

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data 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: 10/28/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0259

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:** 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:** Hebron Youth Housing Program

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

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

**16b. Project:** WI-005, WI-006, 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: 10/28/2024

# 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: \$408,954.00**

(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: 10/28/2024

# 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 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:** 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:** 10/28/2024

# 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:** 10/28/2024

# 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: 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:** 10/28/2024

## 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:** 10/28/2024

## Recipient Performance

- 1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
  
- 2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
  
- 3. Do you draw funds quarterly for your current renewal project? Yes
  
- 4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

# YHDP Renewal Grant Consolidation/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: \$0

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

### 3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): WI0259

(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: Hebron Youth Housing Program

5. Project Status: Standard

6. Component Type: JOINT TH-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.**

The TL/RRH Project will offer rent assistance and supportive services up to 20 households at any point in time. The target populations to be served are 16 single and 4 parenting young adults 18-24 years old. Eighty percent of participants will come directly from shelters and ten percent from the streets or other places not meant for human habitation. The project will use a Housing First approach as evidenced by having no barriers to program entry, programming that is not contingent on participation in services, and rehousing participants in the event of eviction while in the program. Each household will be assessed by a case manager upon entry into the program to determine their housing and supportive service needs. TL will be offered to young adults with multiple barriers to securing their own lease agreement. Rapid Rehousing will be offered to youth who are likely to lease-up on their own. The project will incorporate client choice by helping young adults find permanent housing based on their unique strengths, needs, preferences, and financial resources. Young adults will choose when they are ready to exit TL and move into rapid rehousing with assistance from the case manager. Hebron will offer supportive services that address the identified needs of the target populations. These services include moving assistance, case management, housing search/counseling, life skills training, mental health services, outreach, food, and transportation. Non-partner agencies will provide childcare, education services, employment assistance/job training, legal aid, outpatient health services, recreation, substance abuse treatment, and utility deposits as needed. The project outcomes include: Move 75% of young adults quickly into permanent housing. Maintain or increase 58% of young adults' earned income. Accommodate 100% of young adults with their needs, including household configuration, service needs, or pets. Connect 100% of young adults to valuable community resources, such as education, healthcare, and employment. The WOW region of local coalitions has been convening for more than two decades. Each coalition brings together service providers to address homelessness in their communities. This collaboration allows the region to access a variety of funding sources including HUD COC funds, Wisconsin Balance of State Continuum of Care funds, DEHCR EHH and SSSG funds, United Way of Greater Milwaukee and Waukesha, and United Way of Washington County. Rental Assistance funding will be used to lease 7 units of scattered-site Transitional Housing units and 13 units of scattered-site Rapid Rehousing units at any point in time. Supportive services funding will be used to support a 1.25 FTE case manager focused on developing skills to stabilize housing and income, a .25 FTE Housing specialist to assist with housing solutions and a .50 life skills coordinator. Transportation, household cleaning supplies, and other household startup expenses will be funded.

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

Positive youth development encompasses a prosocial approach that encourages youth to engage with their community, peers, schools, etc. This will enhance their strengths which will, in turn, provide them with additional opportunities to reach their full potential. This specific project will specifically incorporate positive youth development by engaging youth in services that will address their immediate needs to overcome housing stability. This will be done by connecting them with appropriate resources within the community, and also effective and supportive case management to provide positive support and guidance to assist youth towards their full potential.

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

Trauma-informed care is an approach guided by an understanding and knowledge of trauma that aims at providing an environment that is understanding and supportive to those receiving services. This is a pivotal portion of this project, as we understand that many of the youth reaching out for services may have experiences with trauma throughout their lives. By implementing a TIC approach to services, we aspire to provide an environment where youth feel safe and comfortable in accepting help as they navigate housing services.

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

This project will help the community meet the shared vision, goals, and objectives of the WOW Region’s coordinated community plan by fulfilling many objectives listed in the CCP, including Goal 1 Object 1.3, which states YYA will have access to innovative housing strategies that include Transitional Living and Rapid Rehousing programs. The action steps include the development of a Transitional Living/ Rapid Rehousing Program.

**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.**

The racial composition of the persons or households are 44.8% White, 43.3% Black, African-American, or African, 3.0% Asian or Asian-American, 4.5% American Indian, Alaskan Native, or Indigenous, and 4.5 percent more than one race. This was analyzed by reviewing HMIS data for the agency's initial YHDP grant period.

