

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 2023 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) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2023 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: YHDP Replacement Project Application

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

If "Other", specify:

3. Date Received: 09/25/2023

4. Applicant Identifier:

4a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** Kenosha Human Development Services, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1200678
c. Unique Entity Identifier: HDF1HFBKELX2

d. Address

Street 1: 3536 52nd Street
Street 2:
City: Kenosha
County: Kenosha
State: Wisconsin
Country: United States
Zip / Postal Code: 53144

e. Organizational Unit (optional)

Department Name: Homeless Assistance Services
Division Name: Division of Homeless Assistance Services

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

Prefix: Mrs.
First Name: Lisa
Middle Name: Ann
Last Name: Haen
Suffix:
Title: Associate Director
Organizational Affiliation: Kenosha Human Development Services, Inc.
Telephone Number: (262) 764-8544
Extension:

Fax Number: (262) 653-2080
Email: lhaen@khds.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-6700-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: Project YELLOW Door

16. Congressional District(s):

16a. Applicant: WI-001

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

17. Proposed Project

a. Start Date: 11/01/2024

b. End Date: 10/31/2025

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: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

Telephone Number: (262) 764-8555
(Format: 123-456-7890)

Fax Number: (262) 653-2080
(Format: 123-456-7890)

Email: jfield@khds.org

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

Date Signed: 09/25/2023

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0017 (exp. 1/31/2026)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Kenosha Human Development Services, Inc.
Prefix: Mrs.
First Name: Jeannine
Middle Name: Marie
Last Name: Field
Suffix:
Title: Executive Director
Organizational Affiliation: Kenosha Human Development Services, Inc.
Telephone Number: (262) 764-8555
Extension:
Email: jfield@khds.org
City: Kenosha
County: Kenosha
State: Wisconsin
Country: United States
Zip/Postal Code: 53144

2. Employer ID Number (EIN): 39-1200678

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$243,518.00

(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 | NA | \$0.00 | 0 |
| NA | NA | \$0.00 | 0 |
| NA | NA | \$0.00 | 0 |
| NA | NA | \$0.00 | 0 |
| NA | NA | \$0.00 | 0 |

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: Jeannine Field, Executive Director

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

Date Signed: 09/25/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Kenosha Human Development Services, Inc.
Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

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

| |
|---|
| X |
|---|

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

Authorized Representative

Prefix: Mrs.

First Name: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

Telephone Number: (262) 764-8555
(Format: 123-456-7890)

Fax Number: (262) 653-2080
(Format: 123-456-7890)

Email: jfield@khds.org

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

Date Signed: 09/25/2023

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: Kenosha Human Development Services, Inc.

Name / Title of Authorized Official: Jeannine Field, Executive Director

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

Date Signed: 09/25/2023

1J. SF-LLL

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

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

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

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

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

Legal Name: Kenosha Human Development Services, Inc.

Street 1: 3536 52nd Street

Street 2:

City: Kenosha

County: Kenosha

State: Wisconsin

Country: United States

Zip / Postal Code: 53144

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: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

Telephone Number: (262) 764-8555
(Format: 123-456-7890)

Fax Number: (262) 653-2080
(Format: 123-456-7890)

Email: jfield@khds.org

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

Date Signed: 09/25/2023

IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: Kenosha Human Development Services, Inc.

Prefix: Mrs.

First Name: Jeannine

Middle Name: Marie

Last Name: Field



Suffix:

Title: Executive Director

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

Date Signed: 09/25/2023

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 | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items | | |

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

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

Kenosha Human Development Services, Inc. (KHDS) has a 49-year history of providing community social services in Kenosha. Through contracts with Kenosha County Department of Human Services, the US Department of Housing and Urban Development (HUD), the state of Wisconsin and Family and Youth Services Bureau (FYSB), the agency provides 31 programs.

Due to our long experience (38 years) providing scattered site housing and managing federal and state grants in Kenosha, we have a well-established infrastructure for providing a Rapid Rehousing Project under the Youth Homelessness Demonstration Program (YHDP). Our experience includes two HUD Continuum of Care (COC) and one Emergency Solutions Grant (ESG) rapid rehousing projects, one HUD COC permanent supportive housing project, a scattered site housing program for 17-year-olds, Kenosha County SHARES funding for motel vouchers, a FYSB transitional living program, basic center and street outreach grant, a Project for the Assistance in the Transition from Homelessness (PATH) grant, and the Coordinated Entry Supportive Services Only (CE-SSO) and DV CE-SSO grants. KHDS added the YHDP System Navigator position for Kenosha and the YHDP CE SSO grant We currently manage eleven different funding sources totaling \$1,188,446.00 dedicated to Kenosha’s homeless service delivery system.

Our provision of mental health services in Kenosha includes 24-hour crisis, ongoing case management, representative payee services, intensive casework, a mental health clinic and a peer run recovery center for persons living with severe and persistent mental illness.

We have long, well-established linkages with landlords and all mainstream resources in Kenosha, including the Department of Workforce Development, which includes the Economic Support Agency that administers local, state and federal public assistance programs including Wisconsin Works (W-2), the Workforce Investment Act (WIA), Child Care Assistance, Medicaid/Badger Care Plus, Food Share, Employment Central and the Low Income Heating and Energy Assistance Program (LIHEAP). We also collaborate with the Boys and Girls Club, Kenosha Unified School District, UW- Extension, Veterans Path to Hope, Social Security, the KHDS Disability Benefits Specialist, Department of Vocational Rehabilitation, Aging and Disability Resource Center, KHDS Mental Health and AODA Resource Center, Kenosha Housing Authority, Kenosha County Division of Health, and the Kenosha Community Health Center.

KHDS has a long history of developing programs that systemically meet the needs of clients experiencing homelessness who have multiple barriers. We have successfully provided housing and supportive services to people with mental illness, young parents with children and adolescents for 38 years. Over the past 41 years, KHDS has consistently developed and implemented new programming for a variety of hard to serve clients.

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

KHDS has a 41-year history of leveraging a variety of funding sources to provide comprehensive community programming. Our current HUD COC programs are part of a system that includes an array of mental health and housing services funded through Kenosha County, federal PATH funds for outreach, Adult Emergency Services funds for enhanced case management in the ESG Rapid Rehousing Project, Kenosha County Department of Human Services SHARES funding for Emergency Housing Vouchers, collaboration between our Coordinated Entry Program and Kenosha Housing Authority Mainstream Housing Vouchers, Emergency Housing Vouchers and Family Unification Program Vouchers, a robust donation network for furniture, hygiene and household goods. All services for people experiencing homelessness are part of a coordinated entry system. Currently, KHDS accesses 28 different funding sources in its system of services, including United Way funding.

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

Our Fiscal Manager and Fiscal & Workflow Specialist uses NetSuite software for its accounting. The accounting system is double entry and kept on an accrual basis. We have had successful audits for 49 consecutive years with no findings. We segregate program funds in cost centers and prepare monthly financial reports for the agency for each specific grant and cost center.

GRANT INTERNAL CONTROLS: Financial control environment factors will meet the following requirements: Staff are familiar with policies and procedures, Management demonstrates the importance of integrity and ethical values, Integrity of financial and operational results take priority over reporting acceptable performance targets, Collaboration, communication, and team effort are emphasized, Management is open to employee suggestions to improve productivity, services, compliance, and quality, Plans and performance are periodically assessed, Performance targets are realistic and attainable, Employees are given the time, tools, and resources necessary to accomplish mission and objectives, Records are maintained in accordance with guidelines issued by state and federal administrative rules and also those set in this policy and procedure manual.

Training: Fiscal staff and department staff working with grants will be: Trained in the use of the accounting system, Familiar with purchasing policies and procedures, Trained in the use of system reports and reporting tools, Possess accounting and technical skills necessary for grant reporting, Familiar with grant management policies and procedures.

Chart of Accounts, Fund Accounting & Budgets: The organization uses a chart of accounts to separate & track actual expenses and revenues for all grants, Fund Accounting principles are used for all grants, Budgets are created for all individual grants. Financial reconciliations will be conducted as follows: Ledgers & Reports are reviewed on at least a monthly basis by the Finance Director, Assistant Executive Director, & Executive Director or equivalent staff in charge of the grant, Whenever possible, staff performing reconciliations will be separate from staff initializing and finalizing transactions, Reconciling differences, negative balances, and unsupported transactions are investigated and corrected in a timely manner, The Finance Director reviews reconciled ledgers and supporting documentation in a timely manner, Financial reports will compare budgeted amounts with actual expenses, Staff managing grants will understand the rules associated with different types of grants (such as federal, state, and foundation grants). Collections, deposit, and cash fund issues will be conducted as follows: Collection and deposit functions are segregated from accounting functions whenever possible, All revenue transactions are recorded promptly, and deposits are made in a timely manner, Passwords are kept safe, as are keys to the safe or other locations that have confidential information, Accounts receivable billings are issued in a timely manner and are tracked and accounted for each month. Payroll functions will meet the following standards: Duties of approving job actions and approval of time sheets are segregated from the duties of distribution of paychecks and the compiling of grant financial reports (or these functions are supervised when segregation is not possible) Procedures are in place to ensure overtime and compensatory time hours worked are appropriate and approved by supervisors.

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

3A. Project Detail

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

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

3. Project Name: Project YELLOW Door

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: RRH

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

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

8. Is this YHDP Replacement application requesting to replace an eligible YHDP renewal project that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? Yes

8a. List the expiring YHDP Renewal projects involved in the YHDP Replacement

| Full Grant Number | Operating Start Date | Operating End Date | Component Type | Project Name | Special YHDP Activity | YHDP Community |
|-------------------|----------------------|--------------------|----------------|---------------------|-----------------------|-------------------------|
| WI0254Y5I001900 | 11/01/2022 | 10/31/2024 | JOINT | Project YELLOW Door | Yes | WI Balance of State CoC |
| | | | | | | |
| | | | | | | |
| | | | | | | |

IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved e-snaps project application(s) on Screen 7A (e.g., if the project was funded in the FY 2022 CoC Program Competition, a copy of the FY 2022 CoC Program Competition project application)..

