Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile)must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- 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 2023 Project Application will be imported into the FY 2024 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.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2024 CoC Program Competition NOFO.

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:	09/23/2024
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: 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).	WI0199
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
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

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

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

11. Catalog of Federal Domestic Assistance Title: CoC Program
CFDA Number: 14.267

12. Funding Opportunity Number: FR-6800-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: House of Hope Youth Rapid Re-Housing Renewal

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) WI-008

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

17. Proposed Project

a. Start Date: 09/01/2025

b. End Date: 08/31/2026

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mrs.
First Name:	Shannon
Middle Name:	
Last Name:	Wienandt
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(920) 884-6740
Fax Number: (Format: 123-456-7890)	(920) 884-6742
Email:	shannonw@houseofhopegb.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/23/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	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: $562,126.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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	$0.00	all funds for programs in eSnaps come from HUD

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below? No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation. X

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

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

Date Signed: 09/23/2024

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;		

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:	Mrs.
First Name:	Shannon
Middle Name	
Last Name:	Wienandt
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(920) 884-6740
Fax Number: (Format: 123-456-7890)	(920) 884-6742
Email:	shannonw@houseofhopegb.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/23/2024

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate: 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: 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: 09/23/2024

1J. SF-LLL

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

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

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

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

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

Authorized Representative

Prefix:	Mrs.
First Name:	Shannon
Middle Name:	
Last Name:	Wienandt
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(920) 884-6740
Fax Number: (Format: 123-456-7890)	(920) 884-6742
Email:	shannonw@houseofhopegb.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/23/2024

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 02/28/2025

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1.	Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2.	Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3.	Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4.	Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5.	Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6.	Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination
	on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7.	Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8.	Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.
10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).
12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

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:	09/23/2024

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.

The data from previously submitted new and renewal project applications can be imported into a FY 2024 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2023 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

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 6A. Funding Request
- Screen 6D. Sources of Match
Screen 6E. Summary Budget - 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 2023 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 and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2024 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.

Part 2 - Subrecipient Information	
2A. Subrecipients	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	☐
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	☐
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X

7B. Certification	X

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):

Update to project description:
- update successful exit percentage

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?	Yes
2a. If yes was selected, provide the date HUD or OIG issued the oldest unresolved finding(s):	09/05/2024

2b. Explain why the finding(s) remains unresolved.

House of Hope's audit was recently performed. Monitoring corrections are due to HUD on 10/4/2024.

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 CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.
   a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.
   b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? No

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): (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	WI0199
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:	House of Hope Youth Rapid Re-Housing Renewal
5. Project Status:	Standard
6. Component Type:	PH
6a. Select the type of PH project.	RRH
7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?	No
9. Is this project applying for Rural costs on screen 6A?	No

3B. Project Description

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

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 youth households with housing assistance up to 24-months. Intensive case management services will be provided.

COC funds will be used to provide rental and utility assistance and case management support. House of Hope will assign a case manager 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 to obtain stable housing and maintain self-sufficiency. Clients will be assisted as they search for appropriate rental housing and supported as they become excellent tenants. Clients will learn to build relationships, learn their rights and responsibilities as renters, and remain stably housed. Case managers will develop and maintain relationships with landlords and educate them on needs and opportunities in our community. The intensive case management model utilized by House of Hope case managers is evidence-based, trauma-informed, client-focused, and unique.

House of Hope will provide funding for rent and utilities. Case management will include assessment, arrangement, oversight, delivery and coordination of individualized services. These services will enable clients to gain housing, independence, and stability.

House of Hope will coordinate with other homeless service providers 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.

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 may provide assistance in accessing suitable housing, rental application fees, moving costs, security deposits, first month's rent, last month's rent, utility deposits, utility payments, rental arrears, and property damage. House of Hope will sign a rental assistance agreement with each landlord. The program participant signs a lease with the landlord. The program and the participant sign a housing stabilization plan as well. House of Hope will pay 100% of the participant's first month's rent. Thereafter, participant contribution toward rent will be 30% of the household's monthly adjusted gross income, payable directly to the landlord.

