Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile)must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO and the FY 2024 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2024 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	10/23/2024
4. Applicant Identifier:	
a. Federal Entity Identifier:	
5. Federal Award Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	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-6800-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: KYF Rapid Rehousing Project Expansion

16. Congressional District(s):

16a. Applicant: WI-001

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

17. Proposed Project

a. Start Date: 07/01/2025

b. End Date: 06/30/2026

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mrs.
First Name:	Jeannine
Middle Name:	Marie
Last Name:	Field
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 764-8555
Fax Number: (Format: 123-456-7890)	(262) 653-2080
Email:	jfield@khds.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	10/23/2024

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	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: $190,239.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

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

Part I Threshold Determinations

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

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

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	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: 10/23/2024

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

2. Sites for Work Performance.

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

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

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: (Format: 123-456-7890)	(262) 764-8555
Fax Number: (Format: 123-456-7890)	(262) 653-2080
Email:	jfield@khds.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	10/23/2024

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: 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: 10/23/2024

1J. SF-LLL

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

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

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

Answer “No” if your organization is NOT engaged in lobbying.

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

Authorized Representative

Prefix:	Mrs.
First Name:	Jeannine
Middle Name:	Marie
Last Name:	Field
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(262) 764-8555
Fax Number: (Format: 123-456-7890)	(262) 653-2080
Email:	jfield@khds.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	10/23/2024

IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: 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:	10/23/2024

1L. SF-424D

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards: $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 thirty-three year history of successfully managing federal funds as required by our federal and state partners. Through contracts with the US Department of Housing and Urban Development (HUD), The WI Balance of State CoC (WIBOSCOC), the Family and Youth Services Bureau (FYSB), the WI Department of Justice (DOJ), the WI Department of Health Services (DHS) and the WI Department of Housing, Energy and Community Resources (DEHCR)the agency provides thirteen programs.

Due to our extensive experience as a direct HUD grantee, a WI Balance of State CoC Sub-Recipient, and an Emergency Solutions Grant/Homeless Prevention Program/Homeless Assistance Program (EHH) sub-recipient, we have a well-established, solid infrastructure for managing federal fiscal and program activities as evidenced by our record keeping. It is through our thirty+ years of operating HUD programs that we will be able to confidently perform the proposed program activities within the limitations of funding and time. Currently, KHDS operates two direct HUD CoC Rapid Rehousing Projects, one direct HUD CoC permanent supportive housing project, one direct joint transitional/rapid rehousing project. As sub-recipients of the WI BOS CoC, we have contracts to provide the Coordinated Entry and System Navigator Programs for the Kenosha Local Coalition and operate DV RRH Program. We also operate one EHH Rapid Rehousing Project as a sub-recipient of the Division of Housing, Energy and Community Resources (DEHCR). We currently manage thirteen different funding sources totaling $1,640,548.00 dedicated to Kenosha's homeless service delivery system.

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

KHDS has a 42-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. The mental health services that are frequently accessed by program participants and used as in-kind match for three direct HUD grant, are the Community Support Program, Crisis Case Management, Crisis Prevention/Intervention, the Behavioral health Resource Center and the Kenosha Adult Residential Emergency (KARE) Center. We have developed and implemented a comprehensive process for the tracking of this in-kind match under a MOU with the Kenosha County Department of Human Services. Other sources of match include United Way funding, donations and discretionary funds. Currently, KHDS accesses 28 different funding sources in its system of services.

Additional initiatives that have proven to result in successful leveraging of other resources in our homeless service delivery system:
•Federal PATH grant that allows for outreach/case management services to fully engage in the coordinated entry system and emergency motel voucher program
•Mental Health and Substance Abuse Resource Center participation in Diversion/Coordinated Entry
•Kenosha County Department of Human Services SHARES funding for Emergency Housing Vouchers
•Disability Benefits Specialist assistance with apply for Social Security Disability.
•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. This includes donations from community members, a moving company, and other providers of services.

