

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. 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, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/13/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** Lakeshore CAP Inc. of Wisconsin
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 39-1214392
- c. Unique Entity Identifier:** N3A2AX4B63S5

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: Lyric
Middle Name:
Last Name: Glynn
Suffix:
Title: Supportive Housing Program Director
Organizational Affiliation: Lakeshore CAP Inc. of Wisconsin
Telephone Number: (920) 973-9196
Extension:

Fax Number: (920) 686-8794

Email: lyricg@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-6700-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: Lakeshore PSH Expansion

16. Congressional District(s):

16a. Applicant: WI-006, WI-008

16b. Project: WI-006, WI-008
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2024

b. End Date: 08/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Colleen

Middle Name: M

Last Name: Homb

Suffix:

Title: Executive Director

Telephone Number: (920) 686-8705
(Format: 123-456-7890)

Fax Number: (920) 686-8794
(Format: 123-456-7890)

Email: colleenh@lakeshorecap.org

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

Date Signed: 09/13/2023

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Lakeshore CAP Inc. of Wisconsin
Prefix: Ms.
First Name: Colleen
Middle Name: M
Last Name: Homb
Suffix:
Title: Executive Director
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: \$132,371.00

(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. **No**

Certification

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

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

X

Name / Title of Authorized Official: Colleen Homb, Executive Director

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

Date Signed: 09/13/2023

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;	

2. Sites for Work Performance.

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

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

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

X

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

Authorized Representative

Prefix: Ms.

First Name: Colleen

Middle Name: M

Last Name: Homb

Suffix:

Title: Executive Director

Telephone Number: (920) 686-8705
(Format: 123-456-7890)

Fax Number: (920) 686-8794
(Format: 123-456-7890)

Email: colleenh@lakeshorecap.org

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

Date Signed: 09/13/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: Lakeshore CAP Inc. of Wisconsin

Name / Title of Authorized Official: Colleen Homb, Executive Director

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

Date Signed: 09/13/2023

1J. SF-LLL

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

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

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

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

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

Legal Name: 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.

Authorized Representative

Prefix: Ms.

First Name: Colleen

Middle Name: M

Last Name: Homb

Suffix:

Title: Executive Director

Telephone Number: (920) 686-8705
(Format: 123-456-7890)

Fax Number: (920) 686-8794
(Format: 123-456-7890)

Email: colleenh@lakeshorecap.org

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

Date Signed: 09/13/2023

IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: Lakeshore CAP Inc. of Wisconsin

Prefix: Ms.

First Name: Colleen

Middle Name: M

Last Name: Homb

Suffix:

Title: Executive Director

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

Date Signed: 09/13/2023

1L. SF-424D

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Lakeshore CAP has been in operation since 1966. During our operations we have administered countless federal and state funded programs. The agency continues to operate strong programs with limited monitoring findings. All concerns and findings found in monitoring visits have been promptly corrected to the satisfaction of the monitoring entity. The agency has not had any compliance finding in audits for over 20 years. Knowledge of prior audit is not available as current Administrative staff were not with the agency prior to this.

The agency has an established Supportive Housing Program that includes TBRA, EHH and CoC-PSH funds. We operate prevention programming as well.

Lakeshore CAP has extensive case management experience. Our Supportive Housing Program provides case management that includes the creation of Secure Housing plans with all clients we are providing rental assistance for. Case managers are trained in motivational interviewing and trauma informed care. This allows us to have healthy and caring conversations with participants while also identifying their strengths, barriers and needs so that we can connect them to appropriate services to help them reach their secure housing goals.

Lakeshore CAP has developed and put into place policies and practices for each of its programs. This includes the areas of Supportive Housing, Family Development, Mental Wellness, Food Security and Employment Support. The agency has strong partnerships with other service agencies within our service area. Additionally, we have been the leader at the table when it comes to the work and operation of the Lakeshore Coalition.

