

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 and the FY 2024 General Section 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.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method. Please review the NOFO for eligibility standards.
- 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.
- Before completing 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).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/16/2024

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. **Legal Name:** Hebron House of Hospitality, Inc
- b. **Employer/Taxpayer Identification Number (EIN/TIN):** 39-1414365
- c. **Unique Entity Identifier:** ZXHJA42NZBB3

d. Address

Street 1: 1166 QUAIL CT SUITE 400

Street 2:

City: PEWAUKEE

County: United States

State: Wisconsin

Country: United States

Zip / Postal Code: 53072

e. Organizational Unit (optional)

Department Name: NA

Division Name: NA

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

Prefix: Ms.

First Name: Allie

Middle Name:

Last Name: Reifschneider

Suffix:

Title: Administrative Specialist

Organizational Affiliation: Hebron House of Hospitality, Inc

Telephone Number: (262) 549-8720

Extension:

Fax Number: (262) 549-8730

Email: areifschneider@hebronhouse.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: Jeremy PSH Project Expansion

16. Congressional District(s):

16a. Applicant: WI-005, WI-001

16b. Project: WI-005, WI-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2025

b. End Date: 09/30/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Kathleen

Middle Name:

Last Name: Fisher

Suffix:

Title: Executive Director

Telephone Number: (262) 522-1400
(Format: 123-456-7890)

Fax Number: (262) 549-8730
(Format: 123-456-7890)

Email: kfisher@hebronhouse.org

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

Date Signed: 10/16/2024

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: Hebron House of Hospitality, Inc

Prefix: Ms.

First Name: Kathleen

Middle Name:

Last Name: Fisher

Suffix:

Title: Executive Director

Organizational Affiliation: Hebron House of Hospitality, Inc

Telephone Number: (262) 522-1400

Extension:

Email: kfisher@hebronhouse.org

City: PEWAUKEE

County: United States

State: Wisconsin

Country: United States

Zip/Postal Code: 53072

2. Employer ID Number (EIN): 39-1414365

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$428,076.00

(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
CDBG	Cash	\$15,000.00	Supportive Services

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: Kathleen Fisher, Executive Director

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

Date Signed: 10/16/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Hebron House of Hospitality, Inc
Program/Activity Receiving Federal Grant Funding: CoC Program

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
<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 Federalagency 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: Kathleen

Middle Name

Last Name: Fisher

Suffix:

Title: Executive Director

Telephone Number: (262) 522-1400
(Format: 123-456-7890)

Fax Number: (262) 549-8730
(Format: 123-456-7890)

Email: kfisher@hebronhouse.org

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

Date Signed: 10/16/2024

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: Hebron House of Hospitality, Inc

Name / Title of Authorized Official: Kathleen Fisher, Executive Director

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

Date Signed: 10/16/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 Approved by OMB: 4040-0013 (exp. 02/28/2025)

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

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

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

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

Legal Name: Hebron House of Hospitality, Inc

Street 1: 1166 QUAIL CT SUITE 400

Street 2:

City: PEWAUKEE

County: United States

State: Wisconsin

Country: United States

Zip / Postal Code: 53072

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: Kathleen

Middle Name:

Last Name: Fisher

Suffix:

Title: Executive Director

Telephone Number: (262) 522-1400
(Format: 123-456-7890)

Fax Number: (262) 549-8730
(Format: 123-456-7890)

Email: kfisher@hebronhouse.org

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

Date Signed: 10/16/2024

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: Hebron House of Hospitality, Inc

Prefix: Ms.

First Name: Kathleen

Middle Name:

Last Name: Fisher

Suffix:

Title: Executive Director

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

Date Signed: 10/16/2024

1L. SF-424D

Are you requesting CoC Program funds for No
construction costs in this application?

No SF-424D is required. Select "Save and Next" 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:

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing Federal funds and performing the activities proposed in the application.