YHDP Replacement Projects cannot exceed the project budget set in the original YHDP Renewal.

8b. Provide a description that addresses the scope of the proposed YHDP Replacement during the first year of operation and why the YHDP Renewal is being replaced.

In our original application we requested the following YHDP activities:

- Leases under 12 months.
- Project Admin funds used to attend HUD sponsored or approved conferences.
- Project employ youth receiving recipient services.
- Project Admin funds to employ youth with lived experiences.

8c. Please describe special activities attached to the original YHDP Renewal project being replaced and if you plan to reapply for the same special activities or new special activities.

We do not intend to apply for the same special activities or new special activities.

8d. How will this project meet the goals set under the Coordinated Community Plan (CCP) developed by the applicant's YHDP community?

This project will meet the goals of the CCP by helping young adults locate safe, supportive and flexible housing options. Once young adults are safely housed the program will help with permanent connections, education and employment and social and emotional wellbeing.

3B. Project Description

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

This Project will serve 12 households at any point in time. The target populations to be served are 8 single and 4 parenting young adults 18-24 years old. Eighty percent of participants will come directly from shelters and ten percent from the streets or other places not meant for human habitation.

The project will use a Housing First approach as evidenced by having no barriers to program entry, with housing that is not contingent on participation in services and will rehouse participants in the event of an eviction while in the program.

To address housing needs, we maintain our established relationships with landlords to ensure that units are available. The leasing budgets are monitored monthly to ensure timely spend down of funds.

Other direct services provided by KHDS that address the identified needs of the target populations served are moving assistance, case management, housing search/counseling, life skills training, mental health services, outreach, food, and transportation. Non-partner agencies provide childcare, education services, employment assistance/job training, legal aid, outpatient health services, recreation, substance abuse treatment and utility deposits as needed.

The program projects that seventy-five percent of participants exiting the program will achieve housing stability, fifty-four percent of participants will maintain or increase earned income, and fifty-four percent of people will increase or maintain total income. One hundred percent of participants will make permanent connections.

Our Local CoC, The Emergency Services Network (ESN) of Kenosha County has met since 1986 as a community effort to coordinate services, share information, attract funding, and eliminate duplication/service gaps for individuals and families experiencing poverty and homelessness. The ESN has 35 member organizations represented from federal, state, city, and nonprofit entities. Our agency facilitates the local CoC Coordinated Entry System Case Conferencing that meets twice a month to review program capacity, referrals, system functioning and improvements.

Funding will be used to lease 4 units of scattered-site Transitional Housing units with 6 beds and 8 units of scattered-site RRH units with 12 beds at any point in time. Supportive services include 1 FTE case manager focused on teaching needed skills to stabilize housing and income .1 FTE program manager to oversee program day-to-day operations, .29 FTE moving assistance, monthly food stipend, and transportation to appointments as needed. Housing/Counseling will pay for application fees. HMIS funding will provide equipment for data entry and user licenses. Operating dollars will be used to pay for utilities when not included in rent.

1a. Provide a description that addresses how this project will follow Positive Youth Development.

KHDS has a long history of using a positive youth development (PYD) approach that fits within the Family and Youth services PYD framework as outlined in Positive Youth Development: Engaging Youth in Program Development, Design, Implementation, and Service Delivery. The idea that youth become fully prepared and constructively engaged in their communities through a holistic approach that supports the achievement of appropriate developmental milestones and positive interactions with people and their environment is inherent in our agency.

KHDS has a long history of using a positive youth development (PYD) approach that fits within the Family and Youth services PYD framework as outlined in Positive Youth Development: Engaging Youth in Program Development, Design, Implementation, and Service Delivery. The idea that youth become fully prepared and constructively engaged in their communities through a holistic approach that supports the achievement of appropriate developmental milestones and positive interactions with people and their environment is inherent in our agency.

In order to end homelessness, youth need opportunities to:
Feel a sense of belonging within a safe environment.
Increase independence.
Develop mastery in their skills and abilities.
Learn about generosity.

We will shape the program approach to ensure that interactions take place and are aligned with the PYD objectives and framework. The following interactions will promote a sense of belonging, mastery, independence, and generosity.

Interactions

1. Youth engage in positive relationships, inclusive programming and have a safe environment.
2. Youth develop individual knowledge, skills, and abilities while building relationships.
3. Youth participate in something larger than themselves and/or program.
4. Youth engage in opportunities to make choices that can alter the outcome of events and circumstances.

1b. Provide a description that addresses how this project will follow Trauma Informed Care.

KHDS has a long-standing philosophy of care. We have always provided encouragement for youth with a great respect for their individual experience. We use a trauma informed, individual approach to service delivery which is based on four main assumptions that form our philosophy of care. First, we know that all youth need a sense of belonging. We help create a sense of belonging by providing youth with opportunities to contribute to the program in a group setting and individually and show them appreciation for their contributions. We offer youth opportunities to make decisions and for self-government. We work hard to increase their sense of fairness. Second, we understand that youth are a part of a family system that is more powerful and influential than our program. That understanding motivates us to learn about family history, the role youth play in their family and how their family resolves conflict in interpersonal relationships. Learning about youth family dynamics helps us understand their trauma history and cultural norms. A clear understanding of the family system, helps to tailor our interventions to best meet the needs of youth and build protective factors. Third, we believe that all youth come to us with a basic set of survival skills that are not necessarily the skills needed to be successful. We employ the concepts of the Teaching Family Model to teach social, educational, employment, interpersonal and maintenance skills that promote safety, well-being, self-sufficiency, and permanent connections to adults. We also teach youth rational problem-solving techniques when faced with difficult situations. Fourth, we know that youth are at varying stages of development, so it is important that we identify what stages have been successfully passed and what skills are still needed to continue advancing through the developmental stages. We understand behaviors through Erikson's Stages of Development and how a youth's experiences influence social development and world view.

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

| Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|---|--|--|--|--|
| | A | B | C | D |
| Begin hiring staff or expending funds | 1 | | | |
| Begin program participant enrollment | 1 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 1 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 30 | | | |

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

| | | | |
|---|-------------------------------------|-------------------|-------------------------------------|
| N/A - Project Serves All Subpopulations | <input type="checkbox"/> | Domestic Violence | <input type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input checked="" type="checkbox"/> |
| Youth (under 25) | <input checked="" type="checkbox"/> | Mental Illness | <input checked="" 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"/> |

3a. Please identify the specific populations addressed in this project

| | |
|---|-------------------------------------|
| Pregnant/Parenting | <input checked="" type="checkbox"/> |
| Minors (Include short textbox if "minor" selected") | <input 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"/> |

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

5. Housing First

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

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

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |

| | |
|---|-------------------------------------|
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

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

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

5d. Will the project follow a "Housing First" approach? Yes

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

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

9. Effectively serving youth populations:

9a. 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.

As the project is in the final two months of the first year of operation we have served 2 singles black persons, 4 single white person, 9 black households with children and 3 white households with children. We expect that a similar racial composition will benefit from our proposed grant activities based on a data equity analysis completed by our Local Coalition Diversity, Equity and Inclusion Work Group. Through this data analysis, we found black folks are 9.5 times more likely to experience homelessness in Kenosha compared to white folks.

9b. Identify any potential barriers to persons or communities of color equitably benefiting from your proposed grant activities.

There were no indicators of potential barriers to person of color equitably benefiting from any of the project types included in our HMIS data equity analysis. The DEI workgroup reviewed the following outcomes: re-occurrence, exit destination and length of homelessness and found that there were no racial disparities of statistical significance.

9c. Detail the steps you will take to prevent, reduce or eliminate these barriers.

The program will make every effort to ensure that persons of color benefit from this project by ensuring equitable access to services that are:

- Strengths based to maximize the highest possible level of successful independent living
- Based on assessed need and youth choice
- Trauma informed to ensure nourishing relationships and permanent connections are developed or enhanced
- Evaluated by youth and through consultation of service provision by the supervisor

9d. Describe the measures in place to track progress and evaluate the effectiveness of efforts to advance racial equity through the grant activities.

The DEI Work group established baseline data regarding racial disparities for all project types in the Local Coalition which will be monitored by the work group on a regular basis which will be shared with the project to help inform measures that can be put into place to track progress and evaluate the effectiveness of the efforts to advance racial equity through grant activities.

Youth Homeless Demonstration Projects

1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? Yes

1a. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?

Ongoing supportive services that will be provided directly by the program will include assessment of services need, case management, moving assistance, food, transportation, housing search, counseling, life skills training and utility assistance. Additional services provided directly by KHDS are mental health, and outpatient mental health services. Youth will be referred to other partners for childcare, education services, employment assistance and job training, substance abuse treatment and utility deposits.

It is through direct program services and partner services that youth will learn the skills needed to locate housing, obtain employment, achieve education goals, increase income, budget, stabilize mental health and address substance use issues if needed, learn transportation skills (driver’s license how to ride the bus, etc.) and connection to other necessary community resources to obtain and maintain permanent housing after program exit.

