

## 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: 09/09/2022

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:** House of Hope Green Bay, Inc  
**b. Employer/Taxpayer Identification Number (EIN/TIN):** 39-1708805  
**c. Unique Entity Identifier:** XDYSJJ1J2BB9

### d. Address

**Street 1:** 1660 Christiana Street  
**Street 2:**  
**City:** Green Bay  
**County:** Brown  
**State:** Wisconsin  
**Country:** United States  
**Zip / Postal Code:** 54303

### e. Organizational Unit (optional)

**Department Name:**  
**Division Name:**

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

**Prefix:** Mrs.  
**First Name:** Beth  
**Middle Name:**  
**Last Name:** Hudak  
**Suffix:**  
**Title:** Director of Community Engagement  
**Organizational Affiliation:** House of Hope Green Bay, Inc  
**Telephone Number:** (920) 884-6740  
**Extension:** 204

**Fax Number:** (920) 884-6742

**Email:** [bethh@houseofhopegb.org](mailto:bethh@houseofhopegb.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: House of Hope Youth Rapid Rehousing Project II

16. Congressional District(s):

16a. Applicant: WI-008

16b. Project: WI-008  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 08/01/2023

b. End Date: 07/31/2024

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:** Mrs.

**First Name:** Shannon

**Middle Name:**

**Last Name:** Wienandt

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (920) 884-6740  
(Format: 123-456-7890)

**Fax Number:** (920) 884-6742  
(Format: 123-456-7890)

**Email:** shannonw@houseofhopegb.org

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

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



# 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:** House of Hope Green Bay, Inc  
**Prefix:** Mrs.  
**First Name:** Shannon  
**Middle Name:**  
**Last Name:** Wienandt  
**Suffix:**  
**Title:** Executive Director  
**Organizational Affiliation:** House of Hope Green Bay, Inc  
**Telephone Number:** (920) 884-6740  
**Extension:** 201  
**Email:** shannonw@houseofhopegb.org  
**City:** Green Bay  
**County:** Brown  
**State:** Wisconsin  
**Country:** United States  
**Zip/Postal Code:** 54303

**2. Employer ID Number (EIN):** 39-1708805

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received**

**4a. Total Amount Requested for this project:** \$347,252.00

(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
NA	grant		

**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 (%)
NA		NA	\$0.00	0%
NA				
NA				
NA				
NA				

**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:** Shannon Wienandt, Executive Director

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

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

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** House of Hope Green Bay, 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;	

## 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
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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:** Mrs.

**First Name:** Shannon

**Middle Name**

**Last Name:** Wienandt

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (920) 884-6740  
**(Format: 123-456-7890)**

**Fax Number:** (920) 884-6742  
**(Format: 123-456-7890)**

**Email:** shannonw@houseofhopegb.org

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

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

## **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:** House of Hope Green Bay, Inc

**Name / Title of Authorized Official:** Shannon Wienandt, Executive Director

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

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

# 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:** House of Hope Green Bay, Inc

**Street 1:** 1660 Christiana Street

**Street 2:**

**City:** Green Bay

**County:** Brown

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54303

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:** Mrs.

**First Name:** Shannon

**Middle Name:**

**Last Name:** Wienandt

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (920) 884-6740  
**(Format: 123-456-7890)**

**Fax Number:** (920) 884-6742  
**(Format: 123-456-7890)**

**Email:** shannonw@houseofhopegb.org

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

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

## 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:** House of Hope Green Bay, Inc  
**Prefix:** Mrs.  
**First Name:** Shannon

**Middle Name:**

**Last Name:** Wienandt

**Suffix:**

**Title:** Executive Director

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

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

## 1L. SF-424D

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

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

## 2A. Project Subrecipients

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

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

House of Hope has successfully administered homeless and housing programs, both shelter and rental assistance, in Brown County since 2000. House of Hope is the EHH Lead Agency for Brown County and manages both family and youth-focused, Housing First, Rapid Rehousing programs as a part of our Housing Stability programming. Our EHH-funded Rapid Rehousing program prioritizes families with children and houses thirteen to fifteen families each year in their own apartments. Our COC-funded Rapid ReHousing program prioritizes youth ages 18 – 24 and their children and serves twelve households. The client holds the lease and House of Hope provides intensive case management and rental and utility assistance. House of Hope successfully assists these families transition from homelessness to stability by removing barriers and holistically addressing needs both with shelter resources and in partnership with other community service providers.

