

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/04/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Appleton

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-6005381

	c. Organizational DUNS:	053090312	PLUS 4:	
--	--------------------------------	-----------	----------------	--

d. Address

Street 1: 100 N Appleton Street

Street 2: Sixth Floor

City: Appleton

County: Outagamie

State: Wisconsin

Country: United States

Zip / Postal Code: 54911

e. Organizational Unit (optional)

Department Name: Community and Economic Development

Division Name: Community Development Specialist

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

Prefix: Mr.

First Name: Tony

Middle Name:

Last Name: Saucerman

Suffix:

Title: Finance Director

Organizational Affiliation: City of Appleton

Telephone Number: (920) 832-5924

Applicant: City of Appleton 153091

053090312

Project: Fox Cities Housing Coalition RRH Program Expansion

169598

Extension:

Fax Number: (920) 832-6044

Email: tony.saucerman@appleton.org

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Fox Cities Housing Coalition RRH Program Expansion

16. Congressional District(s):

a. Applicant: WI-006, WI-008

b. Project: WI-006, WI-008
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2019

b. End Date: 09/30/2020

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Mayor

First Name: Timothy

Middle Name: M

Last Name: Hanna

Suffix:

Title: Mayor

Telephone Number: (920) 832-6400
(Format: 123-456-7890)

Fax Number: (920) 832-6400
(Format: 123-456-7890)

Email: mayor@appleton.org

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

Date Signed: 09/04/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Appleton

Prefix:

First Name: Timothy

Middle Name: M

Last Name: Hanna

Suffix:

Title: Mayor

Organizational Affiliation: City of Appleton

Telephone Number: (920) 832-6400

Extension:

Email: mayor@appleton.org

City: Appleton

County: Outagamie

State: Wisconsin

Country: United States

Zip/Postal Code: 54911

2. Employer ID Number (EIN): 39-6005381

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$75,503.00

(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. 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Timothy Hanna, Mayor

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

Date Signed: 08/07/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Appleton

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

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

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Mayor

First Name: Timothy

Middle Name M

Last Name: Hanna

Suffix:

Title: Mayor

Telephone Number: (920) 832-6400
(Format: 123-456-7890)

Fax Number: (920) 832-6400
(Format: 123-456-7890)

Email: mayor@appleton.org

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

Date Signed: 09/04/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: City of Appleton

Name / Title of Authorized Official: Timothy Hanna, Mayor

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

Date Signed: 09/04/2018

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

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

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

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

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

Legal Name: City of Appleton

Street 1: 100 N Appleton Street

Street 2: Sixth Floor

City: Appleton

County: Outagamie

State: Wisconsin

Country: United States

Zip / Postal Code: 54911

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.

X

Authorized Representative

Prefix: Mayor

First Name: Timothy

Middle Name: M

Last Name: Hanna

Suffix:

Title: Mayor

Telephone Number: (920) 832-6400
(Format: 123-456-7890)

Fax Number: (920) 832-6400
(Format: 123-456-7890)

Email: mayor@appleton.org

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

Date Signed: 09/04/2018

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: \$71,960

Organization	Type	Sub-Award Amount
ADVOCAP, Inc.	M. Nonprofit with 501C3 IRS Status	\$14,352
Housing Partnership of the Fox Cities	M. Nonprofit with 501C3 IRS Status	\$17,452
Salvation Army of the Fox Cities	M. Nonprofit with 501C3 IRS Status	\$40,156

2A. Project Subrecipients Detail

a. Organization Name: ADVOCAP, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 39-1053365

	* d. Organizational DUNS:	078934148	PLUS 4:	
--	----------------------------------	-----------	----------------	--

e. Physical Address

Street 1: 19 West First Street

Street 2:

City: Fond du Lac

State: Wisconsin

Zip Code: 54936-1108

f. Congressional District(s): WI-006
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$14,352

j. Contact Person

Prefix: Mr.

First Name: Michael

Middle Name:

Last Name: Bonertz
Suffix:
Title: Executive Director
E-mail Address: mikeb@advocap.org
Confirm E-mail Address: mikeb@advocap.org
Phone Number: 920-922-7760
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Housing Partnership of the Fox Cities

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 39-1582471

	* d. Organizational DUNS:	779950930	PLUS 4:	
--	----------------------------------	-----------	----------------	--

e. Physical Address

Street 1: 605 E Hancock St
Street 2:
City: Appleton
State: Wisconsin
Zip Code: 54911

f. Congressional District(s): WI-006, WI-008
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$17,452

j. Contact Person

Prefix: Mr.