Lakeshore CAP has recently begun using in-kind donations to support the match requirement we have and the work we do. This helps us to stretch the financial support further as we work with community partners.

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

Lakeshore CAP has secured matching funds through other eligible State and Federal grants and also through fundraising and donations.

For cash match we have leveraged internal programs when eligible. Examples include matching HPP against ESG and CSBG against PSH. We have also received support from one of our local United Ways that is used to support and match part of our SSO project.

Lakeshore CAP is currently embarking on expanding our in-kind donations. We have identified over \$20,000 of in-kind donations, some of which apply to our SSO CE and SSO DV projects and other activities that likely apply to our PSH program, although this has to be explored a bit further before committing these activities as match.. A tracking system has been developed and we are actively working with community partners, requesting they complete the necessary tracking form so we are able to report these activities as match.

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

Our agency uses fund accounting software to track income and expenses for each funding source. We also have a Financial Policies and Procedures Handbook that is reviewed regularly which guides our Fiscal Department and agency fiscal operations.

All income and expenses are recorded in a fund accounting system in accordance with GAAP. We receive annual single audits. Approved expenses have a two-step approval process that requires requests to be signed off on by Department Supervisors and/or the Operations Manager or Executive Director.

**4. Are there any unresolved HUD monitoring or Yes
OIG audit findings for any HUD grants (including
ESG) under your organization?**

4a. Describe the unresolved monitoring or audit findings.

We recieved our HUD monitoring dated 8/31/23 and have not submitted all required documentation yet to correct the findings as we are still within the 30 day timeframe. Findings included 1 file with insufficient documentation of homelessness, incorred rent calculations or missing documentation, rent reasonableness calculation errors, some HQS inspection corrections need to take place, we did not conduct monthly case management meetings wth 1 participant, did not conduct intial supportive services assessments, our policies and procedures did not include all the RRH requirements, during our single audit procurement we neglected to request the audit organization's peer review report.

3A. Project Detail

- 1. **CoC Number and Name:** WI-500 - Wisconsin Balance of State CoC
- 2. **CoC Collaborative Applicant Name:** Wisconsin Balance of State Continuum of Care, Inc.

- 3. **Project Name:** Lakeshore PSH Expansion

- 4. **Project Status:** Standard

- 5. **Component Type:** PH
 - 5a. **Select the type of PH project:** PSH

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

- 7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No

- 8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No

- 9. **Will this project include replacement reserves in the Operating budget?** No

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

3B. Project Description

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

Lakeshore CAP will provide a Housing First program to a minimum of 8 households utilizing low barriers to entry. This program will be a scattered site program, matching households with housing according to the preference and size of the family unit, the requirements stated by HUD in the NOFO, and the Coordinated Entry Policies of the BOSCO. Project participants will enter through referral to Coordinated Entry. These referrals come primarily from Emergency shelters and self-referrals for those unsheltered. In the process, the clients are assessed and scored as to vulnerability, with those scored as most vulnerable being enrolled in the program first. Participants enter into the program as slots become available with a case manager. With the assistance of a LCAP case manager the clients will develop a plan for making their way to independent housing, set a schedule of future meetings, and develop a referral list utilizing partner and LCAP programming to remove or resolve the barriers to permanent housing. This will take the form of a series of discussions to develop a mutually agreed upon series of goals. The community partners involved will include federally funded clinics, food pantries, economic support, mental health centers, and other service providers. Additionally, shelter services are provided through Hope House, The Haven of Manitowoc, the Salvation Army in Sheboygan, InCourage, Lighthouse Recovery Community Center and Safe Harbor. Case Management staff will assist the household to create a plan for sustainable housing. Based on the progress of the plan, a shift to permanent housing can be accomplished. As capabilities build and community engagement occurs, the clients will be assisted in creating an exit plan. Being our 2nd year, we anticipate that 1-2 of those enrolled in the program will move to permanent housing within the year. or 12%-25% of households. We anticipate increased income for 25% of program households and 60% will maintain mainstream benefits. Continuum of Care Assistance is needed to provide the necessary support to connect these households with community resources while eliminating the barrier of housing insecurity. The grant funds will be used to provide case management services, rental assistance in the form of leasing, utility assistance, food, assessment of service needs and housing counseling. Bus passes will also be provided to those in need of such assistance along with the purchase of groceries for those in need of additional groceries.

