

## 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 2022 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program NOFO and the FY 2022 General Section NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2022 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/19/2022

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

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

### d. Address

**Street 1:** 1166 QUAIL CT SUITE 400

**Street 2:**

**City:** PEWAUKEE

**County:** United States

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 53072

### e. Organizational Unit (optional)

**Department Name:** NA

**Division Name:** NA

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

**Prefix:** Ms.

**First Name:** Kennedy

**Middle Name:**

**Last Name:** Kingston

**Suffix:**

**Title:** Administrative Specialist

**Organizational Affiliation:** Hebron House of Hospitality, Inc

**Telephone Number:** (262) 549-8720

**Extension:**

**Fax Number:** (262) 549-8730

**Email:** [kkingston@hebronhouse.org](mailto:kkingston@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-6600-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Jeremy PSH Project

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 10/01/2023

b. End Date: 09/30/2024

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: 09/19/2022



# 1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880  
U.S. Department of Housing and Urban Development  
OMB Approval No. 2506-0214 (exp.02/28/2022)

## 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**

**4a. Total Amount Requested for this project: \$118,755.00**

(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
Hebron Housing Services	In-Kind	\$12,500.00	Food for program participants

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

**Part III Interested Parties**

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

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

**Note: If there are no other people included, write NA in the boxes.**

**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 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.

**I AGREE:**

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

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

**Date Signed:** 09/19/2022

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

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

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

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

### 2. Sites for Work Performance.

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

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

X

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Kathleen

**Middle Name**

**Last Name:** Fisher

**Suffix:**

**Title:** Executive Director

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

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

**Email:** kfisher@hebronhouse.org

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

**Date Signed:** 09/19/2022

## 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:** 09/19/2022

# 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: 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:** 09/19/2022

## IK. SF-424B

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

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2022**

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:** 09/19/2022

## 1L. SF-424D

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

No SF-424D is required. Select "Save and Next" to move to the next screen.

## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Hebron House has provided shelter, case management, and housing programs for 40 years to individuals and families experiencing homelessness in Waukesha County. The organization was incorporated in 1982 in response to a community need for emergency shelter services. There is a long list of housing and supportive services provided by Hebron, including emergency shelter, rapid rehousing, case management, low-income housing, SOAR, and Safe Haven. These programs serve households experiencing or at risk of homelessness and are funded by state and federal funds, including DEHCR EHH and SSG, FEMA EFSP, CDBG, and HUD COC grants.

Hebron provides emergency shelter and case management to households with and without children through the Juno and Siena Houses in the City of Waukesha. Juno House offers 30-35 beds to single women and families. Siena House offers 20-24 beds to single men. The shelters are funded by private donations from individuals, congregations, foundations, and multiple state and federal grants. These grants included EHH funds administered by the Local Housing Action Coalition, State Shelter Subsidy Grant (SSSG), Emergency Food and Shelter Program (EFSP), and Community Development Block Grants (CDBG) administered by Waukesha County. Every household is entered into HMIS and offered an opportunity to participate in Coordinated Entry.

Jeremy House Safe Haven, federally funded through HUD Continuum of Care Funds, provides emergency shelter and intensive case management for chronically homeless individuals with mental illness. Jeremy House beds are filled through the Coordinated Entry Permanent Supportive Housing Prioritization List.

The Organization manages two permanent housing projects funded by Waukesha County HOME funds and HUD. An eight-unit Section 811 Supportive Housing project is leveraged for people with disabilities. A four-unit housing project is available for low-income households. The Organization is managed by a board of directors. The board has an established fund development committee coordinating a plan to leverage private sector donations. Each year the organization raises more than \$600,000 through individuals, foundations, congregations, corporations, and service clubs.

Most recently, Hebron took the lead role in developing a Waukesha, Ozaukee, Washington, Youth Action Group (WOW YAG). The group organized local youth with lived experience and local service providers who represented agencies interested in ending youth homelessness. Hebron met regularly with the WOW YAG to develop the Coordinated Community Plan.

