

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/14/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0183

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

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

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Central Wisconsin Community Action Council, Inc.

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

	c. Organizational DUNS:	020467015	PLUS 4	
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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-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): Wisconsin
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Project Chance Rapid Re-Housing

16. Congressional District(s):

a. Applicant: WI-005, WI-006, WI-007, WI-003, WI-002
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 08/01/2019

b. End Date: 07/31/2020

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: 08/14/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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: \$268,912.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Project Chance Rapid Re-Housing 1000 Hwy 13
Wisconsin Dells Wisconsin

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

Part I Threshold Determinations

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

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. 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
HUD/WI Housing & Economic Dev. Authority	Section 8 Housing Choice	\$3,348,702.00	Housing Voucher Program
Workforce Development Board of South Central Wisconsin, Madison, WI	Resource Specialist	36000.0	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

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

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

I certify that this information is true and complete.

I AGREE:

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

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

Date Signed: 08/03/2018

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

Sites for Work Performance.

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

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

I hereby certify that all the information stated herein, as well as any information provided in

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: 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: 08/14/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

Applicant's Organization: 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: 08/14/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? 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 Official: Considered signed upon submission in e-snaps.

Date Signed: 08/14/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The first year, new grant term has just expired - 7/31/2018. APR will be submitted by 10/31/2018

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

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

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

This was the first year and new clients were accepted and finding housing. Some have not yet found housing, so a minimal amount of designated rental assistance will be recaptured.

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? **No**
If “No” click on “Next” or “Save & Next” below to move to the next screen.

2A. Project Subrecipients

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

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. Project Identification Number (PIN) of expiring grant: WI0183

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

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

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

3. Project Name: Project Chance Rapid Re-Housing

4. Project Status: Standard

5. Component Type: PH

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

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

The proposed renewal project is a Rapid Re-Housing (RRH) Program to serve the HEARTH Act category 1 & 4 (who also are in category 1) homeless individuals and families in the counties of Adams, Columbia, Dodge, Juneau and Sauk. Our goal is to help individuals and families exit homelessness as quickly as possible, move to permanent housing, and achieve stability in that housing. Using the coordinated entry system priority lists for our local continua, we will assist families/individuals in the order of priority - serving those with the greatest housing barriers/needs first. We are requesting funding for 17 households and will assist them in locating safe, affordable housing that meets their needs. Program participants will be the leaseholders, following the provisions of HEARTH Act Interim Rule 24 CFR 578.51(I)(1). Our agency will sign a rental assistance agreement with the landlord. Participants will receive case management/supportive services, and some or all of the following: security deposit, 1st month's rent, up to 12 months of rental assistance, and up to one month's rent to pay for damages. Case managers will work closely with participants to develop a housing stability plan and identify housing and other needs and assist them in maintaining accountability of said plan. Supportive services will assist with applying for/finding employment, government benefits, health insurance, Food Share, Section 8 Housing Choice Voucher, etc. Participants will not be terminated from the program for failure to participate, failure to make progress, loss of income or any other activity not covered in a lease agreement. We will follow a "Housing First" model with low barrier to entry and will adhere to the WI BOS written standards for COC Rapid Re-Housing. Our projected outcomes are: 78% of clients will remain in/exit to permanent housing, 54% of those age 18 and older will maintain/increase their non-earned income, 30% of persons age 18-61 will maintain/increase their earned income and 65% will maintain or increase their mainstream benefits. Our partners include 2 Domestic Violence Shelters, 5 homeless shelters, local St. Vincent de Paul & Salvation Army offices, Renewal Unlimited, Inc. (another homeless services provider), and county Human Services Departments. CoC program support is needed because there are no other HUD funded continuum of care projects in our 5-county local continua, and other funding sources for homeless services are insufficient to meet the need.

2. Does your project have a specific population focus? No

3. Housing First

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

3b. Does the project ensure that participants are not screened out based

on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

4A. Supportive Services for Participants

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

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

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

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

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

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

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

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

Total Units: 17

Total Beds: 31

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	17	31

4B. Housing Type and Location Detail

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

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

a. Units: 17

b. Beds: 31

3. Address

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

Street 1: 1000 Hwy 13

Street 2:

City: Wisconsin Dells

State: Wisconsin

ZIP Code: 53965

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

559057 Juneau County, 559111 Sauk County,
559001 Adams County, 559027 Dodge County,
559021 Columbia County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	7	10	0	17

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	5	6		11
Adults ages 18-24	2	4		6
Accompanied Children under age 18	14			14
Unaccompanied Children under age 18				0
Total Persons	21	10	0	31

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	1			1		2	3	2	1	
Adults ages 18-24				1		1	1	1		
Children under age 18	1						5	1	1	6
Total Persons	2	0	0	2	0	3	9	4	2	6

Click Save to automatically calculate totals

Persons in Households without Children

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

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Describe the unlisted subpopulations referred to above:

Children in households that become homeless due to loss of employment by parent. Adults that become homeless due to loss of job, illness, inability to pay.