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

Barriers include systemic biases that affect persons of color through fair and affordable housing. This included violation of Fair Housing laws. Other barriers include lack of affordable/low income housing in the community.

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

Staff will advocate for program participants to ensure they are knowledgeable and aware of existing housing laws. If fair housing laws are being violated, staff will assist in navigating resources to file complaint with the Department of Housing and Urban Development.

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

The agency is working with its local homeless coalition on developing a framework that will measure and improve key indicators of a racially equitable homeless response system. Four key areas to track the progress include equitable system decision-making power, lived experience, quality data, and system outcomes.

## 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 type="checkbox"/>
Conflict Resolution	<input checked="" type="checkbox"/>
Parenting Supports	<input type="checkbox"/>
Relative or kinship caregiver resources	<input type="checkbox"/>
Targeted substance abuse and mental health treatment	<input type="checkbox"/>
Housing Search Assistance	<input checked="" type="checkbox"/>
Landlord-Tenant mediation	<input checked="" type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>
Utility or Security Deposits	<input checked="" type="checkbox"/>
One time moving assistance	<input checked="" type="checkbox"/>
Rental Application fees	<input type="checkbox"/>
Utility or Rental Arrears	<input 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:** No

**3d. Medium Term Rental Assistance:** No

**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?**

Hebron recruits youth ages 18 through 24 from its programming and local colleges to fill its local Youth Action Board (i.e., YAG). The YAG meets regularly and discusses ways to improve and implement the Youth Housing Program. Additionally, issues faced by local homeless youth are discussed and YAG members try to identify ways to make changes to service provision at a broader local level.

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

Hebron will work with its YAG to identify evaluative criteria for its Youth Housing Program. Once criteria are identified, the YAG will meet to develop questions and create a survey tool to give Youth Housing Program participants before, during, and after their stay in the program. Data from these surveys will be collected and compiled by Hebron and reviewed by the YAG. Using these data, the YAG will determine how the Youth Housing Program should be implemented and improved.

## 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 checked="" 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 checked="" 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 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 checked="" 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 checked="" 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 checked="" 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 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 checked="" 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 checked="" type="checkbox"/>
--	-------------------------------------

No Exemptions Requested.	<input type="checkbox"/>
--------------------------	--------------------------

Enter required additional information about your YHDP Special Activity Request. Requirements for YHDP Special Activities can be found in the NOFO citation included on this screen. Please answer ALL requirements prior to submission.

**III.B.4.b(5)(v):**

Hebron currently holds a lease for a building that is being renovated for a field office. On the top floor, there are 8 SROs that are used for youth transitional housing. There is also a 1BR apartment on the first floor. This special activity request would allow for the 1BR apartment to be used for a Youth Housing Program client in the future.

**III.B.4.b(5)(b)(vii):**

Hebron operates two homeless shelters in Waukesha County. While a program participant is enrolled into the Youth Housing Program, they will need a place to stay while searching for housing. Hebron will use its shelters to provide lodging for homeless youth when necessary (e.g., TH units are full) or when a client specifically requests to be placed in shelter when searching for housing.

**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	Applicant	As needed
Assistance with Moving Costs	Applicant	Annually
Case Management	Applicant	Weekly
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Partner	As needed

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

Through intensive case management, youth will be able to actively choose their interventions and services. Case Managers will be trained efficiently in addressing youth issues and understand available resources for them. The youth will be provided services that will focus on stabilizing and assisting the youth with long-term care. Case Managers will be able to provide the youth with a menu of services that youth will be able to flourish from. The menu of services includes employment, education, and physical and mental health resources. If the youth feels strongly about specific services from an agency, their case manager will make the appropriate referral. If a youth has stated they are not interested in working with an agency, the case manager will connect them with other resources. Case managers will continue to work with the youth when permanent housing is established until the youth is able to stabilize.

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

The project will provide intensive case management. Case Managers will be trained to work with youth and identify youth issues. Case Managers will complete an assessment with the youth that will provide them an understanding of the youth’s service needs and the length of service needed. Through an action plan, the case manager will create with the youth, they will identify goals and steps to be taken to establish permanent housing. The youth and case manager will meet periodically to make progress towards their goals. Case managers will continue to re-assess the youth’s action plan.