House of Hope's program has a Housing First approach. Holistic, wrap-around services will be provided for clients while they are in looking for housing, while they are actively receiving services in this program, and after they no longer need the rental assistance and supportive services provided through this program.

We expect that 75% of clients will exit programming successfully into safe, stable housing and 100% of clients will access case management services.

House of Hope has existing partnerships, agreements, letters of support, and/or MOUs with many collaborative community partners, both nonprofit and for-profit, who provide services to the youth and families served by House of Hope.

These partners include all local COC agencies, LGBTQ+ agencies, culturally-specific agencies, as well as local government.

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		Survivors	
Veterans		Substance Use Disorders	
Youth (under 25)	X	Mental Illness	
Families with Children		HIV/AIDS	
		Chronic Homeless	
		Other(Click 'Save' to update)	

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	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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	As needed
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Monthly
Child Care		Applicant	As needed
Education Services		Applicant	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Applicant	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	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. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency?	Yes
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: 34

Total Beds: 52

Housing Type	Housing Type (JOINT)	Units	Beds
Single family homes/townhou...	---	2	4
Scattered-site apartments (...	---	32	48

4B. Housing Type and Location Detail

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

1. Housing Type: Single family homes/townhouses/duplexes

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

a. Units: 2

b. Beds: 4

3. Address:

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

Street 1: 1660 Christiana Street

Street 2:

City: Green Bay

State: Wisconsin

ZIP Code: 54303

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

559009 Brown County

4B. Housing Type and Location Detail

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

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

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

a. Units: 32

b. Beds: 48

3. Address:

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

Street 1: 1660 Christiana Street

Street 2:

City: Green Bay

State: Wisconsin

ZIP Code: 54303

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

559009 Brown County

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.

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

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	18	16		34

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24				0
Persons ages 18-24	18	16		34
Accompanied Children under age 18	18			18
Unaccompanied Children under age 18				0
Total Persons	36	16	0	52

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.

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

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24				2		6	10	1	2	
Children under age 18										18
Total Persons	0	0	0	2	0	6	10	1	2	18

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24				2	2	10	7		2	
Total Persons	0	0	0	2	2	10	7	0	2	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

Unlisted populations are the children of youth served.

6A. Funding Request

VAWA Budget

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

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

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

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

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?	No
2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?	No

Rural Cost Budget

In FY2024, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
- Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units.
- Staff Training to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO?	No
4. Does this project propose to allocate funds according to an indirect cost rate?	No
5. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:	1 Year
6. Select the costs for which funding is requested:	

Rental Assistance	X
Supportive Services	X
HMIS	X

VAWA	X
Rural	

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6C. Rental Assistance 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 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:	$355,128
Total Units:	34

The number of beds for which funding has been requested in the Rental Assistance budget is 52.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Green Bay, WI HUD Metro FMR Area...	34	$355,128

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$531	$531	x	12	=	$0
0 Bedroom		x	$708	$708	x	12	=	$0
1 Bedroom	16	x	$764	$764	x	12	=	$146,688
2 Bedrooms	18	x	$965	$965	x	12	=	$208,440
3 Bedrooms		x	$1,292	$1,292	x	12	=	$0
4 Bedrooms		x	$1,296	$1,296	x	12	=	$0
5 Bedrooms		x	$1,490	$1,490	x	12	=	$0
6 Bedrooms		x	$1,685	$1,685	x	12	=	$0
7 Bedrooms		x	$1,879	$1,879	x	12	=	$0
8 Bedrooms		x	$2,074	$2,074	x	12	=	$0
9 Bedrooms		x	$2,268	$2,268	x	12	=	$0
Total Units and Annual Assistance Requested	34							$355,128
Grant Term								1 Year
Total Request for Grant Term								$355,128

Click the 'Save' button to automatically calculate totals.