First Name: Joseph

Middle Name:

Last Name: Mauthe

Suffix:

Title: Executive Director

E-mail Address: joe@housing-partnership.org

Confirm E-mail Address: joe@housing-partnership.org

Phone Number: 920-731-6644

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Salvation Army of the Fox Cities

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 36-2167910

	* d. Organizational DUNS:	150777253	PLUS 4:	
--	----------------------------------	-----------	----------------	--

e. Physical Address

Street 1: 130 E North St

Street 2:

City: Appleton
State: Wisconsin
Zip Code: 54911

f. Congressional District(s): WI-006, WI-008
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? Yes

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

i. Expected Sub-Award Amount: \$40,156

j. Contact Person

Prefix: Mr.
First Name: Patrick
Middle Name:
Last Name: Leigl
Suffix:
Title: Social Services Director
E-mail Address: Pat_leigl@usc.salvationarmy.org
Confirm E-mail Address: Pat_leigl@usc.salvationarmy.org
Phone Number: 920-955-1222
Extension:
Fax Number:

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The City of Appleton specifically the Community and Economic Development Department wherein the grants are managed has served as the financially responsible entity for various Federal and State funds, including Community Development Block Grant funds, HOME funds, and Lead Safe grants for the past several decades. In addition the City has always served as the responsible recipient for Emergency Solution Grant funds and Continuum of Care grant funds, both of which facilitate rapid re-housing programs.

These grants are managed in compliance with the Code of Federal Regulations, Uniform Grant Guidance the Office of Management and Budget and the City of Appleton's adopted fiscal policies. Although the program year for each grant varies through the adopted fiscal policies and internal collaboration with the City's Finance Department the activities and requirements for each funding source- under various time constraints- are projected properly and administered timely.

The City of Appleton has served as the fiscally responsible agent of the federal funds administered to serve the homeless population in the Fox Cities community since the inception of the competitive Continuum of Care grant process. Further the City of Appleton has collaborated with Housing Partnership of the Fox Cities and Salvation Army of the Fox Cities for the past 26 years to administer various funding, directly providing programs and housing services to the low- to- moderate income and homeless population in the community.

Housing Partnership of the Fox Cities has 30 years of experience administering and managing various federal grants. In the past five years, Housing Partnership received Community Development Block Grant (CDBG) funds from both the City of Appleton and the City of Neenah as well as HOME funds Rental Housing Development funds (RHD) and Continuum of Care (CoC) funds.

The Salvation Army of the Fox Cities has 20 years of experience administering and managing federal grant funding, including CDBG, Emergency Solutions Grant funds (ESG), State Shelter Subsidy Grant funds (SSSG) Outagamie County shelter funding and CoC funds.

ADVOCAP is a Community Action Agency with a 52-year record of accomplishment in administering federal programs to help low income persons overcome barriers and achieve economic self-sufficiency. The agency has a budget exceeding \$12 million of which more than 70 percent is federal and state funds. The agency has successfully operated HUD homeless programs since 1996, including HOME programs Head Start an SBA Intermediary Microlender program an RSVP program and Department of Agriculture business development programs. In addition the ADVOCAP administers WIA-funded programs through the Fox Valley Workforce Development Board to provide employment and training services to low income persons.

All of the funding sources require time management have various requirements and undergo continuous monitoring all of which ADVOCAP Housing Partnership

and Salvation Army have implemented into their various programming and procedures.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

The City of Appleton specifically the Community and Economic Development Department wherein the COC grants are managed serves as the financially responsible entity for various Federal and State funds including Community Development Block Grant funds HOME funds Emergency Solutions Grants and Lead Safe grants.

These grants are managed in compliance with the Code of Federal Regulations Uniform Grant Guidance the Office of Management and Budget and the City of Appleton's adopted fiscal policies.

Housing Partnership of the Fox Cities has historically maintained WHEDA funds HOME funds Rental Housing Development (RHD) Neighborhood Stabilization Program (NSP) Community Development Block Grant (CDBG) Emergency Solutions Grant (ESG) HPP and HUD COC funds. As such due to the leveraging requirements associated with these funds they are very familiar with leveraging funds from the Fox Cities community. Housing Partnership has a strong reputation in the Fox Cities community and has been able to secure funding from the local United Way and other local foundations corporations and individual donors on an annual basis.