5C. Outreach for Participants

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

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

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

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

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

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

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

4. Renewal Grant Term: 1 Year

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

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

6C. Rental Assistance Budget

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

Total Request for Grant Term:		\$132,036	
Total Units:		17	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Adams County, WI (5500199999)	4	\$28,620
TRA	WI - Columbia County, WI HUD Metro FM...	4	\$33,216
TRA	WI - Dodge County, WI (5502799999)	3	\$22,692
TRA	WI - Juneau County, WI (5505799999)	3	\$21,576
TRA	WI - Sauk County, WI (5511199999)	3	\$25,932

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	\$351	\$351	x		=	\$0
0 Bedroom		x	\$468	\$468	x		=	\$0
1 Bedroom	3	x	\$568	\$568	x		=	\$20,448
2 Bedrooms	1	x	\$681	\$681	x		=	\$8,172
3 Bedrooms		x	\$948	\$948	x		=	\$0
4 Bedrooms		x	\$1,133	\$1,133	x		=	\$0
5 Bedrooms		x	\$1,303	\$1,303	x		=	\$0
6 Bedrooms		x	\$1,473	\$1,473	x		=	\$0
7 Bedrooms		x	\$1,643	\$1,643	x		=	\$0
8 Bedrooms		x	\$1,813	\$1,813	x		=	\$0
9 Bedrooms		x	\$1,983	\$1,983	x		=	\$0
Total Units and Annual Assistance Requested	4							\$28,620
Grant Term								1 Year
Total Request for Grant Term								\$28,620

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 - 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	\$376	\$376	x	\$0
0 Bedroom	x	\$501	\$501	x	\$0
1 Bedroom	2 x	\$594	\$594	x	\$14,256
2 Bedrooms	2 x	\$790	\$790	x	\$18,960
3 Bedrooms	x	\$1,141	\$1,141	x	\$0
4 Bedrooms	x	\$1,163	\$1,163	x	\$0
5 Bedrooms	x	\$1,337	\$1,337	x	\$0
6 Bedrooms	x	\$1,512	\$1,512	x	\$0
7 Bedrooms	x	\$1,686	\$1,686	x	\$0
8 Bedrooms	x	\$1,861	\$1,861	x	\$0
9 Bedrooms	x	\$2,035	\$2,035	x	\$0
Total Units and Annual Assistance Requested	4				\$33,216
Grant Term					1 Year
Total Request for Grant Term					\$33,216

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	\$423	\$423	x	\$0
0 Bedroom	x	\$564	\$564	x	\$0
1 Bedroom	2 x	\$568	\$568	x	\$13,632

2 Bedrooms	1	x	\$755	\$755	x	=	\$9,060
3 Bedrooms		x	\$1,037	\$1,037	x	=	\$0
4 Bedrooms		x	\$1,041	\$1,041	x	=	\$0
5 Bedrooms		x	\$1,197	\$1,197	x	=	\$0
6 Bedrooms		x	\$1,353	\$1,353	x	=	\$0
7 Bedrooms		x	\$1,509	\$1,509	x	=	\$0
8 Bedrooms		x	\$1,666	\$1,666	x	=	\$0
9 Bedrooms		x	\$1,822	\$1,822	x	=	\$0
Total Units and Annual Assistance Requested	3						\$22,692
Grant Term							1 Year
Total Request for Grant Term							\$22,692

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	\$352	\$352	x	= \$0
0 Bedroom	x	\$469	\$469	x	= \$0
1 Bedroom	2	\$558	\$558	x	= \$13,392
2 Bedrooms	1	\$682	\$682	x	= \$8,184
3 Bedrooms	x	\$927	\$927	x	= \$0
4 Bedrooms	x	\$1,019	\$1,019	x	= \$0
5 Bedrooms	x	\$1,172	\$1,172	x	= \$0
6 Bedrooms	x	\$1,325	\$1,325	x	= \$0
7 Bedrooms	x	\$1,478	\$1,478	x	= \$0
8 Bedrooms	x	\$1,630	\$1,630	x	= \$0
9 Bedrooms	x	\$1,783	\$1,783	x	= \$0
Total Units and Annual Assistance Requested	3				\$21,576

