

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 entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.
- YHDP projects must state they were awarded under the YHDP program on screen 3A and answer the YHDP specific page that follows.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: YHDP Project Application

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

If "Other", specify:

3. Date Received: 09/30/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0263

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: 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

Applicant: House of Hope Green Bay, Inc

9208846740

Project: House of Hope Drop-In Center and Supportive Services for Homeless Youth

221138

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): Wisconsin
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: House of Hope Drop-In Center and Supportive Services for Homeless Youth

16. Congressional District(s):

16a. Applicant: WI-008

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

17. Proposed Project

a. Start Date: 10/01/2025

b. End Date: 09/30/2026

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: 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: 09/30/2024

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: \$300,000.00

(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	\$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: 09/30/2024

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

2. Sites for Work Performance.

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

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

I 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: (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: 09/30/2024

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: 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: 09/30/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
OMB Number: 2501-0017 Expiration Date: 01/31/2026

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

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

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

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

Legal Name: 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: 09/30/2024

IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: 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: 09/30/2024

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

YHDP Renewal Grant Consolidation/Expansion

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

1. YHDP Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. YHDP Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. YHDP Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

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



For YHDP projects, the Stand-Alone Renewal will be submitted through the YHDP Renewal Application. The Stand-Alone New will be submitted through the YHDP Reallocation Application. YHDP Reallocations can ONLY expand upon YHDP Renewals.

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

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

If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$0

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

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): WI0263

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

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

4. Project Name: House of Hope Drop-In Center and Supportive Services for Homeless Youth

5. Project Status: Standard

6. Component Type: SSO

6a. Please select the type of SSO project: Street Outreach

7. Is your agency or expected subrecipient a victim service provider, as defined in 24 CFR 578.3? No

8. Was this project funded under the Youth Homeless Demonstration Program (YHDP)? Yes

10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

1. Provide a description of the project. This MUST include the following: Entire scope, who the project will serve, activities offered and staffing.

Supportive services and The Drop-in at House of Hope, designed by youth and for youth up to age 24 experiencing homelessness connected to House of Hope’s shelter facility, will coordinate a comprehensive set of prevention and diversion strategies in collaboration with community partners to ensure that youth in the greater Green Bay area and Northeastern Wisconsin achieve self-sufficiency and thrive.

This project will provide an array of supportive services that will continue to expand depending upon youth-identified needs and a youth drop-in center with youth-focused prevention and other youth development programming. The drop-in center will be led by youth feedback and ideas and will work to support at-risk and homeless youth and prevent long-term consequences that undermine the safety, education, and future of young people in our community.

The project will provide programming designed by and for youth using a positive youth development framework with a trauma-informed approach to service delivery. Youth in the Brown County YAB have identified several needed services for young people that they have requested to be provided, which we will deliver. Some of these requested services which will be provided through the project are mental health and AODA counseling, a therapy dog, healthcare, guidance and opportunities in advocacy, young staff who are safe and trained to keep The Drop-In open, snacks and games that are youth chosen, help with school, free laundry facilities, showers, clothing assistance, help with housing, mediation, and obtaining the home of their choice with adults they feel comfortable with, and more. Youth will have access to internet, telephones, computers, video games, and other electronics as they have requested. The project will provide space for other community organizations like RAYS, Homebase, and other outreach case managers to collaboratively provide comprehensive, wrap-around services to youth and their children who are literally homeless, at imminent risk of homelessness, or fleeing or attempting to flee domestic violence.

House of Hope has MOUs and partnerships in place with dozens of community organizations that will provide essential, comprehensive, targeted services for youth. Collaborative partners include Brown County Youth Action Board, New Community Clinic, Foundations Health & Wholeness, Bellin Psychiatric, Golden House, Freedom House, New Community Shelter, St John's, Newcap, Brown County public schools, the Brown County Homeless and Housing Coalition, Wisconsin Association for Homeless and Runaway Youth Services (WAHRS), Runaway Youth Services (RAYS), Journey to Adult Success (JAS), Awaken, Boys & Girls Clubs, ADRC, UW-Extension, and more.

COC funds will be used to provide street outreach services, case management, food, communication and transportation access, and financial assistance to support housing access.

Additionally, we will leverage flexible funding to meet the most pressing needs of youth and their families to remove barriers to accessing, transportation, housing, employment, and education. Anti-human trafficking training and services will also be provided with other funding.

House of Hope expects to serve 56 youth.

Of the youth served:

100% will access case management or outreach services 90% will access referrals for themselves or their families
100% of those in need of emergency shelter will access shelter or be diverted to other safe housing options

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

Supportive Services and programming in The Drop-in will focus on youth-centered practices rooted in trauma-informed care. We will provide a platform for and encourage youth to advocate for themselves and their peers, using their experiences to create systemic change.

House of Hope utilizes a Positive Youth Development framework in all of its youth programming. Youth voices are centered in program development and in the design of spaces. Youth will be involved in the evaluation of programs and services to ensure their needs and the needs of future youth are met.

Youth-identified programs will work to build skills for youth, their peers, and their families. With our community partners, youth will help create opportunities for themselves and their peers to be engaged in the community and to give back, including participating in leadership development and volunteer opportunities.

Youth will be connected with a youth system navigator and a youth case manager if they choose.

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

House of Hope integrated trauma-informed care into all levels of operations in 2017 in partnership with and under the guidance of the University of Wisconsin and professors in their Social Work department. Trauma-informed practices are incorporated into House of Hope’s policies, procedures, and programs.

House of Hope staff engage in regular trauma-informed training and youth-specific training. Staff understand the impact of trauma and recognize that trauma exhibits differently in each individual. All practices and procedures are built to actively resist re-traumatization.

As a collaborative partner with the Brown County United Way, Brown County Health & Human Service, Family Services of Northeast Wisconsin, and the University of Wisconsin-Green Bay, House of Hope staff and clients can attend multiple community-wide trauma-informed care training programs each year.

