

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- 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.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.
- 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: 10/08/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0255

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:** Everyone Cooperating to Help Others
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 39-1222279
- c. Unique Entity Identifier:** DWQXFZ6Y7FN4

d. Address

Street 1: 65 South High Street
Street 2:
City: Janesville
County: Rock
State: Wisconsin
Country: United States
Zip / Postal Code: 53548

e. Organizational Unit (optional)

Department Name:
Division Name:

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

Prefix: Mr.
First Name: Joe
Middle Name:
Last Name: Locher
Suffix:
Title: Operations Manager
Organizational Affiliation: Everyone Cooperating to Help Others
Telephone Number: (608) 754-5333
Extension:

Fax Number: (608) 754-9199

Email: joelocher@echojanesville.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6800-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: ECHO Renewal Project Application FY2024

16. Congressional District(s):

16a. Applicant: WI-001

16b. Project: WI-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2026

b. End Date: 12/31/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Jessica

Middle Name:

Last Name: Locher

Suffix:

Title: Executive Director

Telephone Number: (608) 754-5333
(Format: 123-456-7890)

Fax Number: (608) 754-9199
(Format: 123-456-7890)

Email: jlocher@echojanesville.org

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

Date Signed: 10/08/2024

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Everyone Cooperating to Help Others
Prefix: Ms.
First Name: Jessica
Middle Name:
Last Name: Locher
Suffix:
Title: Executive Director
Organizational Affiliation: Everyone Cooperating to Help Others
Telephone Number: (608) 754-5333
Extension:
Email: jlocher@echojanesville.org
City: Janesville
County: Rock
State: Wisconsin
Country: United States
Zip/Postal Code: 53548

2. Employer ID Number (EIN): 39-1222279

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$197,932.00

(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
ECHO - 65 S High St., Janesville, WI 53548	RRH	\$372,888.00	Rental assistance and supportive services
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A
N/A	N/A	\$0.00	N/A

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: Jessica Locher, Executive Director

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

Date Signed: 10/08/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Everyone Cooperating to Help Others
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:	
<p>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.</p>	<p>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;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

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: Ms.

First Name: Jessica

Middle Name

Last Name: Locher

Suffix:

Title: Executive Director

Telephone Number: (608) 754-5333
(Format: 123-456-7890)

Fax Number: (608) 754-9199
(Format: 123-456-7890)

Email: jlocher@echojanesville.org

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

Date Signed: 10/08/2024

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: Everyone Cooperating to Help Others

Name / Title of Authorized Official: Jessica Locher, Executive Director

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

Date Signed: 10/08/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
OMB Number: 2501-0017 Expiration Date: 01/31/2026**

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: Everyone Cooperating to Help Others

Street 1: 65 South High Street

Street 2:

City: Janesville

County: Rock

State: Wisconsin

Country: United States

Zip / Postal Code: 53548

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: Ms.

First Name: Jessica

Middle Name:

Last Name: Locher

Suffix:

Title: Executive Director

Telephone Number: (608) 754-5333
(Format: 123-456-7890)

Fax Number: (608) 754-9199
(Format: 123-456-7890)

Email: jlocher@echojanesville.org

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

Date Signed: 10/08/2024

IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: Everyone Cooperating to Help Others
Prefix: Ms.
First Name: Jessica

Middle Name:

Last Name: Locher

Suffix:

Title: Executive Director

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

Date Signed: 10/08/2024

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? No

1a. If you did not submit your APR on time to the SAGE website, provide an explanation.

This is our first CoC grant program and did not have a proper schedule with timelines like we do for other grants. We also had staffing in and out due to family medical problems and saw that we need to cross train positions to ensure we do not miss crucial steps for grant reporting. We will be caught up with all reporting by 10.31.24.

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? No

3a. If no was selected, explain why CoC Program funds are not drawn quarterly.

We also had staffing in and out due to family medical problems who provides the financial amounts for the request to another staff member. We have started drawing down each month now that the other staff member is back in consistently. Because of this issue this year, we are cross training staff in our administrative team to ensure this does not happen again.

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/Expansion

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

1. YHDP Expansions and Consolidations will no longer be required to submit a combined version of the application.
 - a. YHDP Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.
 - b. YHDP Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)
2. Since no combined version will be submitted for either the YHDP Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



For YHDP projects, the Stand-Alone Renewal will be submitted through the YHDP Renewal Application. The Stand-Alone New will be submitted through the YHDP Reallocation Application. YHDP Reallocations can ONLY expand upon YHDP Renewals.