Grant Term
Total Request for Grant Term

1 Year
\$21,576

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	\$435	\$435	x	\$0
0 Bedroom	x	\$580	\$580	x	\$0
1 Bedroom	1 x	\$615	\$615	x	\$7,380
2 Bedrooms	2 x	\$773	\$773	x	\$18,552
3 Bedrooms	x	\$1,023	\$1,023	x	\$0
4 Bedrooms	x	\$1,065	\$1,065	x	\$0
5 Bedrooms	x	\$1,225	\$1,225	x	\$0
6 Bedrooms	x	\$1,385	\$1,385	x	\$0
7 Bedrooms	x	\$1,544	\$1,544	x	\$0
8 Bedrooms	x	\$1,704	\$1,704	x	\$0
9 Bedrooms	x	\$1,864	\$1,864	x	\$0
Total Units and Annual Assistance Requested	3				\$25,932
Grant Term					1 Year
Total Request for Grant Term					\$25,932

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$69,000
Total Value of In-Kind Commitments:	\$18,078
Total Value of All Commitments:	\$87,078

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Sauk County Depar...	08/09/2018	\$47,000
Yes	Cash	Private	Fund Raisers and ...	08/08/2018	\$9,000
Yes	In-Kind	Private	CWCAC Food Pantries	08/08/2018	\$9,480
Yes	In-Kind	Private	CWCAC Transportat...	08/08/2018	\$1,838
Yes	In-Kind	Private	CWCAC Donated Hou...	08/08/2018	\$1,760
Yes	In-Kind	Private	Winter Coats, Mit...	08/08/2018	\$5,000
Yes	Cash	Private	Hope House of Sou...	08/15/2018	\$10,000
Yes	Cash	Private	PAVE	08/15/2018	\$3,000

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Government
- 4. Name the Source of the Commitment: Sauk County Department of Human Services
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/09/2018
- 6. Value of Written Commitment: \$47,000

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Fund Raisers and Donations
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/08/2018
- 6. Value of Written Commitment: \$9,000

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: In-Kind
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: CWCAC Food Pantries
(Be as specific as possible and include the

office or grant program as applicable)

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

6. Value of Written Commitment: \$9,480

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: CWCAC Transportation Assistance
(Be as specific as possible and include the office or grant program as applicable)

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

6. Value of Written Commitment: \$1,838

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: CWCAC Donated Household Goods
(Be as specific as possible and include the office or grant program as applicable)

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

6. Value of Written Commitment: \$1,760

Before grant execution, services to be provided by a third party must be

documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Winter Coats, Mittens, Caps, Gloves
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/08/2018
- 6. Value of Written Commitment:** \$5,000

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

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Hope House of South Central WI
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/15/2018
- 6. Value of Written Commitment:** \$10,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: PAVE
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2018

6. Value of Written Commitment: \$3,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$132,036
3. Supportive Services	\$112,575
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$244,611
7. Admin (Up to 10%)	\$24,301
8. Total Assistance plus Admin Requested	\$268,912
9. Cash Match	\$69,000
10. In-Kind Match	\$18,078
11. Total Match	\$87,078
12. Total Budget	\$355,990

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Non Profit docume...	08/13/2018
2) Other Attachmenbt	No	Sauk County MOU a...	08/13/2018
3) Other Attachment	No	Work Sites	08/06/2018

Attachment Details

Document Description: Non Profit documentation

Attachment Details

Document Description: Sauk County MOU and match

Attachment Details

Document Description: Work Sites

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In-Kind Match let...	08/13/2018

Attachment Details

Document Description: In-Kind Match letters

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

NA

Name of Authorized Certifying Official Fred Hebert

Date: 08/14/2018

Title: Executive Director

Applicant Organization: Central Wisconsin Community Action Council, Inc.

PHA Number (For PHA Applicants Only):

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

X

Submission Without Changes

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

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

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

Part 2 - Subrecipient Information	
2A. Subrecipients	<input type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>

6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

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

Update pages from previous grant year.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/03/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2018	Page 52	08/21/2018
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1D. SF-424 Congressional District(s)	08/07/2018
1E. SF-424 Compliance	07/31/2018
1F. SF-424 Declaration	08/03/2018
1G. HUD-2880	08/03/2018
1H. HUD-50070	08/03/2018
1I. Cert. Lobbying	08/03/2018
1J. SF-LLL	08/03/2018
Recipient Performance	08/03/2018
Renewal Grant Consolidation	08/03/2018
2A. Subrecipients	No Input Required
3A. Project Detail	08/03/2018
3B. Description	08/07/2018
4A. Services	08/07/2018
4B. Housing Type	07/31/2018
5A. Households	08/07/2018
5B. Subpopulations	07/31/2018
5C. Outreach	07/31/2018
6A. Funding Request	07/31/2018
6C. Rental Assistance	07/31/2018
6D. Match	08/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/13/2018
7A. In-Kind Match MOU Attachment	08/13/2018
7B. Certification	08/07/2018
Submission Without Changes	08/06/2018