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

The Brown County Coordinated Community Plan (CCP) found that some of the largest issues facing youth in our community are related to mental health care, lack of access to existing resources, and resources for youth that were not designed to meet their needs. This project will help to meet three of the four goals identified in the CCP:

Goal 1: Stable housing, including a safe and reliable place to call home
The Drop-In serves as a space and a catalyst for youth and youth service providers to develop a community of support, to navigate existing resources, and to advocate for youth access to basic needs and services. The idea for the Drop-In at House of Hope was developed by youth with lived expertise and the resources to be available were expanded upon by the Youth Action Board. The first plans for The Drop-in were drawn by a 17-year-old experiencing homelessness and living in House of Hope’s youth shelter.

Goal 2: Permanent connections, including ongoing attachments to families, communities, schools, and other positive social networks YHDP Case Managers and outreach workers connect with youth and help to keep them connected to their existing support networks while working to build additional supports. Funding has been allocated to support kinship placement for minor youth. Partnerships with area schools ensure continuation of attendance.

Goal 4: Social-emotional well-being, including the development of key competencies, attitudes, and behaviors that equip a young person to succeed across multiple domains of daily life, including school, work, relationships, and community. Youth can access on-site mental health services as well as substance abuse counseling at The Drop-In. We also provide group substance abuse counseling sessions.

Youth with lived experience in Brown County indicated in an early YHDP survey that a successful community would include more access to resources specific to youth. One respondent said we need “more programs that are youth-focused. Things just for youth.”

Youth experiencing homelessness are at a crucial age where intensive support and access to targeted resources can help them gain stability and a strong, healthy network of support.

Programming will be created with youth and tailored to their healthy development to assist in creating real change in their lives, helping them break the cycle of generational poverty, and gaining and maintaining true self-sufficiency.

Additionally, The Drop-In will hire youth with lived experience to advocate and support youth on-site and in the community. In partnership with Journey to Adult Success, a housing and support program for youth who have aged out of foster care or are experiencing homelessness, and other youth-serving organizations, youth will be identified, trained, and paid as youth advocates.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

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

2a. Please identify the specific populations addressed in this project

Pregnant/Parenting	<input checked="" type="checkbox"/>
Minors (Include short textbox if "minor" selected"	<input checked="" type="checkbox"/>
Foster care/justice involved youth	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>
Gender Non-Conforming	<input checked="" type="checkbox"/>
Victims of Sexual Trafficking	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Abiding by state law in serving Minors: Yes

3. Housing First

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>

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

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

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

3d. Does the project follow a "Housing First" approach? Yes

5. Effectively serving youth populations:

5a. Describe the racial composition of the persons or households who are expected to benefit from your proposed grant activities, including a description of how you analysed the local population to determine this.

Data from the US Census and the HMIS Racial Disparity report for Brown County as well as other House of Hope program specific HMIS reports show that, while 28.8% of Brown County residents are BIPOC, 88.2% of YHDP Clients served last year were BIPOC (76.2% of all youth-specific programs provided by House of Hope).

According to Voices of Youth Count, Black and African American youth are 83% more likely to experience homelessness. In Brown County, HMIS data shows Black and African American clients are 14 times more likely to experience homelessness than their white peers. This data shows that minority individuals are overrepresented in both populations experiencing homelessness and accessing homeless services.

Looking at the 2022-23 school year at Green Bay Area Public Schools for High School students (Grades 9-12), 51.9% of BIPOC students were chronically absent compared to 27.3% for White students. 3.4% of BIPOC High School students dropped out of school during that year compared to 1.7% of White students). In that same year for all grades, 6.5% of BIPOC students experienced homelessness (compared to 2.5% for White students).

This data shows that BIPOC populations are overrepresented in homeless populations and therefore will also be a majority of the population served through this program. Additionally, data shows BIPOC populations are entering homelessness at a much higher rate than white populations AND the positive outcomes for non-white populations are significantly lower than the outcomes for white populations.

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

Potential barriers that persons or communities of color may encounter are a combination of things, including little to no rental history, poor credit scores, criminal backgrounds, economic inequality, lack of affordable housing, insufficient job opportunities, lack of education, and mental health and substance abuse issues.

According to the most recent Youth Risk Behavior Survey, white students were more than twice as likely to have lived in the same house/apartment their entire lives, Black and Multiracial students are more likely to have lived in 10 or more places in their lives. We will work to eliminate housing instability barriers by providing necessities for families that they can't afford and providing support and barrier removal assistance for things like rent, utilities, hygiene items, gas, and more depending upon need to increase program participants' opportunities to gain and maintain safe housing.

Recent feedback from a YHDP client revealed a need to invest in haircare products for ethnic hair types as well as programming that encourages selfcare through haircare. We are currently writing grants and working to raise private funds to support this initiative – one of our staff is both a licensed clinical substance abuse counselor AND a licensed cosmetologist. Having products on hand and educating the community about the need for specific hair care products can help eliminate barriers to self-care, cultural connection, and self-esteem.

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

The Brown County YAB identified racial equity as a concern for youth in Brown County. House of Hope staff are trained in trauma-informed care and cultural competency. This project will focus on providing services to youth in need, providing safe spaces that are culturally inclusive and create a sense of belonging. Race will not be considered when determining who is provided services, though an equity lens will be used in decision-making related to the design of inclusive spaces and the programming available in those spaces. House of Hope has a long history of serving BIPOC and LGBTQIA+ populations. More than 70% of clients served by House of Hope annually are BIPOC. While House of Hope does not specifically track LGBTQIA+ status, as one of the only emergency shelters providing shelter to 17-year-olds, we continue to serve many transgender and gender non-conforming youth who find themselves homeless due to violence, abandonment, or neglect in the home related to their LGBTQIA+ status.