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:	$141,000
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$141,000

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	Community Donatio...	$31,000
Cash	Government	WI DHS-funded Hou...	$30,000
Cash	Government	DCF-funded anti-s...	$80,000

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	Community Donations - Admin and Program Match Salaries
4. Amount of Written Committment:	$31,000

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	WI DHS-funded Housing Support Services Program
4. Amount of Written Committment:	$30,000

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	DCF-funded anti-sex trafficking program
4. Amount of Written Committment:	$80,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	$0
1b. Leased Structures (Enter)	$0
2. Rental Assistance (Screen 6C)	$355,128
3. Supportive Services (Enter)	$159,610
4. Operating (Enter)	$0
5. HMIS (Enter)	$3,500
6. VAWA (Enter)	$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	$0
8. Sub-total of CoC Program Costs Requested	$518,238
9. Admin (Up to 10% of Sub-total in #8)	$43,888
10. HUD funded Sub-total + Admin. Requested	$562,126
11. Cash Match (From Screen 6D)	$141,000
12. In-Kind Match (From Screen 6D)	$0
13. Total Match (From Screen 6D)	$141,000
14. Total Project Budget for this grant, including Match	$703,126

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	Match Letter	09/23/2024
3) Other Attachment	No	MOUs	09/19/2024

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description: MOUs

7B. Certification

Applicant and Recipient Assurances and Certifications - form HUD-424B (Title) U.S. Department of Housing and Urban Development OMB Approval No. 2501-0017 (expires 01/31/2026)

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Shannon Wienandt

Date: 09/23/2024

Title: Executive Director

Applicant Organization: House of Hope Green Bay, Inc

PHA Number (For PHA Applicants Only):

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/11/2024
1B. SF-424 Legal Applicant	09/11/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/11/2024

1E. SF-424 Compliance	09/11/2024
1F. SF-424 Declaration	09/11/2024
1G. HUD 2880	09/11/2024
1H. HUD-50070	09/11/2024
1I. Cert. Lobbying	09/11/2024
1J. SF-LLL	09/11/2024
IK. SF-424B	09/11/2024
Submission Without Changes	09/19/2024
Recipient Performance	09/11/2024
Renewal Grant Consolidation or Renewal Grant Expansion	09/11/2024
2A. Subrecipients	No Input Required
3A. Project Detail	09/11/2024
3B. Description	09/11/2024
4A. Services	09/11/2024
4B. Housing Type	09/11/2024
5A. Households	09/11/2024
5B. Subpopulations	09/11/2024
6A. Funding Request	09/23/2024
6C. Rental Assistance	09/11/2024
6D. Match	09/23/2024
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/23/2024
7B. Certification	09/11/2024

September 19, 2024

To: Wisconsin Balance of State Continuum of Care
From: House of Hope Green Bay, Inc.
RE: Matching Funds for House of Hope Youth Rapid ReHousing Project

Grant Cycle: 9/1/2025 – 8/31/2026

UEI: XDYSJJ1J2BB9
IEN: 39-1708805
Congressional District: WI-8

Match

1. $31,000: eligible admin match salaries and cash match.
    a. $28,000 in salaries for training and administrative support
    b. $3,000 in cash match for technology expenses
2. $30,000: eligible services from DHS-funded Housing Support Services program.
    a. 10 clients provided housing support services at $2,000 per client
    b. 5 clients provided housing relocation supports at $2,000 per client
3. $80,000: eligible program services from DCF-funded anti-sex trafficking program.
    a. 20 clients provided counseling, housing support, life skills training, and other supportive services at $4,000 per client

Grant Contact:
Beth Hudak, Director of Community Engagement
House of Hope Green Bay, Inc
1660 Christiana Street
Green Bay, WI 54303
(920) 884-6740
bethh@houseofhopegb.org

Sincerely,

Shannon Wienandt
Executive Director

MEMORANDUM OF UNDERSTANDING IN SUPPORT OF
HOUSE OF HOPE GREEN BAY, INC
(pursuant to Wis. Admin. Code DCF 59.03)

This is a Memorandum between **HOUSE OF HOPE GREEN BAY, INC.** and **AWAKEN.**

House of Hope provides emergency shelter and housing stability programs for youth, ages 17 to 24, and families with children experiencing homelessness. These services are provided via self and community referral.