Hebron Housing Services has provided shelter and housing services in Waukesha since 1982. The organization has a long history of using federal funds for activities in Waukesha. For over 40 years, Hebron has offered emergency shelter services for individuals and families funded by EHH, EFSP, CDBG, and HOME grants. 25 years ago, Hebron opened a COC-funded Safe Haven that served street homeless individuals with a disabling condition. The Safe Haven was recently converted to a Permanent Supportive Housing (PSH) project with COC funds. This project serves up to six individuals who are chronically homeless and have a disabling condition. Currently, Hebron is funded by the Wisconsin Balance of State COC to run the HUD Funded Coordinated Entry Program and a Youth System Navigator. Additionally, Hebron receives HUD YHDP funds to operate a Youth Joint Transitional Living and Rapid Rehousing program serving 20 households ages 18-24. One of the most challenging programs Hebron operates that HUD funds is a PRAC Section 811 project that offers 8 one-bedroom apartments to low-income individuals with a disability. A tremendous number of rules and regulations for this project are audited each year.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Hebron receives multiple grants from HUD and DEHCR that necessitate a matching contribution. The organization maintains a comprehensive Fund Development strategic plan, revised annually. This plan encompasses grant writing, yearly appeals, and a special fundraising event. Over a million dollars is raised yearly to support the shelter and housing initiatives. These funds are sourced from foundations, congregations, individuals, and corporations. Furthermore, Hebron has established partnerships with various services that qualify for the match, including ProHealth. This local healthcare provider utilizes charity care for participants in the RRH and PSH programs.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

Hebron employs over 30 individuals, all under the guidance of a full-time Chief Executive Officer with established leadership credentials. The leadership team includes an Operations Manager, a Homeless Services Manager, a Director of Finance, and a Chief Development Officer. A full-time administrative specialist is also on board to support these leaders.

The Operations Manager oversees two case managers and a housing specialist, focusing on implementing the YHDP Programs, Coordinated Entry, and managing the organization's properties, including rent collection and maintenance.

The Homeless Services Manager oversees the Juno and Siena House, which are Hebron's emergency shelters, along with the PEAK Rapid Rehousing and Jeremy Permanent Supportive Housing projects. Her team consists of 16 shelter advocates and 3 housing case managers.

The finance team comprises the Director of Finance and a full-time Accounting Specialist.

The Chief Development Officer leads a team of two members dedicated to raising the \$1.5 million in contributions needed each year for operational expenses.

The agency employs a full-time Executive Director, Director of Finance, and Finance Specialist. Financial management follows the organization's approved financial policies and procedures. The organization uses an accounting system called Quickbooks to identify the sources and use of all funds, including information on grant awards received, authorizations or obligations of awards received, de-obligated balances, assets and liabilities, program income, and total actual outlays or expenditures to date. The organization has fiscal control and accounting procedures to assume proper dispersal and accounting of federal funds in accordance with 2 CFR part 200.

Accounting records are supported by adequate source documentation that provides a complete audit trail. Records include timesheets, labor allocation reports, and approved payments to vendors for eligible expenses other than labor. The agency uses PCS Isolved, a human resources software that tracks employee time and funding sources. The Financial Policy and Procedure manual covers the basic accounting principles, including financial transactions, record retention, and the process for grant expending approval. Additionally, the organization has regularly reviewed financial policies that specify the approval authority for financial transactions.

On or near the 10th of each month, the Finance Director runs grant expense reports and pulls corresponding source documentation. The expenses are recorded on Grant Payment Request Forms and submitted to the funding source for reimbursement. An invoice is created at the time of the reimbursement request. Upon receipt of payment, payment is recorded in the accounting system. A financial report is printed from the accounting system and filed with the payment request form and source documentation.

4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization? No

3A. Project Detail

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

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

3. Project Name: Jeremy PSH Project Expansion

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

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 that addresses the entire scope of the proposed project.**

Hebron Housing Services proposes expanding the permanent supportive housing program to serve an additional eleven households without children. The funding will primarily be used to provide rent assistance and case management for chronically homeless individuals with a disabling condition.

Hebron will not allow any barriers such as criminal background, mental illness, no income, substance abuse, AODA, or history of domestic violence to stop an individual from being housed. These individuals are whom we determine to have the greatest need in Waukesha. To work on these barriers, a case manager will be assigned to each client to work through and try to eliminate them. The Housing First approach will be used as a model for this program. Our goal is to give qualifying participants access to sustainable permanent housing.

Once housed, case management will provide each guest access to the services they need to get their lives back on track. This will include developing a plan to secure income through social security or possible jobs within the community, transportation services, and access to community resources that will address their specific needs. These services will not be mandated to stay with the Housing First guidelines. Therefore, housing status will not be affected by participation in these services.

