

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>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) 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) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/06/2018

4. Applicant Identifier:

5a. Federal Entity 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. Organizational DUNS:	080500861	PLUS 4:	
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d. Address

Street 1: 5407 8th Avenue

Street 2:

City: Kenosha

County: Kenosha

State: Wisconsin

Country: United States

Zip / Postal Code: 53140

e. Organizational Unit (optional)

Department Name: Homeless Assistance Services

Division Name: Division of Housing 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

Applicant: Kenosha Human Development Services Inc

080500861

Project: MyHOME Rapid Rehousing Project

169682

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-6200-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: MyHOME Rapid Rehousing Project

16. Congressional District(s):

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

17. Proposed Project

a. Start Date: 03/01/2019
b. End Date: 02/29/2020

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: Ms.

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: 09/06/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Kenosha Human Development Services, Inc.

Prefix: Ms.

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: 53140

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$143,243.00

(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	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	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 this information is true and complete.

I AGREE:

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

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

Date Signed: 07/28/2017

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 hereby certify that all the information stated herein, as well as any information provided in

X

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)

Authorized Representative

Prefix: Ms.

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: 09/06/2018

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: 09/06/2018

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: 5407 8th Avenue

Street 2:

City: Kenosha

County: Kenosha

State: Wisconsin

Country: United States

Zip / Postal Code: 53140

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: Ms.

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: 09/06/2018

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 the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Kenosha Human Development Services (hereafter referred to as KHDS) has a 44-year history of providing community social services in Kenosha. Currently we provide 33 different programs, have a budget of \$11,222,415 and employ 198 people (137 of those are full-time).

For over 20 years, KHDS has received federal funds through the Department of Housing and Urban Development (HUD) and the Family and Youth Services Bureau(FYSB), to provide supportive services and leasing assistance to youth and adults experiencing homelessness in Kenosha. KHDS has been the lead agency for the Emergency Solutions Grant for 10 years providing grant administration and technical assistance to ensure compliance with federal regulations. We have also operated an ESG Rapid Rehousing program for the past five years providing housing stability case management and rental assistance to individuals and families experiencing literal homelessness.

In 2012, KHDS implemented the Projects for the Assistance in the Transitional from Homelessness (PATH). The PATH program is federally funded by the Substance Abuse and Mental Health Services Administration designed to provide outreach and case management to people who are literally homeless, living with severe and persistent mental illness and not service connected.

KHDS has provided support and advocacy to victims of crime for 28 years with federal funds from the Victim of Crimes Act (VOCA). In 1994 KHDS became the lead agency of the VOCA funded Family Intervention Project (FIP) with Women and Children's Horizons, Kenosha's domestic violence shelter, and Legal Action of Wisconsin as sub-recipients. The FIP program is designed to provide a comprehensive response to domestic violence and child abuse immediately following an incident. Overall the VOCA program at KHDS employs an outreach worker, a community response worker, a family intervention project worker and three therapists.

Through contracts with Kenosha County Division of Aging and Disability, KHDS is the provider for Kenosha County's comprehensive mental health system. That system includes a Mental Health and Substance Abuse Resource Center that performs four primary functions. The first is to assess for basic needs and need for crisis response. The second is to provide people with information and assistance based on assessed need related to the mental health system and other mainstream resources available in the community. The third is to enroll eligible individuals into health insurance through BadgerCare or the Health Insurance Marketplace. The fourth is to utilize the Mental Health and Substance Abuse Screen to determine eligibility for the Community Support Program (CSP) and Comprehensive Community Services (CCS).

KHDS operates both the CSP and CCS programs, Crisis Intervention, the Representative Payee program, a Benefits Specialist program, the Supportive Apartment Program and the KARE Center to name a few. We currently provide representative payee services to 615 individuals, mental health case management to 406 individuals, assistance with applying for SSI/SSDI benefits to 79 individuals. We have experience in providing a wide range of services to people in need in the community and the capacity for continued growth. (See attached organization chart for a comprehensive overview of our service array.)