The Salvation Army of the Fox Cities has administered and managed Community Development Block Grant (CDBG) ESG State Shelter Subsidy Grant funds (SSSG) Outagamie County shelter funding and HUD COC funds. Much of Salvation Army's funding is received from private local individuals and businesses secured through mail appeals and campaigning including the Red Kettle campaign.

ADVOCAP utilizes both corporate and discretionary funds as match and is successful in leveraging additional funds to support both homeless programs and other programs that help clients achieve greater economic self-sufficiency. Match funds include Community Service Block Grant funds Workforce Investment Act funds that support employment and training activities federal Head Start funds through the Department of Health and Human Services to serve homeless Head Start children and families enrolled in programs and Wisconsin Department of Administration grants that support those clients enrolled in our Fresh Start program. ADVOCAP has also secured corporate and community foundation support that can be considered for match and leverage dollars.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The City of Appleton's Community Development Specialist is responsible for daily management & oversight of the CoC grants. Monthly the City's Finance Department monitors & reviews grant activities to ensure compliance with grant & audit requirements & achievement of objectives related to the grant. The City of Appleton is responsible for the use & maintenance of a multi-fund financial management system. All grant awards obligations unobligated balances assets liabilities expenditures & program income are tracked within this system. The

City's system delivers accurate transparent & efficient financial operations & updates all balances in real-time with each transaction connecting users to the most current accurate information. The system provides for multi-year tracking of budgets expenditures & revenues for user-defined projects such as capital improvements special programs & more. The City of Appleton provides ADVOCAP Housing Partnership & Salvation Army with a structured payment reimbursement tracking form that ensures proper categorization & review of all reimbursable expenses as well as matching dollars for each grant administered. Monthly the City of Appleton conducts a thorough review of the grant including expenses & performance measures to ensure that the funding is being spent timely & in compliance. ADVOCAP Housing Partnership of the Fox Cities & Salvation Army of the Fox Cities are all founding members of the local FC Housing Coalition. The FCHC is a clearly defined local continua which illustrates the specific role that each agency serves in the community. Active participation in the FCHC enables each organization to collaborate with many other agencies thus avoiding the duplication of services. The niche that these 3 agencies provide the community is affordable rental TH & PSH for LMI households. To serve a variety of household sizes, the agencies have diversified their housing portfolios establishing a footprint throughout the City of Appleton and the Fox Cities community. ADVOCAP Housing Partnership & Salvation Army work extensively with the local shelters, actively participate and host weekly case manager meetings, and maintain excellent professional relationships with other agencies. ADVOCAP Housing Partnership of the Fox Cities & Salvation Army of the Fox Cities adhere to their agency grant and financial policy and procedures manuals during administration of all grants. These policies require that an annual audit be performed to ensure sound financial practices. Housing Partnership utilizes QuickBooks to internally coordinate each grant. Salvation Army maintains financial policies procedures & practices through an individualized agency program known as Shelby. ADVOCAP's Financial Services Unit performs all financial reporting accounting & control functions including cash management expenditure documentation financial record keeping audits & financial statements budgeting accounts receivable & accounts payable.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