We request funding for our Jeremy Permanent Supportive Housing project, which encompasses leasing, case management, outreach, operations, supportive services, and administrative costs. Through the program, eleven chronically homeless individuals of Waukesha County will be housed under leases held by Hebron Housing Services. Each participant will be given access to an array of services our case manager provides throughout the program. These services will address the barriers that have caused everyone to become chronically homeless.

Project outcomes include the following:

- 100% of beds will be dedicated to the chronically homeless.
- 80% of clients will remain in or exit into permanent housing.
- 50% of clients will maintain or increase their total income from all sources.
- 30% of clients will maintain or increase their earned income.

Mental Health - NAMI of Southeast Wisconsin; Waukesha County Mental Health; DHHS; LifeStance Health (accepts Medicare/Medicaid); Addiction Resource Counsel; Hope for a Better Tomorrow; Rogers Behavioral Health (multiple sites); Catholic Charities; James Place

Substance Abuse - CleanSlate (accepts Medicare/Medicaid); WisHope Recovery; Addiction Resource Council, Inc.; LSS Aspen Center; Cephas Halfway House; DHHS; Rogers Behavioral Health (multiple sites); Friendships Unlimited (LSS); Catholic Charities for treatment

Chronic Health Condition - Waukesha County: The Public Health Immunization Clinic, ADRC Programs; Waukesha Free Clinic; James Place (helps find providers)

Development Disability - ADRC-Disability Benefit Specialist Program (adults)

Employment - SEEK, Waukesha County Workforce Development Center

Access to Food - Foodshare/SNAP

Limited Education - FSET, Workforce Development

LGBTQ+ - Waukesha County Tech College; LGBT Center of SE

Legal Issues - Waukesha County Legal Assistance

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment	61			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	92			
Leased or rental assistance units or structure, and supportive services near 100% capacity	150			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

3. 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 type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>

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

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

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

5c. 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"/>

5d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

8. Is this project 100% Dedicated or DedicatedPLUS? 100% Dedicated

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2024 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: WI0272

1b. Eligible Renewal Grant Project Name: Jeremy PSH Project

2. Will this expansion project increase the number of program participants? Yes

2a.	Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application)	
	Number of persons (From renewal application Screen 5A)	6
	Number of units (From renewal application Screen 4B)	6
	Number of beds (From renewal application Screen 4B)	6
2b.	New Requested Numbers to Add (from this "Stand-alone New" project application)	
	Number of additional persons (From this new application Screen 5A)	11
	Number of additional units (From this new application Screen 4B)	11
	Number of additional beds (From this new application Screen 4B)	11

3. Will this expansion project provide additional supportive services to program participants? Yes

3a. Indicate how the project will provide additional supportive services to program participants. (Check one or both boxes)

Increase number of or expand supportive services provided	<input type="checkbox"/>
Increase frequency or intensity of supportive services	<input type="checkbox"/>

4. Will this expansion project bring existing facilities up to government health or safety standards? No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

Hebron will ensure clients remain in permanent housing through diligent case management that addresses the underlying causes of chronic homelessness. The Housing First model allows residents to address whatever issues they may face while in stable housing. Hebron staff will offer to meet with clients upon entry to determine what supportive services may be needed on a case-by-case basis. Problems with each case will be addressed as they arise. Our program will be a roadmap for participants that will greatly assist them in obtaining and retaining permanent housing.

We realize that each client comes from a different background. Therefore, what was necessary to keep one participant housed may vary from the last. This is why we will approach each client with the knowledge and understanding that we cannot expect them to have the exact needs or utilize the same services. Some of the common needs and barriers that we are prepared to address through our services include the following:

Case management—Our case manager will have the proper experience and degrees to effectively assist the participants. We will provide this person with training in dealing with difficult people, human trafficking, hoarding, mental health, substance abuse recovery, motivational interviewing, and connecting homeless people to SSI/SSDI.

Housing Needs Assessment—The case manager conducts a housing needs assessment with program participants at intake. The results are shared with the housing services coordinator, who provides housing resources that meet each individual's needs.

Move-On Assessment - Periodically, a Move-On assessment will be conducted to determine where each individual is at and if they are in a good place to move on to independent housing.