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

Hebron's annual operating budget is \$1.3 million. More than 50% of the revenue is secured through local contributions including gifts from individuals, congregations, foundations, and major corporations. Each year the organization hosts a gala that generates almost \$200,000. The revenue generated from contributions is used to support the programs that Hebron operates including the emergency shelters, safe haven, and permanent housing programs. Additionally, the organization is the recipient of thousands of dollars worth of in-kind donations such as food, personal hygiene items, and household cleaning supplies. All of these donations are tracked in donorperfect and recorded in the financial statements monthly.

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

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

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

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

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



### 3A. Project Detail

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

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

3. Project Name: Jeremy PSH Project

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

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

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) Yes

7a. List all expiring project(s) involved in the transition:

Grant PIN	Operating Start Date	Expiration Date	Component Type
WI0014L5I002114	11/01/2022	10/31/2023	SH

Update: IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved e-snaps project application(s) on Screen 7A (e.g., if the project was funded in the FY 2021 CoC Program Competition, a copy of the FY 2021 CoC Program Competition project application).

**7b. Provide a brief description that addresses the scope of the proposed transition during the first year of operation.**

Jeremy House Safe Haven currently has seven individuals enrolled in the program. Beginning 11/1/2023 the case manager will conduct a Move On assessment for each household to determine the best housing option for them. The case manager will work with each of the Safe Haven guests to make their own housing choice. Guests could move on to HUD Section 8 Housing, Emergency Housing Vouchers, or enrolled in the Jeremy Permanent Supportive Housing Project. The case manager will identify housing options available in Waukesha County. They will work with the Waukesha Public Housing Authority to discuss available housing vouchers or other HUD Project openings. All guests will be encouraged to complete applications for any open subsidized housing in the area. If guests choose to live outside of the county, the case manager will work with them to discuss their housing options. All guests enrolled in the Safe Haven project will be safely housed through available subsidized housing, vouchers or enrolled in the PSH program by April 31, 2023. The remaining open PSH units will be filled by 10/31/2024 and the program will be at 100% capacity. 20% of the supportive services funds will be used to support the transitional activities.

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

**9. Will this project include replacement reserves in the Operating budget?** No

### 3B. Project Description

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

a.Hebron Housing Services proposes creating a permanent supportive housing program by reallocating funds from our Jeremy house program. Funding will be primarily used to house six chronically homeless and mentally ill individuals on the CE prioritization list. The agency plans to rent six one-bedroom apartments in Waukesha county.

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

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

We are requesting funding for a one-year PSH project to encompass leasing, case management, outreach, operations, supportive services, and administrative costs. Through the program, six chronically homeless individuals of Waukesha county will be housed under leases held by Hebron Housing Services. Each participant will be given access to an array of services provided by our case manager throughout the duration of the program. These services will address the barriers that have caused each individual to become chronically homeless.

c.Project outcomes include the following:

- i.100% of beds will be dedicated to the chronically homeless.
- ii.80% of clients will remain in or exit to permanent housing at the end of the operating year.
- iii.50% of clients will maintain or increase their total income from all sources.
- iv.30% of clients will maintain or increase their earned income.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	14			
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity	120			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

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

Grant application does not include capital cost.

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

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

**5. Housing First**

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

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

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

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

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

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

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

**100% Dedicated or DedicatedPLUS**

**A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.**

**A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:**

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

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

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

## 4A. Supportive Services for Participants

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

Hebron will ensure clients remain in permanent housing through diligent case management that addresses the underlying causes of chronic homelessness. The Housing First model allows residents to address whatever issues they may face while in stable housing. Understanding that the targeted population for Jeremy PSH is chronically homeless and mentally ill, it will be difficult to find landlords that are willing to work with this population. Hebron staff will offer to meet with the landlords to discuss the support measures that are in place that will help the clients live peacefully in their units. Every client is different and will present unique needs. The Housing Services Manager will identify landlords who are empathetic towards individuals with mental illness and willing to take the leap of faith by leasing up with Hebron for the PSH project.

The case manager will work closely with the Hebron Housing Manager to offer mediation between the landlord and the client. While the case manager is working with the program participant to become a good tenant, the housing manager will work with the landlord to understand the population we serve.

