

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

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

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

**If "Other", specify:**

**3. Date Received:** 09/01/2018

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** North Central Community Action Program, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 39-1080179

	<b>c. Organizational DUNS:</b>	096826086	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 2111 8th Street South, Suite 102

**Street 2:**

**City:** Wisconsin Rapids

**County:** Wood

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54494-6154

### e. Organizational Unit (optional)

**Department Name:** North Central Community Action

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Barbara

**Middle Name:**

**Last Name:** Larson

**Suffix:**

**Title:** Program Compliance Coordinator

**Organizational Affiliation:** North Central Community Action Program, Inc.

**Telephone Number:** (715) 387-2626

**Extension:**  
**Fax Number:** (715) 424-0771  
**Email:** blarson@nccapinc.com

## 1C. SF-424 Application Details

**9. Type of Applicant:** M. Nonprofit with 501C3 IRS Status

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6200-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

**15. Descriptive Title of Applicant's Project:** NCCAP Permanent Supportive Housing

**16. Congressional District(s):**

**a. Applicant:** WI-007, WI-003

**b. Project:** WI-007, WI-003  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 07/01/2019

**b. End Date:** 06/30/2020

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Diane

**Middle Name:**

**Last Name:** Sennholz

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (715) 424-2581  
(Format: 123-456-7890)

**Fax Number:** (715) 424-0771  
(Format: 123-456-7890)

**Email:** dsennholz@nccapinc.com

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

**Date Signed:** 09/01/2018



# 1G. HUD 2880

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

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** North Central Community Action Program, Inc.

**Prefix:** Ms.

**First Name:** Diane

**Middle Name:**

**Last Name:** Sennholz

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** North Central Community Action Program, Inc.

**Telephone Number:** (715) 424-2581

**Extension:**

**Email:** dsennholz@nccapinc.com

**City:** Wisconsin Rapids

**County:** Wood

**State:** Wisconsin

**Country:** United States

**Zip/Postal Code:** 54494-6154

**2. Employer ID Number (EIN):** 39-1080179

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$180,539.00

(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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Diane Sennholz, Executive Director

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

**Date Signed:** 08/17/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** North Central Community Action Program, Inc.

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

## 2. Sites for Work Performance.

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

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

X

**the accompaniment herewith, is true and accurate.**



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

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Diane

**Middle Name**

**Last Name:** Sennholz

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (715) 424-2581  
**(Format: 123-456-7890)**

**Fax Number:** (715) 424-0771  
**(Format: 123-456-7890)**

**Email:** dsennholz@nccapinc.com

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

**Date Signed:** 09/01/2018

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

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

X

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

**Applicant's Organization:** North Central Community Action Program, Inc.

**Name / Title of Authorized Official:** Diane Sennholz, Executive Director

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

**Date Signed:** 09/01/2018

# 1J. SF-LLL

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

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

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

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

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

**Legal Name:** North Central Community Action Program, Inc.  
**Street 1:** 2111 8th Street South, Suite 102  
**Street 2:**  
**City:** Wisconsin Rapids  
**County:** Wood  
**State:** Wisconsin  
**Country:** United States  
**Zip / Postal Code:** 54494-6154

**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:** Diane

**Middle Name:**

**Last Name:** Sennholz

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (715) 424-2581  
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**Fax Number:** (715) 424-0771  
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**Email:** dsennholz@nccapinc.com

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

**Date Signed:** 09/01/2018



## 2A. Project Subrecipients

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

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

NCCAP has provided assistance to individuals & families experiencing homelessness for 28 yrs utilizing federal state & private grant funds. Assistance has ranged from eviction prevention to THP & people served have ranged in need from minimal financial assistance to intensive case management & housing supports w/full rent subsidy. We adopted a housing first approach in 2014 & have focused services on assisting HH with significant barriers to housing stability with our supportive housing programs utilizing harm reduction & trauma-informed principles in our supportive services. Our current TH pgm uses a scattered site approach & we serve as the lessee allowing clients immediate housing stability. NCCAP initiated the HHH pgm in Marathon Cty in 2015 (private U-Way, CDBG grants) using a scattered site approach. NCCAP served as the lessee on behalf of clients to whom residences are subleased. We'll use this approach in PSH as it promotes community integration & allows clients to choose housing to meet their wants & needs. We prov case mgmt in our TH prgm & prov a wrap-around approach for clients to ensure they rec all resources needed to remain stably housed. The project provides transp needed to medical, MH, & AODA services, employ & edu resources. For those who choose employment, referrals are made to DVR & Job Ctr for assist. w/employment skills & accommodations. NCCAP offers a Skills Enhancement prgm & has secured private educ \$ from foundations & banks to assist w/short-term training to incr wages & ben for low-income people. Clients can work w/CM to assess curr edu & skills, develop a plan to impr both to inc income. We work closely w/Job Ctr & Forward Svcs who offer a variety of services. NTC is a provider of job trning prgms at the Tech school level. NCCAP, TSA & NTC operate the Learning Ctr, provide Adult Basic Learner svcs in a lab setting. This prgm offers 1:1 teacher assist to impr skills to gain empl. The NCCAP CM will work closely with client to identify oppor for empl/income, work together when feas to find solutions. The client drives this process, is in control, but NCCAP will offer assistance when needed & accepted. NCCAP's Homeless Prevention Program dept have developed policy and procedure manuals that guide prgm operations: case mgmt, recordkeeping, goal planning, provision of support svcs, work w/in grant guidelines & req accting policies. The Program Compliance Coordinator (PCC) trains CM on developing goal plans, reviewing, updating & integrating new info into the plans. Our CM meet formally once per mo but discuss as needed to address challenges & find solutions for client issues. We have 4 CM with a combined 44 years of experience in the human services field & rec continuing ed & training on a reg basis. Relevant trning topics include Housing First, Trauma-Informed Care, Recovery Coach Training & training provide by the WI BOSCO. 2 of 4 CM are certified HQS inspectors & all are licensed HMIS users. In 1998 we recvd our initial funding for a HUD Supportive Housing Program. NCCAP has gained wide support & has developed strong local connections with private foundations, Merrill United Way, United Way of