For more than fifteen years, House of Hope has successfully used federal and state funds: funding is used within contracted time restrictions, appropriate financial policies and procedures are in place, and impeccable client and financial records are kept. House of Hope has received, continues to receive, and successfully manages local, state and federal funding from multiple sources including: FYSB, BCP, CDBG, HCMSG, WHEDA, FEMA, SSSG, TBRA, HAP, ESG, and HPP.

In the last fiscal year, House of Hope effectively utilized more than \$1,000,000 in state and federal funds as a lead agency and as a subrecipient.

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

House of Hope has diversified funding streams. The organization has a healthy annual giving campaign, a major annual fundraiser, funding from numerous local and national foundations, state and federal grant funding, an endowment fund, and a generous community who gives throughout the year. Last year, House of Hope raised over \$1,000,000 in unrestricted contributions from special events, private foundation grants, and community donations.

House of Hope administers multiple programs funded by state and federal agencies. The programs we provide offer services and support to assist youth and families with children to gain self-sufficiency skills, improve parenting and life skills, and build a network of support in our community to promote independence, safety, and stability.

House of Hope continues to partner with community and region-wide initiatives to uncover root causes of poverty and collaboratively shift the needle for all Northeastern Wisconsin. As a United Way funded agency, we have successfully leveraged community contributions and United Way campaigns to fully fund essential programming.

House of Hope successfully leverages state and federal funds, along with the positive outcomes our programs deliver, to provide vital services and secure additional private funding. House of Hope has effectively leveraged funds from WHEDA to secure additional community and in-kind donations allowing for the swift and efficient completion of major shelter and low-income housing renovation projects. We have successfully leveraged housing assistance funds to bring additional community partners to the table to provide clients more efficient, easier access to vital supportive services. Last year, House of Hope leveraged CoC and ESG Rapid ReHousing funding to secure private funding to assist clients by removing additional financial barriers to housing not covered by existing funding or other community resources.

For this grant, House of Hope will commit private funds from community donations as match and will leverage this grant to bring additional private funding into Brown County to provide much-needed youth services.

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



House of Hope outsources much of its financial management and a thorough system of checks and balances is in place.

House of Hope’s Executive Director reports to the Board of Directors and oversees daily operations of the emergency shelter and housing stability program. Case managers submit housing payment requests on behalf of clients to the Office Manager who assigns the request to the appropriate account code. Requests are approved by the Executive Director, a designated Board Member processes payments electronically, and a contracted accounting firm performs reconciliations.

House of Hope’s Board of Directors maintains a knowledgeable finance committee comprised of CPAs, bankers, and other financial professionals. The finance committee reviews all House of Hope financials monthly and makes recommendations for effective policies and procedures. House of Hope has separate account codes for restricted funding and for EHH grant accounting. For example, a case manager would request a rent check for a Rapid ReHousing client from either HPP Rent or ESG Rent. Funding received is also segregated. All federal grants have their own account codes.

House of Hope’s financial management process is compliant with regulations and requirements pertaining to the following areas of financial management: allowable costs, source documentation, internal controls, budget controls, cost allocation plans, cash management, accounting records, procurement, and audits. Program funds are used only for eligible activities and in accordance with federal funding guidelines and the approved budget. State and Federal funds have their own account codes.

All employees, exempt and non-exempt, track time spent in different grant activities on their timesheets in an online payroll system. Time sheets are reviewed by the direct supervisor and then submitted to the Executive Director. The Executive Director provides all payroll information to an accounting firm, who completes outsourced payroll and accounting services.

The organization employs several safeguards to ensure that financial transactions are properly authorized, appropriated, executed, and recorded. No one individual has control over an entire financial transaction, and a large portion of accounting duties are outsourced to a local accounting firm. The organization’s financial duties are distributed among multiple people to help ensure protection from fraud and error. The distribution of duties aims for maximum protection of the organization’s assets while also considering efficiency of operations.

All financial transactions for House of Hope are recorded and reconciled in QuickBooks by a representative from the accounting firm, who keeps an accountant’s copy. House of Hope’s Executive Director has access to QuickBooks to produce financial reports.

House of Hope financials are audited annually by an independent auditor. Audited financials and filed 990s are available for review at any time.

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

### 3A. Project Detail

- 1. **CoC Number and Name:** WI-500 - Wisconsin Balance of State CoC
- 2. **CoC Collaborative Applicant Name:** Wisconsin Balance of State Continuum of Care, Inc.
  