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

KHDS has a 43-year history of leveraging a variety of funding sources to provide comprehensive community programming. Our current HUD supportive housing programs are part of a system that is integrated with an array of mental health services funded through Kenosha County, federal PATH funds for outreach, Victims of Crime Act (VOCA) funds, a robust donation network for furniture, hygiene and household goods and United Way funds. Currently, KHDS accesses 28 different funding sources in its system of services.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

KHDS is governed by a 15-member board of directors that meets six times a year. The agency finance committee meets eleven times a year and the executive committee six times a year in the months between board meetings.

The agency is currently divided into four divisions that reflect the expertise of the division director and keeping complimentary services in the same division. For example, our HUD housing programs, the PATH program, EHH, the Coordinated Entry System and county rental assistance are all in the same division under one program director and supervisor. As we continue to expand our service array and make decisions for organizational restructuring our intention is to minimize the impact on programs and maximize management efficiencies.

Our division directors, executive and associate director and fiscal manager meet weekly to coordinate agency programs. Individual programs staff cases on a weekly basis and crisis cases are debriefed five days a week. We have a well- developed Client Tracking System that is the repository for all crisis contacts, safety plans and case notes for many of our programs. Where funders mandate other data systems (HMIS), we have developed an expertise to meet data quality expectations. The data quality for our three HUD projects has resulted in data completeness scores between 97 - 100%. We have also added two databases to help with the financial management of our Federal and State grants. The Grant Management System is designed to track the overall budget spending and match required for each grant. HOMEsuite is specifically designed for our HUD and EHH grants to ensure timely spend down of funds and includes a check request system.

The best example of external coordinating of services is our active participation in the Emergency Services Network (ESN, Kenosha's local CoC) since its inception in 1986. KHDS has always had representation at our local COC monthly meetings. Our past executive director was the ESN co-chair for ten years and for the past eleven years the agency associate director chaired the ESN Homeless Awareness and Prevention Partnership (HAPP). Currently our Homeless Assistance Services Supervisor who oversees all of our HUD and EHH funded programs co-chairs the HAPP committee. The HAPP committee is responsible for the planning and implementation of the twice-yearly Point-in Time Count, the Coordinated Entry System and Homeless Awareness Activities in the community.

KHDS uses Microsoft Great Plains software for its accounting. The accounting system is double entry and kept on an accrual basis. We have had successful audits for 43 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. We also use the Grants Management System and HOMEsuite as described above.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

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

1b. CoC Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

2. Project Name: MyHOME Rapid Rehousing Project

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). Yes

6a. List all expiring project(s) involved in the transition:

Grant Number	Operating Start Date	Expiration Date	Component Type
WI0012L5I001710	03/01/2019	02/29/2020	TH

IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved project application(s) on Screen 7A. (e.g., if the project was last funded in the FY 2017 CoC Program Competition, a copy of the FY 2017 CoC Program Competition project application).

6b. Provide a brief description that addresses the scope of the proposed transition from the expiring component to the new component during the first year of operation; including how no more than 50 percent of each transition grant may be used for costs of eligible activities of the program component originally funded

The KHDS MyHOME Rapid Rehousing Project will ensure that existing program participants do not become homeless by creating an exit plan with each existing participant. We will stagger discharges to remain client-centered and trauma focused and ensure that all participants have safe and affordable housing at discharge. As participants discharge from the THP program we will enroll eligible participants to the Rapid Rehousing Project. New participants will be taught how to apartment search, assisted with identifying and securing suitable housing, and sign their own lease. The Rapid Rehousing Program will enter into a rental assistance agreement with the landlord. The program will work with the participant to create a housing stability plan and provide the full array of services necessary to help with goal achievement while on the program. We anticipate using approximately fifty percent of the funds to wind down the transitional housing project.

TIMELINE SCHEDULE

March-April: Receive notice from BOS of funding award, complete Issues and Conditions, work with HUD Milwaukee Field Office on grant transition and sign Grant Agreement with HUD

April-May: Identify and complete the program intake and housing payment for 3 people from the top of the Rapid Rehousing Prioritization List

June-July: Identify and complete the program intake and housing payment for 3 people from the top of the Rapid Rehousing Prioritization List

August: Identify and complete the program intake and housing payment for 4 people from the top of the Rapid Rehousing Prioritization List

3B. Project Description

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

We propose to operate a Rapid Rehousing Project designed to serve 12 households. The target populations to be served include single individuals living with a disability 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 termination from the program that is limited to severe lease violations.