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

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• Follow all generally accepted Accounting practices (GAPP)• 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, Executive Director, & Associate 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)• Finance Committee will meet monthly to provide oversight
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• Timecards are maintained for all staff working on federally funded grants and accurately reflect the hours spent on these grants• Since Administrators do not maintain official timecards, they will estimate the percentage of time spent on each.

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

3A. Project Detail

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

3B. Project Description

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

This Project already serves 10 households at any point in time and is proposing to add an additional 2 units of housing. The target populations to be served include single individuals living with mental health and substance use issues that are not determined to be chronically homeless. Ninety-five percent of participants will come directly from shelters and five 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, programming that is not contingent on participation in services and rehousing 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. Supportive service needs will be determined through assessment and individualized for each program participant.

The program projects that seventy-five percent of participants exiting the program will achieve housing stability, fifty percent of participants will maintain or increase earned income, and forty percent of people will increase or maintain total income.

Our Local CoC, The Emergency Services Network of Kenosha County has met since 1986 as a community effort to coordinate services, share information, attract funding and eliminate duplication/service gaps for low-income people. There are 35 entities represented. Our agency chairs the local CoC Coordinated Assessment System that meets monthly to review program capacity, referrals, system functioning and improvements.

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

HUD funding will be used to lease an additional unit of scattered-site apartments and matching dollars will fund another unit with a total of 12 bedrooms at any point in time and supportive services that includes .42 FTE case manager focused on teaching needed skills to stabilize housing and income, .05 FTE supervision, and transportation.

CoC expansion funding will allow the agency to cover the full cost of the program sustaining our ability to meet the current need of the community while remaining fiscally healthy. Currently the project receives $52,580 in supportive services funding which is .58 FTE salary + fringe for a case manager and .08 FTE supervision and $570 for transportation. Expansion funding will also allow the project to pay a living wage, cover overhead expenses and add additional needed program supervision for quality assurance activities.

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	0			
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	0			
Leased or rental assistance units or structure, and supportive services near 100% capacity	90			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

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

(Select ALL that apply)

N/A - Project Serves All Subpopulations	☐	Survivors	☐
Veterans	☐	Substance Use Disorders	X
Youth (under 25)	☐	Mental Illness	X
Families	☐	HIV/AIDS	☐
		Chronic Homeless	☐
		Other (Click 'Save' to update)	☐

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

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

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Project Expansion Information

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

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2024 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: WI0015

1b. Eligible Renewal Grant Project Name: KYF Rapid Rehousing Project

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

2a.	Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application)	
	Number of persons (From renewal application Screen 5A)	10
	Number of units (From renewal application Screen 4B)	10
	Number of beds (From renewal application Screen 4B)	10
2b.	New Requested Numbers to Add (from this "Stand-alone New" project application)	
	Number of additional persons (From this new application Screen 5A)	2
	Number of additioanl units (From this new application Screen 4B)	2
	Number of additional beds (From this new application Screen 4B)	2

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

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

Increase number of or expand supportive services provided	X
Increase frequency or intensity of supportive services	X

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

4A. Supportive Services for Participants

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

Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include trauma-informed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