The goal for each program participant is to connect them to the resources and help them learn how to manage their financial resources to live independently. Budget counseling will be offered routinely and when it is determined that they have the skills to live on their own, the case manager will encourage them to seek permanent housing solutions.

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

The targeted population for Jeremy PSH is chronically homeless and mentally ill. Upon enrollment in the program, the case manager will work with each guest to identify the barriers they face that prevent them from living independently. Each person will develop a plan to address their issues. Individuals who have embraced their mental illness and are agreeable to treatment will be encouraged to continue attending their appointments and taking their medication. Others who have not embraced the need for treatment will be encouraged regularly to engage with Waukesha County Mental Health Services or 16th Street Clinic. When a crisis occurs, they will be encouraged to call 988 or the local intervention program. The case manager will work with each household to identify ways to increase their income, including connection to DVR, SOAR, or other employment services that employ individuals with a chronic mental health disability. The Case Manager will connect program participants to the local Workforce Development Center for access to employment programs and training opportunities. Individuals who are interested in continuing their education will be connected to the local Community College for access to High School Equivalency Diploma programs and other diploma or degree programs.

All program participants will be assessed to determine their need for access to mainstream services. Individuals needing access to SSI or SSDI will be referred to the NAMI Soar program. Anyone in need of food subsidies will be connected to the Moraine Lakes Consortium. All veterans will be referred to Veteran Services. Program participants needing economic support will be referred to the Moraine Lakes Consortium. This consortium comprises a group of county agencies that determine enrollment and ongoing case management. The Case Manager will work with the 16th street clinic to immediately connect households who are in need of access to healthcare. Participants who have difficulty managing their money will be encouraged to consider a payee.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Partner	As needed
Assistance with Moving Costs	Partner	As needed
Case Management	Applicant	Monthly
Child Care	Non-Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	As needed
Food	Applicant	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
Transportation
Utility Deposits

Partner	As needed
Applicant	As needed
Partner	As needed

**Identify whether the project will include the following activities:**

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

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

**6. Will program participants have access to SSI/SSDI technical assistance provided by this project 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.** No

## 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: 6

Total Dedicated CH Beds: 6

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	6	6	6

## 4B. Housing Type and Location Detail

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

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

2a. **Units:** 6

2b. **Beds:** 6

3. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 6

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

### 4. **Address:**

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

**Street 1:** 1166 Quail Ct.

**Street 2:** Suite 400

**City:** Pewaukee

**State:** Wisconsin

**ZIP Code:** 53072

**\*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

556948 Waukesha

## 5A. Project Participants - Households

Households Table

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

Click Save to automatically calculate totals

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	6			2		6		2	2	
Persons ages 18-24										
<b>Total Persons</b>	6	0	0	2	0	6	0	2	2	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	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

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2024? Yes

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

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

4. Select a grant term: 1 Year

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

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

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

## 6C. Leased Units

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

<b>Total Annual Assistance Requested:</b>		\$59,544	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$59,544	
<b>Total Units:</b>		6	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WI - Milwaukee-Wa...	6	\$59,544	\$59,544

## Leased Units Budget Detail

### Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

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

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

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

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

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

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

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

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

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

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

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

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

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



### Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months	=	Total request (Applicant)
SRO		x	\$515		x	12	=	\$0
0 Bedroom		x	\$687		x	12	=	\$0
1 Bedroom	6	x	\$827	\$827	x	12	=	\$59,544
2 Bedroom		x	\$999		x	12	=	\$0
3 Bedroom		x	\$1,269		x	12	=	\$0
4 Bedroom		x	\$1,384		x	12	=	\$0
5 Bedroom		x	\$1,592		x	12	=	\$0
6 Bedroom		x	\$1,799		x	12	=	\$0
7 Bedroom		x	\$2,007		x	12	=	\$0
8 Bedroom		x	\$2,214		x	12	=	\$0
9 Bedroom		x	\$2,422		x	12	=	\$0
<b>Total units and annual assistance requested:</b>	6							\$59,544
<b>Grant term:</b>								1 Year
<b>Total request for grant term:</b>								\$59,544

Click the 'Save' button to automatically calculate totals.