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

When Hebron staff identify a client need and are unable to provide a service directly, it uses its robust network of partnering agencies and businesses to provide services. For example, Hebron partners with ProHealth Care to provide healthcare to its Youth Housing clients. Hebron also partners with Lakeland Law Firm to provide pro bono legal services to its Youth Housing clients.

**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.

	TH	RRH	Total	
Total Units:	11	13	24	
Total Beds:	13	15	28	
Housing Type	Housing Type (JOINT)		Units	Beds
---	Single Room Occup...		8	8
---	Scattered-site ap...		13	15
---	Scattered-site ap...		3	5

## 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.

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

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

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

2. Housing Type: Single Room Occupancy (SRO) units

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

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

a. Units: 8

b. Beds: 8

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

NA

6. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving 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:** 1166 Quail Court

**Street 2:** Suite 400

**City:** Pewaukee

**State:** Wisconsin

**ZIP Code:** 53072

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

559133 Waukesha County, 559131 Washington County, 556948 Waukesha, 559089 Ozaukee County

## 4B. Housing Type and Location Detail

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

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

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

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

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

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

- a. Units:** 13
- b. Beds:** 15

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

NA

**6. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving 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:** 1166 Quail Court
- Street 2:** Suite 400
- City:** Pewaukee
- State:** Wisconsin
- ZIP Code:** 53072

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

559133 Waukesha County, 559131 Washington County, 556948 Waukesha, 559089 Ozaukee County

## **4B. Housing Type and Location Detail**

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

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

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

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

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

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

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

**a. Units:** 3

**b. Beds:** 5

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

NA

**6. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving 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:** 1166 Quail Ct

**Street 2:** Ste. 400

**City:** Pewaukee

**State:** Wisconsin

**ZIP Code:** 53072

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

559133 Waukesha County, 559131 Washington  
County, 556948 Waukesha, 559089 Ozaukee  
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	3	21	0	24

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	3	21		24
Accompanied Children under age 18	4		0	4
Unaccompanied Children under age 18				0
<b>Total Persons</b>	7	21	0	28

**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				1		1			1	
Children under age 18						2		1	1	
<b>Total Persons</b>	0	0	0	1	0	3	0	1	2	0

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				2		4	2	2	4	8
<b>Total Persons</b>	0	0	0	2	0	4	2	2	4	8

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

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

Anyone listed under the "Persons Not Represented by a Listed Subpopulation" category do not identify or are believed to have any disabling condition or identify as a survivor or domestic or sexual violence.

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

## 6B. Leased Units Budget

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

<b>Total Annual Assistance Requested:</b>	\$75,540
<b>Grant Term:</b>	1 Year
<b>Total Request for Grant Term:</b>	\$75,540
<b>Total Units:</b>	11

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

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WI - Milwaukee-Wa...	11	\$75,540	\$75,540

## Leased Units Budget Detail

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



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

### Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	8	
0 Bedroom	2	
1 Bedroom		
2 Bedroom		
3 Bedroom	1	
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
<b>Total Units and Annual Assistance Requested</b>	<b>11</b>	<b>\$75,540</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$75,540</b>

Click the 'Save' button to automatically calculate totals.

## 6D. Rental Assistance Budget

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

Total Request for Grant Term:	\$143,244
Total Units:	13

The number of beds for which funding has been requested in the Rental Assistance budget is 15.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Milwaukee-Waukesha-West Allis, W...	13	\$143,244

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? Yes

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$575	\$561	x	12	=	\$0
0 Bedroom	1	x	\$766	\$749	x	12	=	\$8,988
1 Bedroom	10	x	\$909	\$901	x	12	=	\$108,120
2 Bedrooms	2	x	\$1,092	\$1,089	x	12	=	\$26,136
3 Bedrooms		x	\$1,374	\$1,374	x	12	=	\$0
4 Bedrooms		x	\$1,499	\$1,499	x	12	=	\$0
5 Bedrooms		x	\$1,724	\$1,724	x	12	=	\$0
6 Bedrooms		x	\$1,949	\$1,949	x	12	=	\$0
7 Bedrooms		x	\$2,174	\$2,174	x	12	=	\$0
8 Bedrooms		x	\$2,398	\$2,398	x	12	=	\$0
9 Bedrooms		x	\$2,623	\$2,623	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	13							\$143,244
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$143,244

