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:	09/18/2017
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: **This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**	WI0150
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Lakeshore CAP Inc. of Wisconsin

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1214392

	c. Organizational DUNS:	611777327	**PLUS 4**	

d. Address

Street 1: 702 State Street

Street 2: PO Box 2315

City: Manitowoc

County: Manitowoc

State: Wisconsin

Country: United States

Zip / Postal Code: 54221-2315

e. Organizational Unit (optional)

Department Name: Administration

Division Name: N/A

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

Prefix: Mrs.

First Name: Kathleen

Middle Name:

Last Name: Markwardt

Suffix:

Title: Program Manager

Organizational Affiliation: Lakeshore CAP Inc. of Wisconsin

Telephone Number: (920) 682-8703

Extension:
Fax Number: (920) 686-8700
Email: kathleenm@lakeshorecap.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): (for multiple selections hold CTRL key)	Wisconsin
15. Descriptive Title of Applicant's Project:	RRH
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WI-006, WI-008
b. Project: (for multiple selections hold CTRL key)	WI-006, WI-008
17. Proposed Project	
a. Start Date:	09/01/2018
b. End Date:	08/31/2019
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Colleen
Middle Name:	M
Last Name:	Homb
Suffix:	
Title:	Interim CEO
Telephone Number: (Format: 123-456-7890)	(920) 686-8705
Fax Number: (Format: 123-456-7890)	(920) 686-8700
Email:	colleenh@lakeshorecap.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/18/2017

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:	Lakeshore CAP Inc. of Wisconsin
Prefix:	Ms.
First Name:	Colleen
Middle Name:	M
Last Name:	Homb
Suffix:	
Title:	Interim CEO
Organizational Affiliation:	Lakeshore CAP Inc. of Wisconsin
Telephone Number:	(920) 686-8705
Extension:	
Email:	colleenh@lakeshorecap.org
City:	Manitowoc
County:	Manitowoc
State:	Wisconsin
Country:	United States
Zip/Postal Code:	54221-2315

2. Employer ID Number (EIN):	39-1214392
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$129,519.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: RRH 702 State Street Manitowoc 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? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. No

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional 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: X

Name / Title of Authorized Official: Colleen Homb, Interim CEO

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

Date Signed: 08/22/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Lakeshore CAP Inc. of Wisconsin

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

I 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:	Colleen
Middle Name	M
Last Name:	Homb
Suffix:	
Title:	Interim CEO
Telephone Number: (Format: 123-456-7890)	(920) 686-8705
Fax Number: (Format: 123-456-7890)	(920) 686-8700
Email:	colleenh@lakeshorecap.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/18/2017

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: Lakeshore CAP Inc. of Wisconsin

Name / Title of Authorized Official: Colleen Homb, Interim CEO

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

Date Signed: 09/18/2017

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:	Lakeshore CAP Inc. of Wisconsin
Street 1:	702 State Street
Street 2:	PO Box 2315
City:	Manitowoc
County:	Manitowoc
State:	Wisconsin
Country:	United States
Zip / Postal Code:	54221-2315

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:	Colleen
Middle Name:	M
Last Name:	Homb
Suffix:	
Title:	Interim CEO
Telephone Number: (Format: 123-456-7890)	(920) 686-8705
Fax Number: (Format: 123-456-7890)	(920) 686-8700
Email:	colleenh@lakeshorecap.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/18/2017

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? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The APR for the most recent grant year has been submitted. It was submitted 1 day late. Our funding cycle ended 8/31/16. It was submitted 11/30/16, 91 days after the close of our grant year.

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? Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The most recently expired grant term was the first year of our RRH project. The program had previously provided SSO. The RRH project got off to a slow start in accepting eligible households. This in turn resulted in funds being recaptured by HUD. Case managers are now aware of COC RRH requirements and are working at capacity to ensure that the most households possible are being assisted at any one time, thus spending the allocated funds to eligible program expenses at a faster rate.

3A. Project Detail

1. Expiring Grant Number: WI0150
(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: RRH

4. Project Status: Standard

5. Component Type: PH

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.

The 2016 UW-ALICE report defines families that work & live above the FPL, but do not earn enough to afford a basic HH (HH) budget including housing. Percentages of ALICE families in our counties are: Door 21%, Kewaunee 29%, Manitowoc 32%, Sheboygan 31%. There are also those living in poverty. 12% of Door, 10% of Kewaunee, 9% of Manitowoc & 8% of Sheboygan County residents live below FPL.

Safe affordable housing is a need offered through subsidized housing & Section 8 vouchers. But, there are eligibility criteria for most subsidized housing that deny those who have ever been found guilty of a felony, certain misdemeanors & poor credit history and Section 8 has a wait list.

Case management & referrals to resources is a need. Three counties have programs that provide this but programs are limited by eligibility.

The target population is eligible HHs that are at the top of the CE list when an opening occurs. These are the most vulnerable HHs.

Case managers (CM) meet with eligible HHs to discuss their specific housing needs & how that relates to the parameters of the program such as FMR, safe housing, 12 month lease, etc. If a landlord (LL) is not willing to commit to a 12 month lease, the CM speaks with the LL & advocates for the necessary length. If an apartment does not pass the initial inspection, the CM communicates with the LL the necessary changes that must occur in order to pass.