**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 Charitable	
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
325 11
53 111

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@cwac.org

Memorandum Of Understanding (MOU) Between:

Sauk County Department of Human Services And Central Wisconsin Community Action Council, Inc.

Sauk County, a municipal corporation, acting through Sauk County Department of Human Services, agrees to provide funding and referrals to Central Wisconsin Community Action Council, Inc. for services provided for the Sauk County Homeless Project. Clients will qualify for Rapid Re-Housing, Drug Court, or Transitional Housing and must be referred for housing through Sauk County Department of Human Services. Sauk County will pledge Match funds in the amount of \$47,000.00 toward the CWAC Project Chance Rapid Re-Housing program.

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The intent to provide the above-outlined programs and/or services is hereby affirmed and agreed to by the Agency - Sauk County Department of Human Services and the Contractor - Central Wisconsin Community Action Council, Inc.

Name: Daniel A. Brattset
Title: Director
Sauk County Dept. of Human Services
Date: 8/8/18

Name: Fred Hebert
Title: Executive Director
Central Wisconsin Community Action Council, Inc.
Date: Aug 7, 2018

AN EQUAL OPPORTUNITY EMPLOYER

ADAMS COUNTY
1874 Hwy 13
PO Box 647
Friendship, WI 53934
(608) 359-0279



COLUMBIA COUNTY
203 DeWitt Street.
Portage, WI 53901
(608) 742-3520

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

PURCHASE OF SERVICES CONTRACT

I. PARTIES

Agency:

Organization Name: Sauk County
Sauk County Department of Human Services
Address: PO Box 29
Baraboo, Wisconsin 53913

Name of contact person: Dan Brattset
Telephone: 608-355-4200
Fax: 608-355-4299
E-Mail: dan.brattset@saukcountywi.gov

Contractor:

Organization Name: Central Wisconsin Community Action Council
Address: PO Box 430
Wisconsin Dells, WI 53965

Name of Contact Person: Fred Hubert
Telephone:
Fax:
E-mail:

Contractor's fiscal year end: December 31st

II. CONTRACT INFORMATION

Contract No: 2018P-56
Contract Period: January 1, 2018 – December 31, 2018
Maximum Payment
under this contract: \$111,914.00

IV. PAYMENT FOR SERVICES

Agency and Contractor agree:

- A. Actual total payments will be based upon the amount of service authorized by the Agency and the amount of service performed by the Contractor. It is understood and agreed by all parties and the Agency assumes no obligation to purchase from the Contractor any minimum amount of services as defined in the terms of this contract.
- B. Due to the Agency's funding source restrictions, the Contractor shall submit to the Agency final claims for reimbursement under this contract no later than fifteen (15) days after the end of the contract period. Failure to submit claims under this contract within this time period will result in breach of contract and nonpayment.

The Contractor agrees that the total cost for services provided and the rate (per hour, day, month, year) and the number of clients served will be:

SERVICE	FUND SOURCE	RATE*	UNIT**	CLIENTS	TOTAL COST
Homeless Project	Base			Varies	\$77,214.00
Housing Assistance	Base			Varies	\$20,000.00
Annual Contribution	Base				\$7,500.00
Guardianship Fees	Base			3	\$7,200.00
				Total	\$111,914.00

*Define rate (example dollars/per unit time/per client) ** Specify hour, day, month, year

- C. Payments for services covered by this contract shall be based on allowable costs with limited profit or reserve. Monthly payments will be made on a unit-times-price basis and in accordance with the "order of payment" requirements for the funding program, less client fees and other collections made by the Contractor for services covered by this contract.
- D. The Agency shall determine and authorize the type of services provided and the number of units of services provided for each client. The Agency will not reimburse the Contractor for any unit of service not previously authorized by the Agency.
- E. If the statistical data, reports and other required information are not submitted when due, Agency may withhold all payments that otherwise would be paid the Contractor under this contract until the reports and information are submitted.

The State of Wisconsin Department of Financial Institutions

CENTRAL WISCONSIN COMMUNITY ACTION COUNCIL INC

is hereby certified to engage in business as a

CHARITABLE ORGANIZATION

in the State of Wisconsin. This certification was approved on the 23rd day of August in the year 1982.

