	09/12/2023
3B. Description	09/12/2023
Youth Homeless Demonstration Projects	09/12/2023
Special YHDP Activities	09/12/2023
4A. Services	09/12/2023
4A. HMIS Standards	No Input Required
4B. Housing Type	09/12/2023
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	09/12/2023
6B. Leased Units	09/12/2023
6D. Rental Assistance	09/12/2023
6E. Supp Srvcs Budget	09/12/2023

<b>VAWA Budget</b>	No Input Required
<b>6H. Match</b>	09/12/2023
<b>6I. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/12/2023
<b>7A. In-Kind Match MOU Attachment</b>	09/12/2023
<b>7B. Certification</b>	09/12/2023



**U. S. TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE**

DISTRICT DIRECTOR  
MILWAUKEE, WISCONSIN 53202

P. O. Box 1157  
November 20, 1967

**DETERMINATION LETTER**  
MIL-EO-67-294

IN REPLY REFER TO  
Form L-178  
A:R:P:EGG

\* Central Wisconsin Community Action Council, Inc.  
741 1/2 Oak St.  
Wisconsin Dells, Wis. 53965

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

Gentlemen:

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. Stumpf*  
W. S. Stumpf  
District Director

11 111  
367 11  
53 1111

# Central Wisconsin Community Action Council, Inc.

1000 Hwy 13  
P.O. Box 430  
Wisconsin Dells, WI 53965



PHONE: (608) 254-8353  
FAX: (608) 254-4327  
Email - wendys@cwcac.org

## Memorandum of Understanding

Agencies: Agency A – Central Wisconsin Community Action Council, Inc. (YHDP SSO and YHDP Program)

Agency B – Central Wisconsin Community Action Council, Inc. (Food Pantries)

Term: 1 years

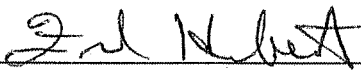

Start Date of MOU: 10/1/2023

This Memorandum of Understanding (MOU) is adopted by Agency A Youth Homelessness Demonstration Project (YHDP) and Supportive Service Only (SSO) and Agency B Food Pantries. The primary purpose of the MOU is to describe the specific In-Kind YHDP program and Coordinating Activities that Agency B will provide for the Central Coalition to be used as match for the Youth YHDP SSO Grant.

1. Agency A – Central Wisconsin Community Action Council, Inc. YHDP and SSO and Agency B – Central Wisconsin Community Action Council, Inc. Food Pantries, work closely together to ensure that all youth receive supportive services in the coalition and that all qualified clients are receiving services from the food pantry and are not food insecure:
2. Agency A will provide funding for Supportive Service Case Management of clients while in this program. All guidelines set forth by the Grant will be followed and reported by Agency A. Clients requiring Agency B services will continue to receive services if they qualify.
3. Agency B will assess clients and refer them to Agency A's No Wrong Door location to receive homeless services and be placed on the Coordinated Entry Priority List for Agency A to accept and provide services. Agency B will provide the following services to clients: Offer Food Pantry services to clients.
4. Agency B will provide Match of: Monthly Food stuffs valued at \$75.00 per client.

## Memorandum of Understanding

Signature Page:

Agency A:		Executive Director	8/15/2023
	Signature of Authorized Official	Title	Date
Agency B:		TEFAP Manager	8/15/2023
	Signature of Authorized Official	Title	Date

AN EQUAL OPPORTUNITY EMPLOYER

ADAMS COUNTY  
1874 Hwy 13  
PO Box 647  
Friendship, WI 53934  
(608) 339-0273



COLUMBIA COUNTY  
203 DeWitt Street.  
Portage, WI 53901  
(608) 742-3320

DODGE COUNTY  
134 South Spring Street  
Beaver Dam, WI 53916  
(920) 885-9559

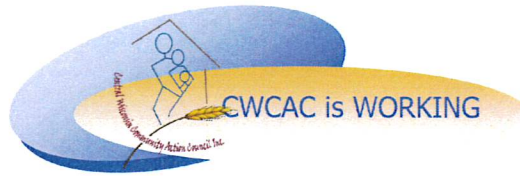
JUNEAU COUNTY  
One Kennedy Street  
PO Box 253  
Mauston, WI 53948  
(608) 847-1124

SAUK COUNTY  
505 Broadway  
Job Center, 2nd Floor  
Baraboo, WI 53913  
(608) 355-4812



# Central Wisconsin Community Action Council, Inc.

1000 Hwy 13  
P.O. Box 430  
Wisconsin Dells, WI 53965



PHONE: (608) 254-8353  
FAX: (608) 254-4327  
Email - donna@cwcac.org

August 21, 2023

RE: CWCAC, Inc.  
Match for Youth Homelessness Demonstration Program

Central Wisconsin Community Action Council, Inc. acknowledges the 25% match requirement for the HUD YHDP grant and pledges \$53,934.00 for match. Cash commitments will be; \$25,000.00 from WIOA/IL Grant, \$11,434.00 from HSESG funds and \$13,000.00 from CSBG funds, National Exchange Bank grant, Associated Bank Grant and Scott Construction Youth funds. In-Kind commitments toward match are \$4,500.00 CWCAC Food Pantries.

CWCAC further acknowledges that matching funds will only be used for eligible activity costs.

Sincerely,

A handwritten signature in black ink that reads 'Fred Hebert'.

Fred Hebert  
Executive Director

AN EQUAL OPPORTUNITY EMPLOYER

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1874 Hwy 13  
PO Box 647  
Friendship, WI 53934  
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