The Hope Center at House of Hope is licensed through the Wisconsin Department of Children and Families ("DCF") which allows House of Hope to provide services to homeless minors age 17 and younger and their children (collectively, "Minors") via voluntary placement and community referral.

In support of House of Hope's programming, the undersigned agree as follows:

1. Provision of Services to Clients. **AWAKEN** agrees to provide services to House of Hope and Hope Center clients as needed within the capacity of the organization, the constraints imposed by their funders, and the scope of their mission.
2. Referrals of Minors. House of Hope will only accept into care those Minors who qualify for House of Hope's services, which will be determined at the discretion of House of hope, by either (a) voluntary request for placement, (b) referral to House of Hope by an employee of a school district, (c) referral to House of Hope by an employee of Brown County Health and Human Services, or (d) placement by a juvenile court judge.

HOUSE OF HOPE GREEN BAY, INC.

Shannon Wienandt, Executive Director

09/17/2024
Date

AWAKEN

Agency Representative

09/16/24
Date

MEMORANDUM OF UNDERSTANDING IN SUPPORT OF
HOUSE OF HOPE GREEN BAY, INC
(pursuant to Wis. Admin. Code DCF 59.03)

This is a Memorandum between **HOUSE OF HOPE GREEN BAY, INC.** and **FREEDOM HOUSE MINISTRIES, INC.**

House of Hope provides emergency shelter and housing stability programs for youth, ages 17 to 24, and families with children experiencing homelessness. These services are provided via self and community referral.

The Hope Center at House of Hope is licensed through the Wisconsin Department of Children and Families ("DCF") which allows House of Hope to provide services to homeless minors age 17 and younger and their children (collectively, "Minors") via voluntary placement and community referral.

In support of House of Hope's programming, the undersigned agree as follows:

1. Provision of Services to Clients. **FREEDOM HOUSE MINISTRIES, INC** agrees to provide services to House of Hope and Hope Center clients as needed within the capacity of the organization and the scope of their mission.
2. Referrals of Minors. House of Hope will only accept into care those Minors who qualify for House of Hope's services, which will be determined at the discretion of House of hope, by either (a) voluntary request for placement, (b) referral to House of Hope by an employee of a school district, (c) referral to House of Hope by an employee of Brown County Health and Human Services, or (d) placement by a juvenile court judge.

HOUSE OF HOPE GREEN BAY, INC.

Shannon Wienandt, Executive Director — 09/12/2024 Date

FREEDOM HOUSE MINISTRIES, INC.

Agency Representative — 9-12-2024 Date

JENNIFER SCHMOHE, EXECUTIVE DIRECTOR
Printed name and title of Agency Representative

MEMORANDUM OF UNDERSTANDING IN SUPPORT OF
HOUSE OF HOPE GREEN BAY, INC
(pursuant to Wis. Admin. Code DCF 59.03)

This is a Memorandum between **HOUSE OF HOPE GREEN BAY, INC.** and **GOLDEN HOUSE.**

House of Hope provides emergency shelter and housing stability programs for youth, ages 17 to 24, and families with children experiencing homelessness. These services are provided via self and community referral.

The Hope Center at House of Hope is licensed through the Wisconsin Department of Children and Families ("DCF") which allows House of Hope to provide services to homeless minors age 17 and younger and their children (collectively, "Minors") via voluntary placement and community referral.

In support of House of Hope's programming, the undersigned agree as follows:

1. Provision of Services to Clients. **GOLDEN HOUSE** agrees to provide services to House of Hope and Hope Center clients as needed within the capacity of the organization and the scope of their mission.
2. Referrals of Minors. House of Hope will only accept into care those Minors who qualify for House of Hope's services, which will be determined at the discretion of House of hope, by either (a) voluntary request for placement, (b) referral to House of Hope by an employee of a school district, (c) referral to House of Hope by an employee of Brown County Health and Human Services, or (d) placement by a juvenile court judge.