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 YHDP renewal project application No requesting to consolidate or expand?

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: \$66,146

Organization	Type	Type	Sub-Award Amount
Project 1649	M. Nonprofit with 501C3 IRS Status		\$66,146

2A. Project Subrecipients Detail

a. Organization Name: Project 1649

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

c. Employer or Tax Identification Number: 46-2161843

d. Unique Entity Identifier: JVN3UQB86ED5

e. Physical Address

Street 1: 2911 Carrousel Lane

Street 2:

City: Janesville

State: Wisconsin

Zip Code: 53545

f. Congressional District(s): WI-001
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$66,146

j. Contact Person

Prefix: Ms.

First Name: Tammy

Middle Name:

Last Name: DeGarmo
Suffix:
Title: Executive Director
E-mail Address: tdegarmo@project1649.org
Confirm E-mail Address: tdegarmo@project1649.org
Phone Number: 608-314-5501
Extension:
Fax Number:

3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** WI0255
(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:** ECHO Renewal Project Application FY2024
- 5. Project Status:** Standard
- 6. Component Type:** PH
- 6a. Select the type of PH project:** 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
- 10. Is this project applying for Rural costs on screen 6A?** No

3B. Project Description

1. Provide a description of the project. This MUST include the following: Entire scope, who the project will serve, activities offered and staffing.

This RRH Project will provide permanent housing, intensive case management & supportive services for 24 months to youth, ages 18-24 experiencing homelessness. They will be prioritized using the BOS community queue for singles & families & the non-HMIS list. Utilizing a housing first approach, ECHO & Project 16:49 will offer 10 scattered site rental units in Rock & Walworth Counties. Those prioritized will be offered the program & scheduled to meet w/ a case manager to confirm eligibility. Participants will be guided through the enrollment process & paired w/ ECHO Housing & Resource Navigator to identify available housing that fits their needs. Each household enrolled will have 30 days to locate a unit; extensions can be granted due to the housing market. Once a unit has been identified, landlord agrees w/ program requirements & unit passes a Housing Quality Standards Inspection the participant may proceed w/ a lease signing. The program will pay security deposit & up to 100% of monthly rent as determined by the household's adjusted gross monthly income. Case management services will be offered by Project 16:49. Case management includes assessing, planning, coordinating, implementing, & evaluating the overall services delivered; connecting w/ mainstream resources; & support in learning to live independently, & assisting in the creation of support systems. Service plans will be client centered & acceptance of services is not a condition for continued assistance. The case manager will conduct a needs assessment utilizing evidence-based screening & assessment tools to address the youth's immediate needs. The case manager will coordinate w/ local coalition agencies' resources to meet the youth's needs & ensure there is no duplication of services. Youth will create an individual action plan that outlines specific goals for independent living. The intensity & pace of case management will be dependent on the youth's action plan. The case manager will make contact w/ each participant twice monthly, w/ the goal of at least one on-site visit each month. A position will be created for a youth w/lived experience in this project. This position will work w/ the case manager & offer peer support to participants. The job description will state the need for lived experience, a mandatory qualification for the position. YAB members will assist with promotion and recruitment for this position. The outcome of this project is for each youth to exit homelessness & transition into permanent housing. When services end, youth will enter aftercare. Project Outcome goals include: 90% of participants exit the program to permanent housing & 60% will increase their household income and access to non-cash benefits. Funding will be used to provide rental assistance, case management & other needed supportive services on an individual basis to stabilize housing for RRH participants.

1a. Specify how this project will incorporate the principles of Positive Youth Development?

The RRH Project incorporates PYD principles by providing healthy messages, adult role models & opportunities for youth to use their voice, develop skills & serve others. Staff will use a strengths-based approach, encouraging youth to take pride in & build on their abilities as they plan their future. Staff will offer guidance & support while promoting optimism of youth's ability to achieve their goals. At case management meetings, youth can share their highs/lows; and staff will recognize & celebrate their achievements, large & small. Youth will be purposefully acknowledged for good decisions & hard work. Emphasis will be put on building trusting relationships & providing a non-judgmental environment for youth to express their thoughts, feelings & experiences. Mistakes will be used as opportunities to learn & grow. Staff will act as positive role models & lead by example in following through on commitments & demonstrating positive, honest, open communication & respectful behavior. Staff will model healthy coping skills & self-care strategies, encouraging residents to take care of their own well-being. Staff will assist youth in identifying healthy coping skills & provide the tools & resources necessary for them to practice these skills. Opportunities to learn & develop a variety of key life skills to support their wellbeing and self-sufficiency will be provided, including: nutrition, financial literacy, time management, problem solving, healthy relationships, and goal setting. Youth will have opportunities to use their voice & strengthen their planning, decision-making & leadership skills through participation in the local YAB & serving as youth reps on boards, committees, task forces. Youth also will have opportunities to volunteer, individually & in a group, in activities that match their interests. These experiences help youth develop empathy, improve self- esteem & feel connected to their community.