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. The project will lease 12 units of scattered-site apartments with 12 bedrooms at any point in time. Units include 0 and 1-bedroom apartments.

Identified supportive service needs are addressed by teaching needed skills to stabilize housing and income and providing supportive services that include direct assessment of service needs, moving assistance, case management and weekly life skills groups. 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 child care, education services, employment assistance/job training, legal aid, outpatient health services 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.

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 28 entities represented. Our agency chairs the local CoC Coordinated Assessment System that meets monthly to review program capacity, referrals, system functioning and improvements. We believe that HUD COC support is a vital extension to our system that strengthens the work we do, allows us to provide comprehensive services and holds us accountable to implementing the HEARTH Act that guides us towards our goal to end homelessness.

Coc funding is required for the project to operate at full capacity and meet the current need of the community according to our Prioritization Lists. Without the COC funding we would only be able to support a case manager at .49 percent

FTE and would not have funding for rental assistance.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

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
New project staff hired, or other project expenses begin?	0			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	30			
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?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population 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 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"/>
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5. Housing First

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

b. Does the project ensure that participants are not screened out based on the following items? 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"/>

c. Does the project ensure that participants are not terminated from the program 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"/>

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

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

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

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

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

The project assists participants to achieve permanent housing and considers the needs and barriers of people experiencing chronic homelessness by using a person-centered; strengths based recovery-oriented approach to service delivery. Needs and barriers will be addressed through case management interventions that focus on teaching people self-advocacy, how to overcome barriers, teaching a variety of social, maintenance and interpersonal skills, providing food and transportation as needed. KHDS has worked with landlords in Kenosha for over 30 years. We have established professional relationships with landlords who have joined our mission to help people remain in housing. Participants choose housing within or outside of our established network of landlords. We will use an established system to determine rent reasonableness for all units that includes a formula that does not exceed FMR and is based on a comparison with rents for comparable units in Kenosha.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

Supportive services will use a strengths-based, person-centered approach that is specifically tailored to assist people to increase income, employment and/or educational goals as established on the Housing Stability Plan. The project will help maximize the ability for participants to live independently by meeting people where they are, assessing needs, assisting to identify and address barriers, helping people increase quality of life and providing interventions to help people achieve their self-defined goals. Supportive services will also assist

participants to connect to mainstream resources in the community as needed. Those resources include but are not limited to Food Share, W-2, Aging and Disability Resource Center, employment search activities, education services, Social Security Disability, Mental Health and AODA services.

**4. For all supportive services available to 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	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	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes



5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

6a. Has the staff person providing the No

**technical assistance completed SOAR
training in the past 24 months.**

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: 10

Total Beds: 10

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	10	10

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 project participants at the selected housing site.

a. Units: 10

b. Beds: 10

3. Address

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

Street 1: 5407 8th Avenue

Street 2:

City: Kenosha

State: Wisconsin

ZIP Code: 53140

***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)**

553316 Kenosha, 559059 Kenosha County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	10	0	10
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
Adults over age 24	0	10		10
Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	10	0	10

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults 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	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	5	0	5	0	2	0	0
Adults ages 18-24										
Total Persons	0	0	0	5	0	5	0	2	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

10%	Directly from the street or other locations not meant for human habitation.
90%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

The outreach plan for the Kenosha COC includes the provision of active outreach conducted by the Projects for the Assistance in the Transition from Homelessness (PATH) Program Outreach Worker. The primary function of PATH outreach is to assist people living on the streets or emergency shelter to connect with housing, mental health services and the full array of PATH eligible services. The PATH Outreach worker will engage in outreach activities with all people living on the streets to determine need, actively engage people not regularly seeking services and refer to the KHDS Coordinated Entry Specialist for prescreening, assessment and referral to the appropriate priority list. Outreach occurs in known locations, at locations where people experiencing homelessness congregate in the community and includes marketing the project to participants and stakeholders. Our PATH project, Coordinated Entry Specialist and Adult Crisis Unit work closely together with local law enforcement to respond to people who are experiencing homelessness in the community to connect them to appropriate services.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Reallocation