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

| | |
|--|-------------------------------------|
| Family counseling | <input type="checkbox"/> |
| Conflict Resolution | <input checked="" type="checkbox"/> |
| Parenting Supports | <input checked="" type="checkbox"/> |
| Relative or kinship caregiver resources | <input type="checkbox"/> |
| Targeted substance abuse and mental health treatment | <input type="checkbox"/> |
| Housing Search Assistance | <input checked="" type="checkbox"/> |
| Landlord-Tenant mediation | <input checked="" type="checkbox"/> |
| Legal Services | <input type="checkbox"/> |
| Utility or Security Deposits | <input checked="" 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 type="checkbox"/> |

2. Is this a Host Homes Project? No

3. Does this project plan to use Rental Assistance? Yes

3a. Will this project use Rental Deposits? Yes

3b. Will this project cover first months rent? Yes

3c. Short Term Rental Assistance: No

3d. Medium Term Rental Assistance: Yes

4. How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?

The current Youth Advisory Board (YAB) will be asked to provide input on program design, implementation, and evaluation. YAB involvement will begin prior to the project start date through a request from KHDS for assistance with reviewing and making any needed revisions to existing COC project documents to incorporate any youth specific language and considerations to ensure program implementation will be easily achieved. YAB members will be asked to review and provide input to:

- Current COC and ESG Policies and Procedures to ensure that language and any additional policies and procedures are added to ensure program implementation will be efficiently achieved
- The program admission packet
- Program evaluation tools
- The development and implementation of the long-term goals and action steps in Kenosha's Coordinated Community Plan to ensure project stability and quality services.

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

Special YHDP Activities

1. Is the YHDP Replacement Project Applicant requesting a special YHDP activity, Exemption or Innovative Activity? No

4A. Supportive Services for Participants

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

The Kenosha YAB Core Values teaches us about the needs of youth experiencing homelessness to help youth obtain and remain in permanent housing. The program will work with eligible youth to offer choice in locating units in a scattered-site model and match youth to housing to meet current needs. We will continue to mediate landlord concerns, provide assurances of rent/support, and move participants quickly to prevent a court eviction. Case management will assess youth for job readiness, help create long-term goal/action steps focused on obtaining/increasing employment income, provide housing counseling and help connecting to employment resources. Youth will choose their own goals specific to overcoming any identified barriers to housing stability. Monthly service plan reviews will help youth see their successes and inspire motivation for retention of permanent housing.

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

The project will help maximize the ability for participants to learn independent living skills

by meeting youth where they are, assessing needs, assisting to identify and address barriers, helping them increase quality of life and providing interventions to help youth achieve their self-defined goals that promote successful exits from homelessness

Case Management services will assess youth for job readiness to help with long-term goal and action step creation focused on obtaining and increasing employment income. The program will create an employment/educational packet that will include a variety of tools and resources to help with completing a resume/job application, prepare for interviews and include information on the host of employment and education opportunities in Kenosha.

The project will assist youth access non-employment income through referrals and connection to:

- KHDS Benefits Specialist to apply for Social Security Disability/Social Security Insurance
- Access Wisconsin for Food Share
- Racine/Kenosha Community Action Agency for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Federal Lovell Health Care Center for Veteran’s benefits

The project will refer and assist youth connect to:

- Food Share, Wisconsin Works (W-2), and Childcare through Access Wisconsin
- Local soup kitchen and all food pantries in Kenosha
- Early childhood education through Early Head Start and Head Start

The project will coordinate with the Mental Health and Substance Abuse Center to assist participants apply for health insurance. Information and Referral Specialists in the Resource Center are Certified Application Counselors who are trained to assist people seeking health insurance coverage options through the federally facilitated Marketplaces and also help people apply for Medicaid/Badgercare Plus. Program participants will also be referred and assisted with connecting to the Kenosha Community Health Care Center.

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

The program will work with eligible youth to assess past living situations and match youth to housing that meets their current needs. The program will offer choice between immediate placement into transitional housing pending readiness to rapid rehousing or direct access to rapid rehousing that will use a scattered-site model.

Through our experience we have learned that using a scattered site housing model allows for the program to offer the most flexibility when determining the right type of housing. When youth are able to choose their own housing in the community, they are more likely to maintain and remain in that housing for the duration of the program and beyond if they so choose. The program will assist young adults move to other permanent housing options during or after program exit such as section 8, section 42, or other non-subsidized housing opportunities.

We also understand the importance of matching people with landlords when determining housing type. We will continue to help youth make good decisions by sharing information about landlord expectations and their tolerance levels and approaches.

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

Service type, intensity and program duration will remain flexible, fluid, be based on progress towards goal achievement, the re-occurrence of barriers/challenges and as needs change over time. Case management services will assess for clinical risk to respond accordingly to ensure youth safety, adjust course to focus on overall wellness and mental health stability whenever necessary. Youth will have choice in the frequency of home and office visits and communicate what services are working, needed or ineffective.

**5. 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 | Non-Partner | As needed |
| Education Services | Non-Partner | As needed |
| Employment Assistance and Job Training | Non-Partner | As needed |
| Food | Applicant | As needed |
| Housing Search and Counseling Services | Applicant | As needed |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Applicant | As needed |
| Mental Health Services | Applicant | As needed |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Applicant | As needed |

| |
|------------------------------------|
| Substance Abuse Treatment Services |
| Transportation |
| Utility Deposits |

| | |
|-------------|-----------|
| Non-Partner | As needed |
| Applicant | As needed |
| Non-Partner | As needed |

Identify whether the project includes the following activities:

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

6a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events? Yes

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



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

8a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual? Yes
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, System Performance Measures (SPM), and Data Quality Table, etc.). Yes
3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes
4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes
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? Yes
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: 12

Total Beds: 18

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---------------------------------|----------------------|-------|------|
| Scattered-site apartments (...) | --- | 12 | 18 |

4B. Housing Type and Location Detail

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

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

a. **Units:** 12

b. **Beds:** 18

3. **Beds for Youth:** 18

4. **Address:**

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

Street 1: 3536 52nd Avenue

Street 2:

City: Kenosha

State: Wisconsin

ZIP Code: 53144

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

553316 Kenosha

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

| Activity | Enter date of last training or proposed next training (mm/yyyy) |
|--------------------------------------|---|
| Basic Computer Training | |
| HMIS Software Training for Sys Admin | |
| HMIS Software Training | |
| Data Quality Training | |
| Security Training | |
| Privacy/Ethics Training | |
| HMIS PIT Count Training | |
| Other (must specify) | |
| | |
| | |
| | |

5A. Program Participants - Households

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-----------------------------------|--|-----------------------------------|-------------------------------|-------|
| Total Number of Households | 4 | 8 | 0 | 12 |

| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
|-------------------------------------|---|--|--|-------|
| Persons over age 24 | 0 | 0 | | 0 |
| Persons ages 18-24 | 4 | 8 | | 12 |
| Accompanied Children under age 18 | 6 | | 0 | 6 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 10 | 8 | 0 | 18 |

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|-----------------------|-----------------------|----------|---------------------|--------------------------|---|
| Persons over age 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Persons ages 18-24 | 0 | 0 | 0 | 3 | 1 | 3 | 2 | 1 | 1 | 0 |
| Children under age 18 | 0 | | | 0 | 0 | 0 | 2 | 2 | 2 | 0 |
| Total Persons | 0 | 0 | 0 | 3 | 1 | 3 | 4 | 3 | 3 | 0 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|-------------------|-------------------------|-----------------------|-----------------------|----------|---------------------|--------------------------|---|
| Persons over age 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Persons ages 18-24 | 0 | 0 | 0 | 5 | 1 | 7 | 8 | 1 | 1 | 0 |
| Total Persons | 0 | 0 | 0 | 5 | 1 | 7 | 8 | 1 | 1 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|-----------------------|-----------------------|----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2025? Yes

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

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

4. Select a Grant Term: 1 Year

5. Select the costs for which funding is requested:

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

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

6D. Rental Assistance Budget

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

| | |
|-------------------------------|-----------|
| Total Request for Grant Term: | \$125,856 |
| Total Units: | 12 |

The number of beds for which funding has been requested in the Rental Assistance budget is 15.

| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA | WI - Kenosha County, WI HUD Metro FMR... | 12 | \$125,856 |

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Kenosha County, WI HUD Metro FMR Area (550599999)

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|--|---|---------------------------|
| SRO | | x | \$531 | x | 12 | | = | \$0 |
| 0 Bedroom | | x | \$708 | x | 12 | | = | \$0 |
| 1 Bedroom | 9 | x | \$810 | x | 12 | | = | \$87,480 |

| | | | | | | | |
|--|----|---|---------|---|----|---|-----------|
| 2 Bedrooms | 3 | x | \$1,066 | x | 12 | = | \$38,376 |
| 3 Bedrooms | 0 | x | \$1,383 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$1,540 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,771 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$2,002 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$2,233 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,464 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,695 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 12 | | | | | | \$125,856 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$125,856 |

Click the 'Save' button to automatically calculate totals.

6E. Supportive Services Budget

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|--|---|--------------------------------|
| 1. Assessment of Service Needs | | |
| 2. Assistance with Moving Costs | Mover: \$5,271 .09 FTE=\$3,183 Salary + \$2,088 Fringe | \$5,271 |
| 3. Case Management | CM \$69,272 1 FTE @20.19/hr+fringe/22,232+phone@40/mo+Internet:@35/mo+supplies@5/mo+bldg oper&rent@340/mo/Prog Mgr:\$7,797 .1FTE@24.04/hr+fringe\$2,293+phone@\$4/mo+internet@\$3.5/mo+supplies@.50/mo+bldg oper&rent@34/mo/Eq & Supplies@962 | \$78,031 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | Groceries for 12 households @ \$58.66 each x 12 months | \$8,448 |
| 8. Housing/Counseling Services | Application fees \$300.00=12 @ \$25 each | \$300 |
| 9. Legal Services | | |
| 10. Life Skills | | |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | | |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | Mileage: 1,200 miles/year for personal vehicle use transporting clients @.42/mile=\$504/year Vehicle gas @ \$10/month=\$120/year Vehicle insurance @\$15/month=\$180/year | \$804 |
| 16. Utility Deposits | | |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$92,854 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$92,854 |

Click the 'Save' button to automatically calculate totals.