## 6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	.50 FTE CM \$23,250 + 30% Fringe Benefits \$6,750 Office Supplies = \$1,000 Laptop and Docking Station = \$2,500 Tech Support - \$50 x 12 Months = \$600 Cell Phone \$60/mo x 12 months = \$730	\$34,830
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food/Grocery Stipends \$327 x 6 Households	\$1,962
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Client Bus passes: 6 households x \$50/month x 12 months = \$3,600	\$3,600
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$40,392</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$40,392</b>

Click the 'Save' button to automatically calculate totals.

## 6G. Operating

**Instructions:**

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

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

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

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

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

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

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

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



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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Repairs for damages to the unit. \$500/unit x 6 units= \$3,000	\$3,000
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Utility costs for units which are not included in the monthly rent. \$100/mo x 6 units = 600 x 12 months = \$7,200	\$7,200
6. Furniture	Kitchen tables, beds, couches, etc. to furnish apartments: \$3000	\$3,000
7. Equipment (lease, buy)		
<b>Total Annual Assistance Requested</b>		<b>\$13,200</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$13,200</b>

**Click the 'Save' button to automatically calculate totals.**

## 6I. Sources of Match

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

### Summary for Match

Total Amount of Cash Commitments:	\$29,500
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$29,500

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Government	CDBG	\$15,000
Cash	Private	Community Donations	\$14,500

## Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Government

3. Name of Source: CDBG

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

4. Amount of Written Commitment: \$15,000

## Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Community Donations

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

4. Amount of Written Commitment: \$14,500

## 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	\$59,544	1 Year	\$59,544
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$40,392	1 Year	\$40,392
5. Operating	\$13,200	1 Year	\$13,200
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$113,136
8. Admin (Up to 10%)			\$5,619
9. Total Assistance Plus Admin Requested			\$118,755
10. Cash Match			\$29,500
11. In-Kind Match			\$0
12. Total Match			\$29,500
13. Total Budget			\$148,255

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Jeremy Safe Haven...	09/19/2022
3) Other Attachment(s)	No		



## Attachment Details

Document Description:

## Attachment Details

Document Description: Jeremy Safe Haven Renewal Application 2021

## Attachment Details

Document Description:

## 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:** Kathleen Fisher

**Date:** 09/19/2022

**Title:** Executive Director

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

**PHA Number (For PHA Applicants Only):**

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

**Active SAM Status Requirement.**

**I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

## 8B. Submission Summary

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
New Project Application FY2022	Page 53
	09/19/2022

1B. SF-424 Legal Applicant	09/06/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/06/2022
1E. SF-424 Compliance	09/06/2022
1F. SF-424 Declaration	09/06/2022
1G. HUD 2880	09/06/2022
1H. HUD 50070	09/06/2022
1I. Cert. Lobbying	09/06/2022
1J. SF-LLL	09/06/2022
IK. SF-424B	09/06/2022
1L. SF-424D	09/06/2022
2A. Subrecipients	No Input Required
2B. Experience	09/09/2022
3A. Project Detail	09/13/2022
3B. Description	09/07/2022
4A. Services	09/09/2022
4B. Housing Type	09/09/2022
5A. Households	09/09/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/07/2022
6C. Leased Units	09/07/2022
6F. Supp Svcs Budget	09/13/2022
6G. Operating	09/13/2022
6I. Match	09/07/2022
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/19/2022
7D. Certification	09/07/2022

## 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 2021 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 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- 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 navigational guides, which are also found on the HUD Exchange.
- 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 from the FY 2019 Project Application will be imported into the FY 2021 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2021 CoC Program Competition NOFA.

# 1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 10/04/2021

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0014

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. Organizational DUNS:	166941971	PLUS 4	
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## 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: Mr.