We understand that participants need to feel that the housing they live in is safe, affordable & well-managed.We will help participants meet those needs as follows:Safe: Neighborhood is comfortable/acceptable/safe as determined by the participant,unit has multiple exits & is appropriately secured|Affordable: Rent is easily paid for once the subsidy ends through earned/non-earned income or another subsidy|Well Managed:Landlord is quick to respond to security & maintenance issues,make accommodations for extra security as requested & engages in positive,professional communication about tenancy.The project will provide a full array of assistance directly or through partnerships with community services.KHDS will provide moving assistance,furniture,case management,food,transportation,housing search & counseling, life skills training & mental health services.Partners will provide additional services needed for housing stability during & after the program.Those partner services include childcare,employment/education services,legal services,outpatient mental health services, substance abuse treatment & utility deposits.The program will work with participants to assess past living situations & match participants to housing to meet current needs.The program will use a scattered site housing model that allows for the program to offer the most flexibility when determining the right type of housing.When people choose their own housing in the community,they are more likely to maintain/remain in that housing for the duration of the program & beyond if they choose.We understand the importance of matching people with landlords when determining housing type.We will help participants make good decisions by sharing information about landlord expectations,their tolerance levels & approaches.KHDS has worked with landlords in Kenosha for over 30 yrs in various capacities.We have established positive,professional relationships with landlords who understand & have joined our mission to help people experiencing homeless remain in housing.The program will•Work with current landlords who are invested in our mission to end homelessness who understand the issues & challenges are willing to work with participants to achieve resolution•Provide landlords the assurance that tenants have the supportive services needed to learn the skills that will increase the likelihood of self-sufficiency•Maintain an open-door policy for landlords to contact KHDS immediately with any concerns about tenancy•Offer mediation between landlords & participants as soon as issues arise•Provide moving assistance to participants who are evicted or choose to exit the program & move to alternative housing.To help overcome challenges to permanent housing the program will provide an array of assistance (case management,mental health/substance use services,legal services,housing counseling, education/employment assistance,job training and transportation.Service planning will begin within one month of program entry after basic needs are met & assessments are complete.Participants will choose their own goals specific to overcoming any identified housing barriers,the pace of interventions & action step achievement towards permanent hosing goals.The service plan will be reviewed regularly with participants to help remind them of their dreams,see successes & inspire motivation for setting new or revise objectives that will help continue to build on strengths & skills necessary for retention of PH.

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 Management services will assess job readiness to help with long-term goals 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. We partner with Gateway Technical College, UW Parkside, GED preparation Classes through ELCA Outreach Center, Literary Council, Workforce Investment Opportunity Act (WIOA) Summer Youth Employment Program, Employment Central at the Kenosha County Job Center that provides a Resource Room, job Center Training, Job Skills Assessment, on-site interviews and Special Employment programs.

Case managers will assist participants coordinate and integrate with other mainstream resources through referrals and connection to:
• 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
•Wisconsin Kenosha Racine Partnership (WKRP) for Medicaid, BadgerCare Plus, & FoodShare

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		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Non-Partner	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		Non-Partner	As needed
Transportation		Applicant	As needed

Utility Deposits	Non-Partner	As needed

Identify whether the project will include the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	Yes
5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?	Yes
6. Will program participants have access to SSI/SSDI technical assistance provided by the project applicant, subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	No

4B. Housing Type and Location

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

Total Units: 2

Total Beds: 2

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...	---	2	2	0

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: 2

b. Beds: 2

3. Address:

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

Street 1: 3536 52nd Avenue

Street 2:

City: Kenosha

State: Wisconsin

ZIP Code: 53144

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

559059 Kenosha County, 553316 Kenosha

5A. Project Participants - Households

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

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	2	0	2

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	2		2
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	2	0	2

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

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

Persons in Households with at Least One Adult and One Child

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

Persons in Households without Children

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

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2026?	Yes
2. What type of CoC funding is this project applying for in this CoC Program Competition?	CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year

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

Rental Assistance	X
Supportive Services	X
HMIS	X
VAWA	X
Rural	

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

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

6E. Rental Assistance Budget

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

Total Annual Assistance Request:	$10,464
Grant Term:	1 Year
Total Request for Grant Term:	$10,464
Total Units:	1

The number of beds for which funding has been requested in the Rental Assistance budget is 1.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Kenosha County, WI HUD Metro FMR...	1	$10,464

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 2023 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 2023 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 (5505999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$574	x	12		=	$0
0 Bedroom		x	$765	x	12		=	$0
1 Bedroom	1	x	$872	x	12		=	$10,464

2 Bedrooms		x	$1,144	x	12		=	$0
3 Bedrooms		x	$1,489	x	12		=	$0
4 Bedrooms		x	$1,677	x	12		=	$0
5 Bedrooms		x	$1,929	x	12		=	$0
6 Bedrooms		x	$2,180	x	12		=	$0
7 Bedrooms		x	$2,432	x	12		=	$0
8 Bedrooms		x	$2,683	x	12		=	$0
9 Bedrooms		x	$2,935	x	12		=	$0
Total Units and Annual Assistance Requested	1							$10,464
Grant Term								1 Year
Total Request for Grant Term								$10,464