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

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

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

n/a

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

(Select ALL that apply)

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

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

5. Housing First

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

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

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

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

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

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

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

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

100% Dedicated or DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

8. Is this project 100% Dedicated or 100% Dedicated DedicatedPLUS?

3C. Project Expansion Information

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

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2023 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: WI0273

1b. Eligible Renewal Grant Project Name: Lakeshore PSH

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

2a.	Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application)	
	Number of persons (From renewal application Screen 5A)	10
	Number of units (From renewal application Screen 4B)	8
	Number of beds (From renewal application Screen 4B)	10
2b.	New Requested Numbers to Add (from this "Stand-alone New" project application)	
	Number of additional persons (From this new application Screen 5A)	3
	Number of additional units (From this new application Screen 4B)	2
	Number of additional beds (From this new application Screen 4B)	3

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

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

Increase number of or expand supportive services provided	<input type="checkbox"/>
Increase frequency or intensity of supportive services	<input type="checkbox"/>

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

4A. Supportive Services for Participants

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

The primary need of participants is housing. Once that is secured and a trusting relationship is developed, other needs will surface. We will work on these in the order and intensity by which the participant wants to address their needs.

It is anticipated that many of the participants will move on into other subsidized housing settings. Case managers will assist participants in identifying housing options, letting them decide which ones they want to pursue and assisting them in applying for any and all options.

The type of housing will be determined by the desires of the participant. However, the case manager will also have discussions around affordability and ease of access to other community resources if access is a desire of the participant.

The project will have an open door policy with landlords. Honest discussions about who the project serves and education on why everyone deserves and can be successful in housing with the correct supports will also be had with potential landlords.

The project will provide case management services along with housing counseling. When community trainings are provided such as Rent Smart, participants will be encouraged to attend. Case managers will refer to various employment services such as the local job centers and temp agencies when applicable.

Through motivational interviewing, case managers will help participants determine their overall goals and break these goals down into actionable steps that move them closer to permanent housing.

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

As with all agency programs, case managers will identify any potential new resources and reach out to make connections. The agency already has a number of community partners that we work with to support mutual clients.

Project participants who have a goal of obtaining employment or increasing employment income will be connected to local Job Centers and temp agencies. Where they will be assisted with resume writing and being connected to employment opportunities. Those that would like to increase income by obtaining education will be referred to our SKILLS program and we will work with local technical colleges to assist with this goal.

The anticipated mainstream services that will most likely be used are FoodShare and BadgerCare. The project will assist participants in applying for these benefits and will refer to community partners for SSI, SSDI and Veteran benefits along with W-2 Childcare Assistance.

Social Services provided by the project include food and transportation. The project will also provide connection to local food pantries, home visiting programming, Head Start and other programs to benefit participants.

Case managers will assist participants with applying for Medicaid and Medicare or will connect participants to our Federally Qualified Health Center that participates in our local CoC to access health services and health insurance.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Annually
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Applicant	Bi-weekly
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	Non-Partner	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Applicant	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Applicant	As needed
Utility Deposits	Non-Partner	As needed

Identify whether the project will include the following activities:

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

4B. Housing Type and Location

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

Total Units: 2

Total Beds: 3

Total Dedicated CH Beds: 3

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	2	3	3

4B. Housing Type and Location Detail

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

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

a. **Units:** 2

b. **Beds:** 3

3. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 3

This includes both the “dedicated” and “prioritized” beds.