6F. Operating

Instructions:

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

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

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

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

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

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

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

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

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

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|--|---|-----------------------------|
| 1. Maintenance/Repair | | |
| 2. Property Taxes and Insurance | | |
| 3. Replacement Reserve | | |
| 4. Building Security | | |
| 5. Electricity, Gas, and Water | Utility allowance for 6 units without utilities included @ \$35 x 12 months | \$2,520 |
| 6. Furniture | | |
| 7. Equipment (lease, buy) | | |
| Total Annual Assistance Requested | | \$2,520 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$2,520 |

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 User Fee – 2 FTE @ \$75 each | \$150 |
| 3. Services | | |
| 4. Personnel | | |
| 5. Space & Operations | | |
| Total Annual Assistance Requested: | | \$150 |
| Grant Term: | | 1 Year |
| Total Request for Grant Term: | | \$150 |

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

New in FY2023, 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 new 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: | |
| Estimated budget amount for VAWA Confidentiality Requirements: | |

| | |
|------------------------------|--------|
| 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 Value of Cash Commitments: | \$62,434 |
| Total Value of In-Kind Commitments: | \$0 |
| Total Value of All Commitments: | \$62,434 |

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 | Private Donations | \$62,434 |

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: Private Donations
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: \$62,434

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) | \$125,856 |
| 3. Supportive Services (Screen 6E) | \$92,854 |
| 4. Operating (Screen 6F) | \$2,520 |
| 5. HMIS (Screen 6G) | \$150 |
| 6. VAWA | \$0 |
| 7. Sub-total of CoC Program Costs Requested | \$221,380 |
| 8. Admin (Up to 10% of Sub-total in #7) | \$22,138 |
| 9. HUD funded Sub-total + Admin. Requested | \$243,518 |
| 10. Cash Match (From Screen 6H) | \$62,434 |
| 11. In-Kind Match (From Screen 6H) | \$0 |
| 12. Total Match (From Screen 6H) | \$62,434 |
| 13. Total Project Budget for this grant, including Match | \$305,952 |

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Site for Work Per... | 09/25/2023 |
| 2) Other Attachmenbt | No | Match and YAB Letter | 09/25/2023 |
| 3) Other Attachment | No | Project YELLOW Do... | 09/25/2023 |

Attachment Details

Document Description: Site for Work Performance

Attachment Details

Document Description: Match and YAB Letter

Attachment Details

Document Description: Project YELLOW Door Application 22-24

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: Jeannine Field

Date: 09/25/2023

Title: Executive Director

Applicant Organization: Kenosha Human Development Services, 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 | No Input Required |
| 1B. SF-424 Legal Applicant | 09/11/2023 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/11/2023 |
| 1E. SF-424 Compliance | 09/11/2023 |
| 1F. SF-424 Declaration | 09/11/2023 |
| 1G. HUD 2880 | 09/11/2023 |
| 1H. HUD 50070 | 09/11/2023 |
| 1I. Cert. Lobbying | 09/11/2023 |
| 1J. SF-LLL | 09/11/2023 |
| IK. SF-424B | 09/11/2023 |
| 2A. Subrecipients | No Input Required |
| 2B. Experience | 09/11/2023 |
| 3A. Project Detail | 09/25/2023 |
| 3B. Description | 09/11/2023 |
| Youth Homeless Demonstration Projects | 09/11/2023 |
| Special YHDP Activities | 09/11/2023 |
| 4A. Services | 09/11/2023 |
| 4A. HMIS Standards | No Input Required |
| 4B. Housing Type | 09/11/2023 |
| 4B. HMIS Training | No Input Required |
| 5A. Households | No Input Required |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/11/2023 |
| 6D. Rental Assistance | 09/11/2023 |
| 6E. Supp Srvcs Budget | 09/11/2023 |
| 6F. Operating | 09/11/2023 |

| | |
|---------------------------|-------------------|
| 6G. HMIS Budget | 09/11/2023 |
| VAWA Budget | No Input Required |
| 6H. Match | 09/11/2023 |
| 6I. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/25/2023 |
| 7B. Certification | 09/11/2023 |

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> and <https://www.hudexchange.info/programs/yhdp/>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the Youth Demo Mailbox; YouthDemo@hud.gov.
- Project applicants are required to have a Universal 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 Years (FY) 2019 & 2020 Youth Homeless Demonstration Program (YHDP). For more information see FY 2019/2020 YHDP NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019/2020 YHDP NOFO and the Appendices.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which will be shared via email from HUD SNAPS.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any YHDP project that fails to adhere to (24 CFR part 578) and application requirements set forth in FY 2019/2020 YHDP NOFO.

1A. SF-424 Application Type

1. **Type of Submission:** Application

2. **Type of Application:** YHDP New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. **Date Received:** 06/24/2022

4. **Applicant Identifier:**

4a. **Federal Entity Identifier:**

5. **Federal Award Identifier:**

6. **Date Received by State:**

7. **State Application Identifier:**

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Kenosha Human Development Services, Inc.
b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1200678

c. UEI: HDF1HFBKELX2

d. Address

Street 1: 3536 52nd Street
Street 2:
City: Kenosha
County: Kenosha
State: Wisconsin
Country: United States
Zip / Postal Code: 53144

e. Organizational Unit (optional)

Department Name: Homeless Assistance Services
Division Name: Division of Homeless Assistance Services

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

Prefix: Mrs.
First Name: Lisa
Middle Name: Ann
Last Name: Haen
Suffix:
Title: Associate Director
Organizational Affiliation: Kenosha Human Development Services, Inc.
Telephone Number: (262) 764-8555

Extension:
Fax Number: (262) 653-2080
Email: lhaen@khds.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-6400-N-35
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: Project YELLOW Door

16. Congressional District(s):

16a. Applicant: WI-001

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

17. Proposed Project

a. Start Date: 10/01/2022

b. End Date: 09/30/2024

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

Telephone Number: (262) 764-8555
(Format: 123-456-7890)

Fax Number: (262) 653-2080
(Format: 123-456-7890)

Email: jfield@khds.org

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

Date Signed: 06/24/2022

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Kenosha Human Development Services, Inc.

Prefix: Mrs.

First Name: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

Organizational Affiliation: Kenosha Human Development Services, Inc.

Telephone Number: (262) 764-8555

Extension:

Email: jfield@khds.org

City: Kenosha

County: Kenosha

State: Wisconsin

Country: United States

Zip/Postal Code: 53144

2. Employer ID Number (EIN): 39-1200678

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$487,036.00

(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 | NA | \$0.00 | 0 |
| NA | NA | \$0.00 | 0 |
| NA | NA | \$0.00 | 0 |
| NA | NA | \$0.00 | 0 |
| NA | NA | \$0.00 | 0 |

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

Part III Interested Parties

You must disclose:

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

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

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

Certification

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

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

I AGREE:

Name / Title of Authorized Official: Jeannine Field, Executive Director

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

Date Signed: 06/24/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Kenosha Human Development Services, Inc.
Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

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

X

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

Authorized Representative

Prefix: Mrs.

First Name: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

Telephone Number: (262) 764-8555
(Format: 123-456-7890)

Fax Number: (262) 653-2080
(Format: 123-456-7890)

Email: jfield@khds.org

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

Date Signed: 06/24/2022

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: Kenosha Human Development Services, Inc.

Name / Title of Authorized Official: Jeannine Field, Executive Director

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

Date Signed: 06/24/2022

1J. SF-LLL

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

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

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

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

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

Legal Name: Kenosha Human Development Services, Inc.

Street 1: 3536 52nd Street

Street 2:

City: Kenosha

County: Kenosha

State: Wisconsin

Country: United States

Zip / Postal Code: 53144

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: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

Telephone Number: (262) 764-8555
(Format: 123-456-7890)

Fax Number: (262) 653-2080
(Format: 123-456-7890)

Email: jfield@khds.org

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

Date Signed: 06/24/2022

IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: Kenosha Human Development Services, Inc.

Prefix: Mrs.