House of Hope partners with organizations throughout the region that support the specific needs of BIPOC, LGBTQIA+, and people with disabilities. House of Hope will connect all clients who consent to Coordinated Entry and assist with completing other housing applications for opportunities outside of Coordinated Entry. House of Hope works with We All Rise: African American Resource Center, Casa ALBA, COMSA, the UWGB Pride Center, the Brown County ADRC, and other organizations to ensure equitable access to resources, housing, and supportive services. Outreach staff go on-site to provide access to services and to Coordinated Entry, staff and board members volunteer and table at events produced and sponsored by culturally-specific organizations, and staff members serve still on boards and committees for these partner organizations.

Our staff and board are trained in anti-discrimination and cultural responsiveness. Additionally, we are currently working with consultants to create a comprehensive DEI plan for the board and the organization.

Youth voice and youth choice will drive all programming decisions. House of Hope will ensure that youth have the opportunity to choose their preferred housing situation, which they have advocated for, and will be supported through periodic follow-up after assistance has ended. Additionally, any youth assisted by House of Hope will have access to basic needs items each month for as long as needed.

The Brown County Youth Action Board provides support by sharing lived expertise and offering advice on procedures and programs to ensure clients are provided equitable services, with a focus on clients who are over-represented in our housing programs and homeless services, such as clients who identify as BIPOC, especially Black/African American and/or LGBTQ+. The YAB specifically calls out age discrimination issues they face in housing and care systems. They want to choose the case manager they work with and are able to switch case managers in our agency. They want to decide where they live and with whom. They also want to ensure they feel safe with providers and have outlined ways to ensure House of Hope staff members can make them feel safe during meetings and interactions.

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

Measures currently in place to track progress and evaluate efforts to advance racial equity include:

- collecting demographic data about program effectiveness and taking action to intentionally increase equity in programs and services
- participant exit surveys and program improvement based upon survey feedback
- feedback sessions and YAB interaction is documented and shared to create systems change and inform our community and our programs about needs and desired future state
- program attendance and retention data to measure need and adjust for lower attended programs by changing times, inquiring about provided curriculum and services, and adjusting offerings to fit
- collaboration with community partners to ensure agencies that are focused on advancing racial equity and run by diverse leaders are included and that the effectiveness of those partnerships is intentionally increasing
- regular review of racial equity reports provide insight into whether equitable services are being provided

Information collected is regularly reviewed and services are adjusted based on feedback and changing circumstances. House of Hope’s culture is one of continuous improvement that values ongoing communication and adaptation.

Youth Homeless Demonstration Projects

1. What services are provided to engage family and youth to maintain housing? (You may select more than one)

Family counseling	<input type="checkbox"/>
Conflict Resolution	<input checked="" type="checkbox"/>
Parenting Supports	<input type="checkbox"/>
Relative or kinship caregiver resources	<input type="checkbox"/>
Targeted substance abuse and mental health treatment	<input checked="" type="checkbox"/>
Housing Search Assistance	<input type="checkbox"/>
Landlord-Tenant mediation	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>
Utility or Security Deposits	<input type="checkbox"/>
One time moving assistance	<input type="checkbox"/>
Rental Application fees	<input checked="" type="checkbox"/>
Utility or Rental Arrears	<input type="checkbox"/>
Other (if other selected, use textbox to explain the potential service)	<input checked="" type="checkbox"/>

Other: House of Hope will provide a family stipend so that youth may remain in safe housing with their families (either biological or chosen); allow youth to access communication via cell phones, and help remove other financial barriers to success.

2. Is this a Host Homes Project OR will this project dedicate funding under the Supportive Services budget to host homes? No

3. Does this project plan to use Rental Assistance? No

4. Will your project offer any specialized services for youth living with HIV/AIDS? No

Youth Action Board

1. How will your project work with the Youth Action Board during project implementation?

The Brown County Youth Action Board (YAB) meets twice a month at House of Hope's facility. The YAB informs decisions about The Drop-In programs, supportive youth services, and the design of youth spaces. The YAB helps to develop programs that reflect the real needs, preferences, and challenges of youth experiencing homelessness in our community. Any change to offerings or additional services provided for youth is a result of youth advocating for the change or service and is voted on and discussed by YAB members before implementation.

To reduce barriers to participation, YAB members are paid in cash on the day of the meetings and transportation is provided to youth from their residences, friends' houses, and other shelters as they have requested.

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

We will involve youth in the process of planning and developing a Continuous Quality Improvement (CQI) plan. The YAB will have the opportunity to define “quality” for The Drop-In programs and supportive youth services. We will provide existing data and work with the YAB to set baselines and future goals. The YAB will decide what success looks like and what areas to focus on for improvement.

Youth will participate in a youth-led SWOT analysis. House of Hope staff will support the YAB as they establish clear goals driven by youth needs and set SMART goals for the project. Goals will be based on the initial CCP goals originally created by the YAB. This SWOT analysis and SMART goals process will be assisted by a continuous improvement coach who will ensure that goals the YAB establishes will be prioritized by the local homeless and housing coalition and House of Hope’s Board of Directors, which includes two voting members who are 17 or younger.

YAB members will have ongoing involvement with programs and services at The Drop-In and will review data regularly to ensure they are informed about the progress they are making on the key performance indicators they choose.

House of Hope will support the work of the YAB by closing feedback loops about program improvements, celebrating success of the programs and of the youth on the YAB, and acknowledging the contributions of the YAB. Staff will also provide updated data reports and help the YAB analyze the data so they can make suggestions for achieving their goals and continually improving services.

We will work to pilot innovative youth-led solutions like hiring a YAB member as the YAB Coordinator to create structured, paid roles for youth that will encourage and support youth leadership. This is an idea that YAB members developed and we will work to help them bring to fruition.