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

1b. CoC Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

2. Project Name: Fox Cities Housing Coalition RRH Program Expansion

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

During the 2017 COC Competition reports & data illustrated that the number of individuals & families experiencing homelessness in the Fox Cities was not decreasing under the administration of the current programming available (TH RRH & PSH). As a result the City of Appleton & its partners identified that additional rapid re-housing & permanent supportive housing programs were necessary & reclassified the COC-funded transitional housing program to rapid re-housing. Unfortunately operating a rapid re-housing project with funds previously allocated to a transitional housing project forced the reduction of housing & supportive services available. Through this expansion grant ADVOCAP Housing Partnership & the Salvation Army- as the City of Appleton's sub-recipients- will be able to increase the provision of low-barrier rapid placement entry into additional housing both agency-owned & third-party private units. Through the assistance of a newly added housing navigator, it is anticipated that relationships with landlords will improve and increase. ADVOCAP Housing Partnership & Salvation Army staff will utilize the local coordinated entry process to ensure appropriate assessment & prioritization for the program. In addition through the use of the VI-SPDAT & VI-F-SPDAT primary focus will be placed on serving individuals & families who meet the following: (a) reside in places not meant for human habitation; (b) reside in an emergency shelter or come directly from the streets; (c) who qualify under category 4 of the definition of homelessness. Supportive services will be offered through each agency & available for all clients incorporating goal setting & action planning that is client-centered & constructed from their own self-determination. Collaborations with other community agencies such as Community Health Partnership, Fox Valley Technical College, and Workforce Development will be utilized. These client specific services & supports will be identified & provided through continuous case management. Project outcomes of the expanded rapid re-housing program will focus on unit utilization increased income & connection to mainstream resources & benefits. To achieve these outcomes & support the specific needs of the households being served all 3 agencies will coordinate & collaborate with the local shelters care providers & supportive service agencies in the community including Homeless Connections Fox Valley Warming Shelter & Harbor House Domestic Abuse Shelter. During the reclassification mentioned earlier due to funding restrictions the number of units & supportive services & therefore number of people experiencing homelessness served decreased significantly. The funding offered through this expansion opportunity would contribute to retaining a level of programming equivalent to the need in the community. This funding is further necessary for an expansion as agencies have exhausted all other funding sources on current programming.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds

New Project Application FY2018	Page 26	09/04/2018
--------------------------------	---------	------------

requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	1	1	1	
Participant enrollment in project begins?	5	5	5	
Participants begin to occupy leased units or structure(s), and supportive services begin?	30	30	30	
Leased or rental assistance units or structure, and supportive services near 100% capacity?	60	60	60	
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**
(Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants Yes

into permanent housing

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

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

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

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

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

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

Every effort will be made to rehouse clients in a more appropriate unit if evicted. Supportive services will not be terminated & will continue to be offered & always available. ADVOCAP HPFC & SAFC CMs will assist with locating units educating landlords on the RRH program completing rental applications & attending showings to ensure housing quality & safety & rent reasonableness. The CMs will serve as the intermediary to ensure clients are well-informed about housing opportunities & advocate for tenancy. Clients will be connected to ongoing housing subsidy programs administered through local PHAs & other tax-credited LMI properties. If interest is expressed clients will be offered enrollment into an Affordable Housing Program through HPFC. CMs will encourage clients to increase income establish positive rental history & engage in budget management. ADVOCAP HPFC & SAFC work collaboratively with community organizations to ensure amenities & care is accessible & available to all clients.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

CM services will be offered weekly to allow the necessary household support when navigating through employment needs as well as non-employment needs. During the initial visits an assessment of services will be conducted & services will be made available as dictated by each client's individual needs. Case managers at all three agencies will connect participants to job placement & support programs such as the Adult Education Program offered through SOAR

Fox Cities the Skills Enhancement and the Employment Coordinator/SOAR case manager Program through local CAP Services, Case managers regularly refer participants to job leads & facilitate resume building sessions to help participants illustrate their qualifications. Transportation is always the largest need identified so ADVOCAP Housing Partnership & Salvation Army case management is consistently working with clients to overcome that barrier. In situations where clients are not able to work & qualify for government benefits SOAR case managers will collaborate with the appropriate resource to initiate the process & work with the client to overcome barriers & obstacles while determining eligibility. When households are connected to an employment service staff will obtain a release of information waiver to establish a collaboration in the participant's best interest. Should participants' experience an increase in income they are encouraged to work on managing funds & prioritize housing & meeting basic needs. When housing & basic needs are met the concept of self-sufficiency & independence becomes more desirable & achievable.

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

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

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, Yes



or jobs?

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

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

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

4B. Housing Type and Location

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

Total Units: 6

Total Beds: 14

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	1	3
Scattered-site apartments (...)	---	3	7
Scattered-site apartments (...)	---	2	4

4B. Housing Type and Location Detail

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

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

a. Units: 1

b. Beds: 3

3. Address

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

Street 1: 181 N Water St

Street 2:

City: Menasha

State: Wisconsin

ZIP Code: 54956

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

559087 Outagamie County, 559139 Winnebago
County, 559015 Calumet County

4B. Housing Type and Location Detail

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

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

a. Units: 3

b. Beds: 7

3. Address

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

Street 1: 130 E North St

Street 2:

City: Appleton

State: Wisconsin

ZIP Code: 54911

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

559087 Outagamie County, 559015 Calumet County

4B. Housing Type and Location Detail

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

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

a. Units: 2

b. Beds: 4

3. Address

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

Street 1: 605 E Hancock St

Street 2:

City: Appleton

State: Wisconsin

ZIP Code: 54911

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

559087 Outagamie County, 559015 Calumet
County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	5	1		6
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	3	1		4
Adults ages 18-24	2			2
Accompanied Children under age 18	5			5
Unaccompanied Children under age 18				0
Total Persons	10	1	0	11

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24				1		2	1	1		
Adults ages 18-24				1		2	1			
Children under age 18							2	1	2	
Total Persons	0	0	0	2	0	4	4	2	2	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Adults over age 24				1						
Adults ages 18-24										
Total Persons	0	0	0	1	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronicall y Homeless Non- Veterans	Chronicall y Homeless Veterans	Non- Chronicall y Homeless Veterans	Chronic Substanc e Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	Physical Disability	Developm ental Disability	Persons not represent ed by listed subpopul ations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

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

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

2. Describe the outreach plan to bring these homeless participants into the project.

A local shelter provides a Street Outreach Program which conducts street outreach in an effort to identify and work with homeless individuals and families who do not have access to shelter. The street outreach program routinely conducts outreach efforts at various locations known to be a congregating site for individuals experiencing homelessness, including the local transit center, library, lunch meal site, and places not meant for human habitation. The outreach program partners with the County jail, the County mental health system, various local hospitals, and law enforcement agencies to quickly identify individuals sleeping outside in hopes of providing them with a housing solution. Most outreach is conducted in the more urban, centralized areas of the Fox Cities, but the program has the flexibility to reach out into the more rural areas. Rural outreach typically occurs when an agency is notified of a specific instance of an individual sleeping outside. The street outreach program routinely partners with agencies that serve diverse populations. While the target populations are PATH-eligible clients (ie those with severe and persistent mental health/illnesses), the outreach program works closely with anyone who is not able to, or is unwilling to access shelter. A large component of the outreach program is to get these individuals connected to mainstream resources, and removing barriers such as language, transportation, disabilities, and access to communication systems. Most of the outreach occurs within the community, meeting the identified individuals and families where it is most convenient for them. Incorporation of the Day Resource Center will assist with the removal of these barriers.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Bonus



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

4. Select a grant term: 1 Year

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

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

6E. 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:			\$62,532
Total Units:			6
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Appleton, WI MSA (5501599999)	6	\$62,532

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

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

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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

Grant Term: This field is populated 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 annual assistance requested multiplied by the grant term.

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Appleton, WI MSA (5501599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$347	x	12		=	\$0
0 Bedroom		x	\$462	x	12		=	\$0
1 Bedroom	1	x	\$575	x	12		=	\$6,900

2 Bedrooms	2	x	\$728	x	12	=	\$17,472
3 Bedrooms	3	x	\$1,060	x	12	=	\$38,160
4 Bedrooms		x	\$1,077	x	12	=	\$0
5 Bedrooms		x	\$1,239	x	12	=	\$0
6 Bedrooms		x	\$1,400	x	12	=	\$0
7 Bedrooms		x	\$1,562	x	12	=	\$0
8 Bedrooms		x	\$1,723	x	12	=	\$0
9 Bedrooms		x	\$1,885	x	12	=	\$0
Total Units and Annual Assistance Requested	6						\$62,532
Grant Term							1 Year
Total Request for Grant Term							\$62,532

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an 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 providing supportive services to homeless participants.

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	SAFC- \$2,638 (72hrs @ \$36.64/hr); HPFC- \$3,087 (169hrs @ \$18.27/hr)	\$5,725
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	SAFC- \$2,338 (72hrs @ \$32.47/hr)	\$2,338
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

Applicant: City of Appleton 153091

053090312

Project: Fox Cities Housing Coalition RRH Program Expansion

169598

14. Substance Abuse Treatment Services		
15. Transportation	HPFC- \$265 (492miles @ \$0.54)3	\$265
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$8,328
Grant Term		1 Year
Total Request for Grant Term		\$8,328

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	SAFC single purchase of MS Surface Pro with Office professional; dedicated use for CMs on home visits & HMIS entry	\$1,100
2. Software		
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$1,100
Grant Term:		1 Year
Total Request for Grant Term:		\$1,100