The authority granted herein must be renewed by August 1 of each year by the granting authority.

In witness thereof, the State of Wisconsin
Department of Financial Institutions
has caused this certificate to be issued under
the seal of the Department of Financial Institutions



Jay Risch
Secretary, Department of Financial Institutions

Mary Ann McCoshen
Administrator, Division of Corporate and Consumer Services

This certificate of registration must be displayed conspicuously in the registrant's office or place of business.

This certificate was printed on the 14th day of February in the year 2018

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@cwac.org

Central Wisconsin Community Action Council, Inc.

Project Chance Rapid Re-Housing

Sites for work performance:

1874 Hwy. 13, Friendship, Adams County, Wisconsin 53934 – (608) 393-5478

1000 Hwy. 13, Wisconsin Dells, Columbia County, Wisconsin 53965 – (608) 254-8353

203 DeWitt Street, Portage, Columbia County, Wisconsin 53901 – (608) 742-3320

134 South Spring Street, Beaver Dam, Dodge County, Wisconsin 53916 – (608) 920-9559

534B La Crosse Street, Mauston, Juneau County, Wisconsin 53948 – (608) 847-1124

505 Broadway Street, Baraboo, Sauk County, Wisconsin 53913 – (608) 355-4812

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FAX: (608) 254-4327
Email - craig@cwccac.org

August 13, 2018

RE: CWCAC, Inc. RRH Project Chance Grant WI0183

Central Wisconsin Community Action Council, Inc. acknowledges the 25% match requirement for the HUD COC grant and pledges \$27,078.00 for match. Cash commitments will be; \$9,000.00 from private CWCAC fund raisers and donations in support of the project. In-Kind commitments toward match are; \$9,480.00 CWCAC Food Pantries, \$1,838.00 CWCAC Transportation Assistance, \$1,760.00 CWCAC Donated Household Goods for clients, and \$5,000 private donations to CWCAC of winter coats, mittens, caps and gloves.

CWCAC further acknowledges that matching funds will only be used for eligible activity costs. CWCAC further certifies that we will follow all provisions of HEARTH Act Interim Rule (24 CFR 578.73 and 24 CFR 578.97©).

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Hebert".

Fred Hebert
Executive Director

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Memorandum of Understanding (MOU)

Between:

Sauk County Department of Human Services And Central Wisconsin Community Action Council, Inc.

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H O P E
H O U S E
OF SOUTH CENTRAL WISCONSIN
Preventing Abuse. Providing Support.

The mission of Hope House is to prevent abuse and provide support to victims of domestic and sexual violence in Sauk, Columbia, Juneau, Marquette, and Adams Counties.

Thursday, August 9, 2018

Wisconsin Balance of State COC
Permanent Housing Bonus Funds

RE: Support Letter

To whom it may concern:

It is my pleasure to write this letter of support for additional housing resources for victims and survivors of intimate partner violence provided by Central Wisconsin Community Action Council.

Hope House of South Central Wisconsin provides services and support to individuals and their families affected by domestic and sexual violence in Sauk, Columbia, Juneau, Adams and Marquette Counties. Hope House provides a 24/7 Helpline, advocacy, supportive counseling, legal advocacy, short-term emergency shelter, and community education and awareness. Hope House has provided support and advocacy services since 1983.

Survivors that Hope House serves continue to struggle to achieve safety and self-sufficiency due to limited housing resources across our five county service area. Our case manager and advocates find it difficult to assist survivors when complicated rental histories and funding shortages make it challenging to access housing. This often results in survivors of abuse and their children returning to unsafe living situations out of necessity.

To support these additional funds for our area, Hope House is willing to match this request up to \$10,000 in shelter advocacy and case management services. We believe that these additional funds will assist survivors and their families affected by intimate partner violence to achieve safe, stable housing.

Thank you for your consideration of this request. We look forward to continuing to work with Central Wisconsin Community Action to assist survivors in achieving safe, stable housing.

Sincerely,



Siobhan Allen
Admin/Grants Manager
Hope House of South Central WI, Inc.

August 8, 2018

Documentation of Match

To Whom it May Concern:

People Against a Violent Environment, Inc. (PAVE) is agreeing to provide \$3,000 in match for funds dedicated to housing for domestic violence victims. These funds will come from state funding, specifically, the State of Wisconsin Department of Children and Families, which are used for case management and advocacy for PAVE shelter clients.

Sincerely,



Teresa Nienow
Executive Director