Special YHDP Activities

1. Is the YHDP Renewal project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity? Yes

2. Check the appropriate box(s) for the Special YHDP Activity the applicant is requesting. (Select all that apply)

Reminder, certain activities require a Supportive Services budget connection. Review the Detailed Instructions to learn more

III.B.4.b(5)(a)(i) Leases under 12 months (minimum 1 month) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	<input type="checkbox"/>
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III.B.4.b(5)(a)(ii) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH) - (ELIGIBLE ONLY FOR PH & JOINT)	<input type="checkbox"/>
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III.B.4.b(5)(a)(iii) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)	<input checked="" type="checkbox"/>
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III.B.4.b(5)(a)(iv) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness) - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)	<input checked="" type="checkbox"/>
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III.B.4.b(5)(a)(v) Employ youth receiving recipient services (document nature of work and no conflicts of interest) - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	<input checked="" type="checkbox"/>
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III.B.4.b(5)(a)(vi) Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up to 24 months of housing assistance (document standards applied to units and proof of compliance) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	<input type="checkbox"/>
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III.B.4.b(5)(a)(vii) Provide moving expense more than one time to a program participant - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	<input checked="" type="checkbox"/>
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III.B.4.b(5)(a)(viii) Provide payments for families that provide housing under host homes and kinship care (up to \$500 per month) - (ELIGIBLE ONLY FOR HOST HOME & KINSHIP CARE)	<input checked="" type="checkbox"/>
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III.B.4.b(5)(a)(ix) YHDP recipients may continue providing supportive services to program participants for up to 12 months after the program participant exits homelessness, transitional housing or after the end of housing assistance.	<input checked="" type="checkbox"/>
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No Special YHDP Activities Requested	<input type="checkbox"/>
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3. YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply) - Eligible only to projects with a Supportive Services BLI

III.B.4.b(5)(a)(x)(i) Security deposits (not to exceed 2 months of rent)	<input checked="" type="checkbox"/>	III.B.4.b(5)(a)(x)(ii) Pay for damage to units (not to exceed 2 months rent)	<input checked="" type="checkbox"/>
III.B.4.b(5)(a)(x)(iii) Costs to provide household cleaning supplies	<input checked="" type="checkbox"/>	III.B.4.b(5)(a)(x)(iv) Housing start-up expenses (not to exceed \$300 per participant)	<input checked="" type="checkbox"/>
III.B.4.b(5)(a)(x)(v) Purchase cell phone and service (cost must be reasonable and housing related)	<input checked="" type="checkbox"/>	III.B.4.b(5)(a)(x)(vi) Cost of Internet (costs must be reasonable)	<input checked="" type="checkbox"/>
III.B.4.b(5)(a)(x)(vii) Payment of rental arrears (up to 6 months)	<input checked="" type="checkbox"/>	III.B.4.b(5)(a)(x)(viii) Payment of utility arrears (up to 6 months)	<input checked="" type="checkbox"/>
III.B.4.b(5)(a)(x)(ix) Payment of utilities (up to 3 months)	<input checked="" type="checkbox"/>	III.B.4.b(5)(a)(x)(x) Pay gas a mileage for participant personal vehicle for trips for eligible services	<input checked="" type="checkbox"/>
III.B.4.b(5)(a)(x)(xi) Payment of Legal fees	<input checked="" type="checkbox"/>	III.B.4.b(5)(a)(x)(xii) Payment of insurance, registration and past driving fines	<input checked="" type="checkbox"/>
None	<input type="checkbox"/>		

4. Check the appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting. if a special activity is selected, the applicant must provide a narrative response addressing the criteria in the special activity. (Select all that apply)

III.B.4.b(5)(i) A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance. - (ELIGIBLE ONLY FOR PH-RRH)	<input type="checkbox"/>
III.B.4.b(5)(ii) YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	<input checked="" type="checkbox"/>
III.B.4.b(5)(iii) YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants. Note: Supportive Services for 36 months is only for projects that are pairing supportive services with other other housing assistance programs. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	<input type="checkbox"/>
III.A.3 Recipients will not be required to meet the 25% match requirement if the applicant is able to show it has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community. Note: specify why resources cannot be used as match for this project - (ELIGIBLE FOR ALL PROJECTS)	<input type="checkbox"/>

<p>III.B.4.B(5)(b)(iv) Recipients will not be required to meet the 25% match requirement provided for in III.C of the YHDP NOFO and 24 CFR 578.73 if the recipient does not have other currently active CoC or YHDP grants. If permitted by future Appropriations Acts, HUD will continue the match exemption for the YHDP grant funded under this NOFO under the first and second renewal or replacement of the project under the Continuum of Care competition.</p>	<input type="checkbox"/>
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<p>III.B.4.b(5)(v) Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy. - (ELIGIBLE ONLY FOR PROJECTS WITH RENTAL ASSISTANCE, LEASING OR OPERATING BLI)</p>	<input type="checkbox"/>
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<p>III.B.4.b(5)(vi) YHDP recipients may provide payments of up to \$1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program. - (ELIGIBLE ONLY FOR HOST HOMES & KINSHIP CARE)</p>	<input type="checkbox"/>
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<p>III.B.4.b(5)(b)(vii) YHDP recipients may pay for short-term (up to three months) emergency lodging in motels or shelters as the transitional housing component in a Joint transitional housing-rapid rehousing (TH-RRH) project, provided that the recipient can demonstrate that use of the hotel or motel room is accessible to supportive services. - (ELIGIBLE ONLY FOR JOINT)</p>	<input type="checkbox"/>
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<p>No Exemptions Requested.</p>	<input type="checkbox"/>
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Enter required additional information about your YHDP Special Activity Request. Requirements for YHDP Special Activities can be found in the NOFO citation included on this screen. Please answer ALL requirements prior to submission.