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)	wages for one case manager and salary for one program supervisor	\$63,188
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)	wages for one case manager and salary for one program supervisor	\$31,594
9a. Legal Services (STAFF COSTS ONLY)		
10a. Life Skills (STAFF COSTS ONLY)	wages for one case manager	\$31,094
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)		
<b>Total Annual Assistance Requested</b>		<b>\$125,876</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$125,876</b>

**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)		
3b. Case Management (ACTIVITY COSTS ONLY)		
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)	bus passes for housing clients	\$500
16b. Utility Deposits (ACTIVITY COSTS ONLY)		
17b. Operating Costs (ACTIVITY COSTS ONLY)		
18. Security Deposits (Only use if no Rental Assistance Budget)		
<b>Total Annual Assistance Requested</b>		\$500
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$500
<b>Supportive Services BLI Total</b>		\$126,376

Click the 'Save' button to automatically calculate totals.

## 6F. 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
<b>1. Maintenance/Repair</b>	materials used for repairs, upgrades, and routine maintenance	\$4,700
<b>2. Property Taxes and Insurance</b>		\$0
<b>3. Replacement Reserve</b>		\$0
<b>4. Building Security</b>		
<b>5. Electricity, Gas, and Water</b>	utilities for transitional housing and Youth Housing field office	\$9,000
<b>6. Furniture</b>	office and apartment furniture for TH units	\$8,000
<b>7. Equipment (lease, buy)</b>	office supplies, computer supplies, appliance	\$6,000
<b>Total Annual Assistance Requested</b>		\$27,700
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$27,700

**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:	

**Applicant:** Hebron House of Hospitality, Inc.

166941971

**Project:** Hebron Youth Housing Program

221005

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:	\$0
Total Amount of In-Kind Commitments:	\$83,354
Total Amount of All Commitments:	\$83,354

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
In-Kind	Private	ProHealth Care	\$83,354

## 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:** \$83,354

**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)	\$75,540
1b. Leased Structures (Screen 6C)	\$0
2. Rental Assistance (Screen 6D)	\$143,244
3. Supportive Services (Screen 6E)	\$126,376
4. Operating (Screen 6F)	\$27,700
5. HMIS (Screen 6G)	\$0
6. VAWA	\$0
7. Rural	\$0
<b>8. Sub-total of CoC Program Costs Requested</b>	<b>\$372,860</b>
9. Admin (Up to 10% of Sub-total in #7)	\$36,094
<b>10. HUD funded Sub-total + Admin. Requested</b>	<b>\$408,954</b>
11. Cash Match (From Screen 6H)	\$0
12. In-Kind Match (From Screen 6H)	\$83,354
13. Total Match (From Screen 6H)	\$83,354
<b>14. Total Project Budget for this grant, including Match</b>	<b>\$492,308</b>

Breakout of BLI Costs	
1a. Leased Units	18%
1b. Leased Structures	0%
2. Rental Assistance	35%
3. Supportive Services	31%

<b>4. Operating</b>	7%
<b>5. HMIS</b>	0%
<b>6. VAWA</b>	0%
<b>7. Rural</b>	0%
<b>8. Admin (Up to 10%)</b>	9%
<b>9.Total Assistance plus Admin Requested</b>	\$408,954

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	YHDP Match Letter	09/26/2024
3) Other Attachment	No	WOW Letter of Sup...	10/28/2024

## Attachment Details

Document Description:

## Attachment Details

Document Description: YHDP Match Letter

## Attachment Details

Document Description: WOW Letter of Support

## 7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	YHDP MOU	09/26/2024

## Attachment Details

**Document Description:** YHDP MOU

## 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:** Kathleen Fisher

**Date:** 10/28/2024

**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

Page	Last Updated
1A. SF-424 Application Type	09/26/2024
1B. SF-424 Legal Applicant	09/10/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/26/2024
1E. SF-424 Compliance	09/10/2024
1F. SF-424 Declaration	09/10/2024
1G. HUD 2880	09/11/2024
1H. HUD 50070	09/11/2024
1I. Cert. Lobbying	09/11/2024
1J. SF-LLL	09/11/2024
IK. SF-424B	09/11/2024
Recipient Performance	No Input Required
YHDP Renewal Grant Consolidation/Expansion	09/11/2024
2A. Subrecipients	No Input Required
3A. Project Detail	09/11/2024
3B. Description	09/24/2024
Youth Homeless Demonstration Projects	09/24/2024
Youth Action Board	09/24/2024
Special YHDP Activities	09/24/2024
4A. Services	09/25/2024
4A. HMIS Standards	No Input Required
4B. Housing Type	10/01/2024
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	09/10/2024