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	CM $19,640.70 .42 FTE @22.60/hr+fringe/16,910.34+ phone@40/mo+Internet:@11/mo+supplies@5/mo+bldg. oper&rent@257/mo/Eq&Supplies@$2,622 Lead Sup:$2,575 .05 FTE@24.76/hr+fringe/$828+phone+Internet+supplies@5/mo+bldg. oper&rent@8/mo/Eq&Supplies@767 Housing Navigator:$23,500 .50 FTE@22.60/hr+fringe/$21,844+phone@20/mo+Internet:@$5.50/mo+supplies@$2.50/mo+bldg.oper&rent@$137.50/mo/Eq&Supplies @$1,311	$95,785
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Groceries for 12 participants @ $324.79 X 12 months	$46,770
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	$131 vehicle insurance/rep/license, $60 gas allowance, $120 for 231 miles @.52 , $20,000 for vehicle purchase to transport clients	$20,311
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$162,866
Grant Term		1 Year
Total Request for Grant Term		$162,866

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		
3. Services		
4. Personnel	Fee for 1 Annual HMIS User License	$75
5. Space & Operations		
Total Annual Assistance Requested:		$75
Grant Term:		1 Year
Total Request for Grant Term:		$75

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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

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

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

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

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

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

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:	$26,442
Total Amount of In-Kind Commitments:	$45,000
Total Amount of All Commitments:	$71,442

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

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Type	Source	Name of Source	Amount of Commitments
Cash	Private	KHDS	$15,978
Cash	Private	KHDS	$10,464
In-Kind	Private	Vivent Health	$45,000

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: KHDS
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: $15,978

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: KHDS
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: $10,464

Sources of Match Detail

1. Type of Match commitment: In-Kind

2. Source: Private

3. Name of Source: Vivent Health
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: $45,000

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			$0
1b. Rehabilitation (Screen 6B)			$0
1c. New Construction (Screen 6B)			$0
2a. Leased Units (Screen 6C)	$0	1 Year	$0
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$10,464	1 Year	$10,464
4. Supportive Services (Screen 6F)	$162,866	1 Year	$162,866
5. Operating (Screen 6G)	$0	1 Year	$0
6. HMIS (Screen 6H)	$75	1 Year	$75
 7. VAWA	$0	1 Year	$0
8. Rural (Only for HUD CoC Program approved rural areas)	$0	1 Year	$0
9. Sub-total of CoC Program Costs Requested			$173,405
10. Admin (Up to 10% of Sub-total in #9)			$16,834
11. HUD funded Sub-total + Admin. Requested			$190,239
12. Cash Match (From Screen 6I)			$26,442
13. In-Kind Match (From Screen 6I)			$45,000
14. Total Match (From Screen 6I)			$71,442
15. Total Project Budget for this grant, including Match			$261,681

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	KYF Housing Lever...	10/23/2024
3) Other Attachment(s)	No	KYF Healthcare Le...	10/08/2024

Attachment Details

Document Description:

Attachment Details

Document Description: KYF Housing Leverage Letters

Attachment Details

Document Description: KYF Healthcare Leveage Letters FY24

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7D. 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: 10/23/2024

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

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

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	10/23/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	10/23/2024
1E. SF-424 Compliance	10/23/2024
1F. SF-424 Declaration	10/23/2024
1G. HUD 2880	10/23/2024
1H. HUD 50070	10/23/2024
1I. Cert. Lobbying	10/23/2024
1J. SF-LLL	10/23/2024
IK. SF-424B	10/23/2024
1L. SF-424D	10/23/2024
2A. Subrecipients	No Input Required
2B. Experience	10/23/2024
3A. Project Detail	10/23/2024
3B. Description	10/23/2024
3C. Expansion	10/23/2024
4A. Services	10/23/2024
4B. Housing Type	10/23/2024
5A. Households	10/23/2024
5B. Subpopulations	No Input Required
6A. Funding Request	10/23/2024
6E. Rental Assistance	10/23/2024
6F. Supp Srvcs Budget	10/23/2024
6H. HMIS Budget	10/23/2024