1b. Specify how this project will incorporate the principles of Trauma Informed Care?

Recognizing that homelessness & trauma are interrelated, the RRH Project incorporates the following trauma informed practices: (1) programming that promotes physical & emotional safety, prevents re- traumatization, shares power w/ youth, & encourages youth decision-making; (2) a belief that healing is possible & takes place in positive, trusting relationships; & (3) training that promotes an understanding of trauma and its impact. Staff understand that safety & stability provide the first step on the pathway to healing, therefore, youth need to feel both physically & emotionally safe. Staff will check that apartment exterior doors & windows have locks & are in working condition. Participants will complete a 30 Day Survey to give feedback on programming, safety factors and suggestions for improvement. Trauma-informed care views all behaviors as information & recognizes that each person’s response to trauma is unique. This project will focus on expectations rather than rules, & consequences of actions instead of discipline. Youth will learn to take power & control over their lives through their action plan goals. Youth are encouraged to include mental health goals in their action plan & enroll in counseling services. The case manager will refer youth to appropriate trauma trained therapists. Youth will be helped to reframe their experiences & address underlying trauma that may be affecting their well-being. Staff have conversations w/youth about the effects of trauma & emphasize there is nothing wrong w/them, rather a lot has happened to them. Staff work w/ youth to explore positive coping strategies & grounding techniques. Staff will have access to trauma-related trainings through HUD Technical Assistance, RHYTTAC, as well as several statewide and local organizations. Informed practices are discussed during staff meetings & will be reviewed during program performance evaluation. Revisions will be made based on outcomes & latest best practices & research findings.

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

Project 16:49 and ECHO met with our local YAB to discuss the housing needs of our homeless youth and what kind of programming they would like to see brought to Rock & Walworth Counties with YHDP funds. This project aligns with the Coordinated Community Plan by fulfilling the first objective of the Stable Housing Goal. The objective is to explore innovative housing strategies for youth with an action step of looking into different types of Transitional Living Programs or Rapid Rehousing for youth. This project would be able to directly fund a Rapid Rehousing Program for youth 18-24 in Rock and Walworth counties. Our current Coordinated Entry data shows 20 homeless youth households would be eligible for this project. We know there are more youth in our community who are eligible than what the coordinated entry data reflects. We are currently working to get these individuals entered on the list to better reflect our community need.

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"/>	Survivors	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<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 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"/>

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.

We anticipate the racial make-up of persons served in our RRH program will be approximately 40% black, 40% white, and 20% multiple races. While the general populations of Rock and Walworth County are predominantly white (81% and 85% respectively); the number of black and multiple race youth experiencing homelessness is disproportionately high. Project 16:49's past annual service numbers for the youth target population average the 40/40/20 breakdown; and the percentage of youth pulled from the CE system during our first year of the RRH program also has been similar - 48% black, 21% white, 31% multiple races. Numbers from the local coalition CE system has 46% white, 36 % black, 16% multiple races or other races.

5b. Identify at least one barrier to persons or communities of color equitably benefiting from your proposed grant activities.

A potential barrier we have identified for our youth, including youth of color, is lack of awareness of the RRH program and referral to / entry in the CE system. Youth often have not been entered into the CE system because they were couch surfing and did not fit the criteria for category 1 homelessness when they sought other supportive services; and/or if they were entered, did not know to update their status when their situation changed.

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

First, Project 16:49 - the community organization focused on youth homelessness - is actively participating in the CE system, and enrolling youth directly instead of making a referral like they did in the past. Next, the organization also works to increase awareness of youth-centered programs and resources. It updated its youth resource card to include information on the availability of the System Navigator and the RRH program. The RRH program info explicitly states that enrollment in the Coordinated Entry system is required. Resource cards are available at community partners' offices, high schools, libraries, and other community locations; and are included in all of the hygiene and food bags, and school supplies/backpacks distributed by Project 16:49. Both Project 16:49 and ECHO participate in a number of community outreach activities and events to increase awareness of and access to their programs. The coalition's Youth System Navigator also provides targeted outreach and increases youth's access to the CE system. Our coalition's youth subcommittee is encouraging coalition partners to refer youth to a participating agency for enrollment in the CE system; and our coalition continuously tries to encourage more members' involvement in CE. Lastly, our local YAB members help to inform our work by recommending locations for targeted outreach, and referring other homeless youth for services.