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 being requested:**

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

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:			\$80,400
Total Units:			10
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Kenosha County, WI HUD Metro FMR...	10	\$80,400

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 (5505999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$424	x	12	=	\$0
0 Bedroom		x	\$565	x	12	=	\$0
1 Bedroom	10	x	\$670	x	12	=	\$80,400

2 Bedrooms		x	\$890	x	12	=	\$0
3 Bedrooms		x	\$1,223	x	12	=	\$0
4 Bedrooms		x	\$1,437	x	12	=	\$0
5 Bedrooms		x	\$1,653	x	12	=	\$0
6 Bedrooms		x	\$1,868	x	12	=	\$0
7 Bedrooms		x	\$2,084	x	12	=	\$0
8 Bedrooms		x	\$2,299	x	12	=	\$0
9 Bedrooms		x	\$2,515	x	12	=	\$0
Total Units and Annual Assistance Requested		10					\$80,400
Grant Term							1 Year
Total Request for Grant Term							\$80,400

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an 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 providing supportive services to homeless participants.

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. Assessment of Service Needs	.31 FTE Program Coordinator Salary + Benefits	\$20,892
2. Assistance with Moving Costs	.10 FTE Agency Mover + Van	\$3,688
3. Case Management	.51 FTE Case Manager Salary + Benefits	\$23,176
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Food Cards - 10 participants @40 each four times a year	\$1,600
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	Mileage - 1,124 miles @ .42=\$472/Vehicle Gas=\$1,684/ Vehicle Insurance =\$1,463/Bus Tokens=\$500	\$4,119
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$53,475
Grant Term		1 Year
Total Request for Grant Term		\$53,475

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 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:	\$35,841
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$35,841

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Kenosha Human Dev...	08/28/2018	\$35,841

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Private

4. Name the source of the commitment: Kenosha Human Development Services, Inc.
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/28/2018

6. Value of Written Commitment: \$35,841

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$80,400	1 Year	\$80,400
4. Supportive Services	\$53,475	1 Year	\$53,475
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$133,875
8. Admin (Up to 10%)			\$9,368
9. Total Assistance Plus Admin Requested			\$143,243
10. Cash Match			\$35,841
11. In-Kind Match			\$0
12. Total Match			\$35,841
13. Total Budget			\$179,084

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	Cash Match Letter...	08/31/2018
3) Other Attachment(s)	No	Homeless Youth Pr...	08/31/2018

Attachment Details

Document Description:

Attachment Details

Document Description: Cash Match Letter 8.28.2018

Attachment Details

Document Description: Homeless Youth Project Current Project
Applicaton

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: 09/06/2018

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

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**



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

New Project Application FY2018	Page 50	09/06/2018
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1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/06/2018
1E. SF-424 Compliance	08/31/2018
1F. SF-424 Declaration	08/31/2018
1G. HUD 2880	08/31/2018
1H. HUD 50070	08/31/2018
1I. Cert. Lobbying	08/31/2018
1J. SF-LLL	08/31/2018
2A. Subrecipients	No Input Required
2B. Experience	08/31/2018
3A. Project Detail	09/06/2018
3B. Description	08/31/2018
4A. Services	08/31/2018
4B. Housing Type	08/31/2018
5A. Households	08/31/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/31/2018
6A. Funding Request	08/31/2018
6E. Rental Assistance	08/31/2018
6F. Supp Srvcs Budget	08/31/2018
6I. Match	08/31/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/31/2018
7D. Certification	08/31/2018



**Kenosha
Human
Development
Services, Inc.**

*A Private, Non-Profit
Community Social
Services Agency*

24-Hour Crisis Intervention

August 28, 2018

To Whom It May Concern:

Kenosha Human Development Services, Inc. will provide \$35,841 in private funds as the cash match for the KHDS MyHOME Rapid Rehousing Project in the grant year March 1, 2019 to February 28, 2020.

Sincerely,



Lisa Haen, Associate Director
Kenosha Human Development Services, Inc.