First Name: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

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

Date Signed: 06/24/2022

2A. Project Subrecipients

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

Total Expected Sub-Awards:

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

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

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

a. Working with and addressing the Youth & Young Adults identified housing and supportive service needs:

The Kenosha Coalition started addressing youth homelessness in 1985 with an Innovative Youth Aids Grant that provided scattered site living arrangements for 17–21-year-old systems youth with intensive case management and ongoing informal aftercare. From that beginning, the system evolved to include and incorporate the following:

- A Federal Transitional Living Program (TLP) grant for 18-21 Homeless Youth with scattered living arrangements and intensive case management operated by Kenosha Human Development Services, Inc. from 1990 – 2017 (from 1990 to 2004 we had an in-house shelter for 5 youth at any point in time).
- Program objectives/strategies included:
 - *Positive Youth Development
 - *Safety: Find secure, stable, safe, affordable living accommodations where participants will be able to continue to live after program discharge.
 - *Well-being/Self-sufficiency: Assist participants increase skills and income.
 - *Self-sufficiency: Assist participants achieve greater self-determination.
 - *Permanent connections: Assist participants in identifying and building a support network.
- A HUD COC funded supportive housing program for Homeless Youth 18-24 years old from 1997-2018 written by the local continuum, operated by Kenosha Human Development Services, Inc. for 21 years.
- Runaway and Homeless Youth Basic Center and Street Outreach Programming operated by Kenosha Human Development Services, Inc. and continuously funded for over 30 years
- A long history (1985-present) of expertise in housing and supporting unaccompanied youth. Local BOSCOB members have trained staff nationwide in supporting youth who are homeless through presentations, trainings, and publications.
- Executive Director of Kenosha Human Development Services, Inc. published an aftercare manual for youth leaving the system in 1987.
- Kenosha Human Development Services, Inc. became the aftercare provider for systems youth aging out of care in region IV (Racine, Kenosha, and Walworth Counties) in Wisconsin. We provide rental assistance, direct support, and case management.
- The Kenosha Housing Authority in collaboration with the Kenosha County Division of Children and Family Services, Prevention Services Network and Kenosha Human Development Services, Inc. added 70 FUP (Family Unification Program) Section 8 Vouchers to the community in 2010. Target populations are youth aging out of foster care and parents reunifying with their children with a lack of adequate housing.

b. Developing and implementing relevant program systems and/or services:

KHDS has a long history of developing programs that systemically meet the needs of clients experiencing homelessness who have multiple barriers. We have successfully provided housing and supportive services to people with mental illness, young parents with children and adolescents for 37 years. Over the past 48 years, KHDS has consistently developed and implemented new programming for a variety of hard to serve clients.

c. Identifying and securing matching funds from a variety of sources:

KHDS has successfully met match requirements for federal and state grants that include three HUD Supportive Housing grants, a Victim of Crime Assistance grant, Emergency Solutions Grant (ESG), Projects for Assistance in the Transition from Homelessness Grant (PATH) and a Federal Youth Services grant. This history extends over 25 years. Sources of match include agency cash, Kenosha County funding, ESG funding, United Way and Department of Workforce Development funds.

The most significant example of match funds utilized is through a MOU from the Kenosha County Department of Human Services that allows KHDS to use mental health services provided to our HUD COC project participants. Those services include Crisis Intervention, Chapter 51, Community Support program, Comprehensive Community Services, Crisis Case Management and the KARE Center. The MOU includes a set rate for those services that we track through a system designed to gather and record the number of service hours provided to project participants each month of the grant year.

d.Managing basic organization operations including financial accounting systems:

The overall agency is overseen by a community-based board of directors that hires an executive director who oversees all agency operations. The agency has had very stable management with only four executive directors and two fiscal managers over its 48-year history.

KHDS uses NetSuite software for its accounting. The accounting system is double entry and kept on an accrual basis. We have had successful audits for 48 consecutive years with no findings. We segregate program funds in costs centers and prepare monthly financial reports for the agency for each specific grant and cost center.

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

KHDS has a 40-year history of leveraging a variety of funding sources to provide comprehensive community programming. Our current HUD COC programs are part of a system that includes an array of mental health and housing services funded through Kenosha County, federal PATH funds for outreach, Adult Emergency Services funds for enhanced case management in the ESG Rapid Rehousing Project, Kenosha County Department of Human Services SHARES funding for Emergency Housing Vouchers, collaboration between our Coordinated Entry Program and Kenosha Housing Authority Mainstream Housing Vouchers, Emergency Housing Vouchers and Family Unification Program Vouchers, a robust donation network for furniture, hygiene and household goods. All services for people experiencing homelessness are part of a coordinated entry system. Currently, KHDS accesses 28 different funding sources in its system of services, including United Way funding.

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

Our Fiscal Manager and Fiscal & Workflow Specialist uses NetSuite software for its accounting. The accounting system is double entry and kept on an accrual basis. We have had successful audits for 48 consecutive years with no findings. We segregate program funds in cost centers and prepare monthly financial reports for the agency for each specific grant and cost center. Fiscal control and accounting procedures are as follows:

GRANT INTERNAL CONTROLS

Financial control environment factors will meet the following requirements:

- Staff are familiar with policies and procedures
- Management demonstrates the importance of integrity and ethical values
- Integrity of financial and operational results take priority over reporting acceptable performance targets
- Collaboration, communication, and team effort are emphasized
- Management is open to employee suggestions to improve productivity, services, compliance, and quality
- Plans and performance are periodically assessed
- Performance targets are realistic and attainable
- Employees are given the time, tools, and resources necessary to accomplish mission and objectives
- Records are maintained in accordance with guidelines issued by state and federal administrative rules and also those set in this policy and procedure manual

Training: Fiscal staff and department staff working with grants will be:

- Trained in the use of the accounting system
- Familiar with purchasing policies and procedures
- Trained in the use of system reports and reporting tools
- Possess accounting and technical skills necessary for grant reporting
- Familiar with grant management policies and procedures

Chart of Accounts, Fund Accounting & Budgets:

- The organization uses a chart of accounts to separate & track actual expenses and revenues for all grants
- Fund Accounting principles are used for all grants
- Budgets are created for all individual grants

Financial reconciliations will be conducted as follows:

- Ledgers & Reports are reviewed on at least a monthly basis by the Finance Director, Assistant Executive Director, & Executive Director or equivalent staff in charge of the grant
- Whenever possible, staff performing reconciliations will be separate from staff initializing and finalizing transactions
- Reconciling differences, negative balances, and unsupported transactions are investigated and corrected in a timely manner
- The Finance Director reviews reconciled ledgers and supporting documentation in a timely manner
- Financial reports will compare budgeted amounts with actual expenses
- Staff managing grants will understand the rules associated with different types of grants (such as federal, state, and foundation grants)

Collections, deposit, and cash fund issues will be conducted as follows:

- Collection and deposit functions are segregated from accounting functions whenever possible
- All revenue transactions are recorded promptly, and deposits are made in a timely mann

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

5. Describe the experience of the applicant and potential subrecipients (if any) in providing housing and services to Black, Indiginous, People of Color (BIPOC) experiencing homelessness.

KHDS has over 30 years of providing services to youth experiencing homelessness and in the foster care system through scattered-site programming with supportive services through a Transitional Living Program funded by the Family and Youth Services Bureau and a transitional housing project funded by HUD. It is through that experience and training that we have learned about the unique needs of BIPOC youth and youth who identify as lesbian, gay, bisexual transgender, queer or questioning.

Furthermore, our staff, by their diversity and on-going training, shows great sensitivity to age, gender, sexual orientation, and racial/ethnic differences. Staff receive regular feedback and support with issues of cultural diversity and by their own experience are great teachers to one another. Weekly staff meetings provide ongoing consultation and support for cultural competence. We also take advantage of diversity trainings in a variety of forums within and outside of KHDS. Through our workforce diversity, experience, training, the use of interventions that are person-centered and trauma informed and our Philosophy of Care, KHDS has established a competent and affirming culture as a foundation for providing quality services to diverse populations.

3A. Project Detail

- 1a. CoC Number and Name: WI-500 - Wisconsin Balance of State CoC
2. CoC Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.
3. Project Name: Project YELLOW Door
4. Project Status: Standard
5. Component Type: JOINT TH-RRH
6. Does this project include Replacement Reserves? No

3B. Project Description

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

This Project will serve 12 households at any point in time. The target populations to be served are 8 single and 4 parenting young adults 18-24 years old. Eighty percent of participants will come directly from shelters and ten percent from the streets or other places not meant for human habitation.

The project will use a Housing First approach as evidenced by having no barriers to program entry, with housing that is not contingent on participation in services and will rehouse participants in the event of an eviction while in the program.

To address housing needs, we maintain our established relationships with landlords to ensure that units are available. The leasing budgets are monitored monthly to ensure timely spend down of funds.

Other direct services provided by KHDS that address the identified needs of the target populations served are moving assistance, case management, housing search/counseling, life skills training, mental health services, outreach, food, and transportation. Non-partner agencies provide childcare, education services, employment assistance/job training, legal aid, outpatient health services, recreation, substance abuse treatment and utility deposits as needed.

The program projects that seventy-five percent of participants exiting the program will achieve housing stability, fifty-four percent of participants will maintain or increase earned income, and fifty-four percent of people will increase or maintain total income. One hundred percent of participants will make permanent connections.

Our Local CoC, The Emergency Services Network (ESN) of Kenosha County has met since 1986 as a community effort to coordinate services, share information, attract funding, and eliminate duplication/service gaps for individuals and families experiencing poverty and homelessness. The ESN has 38 member organizations represented from federal, state, city, and nonprofit entities. Our agency facilitates the local CoC Coordinated Entry System Case Conferencing that meets twice a month to review program capacity, referrals, system functioning and improvements.

Funding will be used to lease 4 units of scattered-site Transitional Housing units with 6 beds and 8 units of scattered-site RRH units with 12 beds at any point in time. Supportive services include 1 FTE case manager focused on teaching needed skills to stabilize housing and income .1 FTE program manager to oversee program day-to-day operations, .29 FTE moving assistance, monthly food stipend, and transportation to appointments as needed. Housing/Counseling will pay for application fees. HMIS funding will provide equipment for data entry and user licenses. Operating dollars will be used to pay for utilities when not included in rent.

1a. Provide a description that addresses how this project will follow Positive Youth Development.

KHDS has a long history of using a positive youth development (PYD) approach that fits within the Family and Youth services PYD framework as outlined in Positive Youth Development: Engaging Youth in Program Development, Design, Implementation, and Service Delivery. The idea that youth become fully prepared and constructively engaged in their communities through a holistic approach that supports the achievement of appropriate developmental milestones and positive interactions with people and their environment is inherent in our agency.

In order to end homelessness, youth need opportunities to:

- *Feel a sense of belonging within a safe environment
- *Increase independence
- *Develop mastery in their skills and abilities
- *Learn about generosity

We will shape the program approach to ensure that interactions take place and are aligned with the PYD objectives and framework. The following interactions will promote a sense of belonging, mastery, independence, and generosity.