VAWA Budget	No Input Required
6I. Match	10/23/2024
6J. Summary Budget	No Input Required
7A. Attachment(s)	10/23/2024
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	10/23/2024

Date: September 20, 2024

TO: HUD Milwaukee Field Office
From Kenosha Human Development Services, Inc.
RE: Leveraging Housing Funds for KYF Rapid Rehousing Project Expansion
Grant Cycle: 07/01/2025 – 06/30/2026
UEI#: HDF1HFBKELX2

Kenosha Human Development Services Leveraging Commitment

Kenosha Human Development Services (KHDS) has been working in transitional/rapid re-housing projects since the early 1990s. In 2021, KHDS received a large cash donation that is now housed in an investment endowment. Each year, money earned through bond maturity, equity sales, and sales of other discretionary investments, such as real estate, is placed in a cash account and utilized for eligible activities in our various housing projects.

As part of the endowment's annual earnings, KHDS commits to expanding the KYF Rapid Rehousing Project by one unit of housing for one person costing $872 per month or $10,464 per year. The additional unit will become available on 07/01/2025.

I certify that this funding source is neither COC nor ESG.

Respectfully submitted,

Signature
Jeannine M. Field, Executive Director

September 20, 2024
Date

Date: September 20, 2024

TO: HUD Milwaukee Field Office
From Kenosha Human Development Services, Inc.
RE: Matching Funds for KYF Rapid Rehousing Project Expansion
Grant Cycle: 07/01/2025 – 06/30/2026
UEI#: HDF1HFBKELX2

Kenosha Human Development Services agrees and commits to match in the amount of $15,978 for the KYF Rapid Rehousing Project Expansion grant year 07/1/2025-06/30/2026.

Cash match will include $15,978 from private donations.

Funds will be available 07/01/2025 – 06/30/2026.

Grant Contact:
Lisa Haen
3536 52nd Street
Kenosha, WI 53144
(262)764-8544
lhaen@khds.org

Jeannine M. Field
Signature
Jeannine M. Field, Executive Director

September 20, 2024
Date

KENOSHA HUMAN
DEVELOPMENT SERVICES
A NONPROFIT ORGANIZATION

October 8, 2024

Kenosha Human Development Services has collaborated with Vivent Health, who is committed to providing the following resources for the KYF Rapid Rehousing Housing Project expansion from 2025-2026.

Vivent Health has agreed to provide us with in-kind in the amount of $45,000 from services provided for up to 3 eligible clients while housed with us during the 07/01/2025 – 06/30/2026 grant cycle.

Eligibility for program participants in the new project will be based solely on CoC Fair Housing requirements and will not be restricted by Vivent Health.

I certify that this funding source is neither COC nor ESG.

Respectfully submitted,

Andrea Scheuermann

Andrea Scheuermann
Director of Homeless Assistance Services

3536 52nd Street, Kenosha, WI 53144 t: 262-764-8555 f: 262-653-2080 KHDS.ORG

September 20, 2024

Lisa Haen
Associate Director
Kenosha Human Development Services
3536 52nd St.
Kenosha, WI 53144

Dear Ms. Haen:

Vivent Health envisions a world without AIDS and strives to ensure everyone living with HIV lives a long and healthy life. It is in the spirit of this vision that we support Kenosha Human Development Services' KYF Rapid Rehousing Project expansion. Based on the Kenosha Coordinated Entry Prioritization List and the needs of current Vivent Health clients, we estimate being able to provide services to 3 of your program participants in the 2025-2026 grant year. Vivent Health will provide services to individuals who are eligible and choose to utilize our services. These services include medical case management, food pantry, insurance cost sharing, prescription assistance, transportation assistance, mental health counseling, and AODA services. The average annual cost of services per Vivent Health client is $15,000. These services are funded through federal, state, and local grants, private donations, and reimbursements for services and pharmacy. The total in-kind services provided to KYF Rapid Rehousing participants is estimated at $45,000.

Sincerely,

Carla Washington (electronic)

Carla Washington
Vice President of Wisconsin Operations

CW:ct