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/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) 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) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- 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 onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/07/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0012

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Kenosha Human Development Services, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1200678

	c. Organizational DUNS:	080500861	PLUS 4	
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d. Address

Street 1: 5407 8th Avenue

Street 2:

City: Kenosha

County: Kenosha

State: Wisconsin

Country: United States

Zip / Postal Code: 53140

e. Organizational Unit (optional)

Department Name: Homeless Assistance Services

Division Name: Division of Housing 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) 657-7188

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-6100-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: Homeless Youth Project

16. Congressional District(s):

a. Applicant: WI-001
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 03/01/2018

b. End Date: 02/28/2019

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: Ms.

First Name: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

Telephone Number: (262) 657-7188
(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: 09/07/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Kenosha Human Development Services, Inc.

Prefix: Ms.

First Name: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

Organizational Affiliation: Kenosha Human Development Services, Inc.

Telephone Number: (262) 657-7188

Extension:

Email: jfield@khds.org

City: Kenosha

County: Kenosha

State: Wisconsin

Country: United States

Zip/Postal Code: 53140

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$143,243.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Homeless Youth Project 5407 8th Avenue Kenosha Wisconsin

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	0.0	0
NA	NA	\$0.00	0
NA	NA	\$0.00	0
NA	NA	\$0.00	0

Part III Interested Parties

You must disclose:

- 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
- 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	Social Security No.	Type of	Financial Interest	Financial Interest
Renewal Project Application FY2017		Page 10		09/15/2017

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%
NA	NA	NA	\$0.00	0%

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 this information is true and complete.

I AGREE:

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

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

Date Signed: 07/28/2017

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

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

X

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)

Authorized Representative

Prefix: Ms.

First Name: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

Telephone Number: (262) 657-7188
(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: 09/07/2017

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: 09/07/2017

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: 5407 8th Avenue

Street 2:

City: Kenosha

County: Kenosha

State: Wisconsin

Country: United States

Zip / Postal Code: 53140

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: Ms.

First Name: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

Telephone Number: (262) 657-7188
(Format: 123-456-7890)

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

Email: jfield@khds.org

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

Date Signed: 09/07/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

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	Type	Sub-Award Amount
This list contains no items			

2B. Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

3A. Project Detail

1. Expiring Grant Number: WI0012

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

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

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

3. Project Name: Homeless Youth Project

4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

Kenosha County is the northern most county of the Chicago metro area. Our agency has provided social services since 1974 that include crisis, independent living for older youth and most mental health/AODA services for adults in Kenosha. Our experience informed our decision to target transitional housing services to youth who are homeless and people living with mental illness/AODA issues due to their difficulty maintaining housing.

At max capacity, the project serves 6 parenting youth 18-24,10 children under age 5 and 7 single individuals for up to 24 months. The target populations to be served are youth under 25, people living with severe mental illness, and chronic substance abuse, and survivors of domestic violence. 95% of participants come directly from shelters and 5% from the streets or other places not meant for human habitation.

The project uses a Housing First approach as evidenced by having no barriers to program entry, programming that is not contingent on participation in services and termination from the program that is limited to severe lease violations.

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. The project leases 13 units of scattered-site apartments with approximately 20 bedrooms at any point in time. Units include 1,2 and 3 BR apartments.

Identified supportive service needs are addressed by teaching needed skills to stabilize housing and income and providing supportive services that include direct assessment of service needs, moving assistance, case management and weekly life skills groups. 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 child care, education services, employment assistance/job training, legal aid, outpatient health services and utility deposits as needed.

The program projects that 70% of participants exiting the program will achieve housing stability, 20% of participants will increase earned income, and 92% of people will access mainstream resources while on the program.

Our Local CoC 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 28 entities represented. Our agency chairs the local CoC Coordinated Assessment System that meets monthly to review program capacity, referrals, system functioning and improvements. HUD COC support is a vital extension to our system that strengthens the work we do, allows us to provide comprehensive services and holds us accountable to implementing the HEARTH Act that guides us towards our goal to end homelessness.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population 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 with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

4A. Supportive Services for Participants

**1. For all supportive services available to 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	Applicant	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes



2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner? Yes

agency?