HOUSE OF HOPE GREEN BAY, INC.

Shannon Wienandt, Executive Director

Date 09/12/2024

GOLDEN HOUSE

Agency Representative

Date 9/12/24

Stephanie Prevost Interim Director
Printed name and title of Agency Representative

MEMORANDUM OF UNDERSTANDING IN SUPPORT OF
HOUSE OF HOPE GREEN BAY, INC
(pursuant to Wis. Admin. Code DCF 59.03)

This is a Memorandum between **HOUSE OF HOPE GREEN BAY, INC.** and **FAMILY AND CHILDCARE RESOURCES OF NEW.**

House of Hope provides emergency shelter and housing stability programs for youth, ages 17 to 24, and families with children experiencing homelessness. These services are provided via self and community referral.

The Hope Center at House of Hope is licensed through the Wisconsin Department of Children and Families ("DCF") which allows House of Hope to provide services to homeless minors age 17 and younger and their children (collectively, "Minors") via voluntary placement and community referral.

In support of House of Hope's programming, the undersigned agree as follows:

1. Provision of Services to Clients. **FAMILY AND CHILDCARE RESOURCES OF NEW** agrees to provide services to House of Hope and Hope Center clients as needed within the capacity of the organization and the scope of their mission.
2. Referrals of Minors. House of Hope will only accept into care those Minors who qualify for House of Hope's services, which will be determined at the discretion of House of hope, by either (a) voluntary request for placement, (b) referral to House of Hope by an employee of a school district, (c) referral to House of Hope by an employee of Brown County Health and Human Services, or (d) placement by a juvenile court judge.

HOUSE OF HOPE GREEN BAY, INC.

Shannon Wienandt, Executive Director — 09/12/2024 Date

FAMILY AND CHILDCARE RESOURCES OF NEW

Paula Breese — 9/12/2024

Agency Representative — Date

Paula Breese Executive Director

Printed name and title of Agency Representative

MEMORANDUM OF UNDERSTANDING IN SUPPORT OF
HOUSE OF HOPE GREEN BAY, INC
(pursuant to Wis. Admin. Code DCF 59.03)

This is a Memorandum between **HOUSE OF HOPE GREEN BAY, INC.** and **JACKIE NITSCHKE CENTER.**

House of Hope provides emergency shelter and housing stability programs for youth, ages 17 to 24, and families with children experiencing homelessness. These services are provided via self and community referral.

The Hope Center at House of Hope is licensed through the Wisconsin Department of Children and Families ("DCF") which allows House of Hope to provide services to homeless minors age 17 and younger and their children (collectively, "Minors") via voluntary placement and community referral.

In support of House of Hope's programming, the undersigned agree as follows:

1. Provision of Services to Clients. JACKIE NITSCHKE CENTER agrees to provide services to House of Hope and Hope Center clients as needed within the capacity of the organization and the scope of their mission.
2. Referrals of Minors. House of Hope will only accept into care those Minors who qualify for House of Hope's services, which will be determined at the discretion of House of hope, by either (a) voluntary request for placement, (b) referral to House of Hope by an employee of a school district, (c) referral to House of Hope by an employee of Brown County Health and Human Services, or (d) placement by a juvenile court judge.

HOUSE OF HOPE GREEN BAY, INC.

Shannon Wienandt, Executive Director — 09/19/2024 Date

JACKIE NITSCHKE CENTER

Abigail Brezinski — 9-12-2024

Agency Representative — Date

Abby Brezinski Chief Executive Officer

Printed name and title of Agency Representative

MEMORANDUM OF UNDERSTANDING IN SUPPORT OF
HOUSE OF HOPE GREEN BAY, INC
(pursuant to Wis. Admin. Code DCF 59.03)

This is a Memorandum between **HOUSE OF HOPE GREEN BAY, INC.** and **LEGAL ACTION.**

House of Hope provides emergency shelter and housing stability programs for youth, ages 17 to 24, and families with children experiencing homelessness. These services are provided via self and community referral.