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$40,000
Total Value of In-Kind Commitments:	\$61,002
Total Value of All Commitments:	\$101,002

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Housing Partnersh...	08/13/2018	\$48,752
Yes	In-Kind	Private	Salvation Army of...	08/13/2018	\$10,000
Yes	In-Kind	Government	City of Appleton	08/13/2018	\$2,250
Yes	Cash	Private	United way	08/23/2018	\$40,000

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: Housing Partnership of the Fox Cities
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/13/2018
6. Value of Written Commitment: \$48,752

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: Salvation Army of the Fox Cities
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/13/2018
6. Value of Written Commitment: \$10,000

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment:
(Be as specific as possible and include the office or grant program as applicable) City of Appleton
5. Date of Written Commitment: 08/13/2018
6. Value of Written Commitment: \$2,250

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment:
(Be as specific as possible and include the office or grant program as applicable) United way
5. Date of Written Commitment: 08/23/2018
6. Value of Written Commitment: \$40,000

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$62,532	1 Year	\$62,532
4. Supportive Services	\$8,328	1 Year	\$8,328
5. Operating	\$0	1 Year	\$0
6. HMIS	\$1,100	1 Year	\$1,100
7. Sub-total Costs Requested			\$71,960
8. Admin (Up to 10%)			\$3,543
9. Total Assistance Plus Admin Requested			\$75,503
10. Cash Match			\$40,000
11. In-Kind Match			\$61,002
12. Total Match			\$101,002
13. Total Budget			\$176,505

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501(c)(3) Status ...	08/30/2018
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: 501(c)(3) Status Confirmation

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Match and Leverag...	08/30/2018

Attachment Details

Document Description: Match and Leverage for City of Appleton

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Timothy Hanna

Date: 09/04/2018

Title: Mayor

Applicant Organization: City of Appleton

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

8B. Submission Summary

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/30/2018
1E. SF-424 Compliance	08/30/2018
1F. SF-424 Declaration	08/30/2018
1G. HUD 2880	08/30/2018
1H. HUD 50070	08/30/2018
1I. Cert. Lobbying	08/30/2018
1J. SF-LLL	08/30/2018
2A. Subrecipients	08/30/2018
2B. Experience	08/30/2018
3A. Project Detail	08/30/2018
3B. Description	09/04/2018
3C. Expansion	08/30/2018
4A. Services	08/30/2018
4B. Housing Type	08/30/2018
5A. Households	08/30/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/30/2018
6A. Funding Request	08/30/2018
6E. Rental Assistance	08/30/2018
6F. Supp Srvcs Budget	08/30/2018
6H. HMIS Budget	08/30/2018
6I. Match	08/30/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/30/2018

Applicant: City of Appleton 153091

053090312

Project: Fox Cities Housing Coalition RRH Program Expansion

169598

7A. In-Kind MOU Attachment	08/30/2018
7D. Certification	08/30/2018

Section 06 - Legal
Minute # 4
Part # 1
Date of Minute:

CENTRAL TERRITORIAL HEADQUARTERS
10 West Algonquin Road
Des Plaines, Illinois 60016

INCOME TAX

Income Tax

INTERNAL REVENUE CODE

The Salvation Army is certified by the Internal Revenue Service as an organization exempt from Federal Income Taxes, contributions to which are deductible by the donors within the limitations prescribed by Section 23 of the 1939 code and Section 170 of the 1954 code. By L.T. 2747, XII - 2 C.B. 70 (1933), the Treasury Department specifically ruled that The Salvation Army was exempt from Federal Income Taxes under Section 103 (6) of the Revenue Act of 1932 (the earlier counterpart of Section 101 (6) of the 1939 code and Section 501 © (3) of the 1954 code), and that this was applicable to all branches of The Salvation Army organization. It is unnecessary, therefore, for The Salvation Army to file Form 1023 with the Treasury Department.

CONTRIBUTIONS TO THE SALVATION ARMY

On October 10, 1955, the following letter was written by the Assistant Commissioner, U.S. Treasury Department to The Salvation Army's Attorneys, Messrs. Cadwaladar, Wickersham and Taft in New York:

"Gentlemen:

Under section 170 (b) (1) (A) of the 1954 Code, individuals are allowed an additional deduction of not exceeding 10 percent of their adjusted gross income for contributions made to a church or a convention or association of churches, to educational organizations referred to in section 503 (b) (2), and to hospitals referred to in section 503 (b) (5).