III.B.4.b(5)(ii):

1. YHDP Case Managers will provide supportive services to youth who have exited homelessness for up to 24 months - the length of time services will be provided will be dependent on the needs of each youth. 2. Need will be determined through regular check-ins; evaluation of key indicators around employment, education, mental health, and financial stability; and working through housing stability plans. 3. Supportive services will ensure stable housing using a holistic, trauma-informed, strengths-based approach. Youth who access extended case management will access life skills training, employment support, mental health services and referrals, education and training programs, and financial literacy and budgeting programs. Additional support and skill building with youth after they have exited homelessness will allow them to maintain stability and self-sufficiency when services do end.

5. Innovative Activities III.B.4.b(5)(c)

a. Is the applicant requesting an Innovative Activity that is not currently allowed under 24 CFR 578 or the above YHDP Special Activities? No

4A. Supportive Services for Participants

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

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

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

The Brown County YAB requested that youth have the ability to refuse services from providers if they choose. When a youth decides that the intervention available is not what they would like, drop-in center staff will work to provide access to alternative options in the community. Staff will also help those providers to improve their youth services with feedback from the youth who refused services.

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

Youth services provided at the Drop-In will be youth-driven. Services will be available as frequently or infrequently as needed depending on the wants and needs of each specific youth. When youth enroll in the program, their needs will be assessed by a case manager to see what services they require, the intensity of those services, and how long they will be enrolled in services. As their situation changes, youth will be assessed frequently to ensure their needs are met. Case managers and partner staff will continually monitor any changes that may affect planned services.

Case management will be provided as needed for individual youth and their families. While the youth is enrolled in services, case management will be provided based on the service plan created with the youth. Follow-up services will also be provided at 30, 60, and 90 days and as needed.

Housing search and counseling, life skills training, outreach services, and transportation support will be available daily. As with other services, the intensity and length of enrollment in programming will be based on individual need.

Partners will provide services on-site and by referral. Assistance with moving costs will be provided by partners based on each agency's requirements and qualifications on an as-needed basis. Child care will be provided by partners on an as-needed basis for parenting youth. These youth will also be connected with Wisconsin Shares to receive monthly childcare subsidies. Legal services will be provided by partners as needed on-site whenever possible. Mental health services and outpatient health services will be provided weekly on-site by partners and more frequently when needed by referral.

The situation of each youth will determine what types of services they engage with, the intensity of that engagement, and the length of time they are enrolled in those services. Services will be consistently available to meet the needs of all the youth we will serve.

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

House of Hope works closely with dozens of non-profit partners throughout the region to provide non-HUD funded supportive services to the young participants of this program. Participants are connected with applicable mainstream resources like BadgerCare, W2, FSET, Wisconsin Shares, and Social Security. In addition, many youth serving organizations utilize private funds to provide services.

Identify whether the project includes the following activities:

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

5a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events? Yes

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

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

7a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

8. What outcomes will your project track to determine success?

Positive Housing Exit Destination	<input checked="" type="checkbox"/>
Positive School Status	<input checked="" type="checkbox"/>
Increased income/employment	<input checked="" type="checkbox"/>
Community Connections	<input checked="" type="checkbox"/>
Improved Well-being	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>

4A. HMIS Standards

- 1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2024 HMIS Data Standard Manual?**

- 2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.).**

- 3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?**

- 4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?**


- 5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.**

- 6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?**

- 7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?**

- 8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?**

4B. Housing Type and Location

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

Total Units: 0

Total Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds
None	---	--	--

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:** None

5A. Program Participants - Households

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

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	6	10	34	50
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	6	10		16
Accompanied Children under age 18	6		17	23
Unaccompanied Children under age 18			17	17
Total Persons	12	10	34	56

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24				2		2	3	0	2	1
Children under age 18							2	1	1	4
Total Persons	0	0	0	2	0	2	5	1	3	5

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24				2		3	3	1	3	
Total Persons	0	0	0	2	0	3	3	1	3	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	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18						8	4	1	4	6
Unaccompanied Children under age 18						12	6	0	6	4
Total Persons	0			0	0	20	10	1	10	10

Click Save to automatically calculate totals

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

All information related to representation in a subpopulation is self-report. Some youth who we will serve will not identify with the characteristics of substance abuse, HIV/AIDS, mental illness, domestic violence, physical disability, or developmental disability.

6A. Funding Request

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

2. Renewal Grant Term: 1 Year
This field is pre-populated with a one-year grant term and cannot be edited:

3. Select the costs for which funding is requested:

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

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

6E. Supportive Services Budget

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

STAFF ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1a. Assessment of Service Needs (STAFF COSTS ONLY)		
2a. Assistance with Moving Costs (STAFF COSTS ONLY)		
3a. Case Management (STAFF COSTS ONLY)	1.25 FTE Case Manager staff positions @ \$60,000 including fringe benefits.	\$75,000
4a. Child Care (STAFF COSTS ONLY)		
5a. Education Services (STAFF COSTS ONLY)		
6a. Employment Assistance (STAFF COSTS ONLY)		
7a. Food (STAFF COSTS ONLY)		
8a. Housing/Counseling Services (STAFF COSTS ONLY)		
9a. Legal Services (STAFF COSTS ONLY)		
10a. Life Skills (STAFF COSTS ONLY)		
11a. Mental Health Services (STAFF COSTS ONLY)		
12a. Outpatient Health Services (STAFF COSTS ONLY)		
13a. Outreach Services (STAFF COSTS ONLY)	1.75 FTE positions to provide outreach and overnight support for youth hotline and 24-hour crisis @ \$60,000 including fringe.	\$105,000
14a. Substance Abuse Treatment Services (STAFF COSTS ONLY)		
15a. Transportation (STAFF COSTS ONLY)		
16a. Utility Deposits (STAFF COSTS ONLY)		
17a. Operating Costs (STAFF COSTS ONLY)		
Total Annual Assistance Requested		\$180,000
Grant Term		1 Year
Total Request for Grant Term		\$180,000