The Hope Center at House of Hope is licensed through the Wisconsin Department of Children and Families ("DCF") which allows House of Hope to provide services to homeless minors age 17 and younger and their children (collectively, "Minors") via voluntary placement and community referral.

In support of House of Hope's programming, the undersigned agree as follows:

1. Provision of Services to Clients. **LEGAL ACTION** agrees to provide services to House of Hope and Hope Center clients as needed within the capacity of the organization, the constraints imposed by their funders, and the scope of their mission.
2. Referrals of Minors. House of Hope will only accept into care those Minors who qualify for House of Hope's services, which will be determined at the discretion of House of hope, by either (a) voluntary request for placement, (b) referral to House of Hope by an employee of a school district, (c) referral to House of Hope by an employee of Brown County Health and Human Services, or (d) placement by a juvenile court judge.

HOUSE OF HOPE GREEN BAY, INC.

_____ September 12, 2024
Shannon Wienandt, Executive Director Date

LEGAL ACTION OF WISCONSIN, INC.

_____ September 12, 2024
Agency Representative Date

Katie J. Alft, Managing Attorney

_____
Printed name and title of Agency Representative

MEMORANDUM OF UNDERSTANDING IN SUPPORT OF
HOUSE OF HOPE GREEN BAY, INC
(pursuant to Wis. Admin. Code DCF 59.03)

This is a Memorandum between **HOUSE OF HOPE GREEN BAY, INC.** and **PILLARS.**

House of Hope provides emergency shelter and housing stability programs for youth, ages 17 to 24, and families with children experiencing homelessness. These services are provided via self and community referral.

The Hope Center at House of Hope is licensed through the Wisconsin Department of Children and Families ("DCF") which allows House of Hope to provide services to homeless minors age 17 and younger and their children (collectively, "Minors") via voluntary placement and community referral.

In support of House of Hope's programming, the undersigned agree as follows:

1. Provision of Services to Clients. **PILLARS** agrees to provide services to House of Hope and Hope Center clients as needed within the capacity of the organization and the scope of their mission.
2. Referrals of Minors. House of Hope will only accept into care those Minors who qualify for House of Hope's services, which will be determined at the discretion of House of hope, by either (a) voluntary request for placement, (b) referral to House of Hope by an employee of a school district, (c) referral to House of Hope by an employee of Brown County Health and Human Services, or (d) placement by a juvenile court judge.

HOUSE OF HOPE GREEN BAY, INC.

Shannon Wienandt, Executive Director — 09/17/2024 Date

PILLARS

Jennie Moore — 9/16/24

Agency Representative — Date

Jennie Moore Client Services Director

Printed name and title of Agency Representative

MEMORANDUM OF UNDERSTANDING IN SUPPORT OF
HOUSE OF HOPE GREEN BAY, INC
(pursuant to Wis. Admin. Code DCF 59.03)

This is a Memorandum between **HOUSE OF HOPE GREEN BAY, INC.** and **ECUMENICAL PARTNERSHIP FOR HOUSING.**

House of Hope provides emergency shelter and housing stability programs for youth, ages 17 to 24, and families with children experiencing homelessness. These services are provided via self and community referral.

The Hope Center at House of Hope is licensed through the Wisconsin Department of Children and Families ("DCF") which allows House of Hope to provide services to homeless minors age 17 and younger and their children (collectively, "Minors") via voluntary placement and community referral.

In support of House of Hope's programming, the undersigned agree as follows:

1. Provision of Services to Clients. **ECUMENICAL PARTNERSHIP FOR HOUSING** agrees to provide services to House of Hope and Hope Center clients as needed within the capacity of the organization and the scope of their mission.
2. Referrals of Minors. House of Hope will only accept into care those Minors who qualify for House of Hope's services, which will be determined at the discretion of House of hope, by either (a) voluntary request for placement, (b) referral to House of Hope by an employee of a school district, (c) referral to House of Hope by an employee of Brown County Health and Human Services, or (d) placement by a juvenile court judge.

HOUSE OF HOPE GREEN BAY, INC.