First Name: Matthew

Middle Name:

Last Name: Wilkins

Suffix:

Title: Office Coordinator

Organizational Affiliation: Hebron House of Hospitality, Inc

Telephone Number: (262) 549-8720

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

166941971

**Project:** Jeremy House Safe Haven

188714

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**Extension:**

**Fax Number:** (262) 549-8730

**Email:** mwilkins@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-6500-N25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

**15. Descriptive Title of Applicant's Project:** Jeremy House Safe Haven

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

**a. Applicant:** WI-005, WI-001  
(for multiple selections hold CTRL key)

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

**17. Proposed Project**

**a. Start Date:** 11/01/2021

**b. End Date:** 10/31/2022

**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: Janina

Middle Name:

Last Name: Rinelli

Suffix:

Title: Executive Director (Acting)

Telephone Number: (262) 522-1408  
(Format: 123-456-7890)

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

Email: jrinelli@hebronhouse.org

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

Date Signed: 10/04/2021

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880  
U.S. Department of Housing and Urban Development  
OMB Approval No. 2506-0214 (exp.02/28/2022)**

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** Hebron House of Hospitality, Inc

**Prefix:** Ms.

**First Name:** Janina

**Middle Name:**

**Last Name:** Rinelli

**Suffix:**

**Title:** Executive Director (Acting)

**Organizational Affiliation:** Hebron House of Hospitality, Inc

**Telephone Number:** (262) 522-1408

**Extension:**

**Email:** jrinelli@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

4a. Total Amount Requested for this project: \$118,755

5. State the name and location (street address, city and state) of the project or activity: Jeremy House Safe Haven 1166 QUAIL CT SUITE 400 PEWAUKEE Wisconsin

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

Part I Threshold Determinations

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

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. 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 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.

I AGREE:

Name / Title of Authorized Official: Janina Rinelli, Executive Director (Acting)

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

Date Signed: 10/04/2021



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

### Sites for Work Performance.

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

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

**I certify that the information provided on this form and in any accompanying documentation is true and accurate. I**

X

**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.**



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:** Janina

**Middle Name**

**Last Name:** Rinelli

**Suffix:**

**Title:** Executive Director (Acting)

**Telephone Number:** (262) 522-1408  
**(Format: 123-456-7890)**

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

**Email:** jrinelli@hebronhouse.org

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

**Date Signed:** 10/04/2021

## **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:** Hebron House of Hospitality, Inc

**Name / Title of Authorized Official:** Janina Rinelli, Executive Director (Acting)

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

**Date Signed:** 10/04/2021

# 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:** 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.

X

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Janina

**Middle Name:**

**Last Name:** Rinelli

**Suffix:**

**Title:** Executive Director (Acting)

**Telephone Number:** (262) 522-1408  
**(Format: 123-456-7890)**

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

**Email:** jrinelli@hebronhouse.org

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

**Date Signed:** 10/04/2021

# IK. SF-424B

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

OMB Number: 4040-0007  
Expiration Date: 02/28/2022

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:** Janina

**Middle Name:**

**Last Name:** Rinelli

**Suffix:**

**Title:** Executive Director (Acting)

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

**Date Signed:** 10/04/2021

## Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

## Submission Without Changes

**1. Are the requested renewal funds reduced from the previous award due to reallocation?** No

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

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

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>

7B. Certification



**You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

Updated Match Funding

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

## 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

## **Renewal Grant Consolidation or Renewal Grant Expansion**

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
  - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
  - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.
  
2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

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

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$0

Organization	Type	Sub-Award Amount
This list contains no items		

## 3A. Project Detail

**1. Expiring Grant Project Identification Number (PIN):** WI0014

(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:** Jeremy House Safe Haven