Interactions

- 1.Youth engage in positive relationships, inclusive programming and have a safe environment.
- 2.Youth develop individual knowledge, skills, and abilities while building relationships.
- 3.Youth participate in something larger than themselves and/or program.
- 4.Youth engage in opportunities to make choices that can alter the outcome of events and circumstances.

1b. Provide a description that addresses how this project will follow Trauma Informed Care.

KHDS has a long-standing philosophy of care. We have always provided encouragement for youth with a great respect for their individual experience. We use a trauma informed, individual approach to service delivery which is based on four main assumptions that form our philosophy of care. First, we know that all youth need a sense of belonging. We help create a sense of belonging by providing youth with opportunities to contribute to the program in a group setting and individually and show them appreciation for their contributions. We offer youth opportunities to make decisions and for self-government. We work hard to increase their sense of fairness. Second, we understand that youth are a part of a family system that is more powerful and influential than our program. That understanding motivates us to learn about family history, the role youth play in their family and how their family resolves conflict in interpersonal relationships. Learning about youth family dynamics helps us understand their trauma history and cultural norms. A clear understanding of the family system, helps to tailor our interventions to best meet the needs of youth and build protective factors. Third, we believe that all youth come to us with a basic set of survival skills that are not necessarily the skills needed to be successful. We employ the concepts of the Teaching Family Model to teach social, educational, employment, interpersonal and maintenance skills that promote safety, well-being, self-sufficiency, and permanent connections to adults. We also teach youth rational problem-solving techniques when faced with difficult situations. Fourth, we know that youth are at varying stages of development, so it is important that we identify what stages have been successfully passed and what skills are still needed to continue advancing through the developmental stages. We understand behaviors through Erikson's Stages of Development and how a youth's experiences influence social development and world view.

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

The proposed project will play a significant role in helping to end youth homelessness by ensuring the program design is consistent with the shared vision of the WIBOSCOC and the Kenosha Youth Advisory Board (YAB). To achieve that end, project participants, staff and the supervisor will be active participants in the local YAB and/or YHDP Coalition sub-committee, working in collaboration with key community partners to implement the established objectives to reach the long-term goals of the project. The project is essential to help us meet the first goal established on the CCP to have immediate, safe, supported, and flexible housing options for young adults. The transitional to rapid rehousing model will operate using a trauma informed, person-centered approach to delivering services that promotes the social-emotional well-being of youth. Through activities for Positive Youth Development integrated in the community, and referral and assistance with connecting to schools, community service-learning opportunities and other social networks the project will ensure that youth have healthy and nourishing services tailored to meet their permanent connection needs. The project will continue to strengthen already existing partnerships and build new collaborations with education and employment organizations to provide youth with opportunities that support healthy living.

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

| Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|---|--|--|--|--|
| | A | B | C | D |
| Begin hiring staff or expending funds | 1 | | | |
| Begin program participant enrollment | 30 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 60 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 120 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | | | | |
| Start rehabilitation | | | | |
| Complete rehabilitation | | | | |
| Start new construction | | | | |
| Complete new construction | | | | |

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

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

(Select ALL that apply)

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

5. Housing First

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

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

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

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

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

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

6. How will you work to remove barriers such as landlord's unwillingness to accept CoC assistance or provide housing to people experiencing homelessness. If project uses RRH units, additionally describe your landlord engagement to ensure there are RRH units available for persons enrolled in your project.

KHDS acknowledges the barriers/challenges of helping youth to locate housing. The program will be prepared to address those challenges by focusing on the following in addition to the interventions described above:

- Fair Housing training for staff and youth to ensure that youth are not being discriminated against due to their age, race, or gender identity.
- Shared Housing Policies and Procedures, to expand housing options as one-bedroom units are hard to come by.
- Promote the program to the community and landlord organizations through marketing and hosting a landlord forum through the local coalition

KHDS will continue to strengthen relationships with landlords through maintaining regular contact to check in about how tenancy is going, offering mediation, paying for damages, and immediately being available to address any lease violation(s). Through the housing search process and as new units become available, we will continue to build upon our already existing network of landlords. The program supervisor, staff and youth will take opportunities to explain the program vision, mission, and functions to landlords in an effort to build lasting partnerships that may help the program to build protective factors, and positive youth development opportunities.

The program will follow the established Housing Search Policies and Procedures for KHDS COC ad ESG programs to ensure youth learn apartment search skills and are assisted with locating and securing safe, affordable housing upon program admission and in the event of an eviction while on the program. Staff will engage in housing search activities as described in the procedures below with participants on the first day of program admission or when an eviction/letter of lease termination is received until housing is secured or up to 30 days unless otherwise approved by a supervisor.

Explain how the housing search process works by:

- a. Provide and review the apartment search form that includes the appropriate questions to ask a landlord.
- b. Discuss and teach the techniques used to find apartments on day of intake.

Use the preventive teaching technique and role play needed skills to improve the likelihood that landlords rent to participants by teaching apartment search skills needed to appropriately talk to landlords, ask questions and interact in person. Make sure the participant learns the following skills and any additional skills that are observed to be needed: Greeting skills, Asking Appropriately, Conversation skills, Accepting no

Staff will help youth create a housing search plan and explain support and follow-up activities that will be provided by staff:

- a. Daily phone calls to participants to check on housing search progress:
 - *Scheduling appointments
 - *Calling landlords
 - *Scheduling apartment viewings
 - *Completing an example rental application
 - *Engaging in role play conversations to prepare for meeting landlords
- b. Accompany participants to view apartments

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

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

Youth Homeless Demonstration Projects

1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? Yes

1a. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?

Diversion and problem-solving strategies are used by all Coordinated Entry Providers and all homeless service providers at KHDS. As part of the initial conversation during the Coordinated Entry pre-screen assessment, all CE providers engage in asking diversion questions. The PATH and RHY Street Outreach Workers engage in meaningful conversations during engagement/outreach with young adults 18-24 living on the streets, in shelter or at imminent risk of becoming homeless that focus on learning the person's story, asking open-ended questions about safety, family, friends and connections to child welfare agencies, schools, youth providers, other service providers, past living situations, and future plans for residency. It is through these conversations that we learn how to help youth move forward to successfully divert entry into the homeless service delivery system when possible.

We will regularly assist with family/landlord mediation, connection to needed community resources such as rental assistance/arrears through the Salvation Army, Racine/Kenosha Community Action Agency and Equus, utility assistance through UMOS and parenting support through the Prevention Services Network.

1b. What services are provided to engage the family and youth?

| | |
|--|-------------------------------------|
| Family counseling | <input type="checkbox"/> |
| Conflict Resolution | <input checked="" type="checkbox"/> |
| Parenting Supports | <input checked="" 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 checked="" type="checkbox"/> |
| Landlord-Tenant mediation | <input checked="" type="checkbox"/> |
| Legal Services | <input type="checkbox"/> |

| | |
|---|-------------------------------------|
| Utility or Security Deposits | <input checked="" type="checkbox"/> |
| One time moving assistance | <input checked="" type="checkbox"/> |
| Rental Application fees | <input checked="" type="checkbox"/> |
| Utility or Rental Arrears | <input checked="" type="checkbox"/> |
| Other (if other selected, use textbox to explain the potential service) | <input type="checkbox"/> |

2. Is this a Host Homes Project? No

3. Please identify the specific populations addressed in this project

| | |
|------------------------------------|-------------------------------------|
| Pregnant/Parenting | <input checked="" type="checkbox"/> |
| Minors | <input 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"/> |

4. Does this project plan to use Rental Assistance? Yes

4a. Will this project use Rental Deposits? Yes

4b. Will this project cover first months rent? Yes

4c. Short Term Rental Assistance: Yes

4d. Medium Term Rental Assistance: Yes

5. How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?

The current Youth Advisory Board (YAB) will be asked to provide input on program design, implementation, and evaluation. YAB involvement will begin prior to the project start date through a request from KHDS for assistance with reviewing and making any needed revisions to existing COC project documents to incorporate any youth specific language and considerations to ensure program implementation will be easily achieved. YAB members will be asked to review and provide input to:

- Current COC and ESG Policies and Procedures to ensure that language and any additional policies and procedures are added to ensure program implementation will be efficiently achieved
- A program admission packet
- Interview questions for applicants
- The new employee orientation and on-going training requirements for staff
- Program evaluation tools

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

Special YHDP Activities

1. Is the YHDP Replacement 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)

| | |
|--|-------------------------------------|
| 1.C.1.a(1) Leases under 12 months (minimum 1 month) | <input checked="" type="checkbox"/> |
| 1.C.1.a(2) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH) | <input type="checkbox"/> |
| 1.C.1.a(3) Use 10% of total YHDP funding for Planning grants | <input type="checkbox"/> |
| 1.C.1.a(4) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement | <input checked="" type="checkbox"/> |
| 1.C.1.a(5) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness) | <input checked="" type="checkbox"/> |
| 1.C.1.a(6) Employ youth receiving recipient services (document nature of work and no conflicts of interest) | <input checked="" type="checkbox"/> |
| 1.C.1.a(7) Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up 24 months of housing assistance (document standards applied to units and proof of compliance) | <input checked="" type="checkbox"/> |
| 1.C.1.a(8) Provide moving expense more than one time to a program participant | <input type="checkbox"/> |
| 1.C.1.a(9) Provide payments for families that provide housing under host homes and kinship care (up to \$500 per month) | <input type="checkbox"/> |
| No Special YHDP Activities Requested | <input type="checkbox"/> |