3a. 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: 13

Total Beds: 23

Housing Type	Units	Beds
Scattered-site apartments (...)	13	23

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 project participants at the selected housing site.

a. Units: 13

b. Beds: 23

3. Address

Street 1: 5407 8th Avenue

Street 2:

City: Kenosha

State: Wisconsin

ZIP Code: 53140

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

559059 Kenosha County, 553316 Kenosha

5A. Project 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	6	7	0	13

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
Adults over age 24	0	7		7
Adults ages 18-24	6	0		6
Accompanied Children under age 18	10		0	10
Unaccompanied Children under age 18			0	0
Total Persons	16	7	0	23

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	0	0	0	0	0	0	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	6
Children under age 18	0			0	0	0	0	0	0	10
Total Persons	0	0	0	0	0	0	0	0	0	16

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	0	0	0	0	0	7	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	0	0	0	0	0	7	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

The unlisted sub populations are youth 18-24 and children under the age of 5 that typically do not fall into any of the sub populations listed. The challenges faced by our youth experiencing homelessness tend to be a result of childhood

trauma, homelessness as a child, family system issues and the lack of a support system. Additionally, we see many of our youth lack a proper education and therefore are not job ready.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

5%	Directly from the street or other locations not meant for human habitation.
95%	Directly from emergency shelters.
0%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO Projects Only)
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6B. Leased Units Budget

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:		\$80,280	
Grant Term:		1 Year	
Total Request for Grant Term:		\$80,280	
Total Units:		13	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WI - Kenosha Coun...	13	\$80,280	\$80,280

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

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

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	0	
0 Bedroom	0	
1 Bedroom	7	
2 Bedroom	5	
3 Bedroom	1	
4 Bedroom	0	
5 Bedroom	0	
6 Bedroom	0	
7 Bedroom	0	
8 Bedroom	0	
9 Bedroom	0	
Total Units and Annual Assistance Requested	13	\$80,280
Grant Term		1 Year
Total Request for Grant Term		\$80,280

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for 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:	\$15,750
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$15,750

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Kenosha Human Dev...	08/22/2017	\$15,750

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: Kenosha Human Development Services, Inc.
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/22/2017

6. Value of Written Commitment: \$15,750

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$80,280
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$53,595
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$133,875
7. Admin (Up to 10%)	\$9,368
8. Total Assistance plus Admin Requested	\$143,243
9. Cash Match	\$15,750
10. In-Kind Match	\$0
11. Total Match	\$15,750
12. Total Budget	\$158,993

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Cash Match	08/23/2017
3) Other Attachment	No	Site for Work Per...	09/07/2017

Attachment Details

Document Description:

Attachment Details

Document Description: Cash Match

Attachment Details

Document Description: Site for Work Performance

7B. 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 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 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.

For 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 provided.

C. Explanation.

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: 09/07/2017

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).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Changes were made to all of the screens checked above because information was not imported into the renewal application.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/21/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/22/2017

1E. SF-424 Compliance	08/21/2017
1F. SF-424 Declaration	08/21/2017
1G. HUD-2880	08/21/2017
1H. HUD-50070	08/21/2017
1I. Cert. Lobbying	08/21/2017
1J. SF-LLL	08/21/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	08/21/2017
3A. Project Detail	08/21/2017
3B. Description	08/23/2017
4A. Services	08/21/2017
4B. Housing Type	08/22/2017
5A. Households	08/22/2017
5B. Subpopulations	08/22/2017
5C. Outreach	08/22/2017
6A. Funding Request	08/22/2017
6B. Leased Units	08/22/2017
6D. Match	08/22/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/07/2017
7B. Certification	08/23/2017
Submission Without Changes	09/07/2017



**Kenosha
Human
Development
Services, Inc.**

*A Private, Non-Profit
Community Social
Services Agency*

24-Hour Crisis Intervention

August 23, 2017

To Whom It May Concern:

Kenosha Human Development Services will provide \$15,750 in cash match for the Homeless Youth Project in the grant year March 1, 2018 to February 28, 2019.

Sincerely,

Jeannine M. Field
Executive Director