4. Address:

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

Street 1: 702 State Street

Street 2: PO Box 2315

City: Manitowoc

State: Wisconsin

ZIP Code: 54221-2315

***5. 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)**

559117 Sheboygan County, 559061 Kewaunee County, 559071 Manitowoc County, 559029 Door 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	1	1		2
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	1	1		2
Persons ages 18-24				0
Accompanied Children under age 18	1			1
Unaccompanied Children under age 18				0
Total Persons	2	1	0	3

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

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

Click Save to automatically calculate totals

Persons in Households without Children

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

Click Save to automatically calculate totals

Persons in Households with Only Children

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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

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

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

4. Select a grant term: 1 Year

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

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

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

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

6C. Leased Units

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

Total Annual Assistance Requested:	\$17,064
Grant Term:	1 Year
Total Request for Grant Term:	\$17,064
Total Units:	2

The number of beds for which funding has been requested in the Leased Units budget is 3.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WI - Sheboygan, W...	1	\$7,968	\$7,968
WI - Manitowoc Co...	1	\$9,096	\$9,096

Leased Units Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months	=	Total request (Applicant)
SRO		x	\$417		x	12	=	\$0
0 Bedroom		x	\$556		x	12	=	\$0
1 Bedroom	1	x	\$664	\$664	x	12	=	\$7,968
2 Bedroom		x	\$797		x	12	=	\$0
3 Bedroom		x	\$1,034		x	12	=	\$0
4 Bedroom		x	\$1,180		x	12	=	\$0
5 Bedroom		x	\$1,357		x	12	=	\$0
6 Bedroom		x	\$1,534		x	12	=	\$0
7 Bedroom		x	\$1,711		x	12	=	\$0
8 Bedroom		x	\$1,888		x	12	=	\$0
9 Bedroom		x	\$2,065		x	12	=	\$0
Total units and annual assistance requested:	1							\$7,968
Grant term:								1 Year
Total request for grant term:								\$7,968

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Leased Units Annual Budget

Size of Units	Number of units (Applicant)	FMR (Applicant)	HUD Paid Rent (Applicant)	12 months	Total request (Applicant)
SRO	x	\$389		x 12 =	\$0
0 Bedroom	x	\$518		x 12 =	\$0
1 Bedroom	x	\$583		x 12 =	\$0
2 Bedroom	1 x	\$758	\$758	x 12 =	\$9,096

3 Bedroom		x	\$937		x	12	=	\$0
4 Bedroom		x	\$1,043		x	12	=	\$0
5 Bedroom		x	\$1,199		x	12	=	\$0
6 Bedroom		x	\$1,356		x	12	=	\$0
7 Bedroom		x	\$1,512		x	12	=	\$0
8 Bedroom		x	\$1,669		x	12	=	\$0
9 Bedroom		x	\$1,825		x	12	=	\$0
Total units and annual assistance requested:		1						\$9,096
Grant term:								1 Year
Total request for grant term:								\$9,096

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	5hr/mo wage increase of \$5/hr	\$300
2. Assistance with Moving Costs		
3. Case Management	Wages .7FTE \$35/hr=\$36,400; Wage increase of \$5/hr for .8FTE=\$8,320; Payroll Taxes for 1.5 FTE-\$4,025; Health Insurance \$1,125/mo=\$13,500; Travel increase \$150/mo=\$1,800; P:hone for 2nd staff \$20/mo=\$240; 2 computers at \$1,400 ea=\$2,800; Space costs \$465/mo=\$5,580	\$72,665
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	\$750/mo	\$9,000
8. Housing/Counseling Services	5hr/mo wage increase for \$5/hr	\$300
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Bus passes for 4 people x \$48 x 12 months	\$2,304
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$84,569
Grant Term		1 Year
Total Request for Grant Term		\$84,569

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Damages 3 @ \$835	\$2,505
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	4 units without utilities \$225/mo=\$10,800; Increase of \$75/mo for 6 units=\$5,400	\$16,200
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$18,705
Grant Term		1 Year
Total Request for Grant Term		\$18,705

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

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

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

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

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



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

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

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

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$25,574
Total Amount of In-Kind Commitments:	\$90,000
Total Amount of All Commitments:	\$115,574

1. Will this project generate program income Yes
described in 24 CFR 578.97 to use as Match for
this project?

1a. Briefly describe the source of the program income:
(limit 1000 characters)

Rental payments by project participants based on income.