- 3. **Project Name:** House of Hope Youth Rapid Rehousing Project II
  
- 4. **Project Status:** Standard
  
- 5. **Component Type:** PH
  - 5a. **Select the type of PH project:** RRH
  
- 6. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
  
- 7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No
  
- 8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No

## 3B. Project Description

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

The target population to be served by this project is unaccompanied youth and pregnant and parenting youth ages 18-24 experiencing homelessness in Brown County, Wisconsin. House of Hope will assist 8 additional households with housing assistance up to 24-months. Intensive case management services will be provided by House of Hope case managers.

House of Hope will assign 1 FTE to work with the youth and their children enrolled in the program to ensure their success in the program. Case Managers will assist youth experiencing homelessness as they work toward obtaining stable housing and maintaining self-sufficiency. Clients will be assisted as they search for appropriate rental housing, as well as be supported as they learn to become excellent tenants and contributing community members. Clients will learn to build relationships with their landlord and neighbors, learn their rights and responsibilities as renters, and gain confidence in their ability to remain stably housed. In addition to working directly with clients, case managers will develop and maintain relationships with landlords and developers, working to educate them on needs and opportunities for low-income and homeless families in our community. The intensive case management model utilized by House of Hope case managers is evidence-based, trauma-informed, client-focused, and unique to House of Hope's emergency shelter and Housing Stability program.

House of Hope will provide funding for rent and utilities as well as case management services, so youth and their children experiencing homelessness will be able to move into housing and either be diverted from a stay in emergency shelter or shorten their homeless episode. Case management will include assessment, arrangement, oversight, delivery and coordination of individualized services. These services, coupled with the programs offered by House of Hope will enable clients to gain housing, independence, and stability. Without funding, House of Hope would not be able to provide youth specific Rapid ReHousing services.

House of Hope will coordinate with other homeless service providers in order to serve unaccompanied and pregnant and parenting youth in this program. House of Hope works with other agencies to manage the Housing Priority List for youth, families with children, and single adults and collaborates to meet the client needs during the Brown County Homeless and Housing Coalition Service Providers Committee Meetings and separate priority list staffing meetings.

House of Hope will assist participants in locating safe, affordable housing that meets participants' needs in accordance with client intake practices and within COC guidelines.

House of Hope will provide access to counseling services and physical health services. Through collaborative partnerships with Foundations Health and Wholeness and NEW Community Clinic, House of Hope clients will access necessary services they may otherwise not access. Foundations provides an onsite licensed counselor for one-on-one and group counseling. Outreach Health Care provides an onsite nurse practitioner and medical social worker who assist clients access to medical care and state benefits, including FoodShare and health insurance. Bellin Health provides an onsite psychiatric prescriber, so that House of Hope clients can more quickly and efficiently have their mental health needs met.

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	30			
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	90			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

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 checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input 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

### 3C. Project Expansion Information

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

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2022 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: WI0199

1b. Eligible Renewal Grant Project Name: House of Hope Youth Rapid Rehousing Project

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

2a.	Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application)	
	Number of persons (From renewal application Screen 5A)	16
	Number of units (From renewal application Screen 4B)	12
	Number of beds (From renewal application Screen 4B)	16
2b.	New Requested Numbers to Add (from this "Stand-alone New" project application)	
	Number of additional persons (From this new application Screen 5A)	36
	Number of additional units (From this new application Screen 4B)	22
	Number of additional beds (From this new application Screen 4B)	36

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

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

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

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



## 4A. Supportive Services for Participants

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

House of Hope has developed programming specially targeted to serve the unique, intensive needs of unaccompanied youth and their children. Clients served in the House of Hope Youth Rapid ReHousing program will have access to:

Hands-on, intensive case management focused on individualized housing stability plans developed by clients and supported by staff that included: Long term housing plans, Financial assistance, Budgeting, Assistance setting up a payee when appropriate or desired, Rent and utility payments, Provision of payment for birth certificates and social security cards for all members of the family, and Long-term budget planning for maintaining permanent housing after assistance ends

Mental and physical wellness: Access to licensed counselors and nurses who can provide services and make referrals for medications and further assessments.

Case Management: Housing search and placement, Identifying appropriate rental units, Calling and visiting apartments with the case manager to find permanent housing, Receiving assistance filling out housing applications, Creation of five-year rental history, Moving assistance when necessary, Case managers and volunteers helping the tenant pack and clean, Case managers working with landlord to avoid an eviction record and maintain housing, Monthly goal setting and review, Help with applying for W2, childcare assistance, FoodShare, Medical Assistance, WIC, and other mainstream resources and programs the client is eligible for.