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

ACTIVITY ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1b. Assessment of Service Needs (ACTIVITY COSTS ONLY)		
2b. Assistance with Moving Costs (ACTIVITY COSTS ONLY)	I.C. 1.a(8) Provide moving expense more than one time to a program participant; I.C. 1.a(10)(b) Pay for damage to units (not to exceed 2 months rent); I.C. 1.a(10)(d) Housing start-up expenses (not to exceed \$300 per participant); I.C. 1.a(10)(f) Cost of Internet (costs must be reasonable)	\$20,000
3b. Case Management (ACTIVITY COSTS ONLY)	Computers and accessories needed for case management, including business cards and other collateral.	\$3,500
4b. Child Care (ACTIVITY COSTS ONLY)		
5b. Education Services (ACTIVITY COSTS ONLY)		
6b. Employment Assistance (ACTIVITY COSTS ONLY)	Books, instructional materials, and other needed items to assist clients to obtain and maintain employment	\$2,000

7b. Food (ACTIVITY COSTS ONLY)	24 CRF 578.53(e) 17, Food for shared meals and groceries for program participants @ \$834 per month	\$10,000
8b. Housing/Counseling Services (ACTIVITY COSTS ONLY)	I.C.1.a(10)(e), Financial assistance for cell phones and cell service for youth to access employment and safe housing options more quickly for 10 youth @ \$200 per youth	\$2,000
9b. Legal Services (ACTIVITY COSTS ONLY)		
10b. Life Skills (ACTIVITY COSTS ONLY)	I.C.1.a(10)(c) Costs to provide household cleaning supplies; training in critical life management skills provided by contracted individuals and organizations that will support participants to function independently in the community.	\$10,000
11b. Mental Health Services (ACTIVITY COSTS ONLY)		
12b. Outpatient Health Services (ACTIVITY COSTS ONLY)		
13b. Outreach Services (ACTIVITY COSTS ONLY)	Outreach collateral as selected and decided upon by the Brown County Youth Action Board.	\$5,000
14b. Substance Abuse Treatment Services (ACTIVITY COSTS ONLY)	Drug tests for program participants to assess substance abuse counseling needs	\$1,000
15b. Transportation (ACTIVITY COSTS ONLY)	I.C.1.a(10)(j) Pay gas a mileage for participant personal vehicle for trips for eligible services; I.C.1.a(10)(l) Payment of insurance, registration and past driving fines	\$5,000
16b. Utility Deposits (ACTIVITY COSTS ONLY)	Utility deposits for approximately 10 program participants	\$5,000
17b. Operating Costs (ACTIVITY COSTS ONLY)	I.C.1.a(9) Payments for families that provide housing under a kinship care model when additional cost is necessary to recruit hosts to the program who youth want to live with @ no more than \$500 per month per youth; maintenance, repair, building security, furniture, utilities, and equipment for the facility that is used to provide supportive services for program participants.	\$15,185
18. Security Deposits (Only use if no Rental Assistance Budget)	I.C.1.a(10)(a) Security deposits (not to exceed 2 months of rent) for 7 youth	\$14,000
Total Annual Assistance Requested		\$92,685
Grant Term		1 Year
Total Request for Grant Term		\$92,685
Supportive Services BLI Total		\$272,685

Click the 'Save' button to automatically calculate totals.

6G. 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		
2. Software	HMIS Licenses for 2 YHDP staff	\$315
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$315
Grant Term:		1 Year
Total Request for Grant Term:		\$315

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

In FY20234, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

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

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

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

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

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$0
Estimated budget amount for VAWA Confidentiality Requirements:	

Applicant: House of Hope Green Bay, Inc

9208846740

Project: House of Hope Drop-In Center and Supportive Services for Homeless Youth

221138

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

6H. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$75,000
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$75,000

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 Donations	\$75,000

Sources of Match Detail

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

2. **Source:** Private

3. **Name of Source:** Community Donations

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

4. **Amount of Written Commitment:** \$75,000

6I. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Screen 6C)	\$0
2. Rental Assistance (Screen 6D)	\$0
3. Supportive Services (Screen 6E)	\$272,685
4. Operating (Screen 6F)	\$0
5. HMIS (Screen 6G)	\$315
6. VAWA	\$0
7. Rural	\$0
8. Sub-total of CoC Program Costs Requested	\$273,000
9. Admin (Up to 10% of Sub-total in #7)	\$27,000
10. HUD funded Sub-total + Admin. Requested	\$300,000
11. Cash Match (From Screen 6H)	\$75,000
12. In-Kind Match (From Screen 6H)	\$0
13. Total Match (From Screen 6H)	\$75,000
14. Total Project Budget for this grant, including Match	\$375,000

Breakout of BLI Costs	
1a. Leased Units	0%
1b. Leased Structures	0%
2. Rental Assistance	0%
3. Supportive Services	91%

Applicant: House of Hope Green Bay, Inc

9208846740

Project: House of Hope Drop-In Center and Supportive Services for Homeless Youth

221138

4. Operating	0%
5. HMIS	0%
6. VAWA	0%
7. Rural	0%
8. Admin (Up to 10%)	9%
9.Total Assistance plus Admin Requested	\$300,000

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Match letter	09/24/2024
3) Other Attachment	No	Letters of suppor...	09/26/2024

Attachment Details

Document Description:

Attachment Details

Document Description: Match letter

Attachment Details

Document Description: Letters of support and 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: 09/30/2024

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
Recipient Performance	No Input Required
YHDP Renewal Grant Consolidation/Expansion	09/11/2024
2A. Subrecipients	No Input Required
3A. Project Detail	09/11/2024
3B. Description	09/25/2024
Youth Homeless Demonstration Projects	09/25/2024
Youth Action Board	09/25/2024
Special YHDP Activities	09/25/2024
4A. Services	09/24/2024
4A. HMIS Standards	No Input Required
4B. Housing Type	09/11/2024
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	09/11/2024
6E. Supp Srvcs Budget	09/24/2024
6G. HMIS Budget	09/30/2024
VAWA Budget	No Input Required