Exit Survey - Upon exiting the program, the case manager will meet with individuals to establish a game plan for stable living. Then, the case manager will confirm the community resources necessary for the retention of permanent housing and establish a follow-up calendar.

Transportation to work/appointments—Our case managers give bus passes when needed. We will also supply bus schedules and assist with any required mobility services for individuals with disabilities.

Maintaining Units—It is normal for individuals who have been homeless for an extended period to lack the skills or knowledge to care for a home properly. Staff will assist in educating individuals on how to clean and maintain their living space properly.

Evictions by Landlords - No matter how much case management and assistance we provide, there will still be individuals who will not abide by the rules of the apartments we are housing. If it is not possible to keep them housed, Hebron staff will continue to provide support while they are searching for new housing.

Legal Issues - All households in the program will be referred to Legal Action when the need for legal services arises.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Case Managers will address these issues by providing counseling services that help each guest understand and work through their problems. Our program will be able to assist the chronically homeless by addressing barriers to housing and providing intensive case management. Case managers will have relationships with landlords and other service providers who will best understand the individual's needs. All program participants are assessed to determine their need for access to mainstream services.

Individuals needing access to SSI or SSDI will be referred to the NAMI Soar program.

Anyone needing childcare, food assistance, or other economic support will be referred to the Moraine Lakes Consortium.

All veterans are referred to Veteran Services.

Program participants needing access to healthcare, including Medicaid or Medicare, will be referred to the Moraine Lakes Consortium. This consortium comprises a group of county agencies that determine enrollment and ongoing case management.

Individuals struggling with mental health can be connected to NAMI and Health and Human Services to receive services.

Individuals struggling with addiction can be connected to WisHope, Health and Human Services, Smart Recovery, and local meetings.

Individuals with barriers regarding lease violations will receive education and support to understand better their living situation and landlord expectations by the program.

Case managers will be able to connect the individuals to financial education to avoid future instances of homelessness.

Individuals will be able to be connected to DVR and other employment agencies.

Case managers can provide services that meet the individual's needs and avoid them becoming resistant to services.

Individuals resistant to services can build relationships with their case manager to become more comfortable receiving services.

Hebron has established partnerships with ProHealth, which utilizes charity care for participants in the PSH programs. Case Manager works with the 16th Street clinic to connect households needing healthcare access immediately.

The Case Manager connects program participants to the local Workforce Development Center for access to employment programs and training opportunities.

Individuals interested in continuing their education will be connected to the local Community College to access High School Equivalency Diploma programs and other diploma or degree programs.

All program participants are assessed to determine their need for access to mainstream services.

Individuals needing access to SSI or SSDI will be referred to the NAMI Soar program.

Anyone in need of childcare, food assistance, or other economic support will be referred to the Moraine Lakes Consortium.

All veterans are referred to Veteran Services. Program participants needing access to healthcare, including Medicaid or Medicare, will be referred to the Moraine Lakes Consortium. This consortium comprises a group of county agencies that determine enrollment and ongoing case management.

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

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

Identify whether the project will include the following activities:

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

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

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

Total Units: 11

Total Beds: 11

Total Dedicated CH Beds: 11

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	11	11	11

4B. Housing Type and Location Detail

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

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

a. **Units:** 11

b. **Beds:** 11

c. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 11

This includes both the “dedicated” and “prioritized” beds.

3. Address:

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

Street 1: 426 Wisconsin Ave

Street 2:

City: Waukesha

State: Wisconsin

ZIP Code: 53188

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

556948 Waukesha

5A. Project Participants - Households

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

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		11		11
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		11		11
Persons ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	11	0	11

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

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

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	11			6		10	1	5	9	
Persons ages 18-24										
Total Persons	11	0	0	6	0	10	1	5	9	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	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

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus

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

4. Select a grant term: 1 Year

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

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

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No

6C. Leased Units

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

Total Annual Assistance Requested:	\$111,408
Grant Term:	1 Year
Total Request for Grant Term:	\$111,408
Total Units:	11

The number of beds for which funding has been requested in the Leased Units budget is 11.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WI - Milwaukee-Wa...	11	\$111,408	\$111,408