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

As a newer program, we do not yet have enough data available to evaluate the effectiveness of our efforts; however, we track key outcomes (including exits to permanent housing, increased household income, and increased youth self-sufficiency) that we will be able to compare based on race and other demographics. Data will be reviewed by a program evaluation committee, who will provide input on ways in which the program can be improved, including addressing any racial disparities. Additionally, individual youth's progress is monitored / measured monthly during their one-on-one meeting with the case manager. If the case manager and/or youth notes lack of progress, potential reasons are discussed and additional assistance, advocacy or referrals are offered. As needed, case conferencing among multiple agencies may be needed to ensure youth's needs are being met and efforts are fully supported.

Youth Homeless Demonstration Projects

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

Family counseling	<input checked="" type="checkbox"/>
Conflict Resolution	<input checked="" type="checkbox"/>
Parenting Supports	<input checked="" type="checkbox"/>
Relative or kinship caregiver resources	<input type="checkbox"/>
Targeted substance abuse and mental health treatment	<input checked="" 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 OR will this project dedicate funding under the Supportive Services budget to host homes? 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. Will your project offer any specialized services for youth living with HIV/AIDS? No

Youth Action Board

1. How will your project work with the Youth Action Board during project implementation?

RRH participants will be invited to be a part of the YAB and help in the creation of feedback surveys. They will also help in the creation of new RRH intake form and assist staff in life skills development ideas for the program.

2. How will the project work with the Youth Action Board to develop and implement a Continuous Quality Improvement plan?

We will work with the YAB to create a survey that each RRH participant will complete at the 1 year mark and exit. We will take the compiled results to the YAB and have them assist in helping determine the best ways to address any issues.

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(5)(a)(i) Leases under 12 months (minimum 1 month) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	<input type="checkbox"/>
III.B.4.b(5)(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 type="checkbox"/>
III.B.4.b(5)(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(5)(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 checked="" type="checkbox"/>
III.B.4.b(5)(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(5)(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(5)(a)(vii) Provide moving expense more than one time to a program participant - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	<input checked="" type="checkbox"/>
III.B.4.b(5)(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(5)(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(5)(a)(x)(i) Security deposits (not to exceed 2 months of rent)	<input checked="" type="checkbox"/>	III.B.4.b(5)(a)(x)(ii) Pay for damage to units (not to exceed 2 months rent)	<input type="checkbox"/>
III.B.4.b(5)(a)(x)(iii) Costs to provide household cleaning supplies	<input checked="" type="checkbox"/>	III.B.4.b(5)(a)(x)(iv) Housing start-up expenses (not to exceed \$300 per participant)	<input checked="" type="checkbox"/>
III.B.4.b(5)(a)(x)(v) Purchase cell phone and service (cost must be reasonable and housing related)	<input type="checkbox"/>	III.B.4.b(5)(a)(x)(vi) Cost of Internet (costs must be reasonable)	<input type="checkbox"/>
III.B.4.b(5)(a)(x)(vii) Payment of rental arrears (up to 6 months)	<input type="checkbox"/>	III.B.4.b(5)(a)(x)(viii) Payment of utility arrears (up to 6 months)	<input type="checkbox"/>
III.B.4.b(5)(a)(x)(ix) Payment of utilities (up to 3 months)	<input checked="" type="checkbox"/>	III.B.4.b(5)(a)(x)(x) Pay gas a mileage for participant personal vehicle for trips for eligible services	<input type="checkbox"/>
III.B.4.b(5)(a)(x)(xi) Payment of Legal fees	<input type="checkbox"/>	III.B.4.b(5)(a)(x)(xii) Payment of insurance, registration and past driving fines	<input type="checkbox"/>
None	<input type="checkbox"/>		

4. Check the appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting. if a special activity is selected, the applicant must provide a narrative response addressing the criteria in the special activity. (Select all that apply)