Education: Life skills coaching to include organizing, cooking, cleaning, hygiene, and the overall creation of a healthy living environment, Access to GED and college course tutoring and financial aid for GED testing, Positive parenting, reliable childcare planning, setting up prenatal and postnatal care, care instruction pertaining to children to include feeding, birthing, stress reduction, bedtime routine, hygiene, reading, effective and friendly discipline techniques, and youth development education, and Tutoring for the driver's education program.

Sustainability: Clients are able to work with case managers and access additional resources and referrals after financial assistance ends.

**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.**

House of Hope is proud of the partnerships we have with many mainstream services throughout Northeastern Wisconsin. Clients have access to physical and mental healthcare services through partnerships with New Community Clinic, Foundations Health and Wholeness, and Bellin Health. Clients will be able to access respite childcare through an MOU with Encompass Early Education and Care until they are able to establish their own benefits through Wisconsin Shares. Medical social workers from New Community Clinic assist clients as they sign up for benefits and can assist with establishing documentation if needed for SSI/SSDI/Disability.

The stability plan created by the case manager and client will outline employment goals for each client individually. Then, the case manager and the client will begin to set weekly/bi-weekly goals for the client to meet as related to employment: creating a resume, participating in a mock interview, applying for a number of jobs, shadowing one of House of Hope's partnering companies, etc. If a client qualifies for SSI or SSDI, they will be referred to the ADRC for additional assistance with filling out paperwork, documenting their qualifying disability, and obtaining benefits. Case managers will work with clients to ensure that they are accessing all mainstream benefits that they qualify for including FoodShare, childcare assistance, WIC, etc.

Case managers will work with clients to build their employment skills, as well as make referrals to mainstream, community resources, such as the Workforce Development Board, Brown County Job Center, WIOA, the W2 program, FSET, etc. Case managers and professional volunteers will meet with clients to develop their resume and to practice mock interviews as needed. These activities help to increase clients' employment income.

House of Hope has an on-site GED program that will be accessible to participants of this program. We work closely with NWTC and Literacy Green Bay to provide access to other educational opportunities.

Clients will be able to access mainstream services directly at the House of Hope facility or at service locations in the community. These social services and programs help clients increase their employability and therefore their employment income as well as their access to benefits.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Monthly
Child Care	Applicant	As needed
Education Services	Applicant	As needed


<b>Employment Assistance and Job Training</b>
<b>Food</b>
<b>Housing Search and Counseling Services</b>
<b>Legal Services</b>
<b>Life Skills Training</b>
<b>Mental Health Services</b>
<b>Outpatient Health Services</b>
<b>Outreach Services</b>
<b>Substance Abuse Treatment Services</b>
<b>Transportation</b>
<b>Utility Deposits</b>

Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	As needed
Applicant	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:** 22

**Total Beds:** 36

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	22	36	

## 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:** 22

**2b. Beds:** 36

### 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:** 1660 Christiana Street

**Street 2:**

**City:** Green Bay

**State:** Wisconsin

**ZIP Code:** 54303

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

552664 Green Bay, 559009 Brown County

## 5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	14	8	0	22
<b>Characteristics</b>				
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	0		0
Persons ages 18-24	14	8		22
Accompanied Children under age 18	14		0	14
Unaccompanied Children under age 18			0	0
Total Persons	28	8	0	36

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				2		4	7		1	
Children under age 18										14
<b>Total Persons</b>	0	0	0	2	0	4	7	0	1	14

Click Save to automatically calculate totals

### 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										
Persons ages 18-24				2		4	3		1	
<b>Total Persons</b>	0	0	0	2	0	4	3	0	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

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

Persons not represented are the children of the youth served. Many of the children will be too young to have a diagnosis of any kind.



## 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? CoC Bonus

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

4. Select a grant term: 1 Year

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

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

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

## 6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$212,184
Total Units:			22
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Green Bay, WI HUD Metro FMR Area...	22	\$212,184

## Rental Assistance Budget Detail

**Instructions:**

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

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

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

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

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

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

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

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

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

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

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

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

**Type of Rental Assistance: TRA**

**Metropolitan or non-metropolitan fair market rent area: WI - Green Bay, WI HUD Metro FMR Area (5500999999)**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$477	x	12	=	\$0
0 Bedroom		x	\$636	x	12	=	\$0
1 Bedroom	8	x	\$679	x	12	=	\$65,184

2 Bedrooms	14	x	\$875	x	12	=	\$147,000
3 Bedrooms		x	\$1,200	x	12	=	\$0
4 Bedrooms		x	\$1,204	x	12	=	\$0
5 Bedrooms		x	\$1,385	x	12	=	\$0
6 Bedrooms		x	\$1,565	x	12	=	\$0
7 Bedrooms		x	\$1,746	x	12	=	\$0
8 Bedrooms		x	\$1,926	x	12	=	\$0
9 Bedrooms		x	\$2,107	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	22						\$212,184
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$212,184

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	2 FTE case manager	\$100,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
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		
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		\$100,000
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$100,000

Click the 'Save' button to automatically calculate totals.