Shannon Wienandt, Executive Director

09/12/2024
Date

ECUMENICAL PARTNERSHIP FOR HOUSING

Crystal DeCleene
Agency Representative

9/12/24
Date

Crystal DeCleene, Executive Director
Printed name and title of Agency Representative

MEMORANDUM OF UNDERSTANDING IN SUPPORT OF
HOUSE OF HOPE GREEN BAY, INC
(pursuant to Wis. Admin. Code DCF 59.03)

This is a Memorandum between **HOUSE OF HOPE GREEN BAY, INC.** and **WE ALL RISE: AFRICAN AMERICAN RESOURCE CENTER.**

House of Hope provides emergency shelter and housing stability programs for youth, ages 17 to 24, and families with children experiencing homelessness. These services are provided via self and community referral.

The Hope Center at House of Hope is licensed through the Wisconsin Department of Children and Families ("DCF") which allows House of Hope to provide services to homeless minors age 17 and younger and their children (collectively, "Minors") via voluntary placement and community referral.

In support of House of Hope's programming, the undersigned agree as follows:

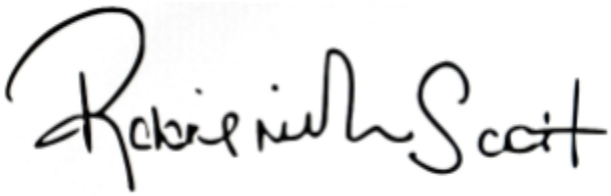
1. Provision of Services to Clients. WE ALL RISE: AFRICAN AMERICAN RESOURCE CENTER agrees to provide services to House of Hope and Hope Center clients as needed within the scope of their mission.
2. Referrals of Minors. House of Hope will only accept into care those Minors who qualify for House of Hope's services, which will be determined at the discretion of House of hope, by either (a) voluntary request for placement, (b) referral to House of Hope by an employee of a school district, (c) referral to House of Hope by an employee of Brown County Health and Human Services, or (d) placement by a juvenile court judge.

HOUSE OF HOPE GREEN BAY, INC.

_____ 09/12/2024

Shannon Wienandt, Executive Director Date

WE ALL RISE: AFRICAN AMERICAN RESOURCE CENTER



09/12/2024

Agency Representative

Date

Robin Scott (Executive Director)

Printed name and title of Agency Representative

NorthEast Wisconsin
Community Clinic

MEMORANDUM OF AGREEMENT

This agreement is entered into as of this 1st day of September 2023, by and between the N.E.W. Community Clinic, Ltd. (NEWCC) and House of Hope Green Bay (Shelter).

IT IS, THEREFORE, AGREED AS FOLLOWS:

The NEWCC & Shelter will respect issues of confidentiality by adhering to their respective organization's policies and procedures of confidentiality and by complying with all applicable laws governing the release of confidential information related to their clients. Both agencies will obtain a signed consent form from mutual clients before discussing their care, except in cases where the client is in immediate danger to self or others, or other legal exceptions apply.

It is agreed upon that NEWCC provides access to medical, dental, behavioral health, and WIC services in accordance with the respective needs of the Shelter. The services are provided via various means including but not limited to onsite at the shelter location, remotely via phone/video, on a mobile unit, or through assistance with transportation to a NEWCC site.

THE SHELTERS SHALL:

1. Work directly with NEWCC to assess the needs of the shelter population and mutually agree upon services and means to deliver services. The shelter and NEWCC will work collaboratively to determine a mutually agreed upon schedule and route of care delivery.

2. Staff at each Shelter will provide communication informing clients of access to NEWCC services. The shelter will promote the NEWCC services with the goal of enhancing health and wellbeing of the community they serve as appropriate.

3. Shelter staff will assist with providing feedback to NEWCC team regarding the quality of care through data analysis, client feedback, and needs assessments.

NEWCC SHALL:

1. NEWCC will work collaboratively with the shelter to address client needs by scheduling services in a mutually agreed upon approach.