III.B.4.b(5)(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(5)(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(5)(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. Note: Supportive Services for 36 months is only for projects that are pairing supportive services with other other housing assistance programs. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	<input type="checkbox"/>
III.A.3 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. Note: specify why resources cannot be used as match for this project - (ELIGIBLE FOR ALL PROJECTS)	<input type="checkbox"/>

III.B.4.B(5)(b)(iv) Recipients will not be required to meet the 25% match requirement provided for in III.C of the YHDP NOFO and 24 CFR 578.73 if the recipient does not have other currently active CoC or YHDP grants. If permitted by future Appropriations Acts, HUD will continue the match exemption for the YHDP grant funded under this NOFO under the first and second renewal or replacement of the project under the Continuum of Care competition.	<input type="checkbox"/>
III.B.4.b(5)(v) 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"/>
III.B.4.b(5)(vi) 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"/>
III.B.4.b(5)(b)(vii) 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"/>
No Exemptions Requested.	<input checked="" type="checkbox"/>

5. Innovative Activities III.B.4.b(5)(c)

a. Is the applicant requesting an Innovative Activity that is not currently allowed under 24 CFR 578 or the above YHDP Special Activities? 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	Subrecipient	Weekly
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Applicant	Monthly
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Subrecipient	Weekly
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Subrecipient	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?

Youth will be provided with the information and education necessary to make informed decisions for themselves and their needs. The case manager will advocate for the needs of the youth and work to find interventions and strategies that best fit their specific needs. Each youth will have the power to make the final decision on what types of services they do and do not want. The case manager will work with them to understand all options that are available to them.

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

Case management will be voluntary and individualized for each youth participating in the project. During the initial intake and assessment, the case manager will work with youth to identify their immediate needs and goals for independent living. Together, the case manager and participants will create an individual action plan. This plan will include basic needs assistance, appropriate referrals and long term goals. Once the plan is created, the youth and case manager will work together to accomplish each item. Case management is designed to be more intensive for the first 6 weeks of enrollment in the project. During this time, the case manager can ensure each participant is referred and receiving services from appropriate agencies. They will make sure the basic needs of the youth are taken care of and the youth is set up for success in their own space. The extent of case management services will be dependent on each youth and may vary based on youth's needs, abilities, and willingness to participate. This will be reflected in Individual Action Plans. After the first 6 weeks of intensive case management, participants will have access to case managers for a meeting twice a month for the duration of the program. More case management is available based on participant need. The RRH program is available for a maximum of 24 months. The participant is able to enroll into aftercare supportive services through Project 16:49 after the RRH program ends.

4. If applicable, how will this project utilize non-HUD funded supportive services?

Project 16:49 and ECHO have many other supportive services available at each of their agencies that are all non-HUD funded. All participants if eligible for those supportive programs can receive any of those services as needed. Both agencies are also partnered with other community organizations that can provide supportive services not provided by ECHO or Project 16:49 if the participant is eligible.

Identify whether the project includes the following activities:

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

5a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events? Yes

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

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

7a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2024 HMIS Data Standard Manual?

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 (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.).

3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?
 4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?

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

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

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

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

4B. Housing Type and Location

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

Total Units: 10

Total Beds: 18

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	10	18

4B. Housing Type and Location Detail

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

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

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

a. Units: 10

b. Beds: 18

3. If applicable, how will this project utilize non-HUD funded housing units/beds?

N/A

4. Address:

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

Street 1: 65 S High Street

Street 2:

City: Janesville

State: Wisconsin

ZIP Code: 53548

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

559105 Rock County, 550568 Beloit, 553224
Janesville, 559127 Walworth County

5A. Program Participants - Households

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

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	4	6		10
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
Persons ages 18-24	4	6		10
Accompanied Children under age 18	8			8
Unaccompanied Children under age 18				0
Total Persons	12	6	0	18

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24				2		2	1		1	
Children under age 18										8
Total Persons	0	0	0	2	0	2	1	0	1	8

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24				4		5	2	1	2	
Total Persons	0	0	0	4	0	5	2	1	2	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

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

children in a parenting youth household

6A. Funding Request

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



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	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

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

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.