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2023 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2023 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Milwaukee-Waukesha-West Allis, WI MSA (5507999999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$575		x	12	=	\$0
0 Bedroom	5	x	\$766	\$766	x	12	=	\$45,960
1 Bedroom	6	x	\$909	\$909	x	12	=	\$65,448
2 Bedroom		x	\$1,092		x	12	=	\$0
3 Bedroom		x	\$1,374		x	12	=	\$0
4 Bedroom		x	\$1,499		x	12	=	\$0
5 Bedroom		x	\$1,724		x	12	=	\$0
6 Bedroom		x	\$1,949		x	12	=	\$0
7 Bedroom		x	\$2,174		x	12	=	\$0
8 Bedroom		x	\$2,398		x	12	=	\$0
9 Bedroom		x	\$2,623		x	12	=	\$0
Total units and annual assistance requested:	11							\$111,408
Grant term:								1 Year
Total request for grant term:								\$111,408

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Social Worker -1 FTE @ \$74,750 including fringe benefits, Program Supervisor- .20 FTE @ 18,000 including 2,700 in fringe benefits, Direct provisions @ \$1,546 monthly	\$111,302
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	\$500 x 11 program participants annually	\$5,500
8. Housing/Counseling Services	Housing Specialist - 1 - .25 FTE @ 520 hours at \$30 per hour including fringe benefit of \$4.50 per hour	\$15,600
9. Legal Services		
10. Life Skills	Life Skills Specialist - 1 - .25 FTE @ 520 hours at \$30 per hour including fringe benefit of \$4.50 per hour	\$15,600
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	(\$50 bus pass x 8 program participants) x 12 months and purchase of a vehicle @ \$40,000 to transport vans	\$44,800
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$192,802
Grant Term		1 Year
Total Request for Grant Term		\$192,802

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Utilities, Ins, Lawn and Snow, Trash, and Maint and Repairs. @ \$240 per month for 11 units	\$31,800
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security	Security System	\$20,000
5. Electricity, Gas, and Water		
6. Furniture	Couch, Kitchen Table, Chairs, Bed, Dresser, and night stand for 11 units	\$11,000
7. Equipment (lease, buy)	New Washer, Dryer, Stove Fridge, and Microwaves for 11 units	\$22,000
Total Annual Assistance Requested		\$84,800
Grant Term		1 Year
Total Request for Grant Term		\$84,800

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software	1 HMIS User License	\$150
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$150
Grant Term:		1 Year
Total Request for Grant Term:		\$150

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

In FY2024, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

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

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

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

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

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

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

Applicant: Hebron House of Hospitality, Inc.

166941971

Project: Jeremy PSH Project Expansion

224236

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

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$14,843
Total Amount of In-Kind Commitments:	\$64,324
Total Amount of All Commitments:	\$79,167

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	Name of Source	Amount of Commitments
In-Kind	Private	Prohealth Care	\$64,324
Cash	Private	Hebron Housing Se...	\$14,843

Sources of Match Detail

1. Type of Match commitment: In-Kind

2. Source: Private

3. Name of Source: Prohealth Care

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

4. Amount of Written Commitment: \$64,324

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

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Hebron Housing Services

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

4. Amount of Written Commitment: \$14,843

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$111,408	1 Year	\$111,408
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$192,802	1 Year	\$192,802
5. Operating (Screen 6G)	\$84,800	1 Year	\$84,800
6. HMIS (Screen 6H)	\$150	1 Year	\$150
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$389,160
10. Admin (Up to 10% of Sub-total in #9)			\$38,916
11. HUD funded Sub-total + Admin. Requested			\$428,076
12. Cash Match (From Screen 6I)			\$14,843
13. In-Kind Match (From Screen 6I)			\$64,324
14. Total Match (From Screen 6I)			\$79,167
15. Total Project Budget for this grant, including Match			\$507,243

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	PSH Match Letter	10/16/2024
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: PSH Match Letter

Attachment Details

Document Description: PSH Match Letter

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	PSH MOU	10/14/2024

Attachment Details

Document Description: PSH MOU

7D. 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: Kathleen Fisher

Date: 10/16/2024

Title: Executive Director

Applicant Organization: Hebron House of Hospitality, Inc

PHA Number (For PHA Applicants Only):