1b. Estimate the amount of program income that \$3,000
will be used as Match for this project:

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

Type	Source	Name of Source	Amount of Commitments
In-Kind	Private	Vivent Health	\$90,000
Cash	Government	CSBG	\$16,074
Cash	Private	CDBG	\$6,500
Cash	Private	Lakeshore CAP Pro...	\$3,000

Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Vivent Health
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$90,000

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

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Government
- 3. Name of Source: CSBG
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$16,074

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: CDBG
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$6,500

Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Private
- 3. **Name of Source:** Lakeshore CAP Program Income
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$3,000

6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$17,064	1 Year	\$17,064
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$84,569	1 Year	\$84,569
5. Operating (Screen 6G)	\$18,705	1 Year	\$18,705
6. HMIS (Screen 6H)	\$0	1 Year	\$0
 7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$120,338
10. Admin (Up to 10% of Sub-total in #9)			\$12,033
11. HUD funded Sub-total + Admin. Requested			\$132,371
12. Cash Match (From Screen 6I)			\$25,574
13. In-Kind Match (From Screen 6I)			\$90,000
14. Total Match (From Screen 6I)			\$115,574
15. Total Project Budget for this grant, including Match			\$247,945

The minimum required Total Match amount for the Grant Term is \$28,827.

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS letter	09/11/2023
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: IRS letter

Attachment Details

Document Description: Healthcare Leverage Letters

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Healthcare Levera...	09/13/2023

Attachment Details

Document Description: Healthcare Leverage Letters

7D. Certification

**Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No.
2501-0017
(expires 01/31/2026)**

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage.

Name of Authorized Certifying Official: Colleen Homb

Date: 09/13/2023

Title: Executive Director

Applicant Organization: Lakeshore CAP Inc. of Wisconsin

PHA Number (For PHA Applicants Only):

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties.(18 U.S.C. §§287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).**

X

8B. Submission Summary

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/11/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/11/2023
1E. SF-424 Compliance	09/11/2023
1F. SF-424 Declaration	09/11/2023
1G. HUD 2880	09/11/2023
1H. HUD 50070	09/11/2023
1I. Cert. Lobbying	09/11/2023
1J. SF-LLL	09/11/2023
1K. SF-424B	09/11/2023
1L. SF-424D	09/11/2023
2A. Subrecipients	No Input Required
2B. Experience	09/11/2023
3A. Project Detail	09/11/2023
3B. Description	09/11/2023
3C. Expansion	09/11/2023
4A. Services	09/11/2023
4B. Housing Type	09/11/2023
5A. Households	09/11/2023
5B. Subpopulations	No Input Required
6A. Funding Request	09/11/2023
6C. Leased Units	09/11/2023
6F. Supp Srvcs Budget	09/11/2023
6G. Operating	09/11/2023

VAWA Budget	No Input Required
6I. Match	09/11/2023
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/11/2023
7A. In-Kind MOU Attachment	09/13/2023
7D. Certification	09/11/2023

Internal Revenue Service

Department of the Treasury

District
Director

Person to Contact: EO:TPA

LAKESHORE CAP INC OF WISCONSIN
540 NORTH 8TH STREET
MANITOWOC, WI 54220

Telephone Number:
1-800-829-1040

Refer Reply to: 96-1796

Date: May 22, 1996

RE: EXEMPT STATUS
EIN: 39-1214392

This is in response to the letter, dated May 17, 1996, regarding your status as an organization exempt from Federal income tax.