**5. Project Status:** Standard

**6. Component Type:** SH



### 3B. Project Description

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

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

There continues to be an increased need within Waukesha County for services for individuals experiencing homelessness AND suffering from a mental illness. Frequently, the individuals we serve present with co-occurring disorders, adding to the increased need for Jeremy House Safe Haven, one of the last Safe Havens in the State of Wisconsin. Jeremy House is uniquely dedicated to providing housing and services, specifically for those who are confirmed and documented as chronically street homeless with a severe and persistent mental illness. Jeremy House is a three bedroom home that can provide safe and stable housing to 7 individuals at a time, 24/7/365. In collaboration with referring community agencies, eligible program clients are identified using the Waukesha County Coordinated Entry Prioritization List. Those who are diagnosed and documented accordingly, and meet HUD's definition of chronically homeless, are prioritized for entry into the program. Our agency has seen some challenges when trying to fill beds, due to a client not having a way of communication or do not meet all of the entry criteria. While immediate client barriers are addressed during the initial intake, our Case Managers are assigned to do in-depth assessments in order to establish individualized objectives, goals and future housing plans. This process is client driven and, as such, encourages client participation and input throughout the program. As the program continues to utilize a Housing First philosophy, it does not disqualify anyone with high barriers. Throughout the client's stay, referrals may be made to primary care physicians, counseling services, AODA services, along with employment and housing searches. Case Management is offered and encouraged weekly to work on a stability plan and overall housing plan unique to each individual in the program. With the objective of moving all clients into permanent and stable housing by the end of the client's stay, the agency's realistic and established goal is to meet this outcome 83% of the time. Jeremy House Safe Haven strives for a 72% achievement rate in increasing an individual's income from any source, although success is not limited to these two measurements. Community collaboration and referrals are essential to the success of our Safe Haven and our clients. Additional coordination and referrals are made with community outreach social workers, nurses, Peer Support Specialists from NAMI, and our County's Health and Human Services division. We strive to improve the lives of persons experiencing homelessness and mental illness and continue to follow a philosophy that embraces commitment as a standard of client care.

**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"/>	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 with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

**3. Housing First**

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

**3b. Does the project enroll program participants who have the following barriers? Select all that apply.**

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

**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

## 4A. Supportive Services for Program Participants

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

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

Identify whether the project includes the following activities:

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

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

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes

**this project, subrecipient, or partner agency?**

**4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Yes

## 4B. Housing Type and Location

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

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

**Total Units: 1**

**Total Beds: 7**

Housing Type	Housing Type (JOINT)	Units	Beds
Dormitory, shared or privat...	---	1	7

## 4B. Housing Type and Location Detail

**1. Housing Type:** Dormitory, shared or private rooms

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

**a. Units:** 1

**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:** 1301 East Moreland Blvd.

**Street 2:**

**City:** Waukesha

**State:** Wisconsin

**ZIP Code:** 53186

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

556948 Waukesha

## 5A. Program Participants - Households

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

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

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	7		7
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	0	7	0	7

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

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

### Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	7	0	0	4	0	7	2	4	1	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
<b>Total Persons</b>	7	0	0	4	0	7	2	4	1	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	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



## 6A. Funding Request

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

- 1. Do any of the properties in this project have an active restrictive covenant?** No
- 2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?** No
- 3. Does this project propose to allocate funds according to an indirect cost rate?** No
- 4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:** 1 Year
- 5. Select the costs for which funding is requested:**
- |                            |                                     |
|----------------------------|-------------------------------------|
| <b>Leased Units</b>        | <input type="checkbox"/>            |
| <b>Leased Structures</b>   | <input type="checkbox"/>            |
| <b>Supportive Services</b> | <input checked="" type="checkbox"/> |
| <b>Operating</b>           | <input checked="" type="checkbox"/> |
| <b>HMIS</b>                | <input type="checkbox"/>            |

### 6D. Sources of Match

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

#### Summary for Match

Total Value of Cash Commitments:	\$45,736
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$45,736

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Private	United Way of Gre...	\$45,736

## Sources of Match Detail

**1. Type of Match Commitment:** Cash

**2. Source:** Private

**3. Name of Source:** United Way of Greater Milwaukee and Waukesha County  
**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$45,736

## 6E. Summary Budget

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

**The following 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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.**

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$96,892
4. Operating	\$11,098
5. HMIS	\$0
6. Sub-total Costs Requested	\$107,990
7. Admin (Up to 10%)	\$10,765
8. Total Assistance plus Admin Requested	\$118,755
9. Cash Match	\$45,736
10. In-Kind Match	\$0
11. Total Match	\$45,736
12. Total Budget	\$164,491

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS Determination...	08/24/2017
2) Other Attachment	No	Program Match Letter	08/28/2019
3) Other Attachment	No	HUD 50070	09/05/2018