6H. Match	09/11/2024
6I. Summary Budget	No Input Required
7A. Attachment(s)	09/26/2024
7B. Certification	09/24/2024



September 24, 2024

To: Wisconsin Balance of State Continuum of Care
From: House of Hope Green Bay, Inc.
RE: Matching Funds for YHDP Drop-In Center & Supportive Services for Homeless Youth

Grant Cycle: 10/1/2025 – 9/30/2026

UEI: XDYSJJ1J2BB9

IEN: 39-1708805

Congressional District: WI-8

This letter is to inform the WI Balance of State that House of Hope Green Bay, Inc. agrees and commits to match in the amount of \$75,000.00 for the YHDP Drop-In Center & Supportive Services for Homeless Youth grant year 10/1/2025 – 9/30/2026.

This match will be in cash raised through unrestricted community donations and foundation grants between 10/1/2025 – 9/30/2026.

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,

A handwritten signature in blue ink, appearing to read "Shannon", with a large, stylized flourish at the end.

Shannon Wienandt
Executive Director

September 16, 2024



Brown County Homeless and Housing Coalition
Letter of Support for House of Hope
YHDP Project: the Drop-In at House of Hope

To Whom it May Concern,

The Brown County Homeless and Housing Coalition is in support of the Drop-In at House of Hope on Green Bay's West Side.

The Drop-In at House of Hope was identified as a need by the Brown County YAB and is included in the Brown County Coordinated Community Plan to End Youth Homelessness.

The Drop-In fills a gap in services for youth in Brown County. Sharing a building with an emergency shelter serving youth ages 17-24 and a shelter care facility serving youth 0-17, allows the Drop-In to destigmatize shelter and provide more flexible open hours than any currently available youth services in our community.

Thank you for this opportunity to support, prevent, and end youth homelessness in Brown County.

Sincerely,

A handwritten signature in black ink, appearing to read "Noel Halvorsen".

Noel Halvorsen, Chair
Brown County Homeless and Housing Coalition

September 12, 2024



Brown County Youth Action Board
Letter of Support for House of Hope
YHDP Project: the Drop-In at House of Hope

To Whom it May Concern,

The Brown County Youth Action Board (YAB) is in support of the Drop-In at House of Hope on Green Bay's West Side.

The Drop-In at House of Hope was identified as a need by the Brown County YAB and is included in the Brown County Coordinated Community Plan to End Youth Homelessness.

The Drop-In fills a gap in services for youth in Brown County. Sharing a building with an emergency shelter serving youth ages 17-24 and a shelter care facility serving youth 0-17, allows the Drop-In to destigmatize shelter and provide more flexible open hours than any currently available youth services in our community.

Thank you for this opportunity to support, prevent, and end youth homelessness in Brown County.

Sincerely,

Brown County YAB Representative

Stacy Metley

9/24/24

House of Hope Collaborative Partners
MOUs signed 2024

Awaken: Awaken is a faith-based non-profit 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.

<https://www.awakenjustice.org/awaken-wisconsin>

Brown County Housing Authority: The mission of the Brown County Housing Authority is to ensure all residents of Brown County have the opportunity for safe, affordable housing. The Brown County Housing Authority's (BCHA) primary role is to oversee the Housing Choice Voucher Program (formerly known as Section 8 Rental Assistance) that is contracted with Integrated Community Solutions, a local non-profit agency. In addition to that, the BCHA also issues housing revenue bonds and can provide down payment and closing assistance to qualified potential home buyers.

<https://www.browncountywi.gov/departments/planning-and-land-services/housing/brown-county-housing-authority/>

Brown County Youth Action Board: A board of young people under the age of 24 using their lived experience with homelessness to inform policy and create systemic change.

<https://www.houseofhopegb.org/browncountyab>

Freedom House Ministries: Freedom House Ministries, INC is a 501 c3 Christian-based non-profit organization that provides homeless shelter services in Green Bay exclusively to families with dependent children. The mission of Freedom House is to equip families with the skills and resources needed to become self-sufficient and maintain self-sufficiency.

<https://freedomhouseministries.org/>

Golden House: Golden House is a secure place where victims of domestic abuse find compassionate, knowledgeable advocates offering confidential, individualized help. Golden House serves individuals and families of ALL ages, genders, races, sexual orientation, and gender expression, with counseling, temporary shelter, 24-Hour help, legal assistance (restraining and harassment order filing assistance), support groups, housing options, prevention education and more.

<https://www.goldenhousegb.org/>

Casa ALBA Melanie: Casa ALBA Melanie's mission is to nurture the well-being and wholesome development of all members of the Hispanic community living in the greater Green Bay area. Our vision is that Hispanics living in the greater Green Bay area, who are very talented and community-conscious, will achieve their dreams and provide meaningful presence and service in the community. Our purpose is to provide a place of trust for Hispanic families to become part of the community.

<https://www.casaalba.org/>

Family and Childcare Resources of NEW: Family and Childcare Resources of NEW is dedicated to supporting healthy child development by providing high quality education, support and programs to families and early childhood professionals.

The nonprofit Family & Childcare Resources of N.E.W. was established in 2008 as both a family resource center (FRC) and a childcare resource & referral (CCR&R) agency. We want every child to have a happy, healthy, and safe start in life, which is why we provide support for those who care for children: parents, caregivers, and childcare providers.

<https://www.fcrnew.org/>

Jackie Nitschke Center: The Jackie Nitschke Center is the only adult residential treatment center for substance addiction in Brown County and one of only a few in the state that treat co-occurring mental health disorders. Our mission is to provide life-saving hope, healing, and recovery to create stronger families and healthier communities.

<https://jackienitschkecenter.org/>

Legal Action of Wisconsin: Legal Action of Wisconsin's mission is to deliver exceptional civil legal services and structural change advocacy, free of cost, to those most in need.