CM work with HHs to develop secure housing plans that include goals that, when accomplished help to ensure the HH maintains housing. Employment, mainstream benefits & budgeting are some of the popular goals. CM connect HHs to resources such as subsidized housing, food share, WIC, Home Visiting, DVR, Job Center, utility assistance, ADRC, Skills Enhancement, & mental health services.

CM meet monthly at minimum with HHs to review and update secure housing plans and assess to determine if there are supportive services that the program can assist with such as transportation.

Supportive Services that are available by other providers are education, employment assistance & job training. Outpatient health & mental health services are offered through a FQHC in two counties.

Projected outcomes: 35% of HHs will increase earned income, 56% of HHs will be enrolled in mainstream benefits, no less than 80% of HHs will exit into permanent housing.

Shelters sit on local Housing Coalitions along with budget counseling agencies,

police depts., HSD-Clinical Services, Center for Veteran Issues, & community health clinics. Non-federally funded programs that provide rental assistance & Legal Action are also members on the coalition. This is a venue to discuss trends & gaps in services as it relates to HHs that are vulnerable to homelessness.

COC support is vital. No other program exists that provides longer term rental assistance & case management & supportive services by program staff.

2. Does your project have a specific population focus? No

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

3c. 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	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

4. Does the PH project provide PSH or RRH?	RRH
Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?	No

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	Annually
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	Monthly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Non-Partner	As needed
Food		Non-Partner	Monthly
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Non-Partner	As needed
Mental Health Services		Non-Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Applicant	Semi-annually
Substance Abuse Treatment Services		Non-Partner	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	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? No

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: 10

Total Beds: 18

Housing Type	Units	Beds
Scattered-site apartments (...	10	18

4B. Housing Type and Location Detail

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

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

a. Units: 10

b. Beds: 18

3. Address

Street 1: 702 State Street

Street 2: PO Box 2315

City: Manitowoc

State: Wisconsin

ZIP Code: 54220

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

559029 Door County, 559071 Manitowoc County, 559061 Kewaunee County, 559117 Sheboygan County

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	8	2		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	7	2		9
Adults ages 18-24	1			1
Accompanied Children under age 18	8			8
Unaccompanied Children under age 18				0
Total Persons	16	2	0	18

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							5	1		1
Adults ages 18-24										1
Children under age 18							5	1		2
Total Persons	0	0	0	0	0	0	10	2	0	4

Click Save to automatically calculate totals

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							1			1
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	1	0	0	1

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	0

Describe the unlisted subpopulations referred to above:

Unlisted sub-populations include adults who are literally homeless sleeping on the streets or in shelters who meet the HEARTH definition of homelessness, been determined eligible for the program and been accepted into the program

because they are at the top of the Coordinated Entry list. Some of these adults may have unidentified barriers at time of entry into the program. But through case management, they come to realize some of their barriers and set goals around them in their secure housing plans.

Children who are in the unlisted sub-populations category are those who reside with their parent/guardian who is currently in shelter or on the streets and falls into the unlisted sub-populations category themselves.

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.**
	Persons fleeing domestic violence.
0%	**Directly from transitional housing eliminated in the FY 2017 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.**
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:	
Rental Assistance	X
Supportive Services	X
HMIS	X

6C. 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:	$80,916
Total Units:	10

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Sheboygan, WI MSA (5511799999)	5	$39,132
TRA	WI - Manitowoc County, WI (5507199999)	4	$34,320
TRA	WI - Door County, WI (5502999999)	1	$7,464

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Sheboygan, WI MSA (5511799999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$317	$317	x	12		=	$0
0 Bedroom		x	$422	$422	x	12		=	$0
1 Bedroom	1	x	$525	$525	x	12		=	$6,300
2 Bedrooms	4	x	$684	$684	x	12		=	$32,832
3 Bedrooms		x	$854	$854	x	12		=	$0
4 Bedrooms		x	$949	$949	x	12		=	$0
5 Bedrooms		x	$1,091	$1,091	x	12		=	$0
6 Bedrooms		x	$1,234	$1,234	x	12		=	$0
7 Bedrooms		x	$1,376	$1,376	x	12		=	$0
8 Bedrooms		x	$1,518	$1,518	x	12		=	$0
9 Bedrooms		x	$1,661	$1,661	x	12		=	$0
Total Units and Annual Assistance Requested	5								$39,132
Grant Term									1 Year
Total Request for Grant Term									$39,132

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Manitowoc County, WI (5507199999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$332	$332	x	12		=	$0
0 Bedroom		x	$442	$442	x	12		=	$0
1 Bedroom	1	x	$536	$536	x	12		=	$6,432
2 Bedrooms	2	x	$717	$717	x	12		=	$17,208
3 Bedrooms	1	x	$890	$890	x	12		=	$10,680
4 Bedrooms		x	$1,011	$1,011	x	12		=	$0
5 Bedrooms		x	$1,163	$1,163	x	12		=	$0
6 Bedrooms		x	$1,314	$1,314	x	12		=	$0
7 Bedrooms		x	$1,466	$1,466	x	12		=	$0
8 Bedrooms		x	$1,618	$1,618	x	12		=	$0
9 Bedrooms		x	$1,769	$1,769	x	12		=	$0
Total Units and Annual Assistance Requested	4								$34,320
Grant Term									1 Year
Total Request for Grant Term									$34,320