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)

| | | | |
|--|-------------------------------------|---|--------------------------|
| I.C.1.a(10)(a) Security deposits (not to exceed 2 months of rent) | <input type="checkbox"/> | I.C.1.a(10)(g) Payment of rental arrears (up to 6 months) | <input type="checkbox"/> |
| I.C.1.a(10)(b) Pay for damage to units (not to exceed 2 months rent) | <input type="checkbox"/> | I.C.1.a(10)(h) Payment of utility arrears (up to 6 months) | <input type="checkbox"/> |
| I.C.1.a(10)(c) Costs to provide household cleaning supplies | <input type="checkbox"/> | I.C.1.a(10)(i) Payment of utilities (Up to 3 months) | <input type="checkbox"/> |
| I.C.1.a(10)(d) Housing start-up expenses (not to exceed \$300 per participant) | <input type="checkbox"/> | I.C.1.a(10)(j) Pay gas a mileage for participant personal vehicle for trips for eligible services | <input type="checkbox"/> |
| I.C.1.a(10)(e) Purchase cell phone and service (cost must be reasonable and housing related) | <input type="checkbox"/> | I.C.1.a(10)(k) Payment of Legal fees | <input type="checkbox"/> |
| I.C.1.a(10)(f) Cost of Internet (costs must be reasonable) | <input type="checkbox"/> | I.C.1.a(10)(l) Payment of insurance, registration and past driving fines | <input type="checkbox"/> |
| None | <input checked="" type="checkbox"/> | | |

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

| | |
|---|--------------------------|
| I.C.1.b(1) 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. | <input type="checkbox"/> |
| I.C.1.b(2) 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. | <input type="checkbox"/> |
| 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. | |
| I.C.1.b(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 | <input type="checkbox"/> |
| I.C.1.b(4) 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. | <input type="checkbox"/> |

I.C.1.b(5) 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.

No Exemptions Requested.

5. Innovative Activities I.C.1.b(6)

a. Is the applicant requesting an innovative activity? No

4A. Supportive Services for Participants

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

The Kenosha YAB Core Values teaches us about the needs of youth experiencing homelessness to help youth obtain and remain in permanent housing. The program will work with eligible youth to offer choice between immediate placement into transitional housing pending readiness to rapid rehousing (RRH) or direct access to RRH that will use a scattered-site model and match youth to housing to meet current needs. We will continue to mediate landlord concerns, provide assurances of rent/support, and move participants quickly to prevent a court eviction. Case management will assess youth for job readiness, help create long-term goal/action steps focused on obtaining/increasing employment income, provide housing counseling and help connecting to employment resources. Youth will choose their own goals specific to overcoming any identified barriers to housing stability. Monthly service plan reviews will help youth see their successes and inspire motivation for retention of permanent housing.

1a. Describe specific efforts to ensure BIPOC, LGBTQ and people with disabilities experiencing homelessness will be connected to housing of their choice and supported in housing after the assistance has expired.

The program will ensure that all program participants regardless of race, sexual orientation, gender identity or disability receive equitable services, interventions, and choice in the housing search process. Staff will be trained in the Housing Search Policies and Procedures and held accountable to implementing interventions as established with the participant on the service plan. By using a scattered-site model for housing options, the program will naturally offer youth the opportunity to learn how to search for their own housing, make the final decision with the support of staff and remain in the unit after the program should they choose to do so. Staff will explain the limits of available funding, Fair Market Rent, Rent Reasonableness and teach the necessary skills for youth to successfully locate housing. The case manager will develop a discharge/aftercare plan with youth prior to program exit that will indicate how the youth want to be supported in housing after discharge. Examples of support that will be provided after program exit includes but is not limited to landlord mediation, employment search assistance, home management skills, budgeting assistance and housing search assistance as requested.

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

Case managers will assess youth for job readiness to help with long-term goal and action step creation focused on obtaining and increasing employment income. The program will create an employment/educational packet that will include a variety of tools and resources to help with completing a resume/job application, prepare for interviews and coordinate connection to the host of employment and education opportunities in Kenosha:

- Gateway Technical College
- UW Parkside
- GED Preparation Classes through the ELCA Outreach Center
- Literary Council
- Workforce Investment Opportunity Act (WIOA) Summer Youth Employment Program
- Employment Central at the Kenosha County Job Center
- Resource Room
- *Apprenticeship information
- *Business Services Team to assist with HR needs
- *Career Counselor
- *Fax, copier, and phones available for job search use
- *Internet-ready PC's with printing capabilities
- *Job Fairs
- *Job listings including computerized postings, civil service government jobs, and internet job sites
- *On-site employer interviews
- *Veteran services
- Job Center Training
- *Computer Skills Lab
- *Learning Center
- *Pre-Employment Workshops
- Job Skills Assessment
- *Computer programs
- *Interest, abilities and work values surveys
- *Personality Awareness surveys
- *Staff available for assistance
- *Transferable skills analysis
- *Wisconsin and national labor market information
- On-site Interviews
- Special Employment Programs
- *Wisconsin Works (W-2)
- *Food Share Employment
- *Workforce Investment Act

The case manager will assist youth access mainstream and social services through referrals and connection to:

- KHDS Benefits Specialist to apply for Social Security Disability/Social Security Insurance
- Access Wisconsin for Food Share, Wisconsin Works (W-2), and Childcare through Access Wisconsin
- Racine/Kenosha Community Action Agency for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Federal Lovell Health Care Center for Veteran's benefits
- Local soup kitchen and all food pantries in Kenosha
- Early childhood education through Early Head Start and Head Start

The project will coordinate with the Mental Health and Substance Abuse Center to assist participants apply for health insurance. Information & Referral Specialists in the Resource Center are Certified Application Counselors who are

trained to assist people seeking health insurance coverage options through the federally facilitated Marketplaces and also help people apply for Medicaid/Badgercare Plus. Program participants will also be referred and assisted with connecting to the Kenosha Community Health Care Center. Caseworkers will provide individual life skills training directly to youth and help to connect to education resources to meet their needs.

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

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

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

Youth will have the opportunity to decide what providers and services will best help to meet their needs. Through the service planning process, once self-defined goals are established, youth will be offered an array of options available directly by case management or through partner organizations. The project will provide youth support and guidance to thoroughly explain the array of service providers and interventions to help them achieve their goals.

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

Service type, intensity and program duration will remain flexible, fluid, be based on progress towards goal achievement, the reoccurrence of barriers/challenges and as needs change over time. Case management services will assess for clinical risk to respond accordingly to ensure youth safety, adjust course to focus on overall wellness and mental health stability whenever necessary. Youth will have choice in the frequency of home and office visits and communicate what services are working, needed or ineffective.

Identify whether the project will include the following activities:

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

6a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events? Yes

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

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

8a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4A. HMIS Standards

- 1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice?**

- 2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (Logitudinal System Analysis), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).**

- 3. Is your HMIS capable of generating all reports required by 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. Is there a staff person responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?**

- 6. Does your organization conduct a background check for all employees who access and view HMIS data?**

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

- 8. Do you have a process in place to remove licenses for former users who no longer need access to HMIS (e.g. leave their job, fired)?**

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

| Activity | Enter date of last training or proposed next training (mm/yyyy) |
|--------------------------------------|---|
| Basic Computer Training | |
| HMIS Software Training for Sys Admin | |
| HMIS Software Training | |
| Data Quality Training | |
| Security Training | |
| Privacy/Ethics Training | |
| HMIS PIT Count Training | |
| Other (must specify) | |
| | |
| | |
| | |

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.

List all CoC-funded and Non CoC-funded units and beds for this project

| | TH | RRH | Total | |
|---------------------|----------------------|-------|-------|-------------------|
| Total Units: | 4 | 8 | 12 | |
| Total Beds: | 6 | 12 | 18 | |
| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
| --- | Single family hom... | 4 | 6 | |
| --- | Scattered-site ap... | 8 | 12 | |

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type and location for the TH TH
portion or the RRH portion of the project?

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

3. What is the funding source for these units and CoC
beds?
(If multiple sources, select "Mixed" from the
dropdown menu)

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

a. Units: 4

b. Beds: 6

5. Beds for Youth: 6

6. Address

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

Street 1: 3536 52nd Avenue

Street 2:

City: Kenosha

State: Wisconsin

ZIP Code: 53144

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

553316 Kenosha, 559059 Kenosha County

4B. Housing Type and Location Detail

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

- 1. Is this housing type and location for the TH RRH portion or the RRH portion of the project?**

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

- 3. What is the funding source for these units and beds? CoC**
(If multiple sources, select "Mixed" from the dropdown menu)

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

a. Units: 8

b. Beds: 12

5. Beds for Youth: 12

6. Address

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

Street 1: 3536 52nd Avenue

Street 2:

City: Kenosha

State: Wisconsin

ZIP Code: 53144

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

553316 Kenosha, 559059 Kenosha County

5A. Project Participants - Households

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-----------|
| Number of Households | 4 | 8 | 0 | 12 |
| | | | | |
| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
| Persons over age 24 | 0 | 0 | | 0 |
| Persons ages 18-24 | 4 | 8 | | 12 |
| Accompanied Children under age 18 | 6 | | | 6 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 10 | 8 | 0 | 18 |

Click Save to automatically calculate totals

The number of children entered does not correspond to the number of households with only children.