<https://legalaction.org/>

NEW Community Clinic: NEW Community Clinic's mission is to provide access to quality, comprehensive, and compassionate healthcare to the underserved in our community.

<https://www.newcc.health/>

Pillars: From homelessness to coming home, Pillars provides shelter, support, and solutions to address the housing needs in the Fox Valley community.

<https://pillarsinc.org/>

RAYS Youth Services: RAYS Youth Services is a voluntary, community-based program open to all youth between school-age and 21 years of age. The program is designed to help prevent homelessness and decisions to become a runaway, while navigating youth through the process of transitioning to successful, healthy, and independent living via preventative outreach, education, and other critical resources.

<https://wearefoundations.org/rays-youth-services/>

Ecumenical Partnership for Housing: Ecumenical Partnership for Housing provides safety, stability, and solutions leading to self-sufficiency for families with children facing homelessness through transitional housing, long-term supportive housing, prevention, and case management.

<https://www.ephgb.org/>

We All Rise African American Resource Center: We All Rise: African American Resource Center is a registered non-profit agency. Although our work started back in 2017, we officially opened our doors to community in November of 2019. Since then, we have served over 2,560 folks in our community. The vision of We All Rise is to create and help restore a vibrant African American community. Through uplifting, skill building, and intentionally targeting root causes of systemic oppression, we actively promote the healing of all. The mission of We All Rise calls for the collective liberation of African Americans navigating at the margins of society.

<https://www.weallriseaarc.org/>

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 **THE BROWN COUNTY YOUTH ACTION BOARD.**

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. **THE BROWN COUNTY YOUTH ACTION BOARD** 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

09/26/2024

Date

THE BROWN COUNTY YOUTH ACTION BOARD



Agency Representative

9/24/24

Date



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.

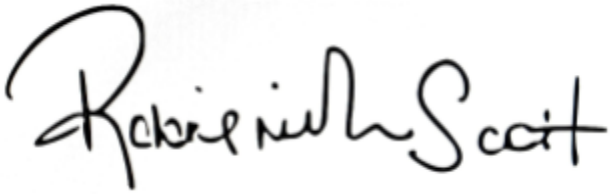


Shannon Wienandt, Executive Director

09/12/2024

Date

WE ALL RISE: AFRICAN AMERICAN RESOURCE CENTER

A handwritten signature in black ink that reads "Robin Scott". The signature is written in a cursive, flowing style.

09/12/2024

Agency Representative

Date

Robin Scott (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 **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



Agency Representative

9/12/24

Date



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



Agency Representative

9/16/24

Date

Jennie Moore Client Services Director
Printed name and title of Agency Representative



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

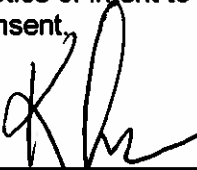
4. NEWCC will provide services to shelter clients regardless of ability to pay adhering to NEWCC policies and procedures.

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 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.**

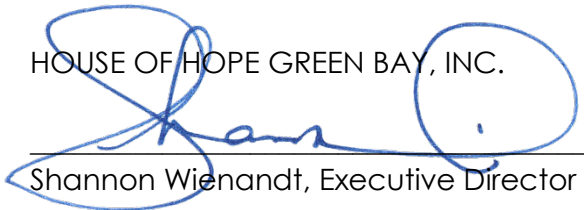
House of Hope provides emergency shelter and housing stability programs for youth, ages 17 to 24, and families with children experiencing homelessness. These services are provided via self and community referral.

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.



Shannon Wienandt, Executive Director

September 12, 2024
Date

LEGAL ACTION OF WISCONSIN, INC.



Agency Representative

September 12, 2024
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 **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.

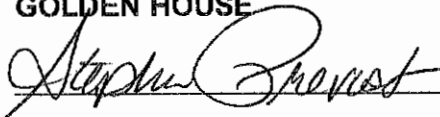
HOUSE OF HOPE GREEN BAY, INC



Shannon Wienandt, Executive Director

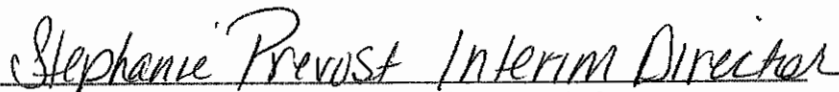
Date 09/12/2024

GOLDEN HOUSE



Agency Representative

Date 9/12/24



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 **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 **CASA ALBA MELANIE.**


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. **CASA ALBA MELANIE** 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

09/25/2024

Date

CASA ALBA MELANIE


Agency Representative

9/24/2024

Date

Amanda Garcia, Executive Director, email: amanda@
Printed name and title of Agency Representative casaalba.org

Office: 920-445-0104

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



Agency Representative

9/12/2024

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 **BROWN COUNTY HOUSING AUTHORITY.**

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. **BROWN COUNTY HOUSING AUTHORITY** 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

09/24/2024

Date

BROWN COUNTY HOUSING AUTHORITY


Agency Representative

9/24/2024

Date

PATRICK A. LEIFKER, 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


Agency Representative

9-12-2024

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 **AWAKEN.**

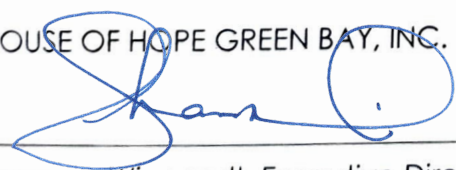
House of Hope provides emergency shelter and housing stability programs for youth, ages 17 to 24, and families with children experiencing homelessness. These services are provided via self and community referral.

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

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 or behalf of the other party. When funding is needed by either 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


(Partner Signature)

Date: 12/5/2022

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


(Partner Signature)

Date: 02/27/2023

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


(Partner Signature)

Date: 01/19/2023