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Door County, WI (5502999999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	$375	$375	x	12		=	$0
0 Bedroom		x	$500	$500	x	12		=	$0
1 Bedroom	1	x	$622	$622	x	12		=	$7,464

2 Bedrooms		x	$733	$733	x	12		=	$0
3 Bedrooms		x	$992	$992	x	12		=	$0
4 Bedrooms		x	$1,005	$1,005	x	12		=	$0
5 Bedrooms		x	$1,156	$1,156	x	12		=	$0
6 Bedrooms		x	$1,307	$1,307	x	12		=	$0
7 Bedrooms		x	$1,457	$1,457	x	12		=	$0
8 Bedrooms		x	$1,608	$1,608	x	12		=	$0
9 Bedrooms		x	$1,759	$1,759	x	12		=	$0
Total Units and Annual Assistance Requested	1								$7,464
Grant Term									1 Year
Total Request for Grant Term									$7,464

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:	$32,380
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$32,380

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	Government	CSBG	08/25/2017	$32,380

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	CSBG
5. Date of Written Commitment:	08/25/2017
6. Value of Written Commitment:	$32,380

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	$0
1b. Leased Structures	$0
2. Rental Assistance	$80,916
3. Supportive Services	$36,079
4. Operating	$0
5. HMIS	$750
6. Sub-total Costs Requested	$117,745
7. Admin (Up to 10%)	$11,774
8. Total Assistance plus Admin Requested	$129,519
9. Cash Match	$32,380
10. In-Kind Match	$0
11. Total Match	$32,380
12. Total Budget	$161,899

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Lakeshore CAP 500...	09/18/2017
3) Other Attachment	No	Lakeshore CAP FY2...	08/25/2017

Attachment Details

Document Description:

Attachment Details

Document Description: Lakeshore CAP 50070 information

Attachment Details

Document Description: Lakeshore CAP FY2017 match commitment

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	Colleen Homb
Date:	09/18/2017
Title:	Interim CEO
Applicant Organization:	Lakeshore CAP Inc. of Wisconsin
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant	X

Certification and to ensure compliance. I am aware that any false, ficticious, 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	X
2B. Recipient Performance	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X

6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

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):

Unsure of any changes that will need to be made at this time. Changes may perhaps be made upon final review by our lead COC applicant. 9/18-Changes were made based upon the review of the lead COC applicant. Additional changes may be necessary upon further review by the lead COC applicant.

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	08/22/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/23/2017

1E. SF-424 Compliance	08/22/2017
1F. SF-424 Declaration	08/22/2017
1G. HUD-2880	08/22/2017
1H. HUD-50070	08/22/2017
1I. Cert. Lobbying	08/22/2017
1J. SF-LLL	08/25/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	09/18/2017
3A. Project Detail	08/22/2017
3B. Description	09/17/2017
4A. Services	09/17/2017
4B. Housing Type	08/25/2017
5A. Households	08/25/2017
5B. Subpopulations	09/18/2017
5C. Outreach	09/17/2017
6A. Funding Request	08/23/2017
6C. Rental Assistance	08/24/2017
6D. Match	08/25/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/25/2017
7B. Certification	08/24/2017
Submission Without Changes	09/18/2017

Applicant Name:
Lakeshore CAP Inc. of Wisconsin

Place of Performance:
702 State Street
Manitowoc, WI 54220
Manitowoc County

Program:
COC-PH-RRH

Applicant Name:
Lakeshore CAP Inc. of Wisconsin

Place of Performance:
2508 S 8th Street
Sheboygan, WI 53081
Sheboygan County

Program:
COC-PH-RRH

Applicant Name:
Lakeshore CAP Inc. of Wisconsin

Place of Performance:
131 3rd Avenue
Sturgeon Bay, WI 54235
Door County

Program:
COC-PH-RRH

LAKESHORE CAP, INC.

Administrative Office:

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702 State Street
P.O. Box 2315
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Door County

Lakeshore CAP, Inc.
131 S. 3rd Avenue
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Sturgeon Bay, WI 54235-0791
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Sheboygan County

Lakeshore CAP, Inc.
2508 S. 8th Street
Sheboygan, WI 53081
PH: (920) 803-6991
Fax: (920)694-0291

Interim
Chief Executive Officer
Colleen Homb

Website:
www.lakeshorecap.org

EQUAL HOUSING OPPORTUNITY

United Way

August 25, 2017

Cash match for Lakeshore CAP's COC RRH project totals $32,380.

Cash will be made available in September 2018 and January 2019 and will cover the time period of September 1, 2018 through August 31, 2019.

Allowable activities to be funded by match are Supportive Services and Admin.

This cash match is for FY2017.

Sincerely,

Colleen Homb
Interim CEO
Lakeshore CAP