We have held The Salvation Army and its State and Regional organizations and local posts exempt from Federal income tax under the provisions of section 101 (6) of the Internal Revenue Code of 1939, and that contributions made thereto are deductible by the donors in arriving at their taxable net income in the manner and to the extent provided by section 23 (o) and (q) of the 1939 Code.

Section 101 (6) and section 23 (o) and (q) of the 1939 Code correspond to section 501 © (3) and section 170 of the Code of 1954.

Based upon the evidence submitted it is the opinion of this office that the National Headquarters of The Salvation Army and its various components throughout the United States constitute a church or a convention or association of churches as that term is used in section 170 (b) (1) (A) (I) of the 1954 Code, and contributions made thereto are deductible by individual donors to the extent of the special rule provided in section 170 (b) (1) (A) of the 1954 Code.

Very truly yours
(signed) Justin F. Winkle
Assistant Commissioner
U.S. Treasury Department"

The Tax Reform Law of 1969 provides for mandatory exemption for a church or convention or association of churches which coincides with the 1955 letter above recorded.

CONFIRMATION

On 20 April, 1972, the following letter was written from the Internal Revenue Service to The Salvation Army's National Headquarters in New York:

"Gentlemen:

This refers to your letter of November 18, 1971, in which you request a ruling that the National Headquarters of The Salvation Army and its components be excluded pursuant to Sections 509 (a) (1) and 170 (b) 1) (A) (I) from "private foundation" classification.

You received a ruling dated October 10, 1955, which determined the National Headquarters of The Salvation Army and its various components throughout the United States do constitute a church or a convention or association of churches as that term is used in Section 170 (b) (1) (A) (I) of the Code.

Based on the information provided and assuming there have been no material changes in the organization or operation since the ruling dated October 10, 1955, we rule The Salvation Army and its various components throughout the United States constitute organizations described in Section 170 (b) (1) (A) (I) and therefore are not private foundations under Section 509 (a) (1).

Sincerely yours
(signed) J.A. TIDESCO
Chief, Rulings Section
Exempt Organizations Branch"



U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR

Determination Letter
Mil-EO-66-211

P. O. Box 1157, Milwaukee, Wis. 53201
August 18, 1966

IN REPLY REFER TO
Form L-178

A:R:P:RWG

Fond du Lac Area Economic Opportunity
Committee, Incorporated
146 Forest Ave.
Fond du Lac, Wis. 54935

Gentlemen:

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

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

W. S. Stumpp

District Director

*R2m 5/18
on*

Department of the Treasury



District Director

Internal Revenue Service

Date:

April 29, 1974

In reply refer to: Mr. Swanson
612-725-7344

A:F:211:RMS:ag

Advocap, Inc.
19 West First Street
Fond du Lac, Wisconsin 54935

Gentlemen:

In a letter dated August 18, 1966, your organization was granted exempt status under Section 501(c)(3) of the Internal Revenue Code. In that letter we made no determination as to your foundation status.

Based on information available, we have now classified your organization as one that is not a private foundation as defined in Section 509(a) of the Internal Revenue Code because you are an organization described in Code Section 509(a)(1) and Section 170(b)(1)(A)(vi).

This classification is based on the assumption that your operations will continue as stated in your application.

All changes in your purposes, character or method of operation must be reported to your District Director so he can consider their effect on your status.

Very truly yours,

C. D. Switzer
District Director

1 640 9th Ave. S.W., Aberdeen, S. Dak. 57401
2 17 N. Dearborn St., Chicago, Ill. 60602
3 210 Walnut St., Des Moines, Iowa 50309
4 653 Second Ave. N., Fargo, N. Dak. 58102

5 517 E. Wisconsin Ave.
Milwaukee, Wis. 53202
6 15th and Dodge Sts., Omaha, Nebr. 68102
7 1114 Market St., St. Louis, Mo. 63101

8 Federal Building and U. S. Courthouse
316 Robert St., St. Paul, Minn. 55101
9 325 W. Adams St., Springfield, Ill. 62704

Department of the Treasury

District Director Internal Revenue Service

Date:

March 8, 1974

In reply, refer to:

A:F:1211:DJM



► Advocap, Inc.
19 West First Street
Fond Du Lac, Wisconsin 54935

Date of Exemption: August 18, 1966
Internal Revenue Code Section: 501(c)(3)

Gentlemen:

Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,

R. C. Voskuil

R. C. Voskuil
District Director

Item Changed

From

To

Name

Fond Du Lac Area Economic
Opportunity Committee, Inc.