## **Attachment Details**

**Document Description:** IRS Determination Letter

## **Attachment Details**

**Document Description:** Program Match Letter

## **Attachment Details**

**Document Description:** HUD 50070

## **7B. Certification**

### **A. For all projects:**

#### **Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

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

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

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

**1-Year Operation Rule.**

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

**C. Explanation.**

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

**Name of Authorized Certifying Official** Janina Rinelli

**Date:** 10/04/2021

**Title:** Executive Director (Acting)

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



**PHA Number (For PHA Applicants Only):**

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

**Active SAM Status Requirement.**

**I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

## 8B Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	10/04/2021
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	10/04/2021

<b>1E. SF-424 Compliance</b>	10/04/2021
<b>1F. SF-424 Declaration</b>	10/04/2021
<b>1G. HUD-2880</b>	10/04/2021
<b>1H. HUD-50070</b>	10/04/2021
<b>1I. Cert. Lobbying</b>	10/04/2021
<b>1J. SF-LLL</b>	10/04/2021
<b>IK. SF-424B</b>	10/04/2021
<b>Submission Without Changes</b>	10/04/2021
<b>Recipient Performance</b>	10/04/2021
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	10/04/2021
<b>2A. Subrecipients</b>	No Input Required
<b>3A. Project Detail</b>	10/04/2021
<b>3B. Description</b>	10/04/2021
<b>4A. Services</b>	10/04/2021
<b>4B. Housing Type</b>	10/04/2021
<b>5A. Households</b>	10/04/2021
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	10/04/2021
<b>6D. Match</b>	10/04/2021
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	10/04/2021
<b>7B. Certification</b>	10/04/2021

Internal Revenue Service

Department of the Treasury

District  
Director

Person to Contact: *J. Revena*

Telephone Number: *(312) 886-4720*

Refer Reply to: *EO 201: JR*

Date: *MAR 28 1983*

CCD: 012183  
FFN: 410032628  
HEBRON HOUSE OF HOSPITALITY INC  
1832 JEFFERY LANE  
WABKESHA, WI 53186  
CASE NO: 41302306EO  
EIN: 39-1414365

*Advance Ruling Period Ends  
Dec 31, 1984  
Employer Identification No:  
39-1414365*

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under Section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in Section 509(a)(1) & 170(b)(1)(A)(iv).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a Section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of Section 507(d) and 4940.

Grantors and donors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and donors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated as a Section organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such

publication. Also, a grantor or donor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of Section status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a Section organization.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should call us. You are 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, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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

You are required to file Form 990, Return of Organization Exempt from Income Tax, only if your 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 month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

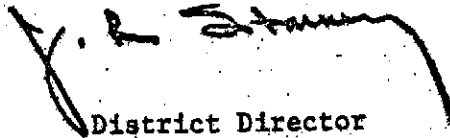
You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under Section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in Section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



J. R. Starn

District Director

*This determination letter supercedes our letter of December 29, 1982 in which you were recognized as a 501 (c)(4) organization.*

Letter 1045 (DO) (6-77)

Hebron House of Hospitality



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August 20, 2019

**Match Letter  
Jeremy House Safe Haven  
Renewal Project Application for FY 2019**

Hebron House of Hospitality, Inc. certifies that our match for Jeremy House Safe Haven Renewal Project Application for 2019, totaling \$51,973, is United Way of Greater Milwaukee and Waukesha County.

Sincerely,

A handwritten signature in black ink, appearing to read 'Katherine Andersen', with a long horizontal flourish extending to the right.

Katherine Andersen  
President, Board of Directors  
Hebron House of Hospitality, Inc.

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Hebron House of Hospitality, Inc.

Program/Activity Receiving Federal Grant Funding

Jeremy House Safe Haven

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.

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.

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.;

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;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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.)

Jeremy House Safe Haven  
1301 East Moreland Blvd.  
Waukesha, WI 53186  
Waukesha County

Check here  if there are workplaces on file that are not identified on the attached sheets.

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)

Name of Authorized Official

Jackie Smith

Title

Director of Program Compliance

Signature

X



Date

9/5/2018