Total Request for Grant Term:	\$116,640
Total Units:	10

The number of beds for which funding has been requested in the Rental Assistance budget is 18.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Janesville-Beloit, WI MSA (55105...	7	\$82,500
TRA	WI - Walworth County, WI (5512799999)	3	\$34,140

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Janesville-Beloit, WI MSA (5510599999)

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 \$561	\$561	x 12 =	\$0
0 Bedroom		x \$748	\$748	x 12 =	\$0
1 Bedroom	1	x \$773	\$773	x 12 =	\$9,276
2 Bedrooms	6	x \$1,017	\$1,017	x 12 =	\$73,224
3 Bedrooms		x \$1,360	\$1,360	x 12 =	\$0
4 Bedrooms		x \$1,433	\$1,433	x 12 =	\$0
5 Bedrooms		x \$1,648	\$1,648	x 12 =	\$0
6 Bedrooms		x \$1,863	\$1,863	x 12 =	\$0
7 Bedrooms		x \$2,078	\$2,078	x 12 =	\$0
8 Bedrooms		x \$2,293	\$2,293	x 12 =	\$0
9 Bedrooms		x \$2,508	\$2,508	x 12 =	\$0
Total Units and Annual Assistance Requested	7				\$82,500
Grant Term					1 Year
Total Request for Grant Term					\$82,500

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 - Walworth County, WI (5512799999)

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 \$517	\$517	x 12 =	\$0
0 Bedroom		x \$689	\$689	x 12 =	\$0
1 Bedroom	1	x \$783	\$783	x 12 =	\$9,396
2 Bedrooms	2	x \$1,031	\$1,031	x 12 =	\$24,744
3 Bedrooms		x \$1,371	\$1,371	x 12 =	\$0
4 Bedrooms		x \$1,647	\$1,647	x 12 =	\$0
5 Bedrooms		x \$1,894	\$1,894	x 12 =	\$0
6 Bedrooms		x \$2,141	\$2,141	x 12 =	\$0
7 Bedrooms		x \$2,388	\$2,388	x 12 =	\$0
8 Bedrooms		x \$2,635	\$2,635	x 12 =	\$0
9 Bedrooms		x \$2,882	\$2,882	x 12 =	\$0
Total Units and Annual Assistance Requested	3				\$34,140
Grant Term					1 Year
Total Request for Grant Term					\$34,140

Click the 'Save' button to automatically calculate totals.

6E. Supportive Services Budget

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

STAFF ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1a. Assessment of Service Needs (STAFF COSTS ONLY)		
2a. Assistance with Moving Costs (STAFF COSTS ONLY)		
3a. Case Management (STAFF COSTS ONLY)	1 FTE Case Manager @ \$42,662.80/yr; YYA w/ lived experience to assist in program implementation @ \$15/hr x 20 hrs/wk x 52 wks = \$15,600	\$58,263
4a. Child Care (STAFF COSTS ONLY)		
5a. Education Services (STAFF COSTS ONLY)		
6a. Employment Assistance (STAFF COSTS ONLY)		
7a. Food (STAFF COSTS ONLY)		
8a. Housing/Counseling Services (STAFF COSTS ONLY)		
9a. Legal Services (STAFF COSTS ONLY)		
10a. Life Skills (STAFF COSTS ONLY)		
11a. Mental Health Services (STAFF COSTS ONLY)		
12a. Outpatient Health Services (STAFF COSTS ONLY)		
13a. Outreach Services (STAFF COSTS ONLY)		
14a. Substance Abuse Treatment Services (STAFF COSTS ONLY)		
15a. Transportation (STAFF COSTS ONLY)		
16a. Utility Deposits (STAFF COSTS ONLY)		
17a. Operating Costs (STAFF COSTS ONLY)		
Total Annual Assistance Requested		\$58,263
Grant Term		1 Year
Total Request for Grant Term		\$58,263

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

ACTIVITY ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1b. Assessment of Service Needs (ACTIVITY COSTS ONLY)		
2b. Assistance with Moving Costs (ACTIVITY COSTS ONLY)	Payment of 10 SDs for 10 HHs -\$8,846 based on FMR; Truck rental for moving furniture/ items @ \$19.95 x 10 moves = \$199.50; Plus rental mileage @ \$.69/mi x 40 mi (avg) x 10 moves = \$276.00	\$9,322
3b. Case Management (ACTIVITY COSTS ONLY)	Mileage reimbursement for work related travel @ \$.67/mi x 117 mi/wk x 52 wk = \$4,087.20; 2 cell phones for work related communication @ \$55/mo x 12 mo = \$1,320	\$5,407
4b. Child Care (ACTIVITY COSTS ONLY)		
5b. Education Services (ACTIVITY COSTS ONLY)		
6b. Employment Assistance (ACTIVITY COSTS ONLY)		
7b. Food (ACTIVITY COSTS ONLY)		