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----------|---------------------|--------------------------|---|
| Persons over age 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Persons ages 18-24 | 0 | 0 | 0 | 3 | 1 | 3 | 2 | 1 | 1 | |
| Children under age 18 | 0 | | | 0 | 0 | 0 | 2 | 2 | 2 | |
| Total Persons | 0 | 0 | 0 | 3 | 1 | 3 | 4 | 3 | 3 | 0 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----------|---------------------|--------------------------|---|
| Persons over age 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Persons ages 18-24 | 0 | 0 | 0 | 5 | 1 | 7 | 8 | 1 | 1 | 0 |
| Total Persons | 0 | 0 | 0 | 5 | 1 | 7 | 8 | 1 | 1 | 0 |

Click Save to automatically calculate totals

Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----------|---------------------|--------------------------|---|
| Accompanied Children under age 18 | | | | | | | | | | |
| Unaccompanied Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | | | | 0 | 0 | 0 | 0 | 0 | 0 |

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2022? Yes

2. What type of CoC funding is this project applying for under the Youth Homeless Demonstration Program? YHDP

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

4. Select a grant term: 2 Years

5. Select the costs for which funding is requested:

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

6C. Leased Units

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

| Total Annual Assistance Requested: | | \$45,024 | |
|---|------------------------------|--|-------------------------------|
| Grant Term: | | 2 Years | |
| Total Request for Grant Term: | | \$90,048 | |
| Total Units: | | 4 | |
| FMR Area | Total Units Requested | Total Annual Assistance Requested | Total Budget Requested |
| WI - Kenosha Coun... | 4 | \$45,024 | \$90,048 |

Leased Units Budget Detail

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

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

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

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

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

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

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

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

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

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

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

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

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



Metropolitan or non-metropolitan fair market rent area: WI - Kenosha County, WI HUD Metro FMR Area (5505999999)

Leased Units Annual Budget

| Size of Units | Number of units (Applicant) | | FMR (Applicant) | HUD Paid Rent (Applicant) | | 12 months | | Total request (Applicant) |
|---|-----------------------------|---|-----------------|---------------------------|---|-----------|---|---------------------------|
| SRO | | x | \$531 | | x | 12 | = | \$0 |
| 0 Bedroom | 0 | x | \$708 | \$708 | x | 12 | = | \$0 |
| 1 Bedroom | 2 | x | \$810 | \$810 | x | 12 | = | \$19,440 |
| 2 Bedroom | 2 | x | \$1,066 | \$1,066 | x | 12 | = | \$25,584 |
| 3 Bedroom | | x | \$1,383 | | x | 12 | = | \$0 |
| 4 Bedroom | | x | \$1,540 | | x | 12 | = | \$0 |
| 5 Bedroom | | x | \$1,771 | | x | 12 | = | \$0 |
| 6 Bedroom | | x | \$2,002 | | x | 12 | = | \$0 |
| 7 Bedroom | | x | \$2,233 | | x | 12 | = | \$0 |
| 8 Bedroom | | x | \$2,464 | | x | 12 | = | \$0 |
| 9 Bedroom | | x | \$2,695 | | x | 12 | = | \$0 |
| Total units and annual assistance requested: | 4 | | | | | | | \$45,024 |
| Grant term: | | | | | | | | 2 Years |
| Total request for grant term: | | | | | | | | \$90,048 |

Click the 'Save' button to automatically calculate totals.

6E. Rental Assistance Budget

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

| Total Request for Grant Term: | | | \$162,912 |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | | 8 |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | WI - Kenosha County, WI HUD Metro FMR... | 8 | \$162,912 |

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

Metropolitan or non-metropolitan fair market rent area: WI - Kenosha County, WI HUD Metro FMR Area (550599999)

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | Total Request (Applicant) |
|--|------------------------|---|----------------------|---|-----------|---|---------------------------|
| SRO | | x | \$531 | x | 12 | = | \$0 |
| 0 Bedroom | 2 | x | \$708 | x | 12 | = | \$16,992 |
| 1 Bedroom | 4 | x | \$810 | x | 12 | = | \$38,880 |
| 2 Bedrooms | 2 | x | \$1,066 | x | 12 | = | \$25,584 |
| 3 Bedrooms | | x | \$1,383 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$1,540 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,771 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$2,002 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$2,233 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,464 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,695 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 8 | | | | | | \$81,456 |
| Grant Term | | | | | | | 2 Years |
| Total Request for Grant Term | | | | | | | \$162,912 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|--|---|--------------------------------|
| 1. Assessment of Service Needs | | |
| 2. Assistance with Moving Costs | Mover: \$5,271 .09 FTE=\$3,183 Salary + \$2,088 Fringe | \$5,271 |
| 3. Case Management | CM \$69,272 1 FTE @20.19/hr+fringe/22,232+phone@40/mo+Internet:@35/mo+supplies@5/mo+bldg oper&rent@340/mo/Prog Mgr:\$7,797 .1FTE@24.04/hr+fringe\$2,293+phone@\$4/mo+internet@\$3.5/mo+supplies@.50/mo+bldg oper&rent@34/mo/Eq & Supplies@962 | \$78,031 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | Groceries for 12 households @ \$54.33 each x 12 months | \$7,824 |
| 8. Housing/Counseling Services | Application fees \$300.00=12 @ \$25 each | \$300 |
| 9. Legal Services | | |
| 10. Life Skills | | |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | | |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | Mileage: 1,200 miles/year for personal vehicle use transporting clients @.42/mile=\$504/year Vehicle gas @ \$10/month=\$120/year Vehicle insurance @\$15/month=\$180/year | \$804 |
| 16. Utility Deposits | | |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$92,230 |
| Grant Term | | 2 Years |
| Total Request for Grant Term | | \$184,460 |

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

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

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

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

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

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

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

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

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

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

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|--|---|-----------------------------|
| 1. Maintenance/Repair | | |
| 2. Property Taxes and Insurance | | |
| 3. Replacement Reserve | | |
| 4. Building Security | | |
| 5. Electricity, Gas, and Water | Utility allowance for 6 units without utilities included @ \$35 x 12 months | \$2,520 |
| 6. Furniture | | |
| 7. Equipment (lease, buy) | | |
| Total Annual Assistance Requested | | \$2,520 |
| Grant Term | | 2 Years |
| Total Request for Grant Term | | \$5,040 |

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

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

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

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

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

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

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

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



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

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|---|--|-----------------------------|
| 1. Equipment | | |
| 2. Software | HMIS User Fee – 2 FTE @ \$75 each | \$150 |
| 3. Services | | |
| 4. Personnel | | |
| 5. Space & Operations | | |
| Total Annual Assistance Requested: | | \$150 |
| Grant Term: | | 2 Years |
| Total Request for Grant Term: | | \$300 |

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

| | |
|--------------------------------------|----------|
| Total Amount of Cash Commitments: | \$99,247 |
| Total Amount of In-Kind Commitments: | \$0 |
| Total Amount of All Commitments: | \$99,247 |

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

| Type | Source | Contributor | Amount of Commitments |
|------|---------|----------------------|-----------------------|
| Cash | Private | Kenosha Human Dev... | \$99,247 |

Sources of Match Detail

1. **Type of Match Commitment:** Cash
2. **Source:** Private
3. **Name of Source:** Kenosha Human Development Services, Inc.
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$99,247

6J. Summary Budget

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

| Eligible Costs | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|--|---|------------------------|---|
| 2a. Leased Units | \$45,024 | 2 Years | \$90,048 |
| 2b. Leased Structures | \$0 | 2 Years | \$0 |
| 3. Rental Assistance | \$81,456 | 2 Years | \$162,912 |
| 4. Supportive Services | \$92,230 | 2 Years | \$184,460 |
| 5. Operating | \$2,520 | 2 Years | \$5,040 |
| 6. HMIS | \$150 | 2 Years | \$300 |
| 7. Sub-total Costs Requested | | | \$442,760 |
| 8. Admin (Up to 10%) | | | \$44,276 |
| 9. Total Assistance Plus Admin Requested | | | \$487,036 |
| 10. Cash Match | | | \$99,247 |
| 11. In-Kind Match | | | \$0 |
| 12. Total Match | | | \$99,247 |
| 13. Total Budget | | | \$586,283 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment(s) | No | Special Activitie... | 06/23/2022 |
| 3) Other Attachment(s) | No | WI BOSCOG and COO... | 06/24/2022 |

Attachment Details

Document Description:

Attachment Details

Document Description: Special Activities Request.Sites for Work
Performance.Cash Match Letter

Attachment Details

Document Description: WI BOSCOB and COO YAB Letters of Support

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Jeannine Field

Date: 06/24/2022

Title: Executive Director

Applicant Organization: Kenosha Human Development Services, Inc.

PHA Number (For PHA Applicants Only):

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

Active SAM Status Requirement.

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

8B. Submission Summary

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

| Page | Last Updated |
|---------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 06/16/2022 |
| 1E. SF-424 Compliance | 06/10/2022 |
| 1F. SF-424 Declaration | 06/10/2022 |
| 1G. HUD 2880 | 06/10/2022 |
| 1H. HUD 50070 | 06/10/2022 |
| 1I. Cert. Lobbying | 06/10/2022 |
| 1J. SF-LLL | 06/10/2022 |
| 1K. SF-424B | 06/10/2022 |
| 2A. Subrecipients | No Input Required |
| 2B. Experience | 06/23/2022 |
| 3A. Project Detail | 06/23/2022 |
| 3B. Description | 06/24/2022 |
| Youth Homeless Demonstration Projects | 06/23/2022 |
| Special YHDP Activities | 06/23/2022 |
| 4A. Services | 06/23/2022 |
| 4A. HMIS Standards | No Input Required |
| 4B. HMIS Training | No Input Required |
| 4B. Housing Type | 06/23/2022 |
| 5A. Households | No Input Required |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 06/16/2022 |
| 6C. Leased Units | 06/16/2022 |

| | |
|------------------------------|-------------------|
| 6E. Rental Assistance | 06/16/2022 |
| 6F. Supp Srvcs Budget | 06/24/2022 |
| 6G. Operating | 06/23/2022 |
| 6H. HMIS Budget | 06/23/2022 |
| 6I. Match | 06/16/2022 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 06/24/2022 |
| 7D. Certification | 06/17/2022 |