## 6H. HMIS Budget

**Instructions:**

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

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

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

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

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

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

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



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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	Purchase of computers to be used for HMIS	\$3,500
2. Software		
3. Services		
4. Personnel		
5. Space & Operations		
<b>Total Annual Assistance Requested:</b>		<b>\$3,500</b>
<b>Grant Term:</b>		<b>1 Year</b>
<b>Total Request for Grant Term:</b>		<b>\$3,500</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:	\$86,813
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$86,813

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	Private	Community Donations	\$86,813

## 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:** \$86,813



## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$212,184	1 Year	\$212,184
4. Supportive Services	\$100,000	1 Year	\$100,000
5. Operating	\$0	1 Year	\$0
6. HMIS	\$3,500	1 Year	\$3,500
7. Sub-total Costs Requested			\$315,684
8. Admin (Up to 10%)			\$31,568
9. Total Assistance Plus Admin Requested			\$347,252
10. Cash Match			\$86,813
11. In-Kind Match			\$0
12. Total Match			\$86,813
13. Total Budget			\$434,065

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	Housing Leverage ...	09/09/2022
3) Other Attachment(s)	No	Healthcare Leverage	09/09/2022

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Housing Leverage Commitment Letter

## **Attachment Details**

**Document Description:** Healthcare Leverage

## 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:** Shannon Wienandt

**Date:** 09/09/2022

**Title:** Executive Director

**Applicant Organization:** House of Hope Green Bay, 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
New Project Application FY2022	Page 55 09/09/2022

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



# Brown County Housing Authority

305 E. WALNUT STREET, ROOM 320  
P.O. BOX 23600  
GREEN BAY, WISCONSIN 54305-3600

PHONE (920) 448-4423 FAX (920) 448-4487  
WEB SITE [www.co.brown.wi.us/planning](http://www.co.brown.wi.us/planning)



**PATRICK LEIFKER**  
EXECUTIVE DIRECTOR

September 9, 2022

To Whom It May Concern:

The Brown County Housing Authority is providing this letter of commitment for the Rapid Re-Housing Program through House of Hope. The BCHA has established a variety of preferences for our waiting list; one of those preferences is for individuals who are homeless or at risk of being homeless. Historically speaking, we have worked closely with service providing agencies within the community that are providing housing services to allow for the successful transition from their programs to our program to prevent homelessness for those families through this waiting list preference. An excerpt from our Administrative Plan is below,

#### **4.III.C Selection Method**

Special Category Brown County Residents Preference

*Special Category Families (includes families with or without children)*

Families that are homeless within Brown County or at risk of homelessness and are referred by a local PHA approved entity.

The Brown County Housing Authority has the financial capacity to support at least 6 referrals from the House of Hope's Rapid Re-Housing Program for this preference on an annual basis and more if needed.

If you have any further questions regarding this letter of commitment, please feel free to contact me via the information listed below.

Respectfully,

A handwritten signature in blue ink, appearing to read "Patrick Leifker".

Patrick Leifker  
Executive Director  
Brown County Housing Authority  
305 E. Walnut St. Room 320  
PO Box 23600  
Green Bay, WI 54305  
920-448-6486  
[Patrick.Leifker@browncountywi.gov](mailto:Patrick.Leifker@browncountywi.gov)





September 9, 2022

To Whom It May Concern,

N.E.W. Community Clinic will commit to providing in-kind healthcare support for the House of Hope Youth Rapid Re-Housing project, which will provide housing and supportive services for youth ages 18-24 experiencing homelessness in Brown County.

N.E.W. Community Clinic provides therapy services on site at House of Hope, eight hours per week. N.E.W. Community Clinic commits the following in-kind funds as match to this project:

Healthcare Services: \$31,824.00.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kayla Goddard', written in a cursive style.

Kayla Goddard, MHA, MT  
Chief Operating Officer