8b. Housing/Counseling Services (ACTIVITY COSTS ONLY)		
9b. Legal Services (ACTIVITY COSTS ONLY)		
10b. Life Skills (ACTIVITY COSTS ONLY)		
11b. Mental Health Services (ACTIVITY COSTS ONLY)		
12b. Outpatient Health Services (ACTIVITY COSTS ONLY)		
13b. Outreach Services (ACTIVITY COSTS ONLY)		
14b. Substance Abuse Treatment Services (ACTIVITY COSTS ONLY)		
15b. Transportation (ACTIVITY COSTS ONLY)	Gas cards or bus tokens for work and appointments @ \$200/yr per participant x 10 participants = \$2,000	\$2,000
16b. Utility Deposits (ACTIVITY COSTS ONLY)	Average \$80 per participant x 10 = \$800	\$800
17b. Operating Costs (ACTIVITY COSTS ONLY)	Payment of utilities = Avg of \$100/m for 3 months for 10 HHs (Special Activity)	\$3,000
18. Security Deposits (Only use if no Rental Assistance Budget)		
Total Annual Assistance Requested		\$20,529
Grant Term		1 Year
Total Request for Grant Term		\$20,529
Supportive Services BLI Total		\$78,792

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

In FY20234, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

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



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

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$0
Estimated budget amount for VAWA Confidentiality Requirements:	\$0

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:	\$5,000
Total Amount of In-Kind Commitments:	\$44,483
Total Amount of All Commitments:	\$49,483

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	Project 1649	\$5,000
In-Kind	Private	Project 1649	\$10,000
In-Kind	Private	ECHO	\$34,483

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: Project 1649
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$5,000

Sources of Match Detail

- 1. Type of Match Commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Project 1649
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$10,000

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

Sources of Match Detail

- 1. Type of Match Commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: ECHO
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$34,483

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.

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)	\$0
1b. Leased Structures (Screen 6C)	\$0
2. Rental Assistance (Screen 6D)	\$116,640
3. Supportive Services (Screen 6E)	\$78,792
4. Operating (Screen 6F)	\$0
5. HMIS (Screen 6G)	\$0
6. VAWA	\$0
7. Rural	\$0
8. Sub-total of CoC Program Costs Requested	\$195,432
9. Admin (Up to 10% of Sub-total in #7)	\$2,500
10. HUD funded Sub-total + Admin. Requested	\$197,932
11. Cash Match (From Screen 6H)	\$5,000
12. In-Kind Match (From Screen 6H)	\$44,483
13. Total Match (From Screen 6H)	\$49,483
14. Total Project Budget for this grant, including Match	\$247,415

Breakout of BLI Costs	
1a. Leased Units	0%
1b. Leased Structures	0%
2. Rental Assistance	59%
3. Supportive Services	40%

4. Operating	0%
5. HMIS	0%
6. VAWA	0%
7. Rural	0%
8. Admin (Up to 10%)	1%
9.Total Assistance plus Admin Requested	\$197,932

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Project 1649 Nonp...	08/29/2023
2) Other Attachmenbt	No	Match Letters fro...	09/30/2024
3) Other Attachment	No	Local YAB Support...	10/08/2024

Attachment Details

Document Description: Project 1649 Nonprofit Documentation

Attachment Details

Document Description: Match Letters from ECHO and Project 1649

Attachment Details

Document Description: Local YAB Support Letter

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

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: Jessica Locher

Date: 10/08/2024

Title: Executive Director

Applicant Organization: Everyone Cooperating to Help Others

PHA Number (For PHA Applicants Only):

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

X

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/30/2024
1B. SF-424 Legal Applicant	09/27/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/27/2024
1E. SF-424 Compliance	09/27/2024
1F. SF-424 Declaration	09/27/2024
1G. HUD 2880	09/27/2024
1H. HUD 50070	09/27/2024
1I. Cert. Lobbying	09/27/2024
1J. SF-LLL	09/27/2024
IK. SF-424B	09/27/2024
Recipient Performance	No Input Required
YHDP Renewal Grant Consolidation/Expansion	09/27/2024
2A. Subrecipients	09/27/2024
3A. Project Detail	09/27/2024
3B. Description	09/27/2024
Youth Homeless Demonstration Projects	09/27/2024
Youth Action Board	09/27/2024
Special YHDP Activities	09/30/2024
4A. Services	09/27/2024
4A. HMIS Standards	No Input Required
4B. Housing Type	10/08/2024
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	09/27/2024
6D. Rental Assistance	09/27/2024
6E. Supp Srvcs Budget	09/27/2024

VAWA Budget	No Input Required
6H. Match	09/27/2024
6I. Summary Budget	No Input Required
7A. Attachment(s)	10/08/2024
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/30/2024

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JUL 22 2014**

PROJECT 1649 INC
C/O ANN FORBECK
1735 S WASHINGTON ST
JANESVILLE, WI 53546

Employer Identification Number:
46-2161843
DLN:
17053150438023
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 23, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

PROJECT 1649 INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in black ink that reads "Tamera Ripperda". The signature is written in a cursive style with a large, prominent initial 'T'.