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

X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	10/08/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/08/2024
1E. SF-424 Compliance	10/08/2024
1F. SF-424 Declaration	10/08/2024
1G. HUD 2880	10/08/2024
1H. HUD 50070	10/08/2024
1I. Cert. Lobbying	10/08/2024
1J. SF-LLL	10/08/2024
IK. SF-424B	10/08/2024
1L. SF-424D	10/08/2024
2A. Subrecipients	No Input Required
2B. Experience	10/14/2024
3A. Project Detail	10/10/2024
3B. Description	10/16/2024
3C. Expansion	10/10/2024
4A. Services	10/16/2024
4B. Housing Type	10/10/2024
5A. Households	10/08/2024
5B. Subpopulations	No Input Required
6A. Funding Request	10/08/2024
6C. Leased Units	10/09/2024
6F. Supp Srvcs Budget	10/14/2024
6G. Operating	10/14/2024
New Project Application FY2024	Page 64
	10/16/2024

6H. HMIS Budget	10/14/2024
VAWA Budget	No Input Required
6I. Match	10/14/2024
6J. Summary Budget	No Input Required
7A. Attachment(s)	10/16/2024
7A. In-Kind MOU Attachment	10/14/2024
7D. Certification	10/10/2024



October 16, 2024

To: Wisconsin Balance of State Continuum of Care

From: Kathleen Christenson Fisher
Hebron Housing Services
1166 Quail Ct., Suite 400
Pewaukee, WI 53072

RE: Jeremy PSH Project Expansion Match Letter

Grant Cycle: 10/1/2025 – 9/30/2026

UEI: ZXHJA42NZBB3

FEIN: 39-1414365

Congressional District: 5th Congressional District of Wisconsin

This letter informs the Wisconsin Balance of State Continuum of Care that Hebron Housing Services will provide a \$64,324 contribution in-kind match from ProHealth Care for the Jeremy PSH Project Expansion Grant for Waukesha County, which will fund 11 units for a total of \$64,324.

Project eligibility for program participants in the new project will be based on CoC Program fair housing requirements and will not be restricted by the health care service provider.

The healthcare resource commitment must be for healthcare-related services (including treatment for physical health, mental health, and substance abuse) that will be provided to program participants in the housing portion of the new project.

The healthcare leverage is not funded through CoC or ESG program funds.

Grant Contact Information:

Gina LaSusa
glasusa@hebronhouse.org
262.522.1408

Kathleen Fisher
Executive Director
Hebron Housing Services

10/16/24
Date

Memorandum of Understanding

Agencies: Hebron Housing Services and ProHealth Care

Term: 11-01-2025 to 10-31-2026

Start Date of MOU: 11-01-2025

This Memorandum of Understanding is adopted by Hebron Housing Services and ProHealth Care. The primary purpose of the Memorandum is to describe the specific In-Kind Hebron Jeremy Permanent Supportive Housing Program expansion activities that ProHealth Care will provide for Hebron Housing Services to be used as match for the Hebron Jeremy Permanent Supportive Housing Program Expansion.

The Hebron Jeremy Permanent Supportive Housing Program is designed to assist chronically homeless and disabled individuals in finding permanent housing and providing case management services


1. Hebron Housing Services and ProHealth Care work closely together to ensure that the Jeremy Permanent Supportive Housing Program requirements for bringing Jeremy PSH funding to the community is being completed.
2. Donation Provided: ProHealth Care is donating their charity-funded healthcare for the program participants in the Hebron Jeremy Permanent Supportive Housing Program.
3. ProHealth Care will donate the value of match up to a total of \$64,324 of charity funds. Hebron will provide a release of information for each program participant, which will be reviewed quarterly by ProHealth Care to coordinate charity funded healthcare.
4. Reporting. ProHealth Care will provide a tracking form that details the amounts of charitable care provided to the Jeremy Permanent Supportive Housing Program participants.

Memorandum of Understanding

Agencies: Hebron Housing Services and ProHealth Care

Term: Starting 11-01-2025

Hebron Housing Services



Signature of Authorized Official

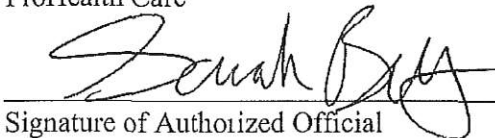
CEO

Title

10/14/24

Date

ProHealth Care



Signature of Authorized Official

Director, Community
Benefit

Title

10/11/24

Date