2. Provide evidence based high quality care that aligns with the goals of the client and shelter in a professional and ethical manner.

3. NEWCC will provide services within their scope of services and assist with referring clients to additional services as appropriate.

NorthEast Wisconsin
Community Clinic

4. NEWCC will provide services to shelter clients regardless of ability to pay adhering to NEWCC polices and procedures.

ALL PARTIES SHALL:

1. Designate a contact person for referrals and communication of issues.

2. Give a minimum of two weeks written notice of intent to terminate this Agreement, unless such termination is by mutual consent.

House of Hope Green Bay

N.E.W. Community Clinic, Ltd.

Date: 9/15/2023

Date: 9/26/23

Memorandum of Understanding
Between
Foundations Health and Wholeness RAYS Youth Services
House of Hope Green Bay, Inc.
Awaken Green Bay

This Memorandum of Understanding (MOU) sets forth the terms and understanding between Foundations Health and Wholeness RAYS Youth Services (hereafter called RAYS), House of Hope Green Bay, Inc., and Awaken Green Bay.

Background
RAYS is a program of Foundations Health and Wholeness. RAYS works to improve the network of support to both youth and their families through confidential and voluntary prevention and crisis intervention services. RAYS is funded to serve youth ages 10-18 through local and federal grants and all services offered to youth and families are free.

House of Hope provides emergency shelter and housing stability programs for parents, their children, and those individuals that identify as female. House of Hope provides a positive support system for those they serve during the challenges and celebrations of the journey to stability. House of hope strives to help individuals experiencing homelessness become confident, independent, and successful members of the community.

Awaken is an organization whose mission is to increase awareness and education surrounding the issue of commercial sexual exploitation and to provide housing and restoration for its victims. Awaken acts to transform our community with the ultimate goal of eradicating commercial sexual exploitation. Awaken aims for victims of commercial exploitation to be restored to their fullest potential.

Purpose
RAYS, House of Hope, and Awaken plan to work collaboratively, while also engaging with other youth serving entities, to serve the youth of Brown County in regards to human trafficking and runaway youth.

Confidentiality
The parties acknowledge that their partnership with each results in the sharing of confidential information regarding the participants. The parties each separately agree to keep information regarding participants received, in the course of the partnership, confidential from disclosures to third parties.

Funding
This MOU is not a commitment of funds to either party of behalf of the other party. When funding is needed by wither party to pursue an agreed upon project, then the expectation is that the funding may be pursued by one party with the endorsement and support of the other, pending the project and availability of time, resources, and alignment of mission.

Duration
This MOU is at-will and may be modified by mutual consent of authorized officials from both agencies represented. This MOU shall become effective upon signature by the authorized officials from all agencies represented and will remain in effect until modified or terminated by either of the partners. In the absence of mutual agreement by the authorized official from any agency, this MOU shall be reviewed biennially.

Contact Information

Partner: Foundations Health and Wholeness RAYS Youth Services
Partner Representatives: Jackie Baumgart, Foundations Health and Wholeness Director of RAYS Youth Services and Regional Director of Treatment Foster Care – Lakeshore Area
Address: 1061 West Mason St. Green Bay, WI 54303
Phone: Jackie: 920-619-1079
Fax: 920-682-4964
Email: jbaumgart@wearefoundations.org

Jackie Baumgart, LCSW _____ Date: 12/5/2022
(Partner Signature)

Contact Information
Partner: House of Hope
Partner Representative: Shannon Wienandt, Executive Director
Address: 1660 Christiana Street, Green Bay, WI 54303
Phone: (920) 884-6740
Fax: (920) 884-6742
Email: shannonw@houseofhopegb.org

_____ Date: 02/27/2023
(Partner Signature)

Contact Information
Partner: Awaken
Partner Representative: Kasia Klaus, Regional Director/ Legal Consultant
Address: 1654 Morrow Street, Green Bay, WI 54302
Phone: 920-664-2449
Fax:
Email: kklaus@awakenwisconsin.org

_____ Date: _____01/19/2023_____
(Partner Signature)