Advocap, Inc.

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: April 10, 2003

Housing Partnership of the Fox Cities, Inc.
P.O. Box 5101
Appleton, WI 54912-5101

Person to Contact:

Ms. Smith #31-07262
Contact Representative

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

39-1582471

Dear Sir or Madam:

This is in response to your request of April 10, 2003, regarding your organization's tax exempt status.

Our records indicate that a determination letter issued in October 1987 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(a)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Housing Partnership of the Fox Cities, Inc.
39-1582471

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

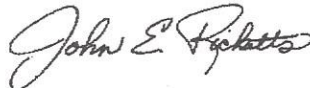
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE
Customer Account Services



Restoring Homes. Reshaping Lives.

August 13, 2018

U.S. Department of Housing & Urban Development
Office of Community Planning and Development
310 W. Wisconsin Avenue, Suite 1380
Milwaukee, WI 53203

RE: Source for Match for Expansion Grant

Housing Partnership of the Fox Cities, Inc. certifies match in the amount of \$48,752 will be available for the grant year October 1, 2019 – September 30, 2020 and will be secured by the following:

Source	Amount
Housing Partnership of the Fox Cities	
5% Executive Director's Salary	\$ 4,147
10% Deputy Director's Salary	\$ 5,019
10% Tenant Relations Manager Salary	\$ 3,516
6% Facilities	\$ 33,312
6% Operations	\$ 2,758
TOTAL MATCH	\$ 48,752

Respectfully Submitted,

Rachel A. Youngquist
Deputy Director

General André Cox
International Leader

Commissioner Brad Bailey
Territorial Commander

Major Steven J. Merritt
Divisional Commander

Majors J. David and Shanda Minks
Corps Officers



DOING THE
MOST GOOD™

Founded in 1865 by William and Catherine Booth

Fox Cities Corps

P.O. Box 1605

Appleton, WI 54912-1605

920.734.3324

Fax 920.734.4798

August 13, 2018

Nikki Gerhard
CoC Administrator
City of Appleton
Finance Dept.
Appleton, WI 54911-4799

RE: Match for 2018 COC expansion grant application

As part of our commitment to this project, we will allocate \$10,000 as cash match from Salvation Army appropriations to pay for the necessary case management, life skills support costs as match for the upcoming COC expansion grant. These funds will be available as needed from October 1, 2019 through September 30, 2020.

Sincerely,

Patrick Leigl, CSW
Social Services Director

"Have you remembered The Salvation Army in your will?"

Donations by phone 1.800.SALARMY or internet www.safoxcities.org



"...meeting community needs...enhancing quality of life."

FINANCE DEPARTMENT
100 N Appleton Street
Appleton, WI 54911
Phone: (920) 832-6442

August 10, 2018

U.S. Department of Housing and Urban Development
Office of Housing
451 7th Street S.W.,
Washington, DC 20410

To Whom it May Concern:

The City of Appleton will provide a match in the approximate amount of \$3,500 for the COC funded Rapid Re-housing Program (RRH). The source of this match will be general funds for technical and administrative support provided by the City of Appleton staff for reviewing, processing, and approving reimbursement requests to the COC sub-recipients, accounts payable and receivable staff, and management of accounting processes and annual single audit costs related to the COC grant.

Thank you,

Anthony D Saucerman
Director of Finance
City of Appleton, WI



Restoring Homes. Reshaping Lives.

August 13, 2018

U.S. Department of Housing & Urban Development
Office of Community Planning and Development
310 W. Wisconsin Avenue, Suite 1380
Milwaukee, WI 53203

RE: Source for Leverage for Expansion Grant

Housing Partnership of the Fox Cities, Inc. certifies leverage in the amount of \$40,000 will be available for the grant year October 1, 2019 – September 30, 2020 and will be secured by the following:

Source	Amount
Housing Partnership of the Fox Cities United Way of the Fox Cities to cover costs of tenant needs	\$ 40,000
TOTAL LEVERAGE	\$ 40,000

Respectfully Submitted,

Rachel A. Youngquist
Deputy Director