Director, Exempt Organizations



ECHO, Inc.
65 S. High Street
Janesville, WI 53548
Telephone: (608) 754-5333
Facsimile: (608) 754-9199
E-mail: jlocher@echojanesville.org

Life is an ECHO—What you send out, you get back!

September 27, 2024

To Whom It May Concern:

The following letters are match commitments from ECHO and Project 16:49 for a 12-month period.

Both agencies understand they will be providing a grand total of \$98,966 for the 2-year grant cycle.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Locher".

Jessica Locher
Executive Director



ECHO, Inc.
65 S. High Street
Janesville, WI 53548
Telephone: (608) 754-5333
Facsimile: (608) 754-9199
E-mail: jlocher@echojanesville.org

Life is an ECHO—What you send out, you get back!

Memo To: WI Balance of State Continuum of Care
From: Everyone Cooperating to Help Others, Inc.
Date: September 27, 2024
Subject: ECHO Match Confirmation Letter
Grant Cycle: 1/1/2026-12/31/2026
EIN: 39-1222279
UEI: DWQXFZ6Y7FN4
Cong. Dist.: WI-01

This Memorandum confirms ECHO's commitment of match totaling \$34,483 from ECHO Funds in-kind donations for the YHDP grant.

ECHO Funds are unrestricted donations we receive from individuals, churches, businesses, local foundations, school and community groups, as well as from fundraising events. ECHO provides many services besides rent assistance, including: lodging, food, transportation, personal and household supplies, seasonal services, etc. ECHO also has over \$1.5 million in in-kind donations annually from different businesses such as local grocery stores, Amazon, Dollar General, and Sam's Club just to name a few.

We look forward to working with the WIBOSCOC to continue providing homeless youth services to the Rock / Walworth Coalition.

Sincerely,

Jessica Locher
Executive Director



2911 Carrousel Lane
Janesville, WI 53545
(608) 314-5501
www.project1649.org

To: WIBOSCO
From: Project 1649, Inc
Date: September 27, 2024
RE: YHDP Matching Funds 01/01/2026 - 12/31/2026

Please accept this letter as confirmation of Project 1649, Inc's commitment to provide \$5,000 cash and \$10,000 in-kind for a total of \$15,000 matching funds for the Rock-Walworth coalition's RRH plus Case Management program being submitted for funding consideration.

Project 1649's funding for the project will come from unrestricted monetary and in-kind donations received from individuals, businesses, churches, local foundations and special events. In-kind donations will include furniture and household items needed to help youth get established in their apartments, and other items that may be necessary to support them in achieving their individual academic, employment, and health and well-being goals.

As an organization dedicated to serving homeless youth and ending youth homelessness, we are excited to build new partnerships and pursue new opportunities to increase resources and support for youth experiencing homelessness in our community and across the state.

Sincerely,

A handwritten signature in black ink that reads "Tammy DeGarmo". The signature is written in a cursive, flowing style.

Tammy DeGarmo
Executive Director

09/30/2024

To: WI BOS Staff

From: Rock/Walworth Youth Action Board/Group

This letter is to inform you that the members of the Rock/Walworth Youth Action Board/Group have voted and approve to support the Echo, Inc YHDP RRH project in the counties of Rock and Walworth. We believe that this project furthers the efforts to end youth homelessness in our community and is meeting the goals laid out in the WI BOS Coordinated Community Plan.

Paola Delgado
Rock/Walworth YAB/YAG Member signature

10-1-24
Date

Paola Delgado
Printed Name

Chris Causey
Rock/Walworth YAB/YAG Member signature

10-3-24
Date

Chris Causey
Printed Name

Furios
Rock/Walworth YAB/YAG Member signature

10/3/24
Date

Furios smith
Printed Name

Angelyna
Angelyna

Sherman
Sherman

10/4/2024