Our records indicate that a ruling letter was issued in June 1973, granting your organization an exemption from Federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954. Our records also indicate that your organization is not a private foundation but one that is described in Section 509(a)(1) & 170(b)(1)(A)(vi) of the Internal Revenue Code.

Contributions made to you are deductible by donors in computing their taxable income in the manner and to the extent provided in Section 170 of the Internal Revenue Code.

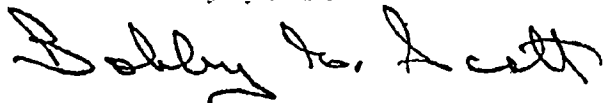
If your gross receipts each year are normally \$25,000 or more, you are required to file Form 990, Return of Organizations Exempt from Income tax by the fifteenth day of the fifth month after the end of your annual accounting period.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under Section 511 of the Code. If you are subject to this tax, you must file an income tax return on F-990-T.

If any question arises with respect to your status for Federal income tax purposes, you may use this letter as evidence of your exemption.

This is an advisory letter.

Sincerely yours.



Bobby E. Scott
District Director



September 8, 2023

Colleen Homb
Executive Director
Lakeshore CAP
702 State St.
Manitowoc, WI 54221

Dear Ms. Homb:

Vivent Health envisions a world without AIDS and strives to ensure everyone living with HIV lives a long and healthy life. It is in the spirit of this vision that we support Lakeshore CAP's Permanent Supportive Housing application. Based on the Lakeshore Coordinated Entry Prioritization List and the needs of current Vivent Health clients, we estimate being able to provide services to 6 of your program participants in the 2024-2025 grant year. Vivent Health will provide services to individuals who are eligible and choose to utilize our services. These services include medical case management, food pantry, insurance cost sharing, prescription assistance, transportation assistance, mental health counseling, and AODA services. The average annual cost of services per Vivent Health client is \$15,000. These services are funded through federal, state, and local grants, private donations, and reimbursements for services and pharmacy. The total in-kind services provided to Permanent Supportive Housing participants is estimated at \$90,000.

Sincerely,

A handwritten signature in black ink that reads "Jess Reese".

Jess Reese, MHS
Director of Wisconsin Case Management

JR:ct



LAKE SHORE CAP, INC.

HELPING PEOPLE. CHANGING LIVES.

Administrative Office:

Lakeshore CAP, Inc.
702 State Street
PO Box 2315
Manitowoc, WI
54221-2315
PH: (920) 682-3737
Fax: (920) 686-8700

Door County

Lakeshore CAP, Inc.
131 S 3rd Avenue
PO Box 791
Sturgeon Bay, WI
54235-0791
PH: (920) 743-0192
Fax: (920) 746-0142

Jak's Place
1623 Rhode Island Street
Sturgeon Bay, WI 54235
PH: (920) 818-0525
Fax: (920) 818-0435

Sheboygan County

Lakeshore CAP, Inc.
3620 Wilgus Ave.
PO Box 896
Sheboygan, WI 53082-0896
PH: (920) 803-6991
Fax: (920) 694-0291

Executive Director

Colleen Homb

Website:

www.lakeshorecap.org



September 10, 2023

Wisconsin Balance of State Continuum of Care

Attn: Carrie Poser
PO Box 272
Eau Claire, WI 54702

Dear Carrie,

Lakeshore CAP Inc. of Wisconsin has collaborated with Vivent Health and is committed to providing the following resources for Permanent Supportive Housing and Permanent Supportive Housing Expansion project #212498 from 9/1/2024 to 8/31/2025.

- Vivent Health has agreed to provide us with in-kind in the amount of \$90,000, over 25% of \$118,436 from services provided for up to 6 eligible clients while housed with us during the timeframe of 9/1/2024 to 8/31/2025.