<b>6B. Leased Units</b>	09/25/2024
<b>6D. Rental Assistance</b>	09/10/2024
<b>6E. Supp Srvcs Budget</b>	09/26/2024
<b>6F. Operating</b>	10/01/2024
<b>VAWA Budget</b>	No Input Required
<b>6H. Match</b>	09/26/2024
<b>6I. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/28/2024
<b>7A. In-Kind Match MOU Attachment</b>	09/26/2024
<b>7B. Certification</b>	09/26/2024



September 24, 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: YHDP Match Letter

Grant Cycle: 10/1/2025 – 9/30/2026

UEI: ZXHJA42NZBB3

FEIN: 39-1414365

Congressional District: 5<sup>th</sup> Congressional District of Wisconsin

This letter is to inform the Wisconsin Balance of State Continuum of Care that Hebron Housing Services will provide \$83,354.00 in contribution in-kind match from ProHealth Care for the YHDP Grant for Waukesha County.

Grant Contact Information  
Gina LaSusa  
[glasusa@hebronhouse.org](mailto:glasusa@hebronhouse.org)  
262.522.1408

A handwritten signature in black ink, appearing to read 'KCFisher', written over a horizontal line.

Kathleen Fisher  
Executive Director  
Hebron Housing Services

A handwritten date '9/24/24' in black ink, written over a horizontal line.

Date



Waukesha Ozaukee Washington County YAG  
 1166 Quail Ct, Ste. 400  
 Pewaukee, WI 53072  
 October 28, 2024

RE: Hebron House Youth Housing Program Renewal

Dear WIBOSCOC,

It is the pleasure of the Waukesha Ozaukee Washington Joint Coalition Youth Action Group to announce it's support of Hebron Housing Services' Youth Housing Program YHDP Renewal for the 2025- 26 grant year.

  
 Xavier D Tega (Oct 28, 2024 13:19 CDT)  
 \_\_\_\_\_  
 Local Waukesha COC YAG Member Signature

10/28/24  
 \_\_\_\_\_  
 Date

  
 Alexandra Schloemer (Oct 28, 2024 13:38 CDT)  
 \_\_\_\_\_  
 Local Washington COC YAG Member Signature

10/28/24  
 \_\_\_\_\_  
 Date

  
 Juan Krygiel (Oct 28, 2024 13:14 CDT)  
 \_\_\_\_\_  
 Local Ozaukee COC YAG Member Signature

10/28/24  
 \_\_\_\_\_  
 Date

**Memorandum of Understanding**

Agencies: Hebron Housing Services and ProHealth Care  
Term: 10-01-2024 to 9-30-2025  
Start Date of MOU: 10-01-2024

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 YHDP Joint Transitional Housing-Rapid Re-Housing activities that ProHealth Care will provide for Hebron Housing Services to be used as match for the Hebron YHDP Joint Transitional Housing-Rapid Re-Housing Program

The Hebron YHDP Joint Transitional Housing-Rapid Re-Housing Program is designed to assist homeless youth, ages 18-24, in Waukesha, Ozaukee, and Washington Counties. The program assists homeless youth by navigating housing resources, providing rental assistance, and case management services.

1. Hebron Housing Services and ProHealth Care work closely together to ensure that the Hebron YHDP Joint Transitional Housing-Rapid Re-Housing Program requirements for bringing YHDP 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 YHDP Joint Transitional Housing-Rapid Re-Housing Program.


3. ProHealth Care will donate the value of match up to a total of \$83,354 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 YHDP Joint Transitional Housing-Rapid Re-Housing Program participants.

**Memorandum of Understanding**

Agencies: Hebron Housing Services and ProHealth Care  
Term: Starting 10-01-2024

Hebron Housing Services

	CEO	9/19/27
Signature of Authorized Official	Title	Date

ProHealth Care 	Director, Community Based ProHealth Care	9/20/24
Signature of Authorized Official	Title	Date