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

Sincerely,

Colleen Homb
Executive Director



MAILING ADDRESS
 P.O. Box 959
 Sheboygan, WI 53082
lakeshorechc.org

September 12, 2023

Colleen Homb
 Executive Director
 Lakeshore CAP Inc. of Wisconsin
 PO Box 2315
 702 State Street
 Manitowoc, WI 54221-2315

Dear Mrs. Homb,

Lakeshore Community Health Care (LCHC) is pleased to write a letter of support for the Lakeshore CAP's PSH Expansion project. LCHC is familiar with the applicant and the helpful services they provide to those experiencing homelessness, some of which are our patients.

Lakeshore Community Health Care works to improve the health and well-being of Sheboygan and Manitowoc Counties, by providing quality, patient-centered, family-based healthcare, health promotion and support services free from linguistic, cultural and economic barriers. Our assistance will allow participants to achieve economic and social self-sufficiency to reduce or eliminate dependency on public assistance.

In an effort to assist Lakeshore CAP in meeting grant requirements and supporting mutual clients, we will provide an **in-kind match** amount of **(\$12,000)** for the grant period of September 1, 2024 to August 31, 2025. This amount should not be considered as a monetary amount. This assistance will allow participants to achieve economic and social self-sufficiency to reduce or eliminate dependency on public assistance. **NOTE:** The participants will be assisted based on our agency's eligibility assessment and our availability of funding to provide the mentioned in-kind assistance.

Supportive Service(s)	Calculation	Amount
Primary Medical, Behavioral, Oral Health Care, and enabling services.	$(\$25 \text{ per hour}) \times (2 \text{ people}) \times (80 \text{ total hours per year}) \times (3 \text{ years}) =$	\$12,000

As a new community health center and community partner, we understand the importance of collaboration for the success of a project, and we look forward to being one of many involved in this partnership to strengthen and support families in our community.

Sincerely,

Lakeshore Community Health Care

SHEBOYGAN
920-783-6633
 1721 Saemann Ave.
 Sheboygan, WI 53081

MANITOWOC
920-686-2333
 2719 Calumet Ave.
 Manitowoc, WI 54220

WEST BEND
262-353-9143
 908 W Washington St.
 West Bend, WI 53095



LAKESHORE CAP, INC.

HELPING PEOPLE. CHANGING LIVES.

Administrative Office:

Lakeshore CAP, Inc.
702 State Street
PO Box 2315
Manitowoc, WI
54221-2315
PH: (920) 682-3737
Fax: (920) 686-8700

Door County

Lakeshore CAP, Inc.
131 S 3rd Avenue
PO Box 791
Sturgeon Bay, WI
54235-0791
PH: (920) 743-0192
Fax: (920) 746-0142

Jak's Place
1623 Rhode Island Street
Sturgeon Bay, WI 54235
PH: (920) 818-0525
Fax: (920) 818-0435

Sheboygan County

Lakeshore CAP, Inc.
3620 Wilgus Ave.
PO Box 896
Sheboygan, WI 53082-0896
PH: (920) 803-6991
Fax: (920) 694-0291

Executive Director

Colleen Homb

Website:

www.lakeshorecap.org



September 13, 2023

Wisconsin Balance of State Continuum of Care

Attn: Carrie Poser
PO Box 272
Eau Claire, WI 54702

Dear Carrie,

Lakeshore CAP Inc. of Wisconsin has collaborated with Lakeshore Community Health Care and is committed to providing the following resources for Permanent Supportive Housing and Permanent Supportive Housing Expansion project #212498 from 9/1/2024 to 8/31/2025.

- Lakeshore Community Health Care has agreed to provide us with in-kind in the amount of \$12,000, from services provided for up to 2 eligible clients while housed with us during the timeframe of 9/1/2024 to 8/31/2025.

Eligibility for program participants in the new PH-PSH project will be based solely on the CoC Fair Housing requirements and will not be restricted by Lakeshore Community Health Care.

Sincerely,

Colleen Homb
Executive Director