MC, Marshfield UW, UW of Wood & Adams Cty, CTY Health Dept. Cty Soc Serv, City of Wausau & Cty Govts in counties we serve. Priv & Local funding rcvd provides for supp svcs & match for HP. The past 20 yrs NCCAP has written a local grants to include funding sub-recipient to assist the homeless. Sub-recipient incl DV shelters, TSA, Catholic Charities. We meet mthly, discuss curr issues, develop new procedures if/when nec, share new info. The ED Supervises CM & PCC ensures program guidelines are followed & proper recordkeeping is followed. The Director of Admin (DOA), works closely with ED & PCC to ensure proper acctg & utiliz. of grant funds. NCCAP is governed by an 18-member board. The ED is respons for agency operations & directly supervises DOA, Dir of Weatherization, AmeriCorps Prgm Dir, PCC, CM, Sec 8 staff, & CHDO ten mgr. DOA supervises the accting staff. Dir of Weather. supervises WE staff. Accting dept structure includes DOA, Accts Pay/PR clerk, & accting/finance asst. DOA reports to the NCCAP Board at bi-monthly mtgs. The Board's fin comm reviews fin mo stmts & other pert data. The fin Chair meets with auditor on an annual basis to discuss agency perf & review 990. Accting firm presents the agency audit to the full board annually. NCCAP uses Abila MIP Fund Accting Software. The Chart of Accounts consists of 5 segments; Grant Fund, Gen Ledger (depts. & accts), Balancing, Non-balancing, & Restricted. We maintain seg records by grant fund & gen reports on a reg basis for funders. Abila allows for addit fund accts & line items to be set up as new ctrct/grants are rcvd/applied for. Fin maint accts & docs needed to idtfy the srce & applic of funds for grant acti. Exps are rec when goods are rcvd or when a serv is rendered. Accting staff duties (record of trans, phys control of items, maint. of gen ledger accts, & PR) are prop segr. NCCAP uses an inter contr segr of duties grid to ensure sep of duties. Only valid A/P trns based on doc vendor inv, rcvg report, or other appr doc is recorded as A/P. A vchr system, composed of vendor inv, PO when applic, & vchr rqst is maint. Two sigs are req on vchr rqst & PO b-4 proc. The a/p clerk prints checks, checks are given to accting asst to review & stamp w/sig stamp. Checks are mailed by admin asst. Checks are verified against the system gen register & appr by the DOA and ED. Emp's are pd bi-wkly & pmt is contin upon timely rcpt of prop compl PR docs. Emp's compl t/s with prgm codes ensures proper coding of their time. T/S are entered by PR clerk, verified by the acct. asst & posted by the DOA. Accting Staff are respons. for prep entries, are appr by DOA & ent by acct. asst. Jrnl entr prep by DOA are approv by acct staff & ent by accting asst. Gen ledg entr & supp docs are filed by mo in chron order, by prgm.

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

NCCAP has provided assistance to individuals and families experiencing homelessness for 28 years utilizing federal, state, and private grant funds. We have an established track record of effectively and ethically managing these funds. The agency adheres to the rules and expectations specified by grantors as well as the WI BOSCOG. We have demonstrated a commitment to best practices and determining how to provide and deliver services that match the needs of people experiencing homelessness. Since 1998 when we received our initial funding for a HUD Supportive Housing Program, NCCAP has obtained significant support and has developed strong local connections with The B.A. Esther Greenheck Foundation, Merrill Area United Way, United Way of Marathon County, Marshfield Area United Way, United Way of South Wood and Adams County, in addition to the County Health Departments, County Social

Services, the City of Wausau and County governments in each of the counties we serve. Private and local funding received provides for supportive services and match for our housing programs. For the past 20 years NCCAP has taken the lead and has written local grants to include funding sub-recipients to assist the homeless. Sub-recipients include a local DV shelter, The Salvation Army, and Catholic Charities. We meet monthly to discuss current issues, develop new procedures if/when necessary, and share new sources of referrals or changes with current partners. In addition, NCCAP has administered TEFAP, TBRA, ESG, HCRI, THP, ARRA, and Housing Choice Voucher funds. In 2000 NCCAP partnered with St. Josephs Ministry in Marshfield, WI to build a six-unit low income apartment building to provide affordable housing to low income residents. We continue to manage all facets of this property. NCCAP has administered Sate of WI funds (Homeless Prevention Program, State THP), County funding, & currently has 5 private foundations and 4 United Way grants. NCCAP also operates an AmeriCorps program which requires the use of additional leverage by host sites and additional private funding to administer. We have successfully operated this program for the last 18 when we were approached by CNCS to take over the program due to the original grantee's mismanagement of funds.

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

NCCAP is governed by an 18 member board. The ED is resp for agency operations & directly supervises Dir of Admin (DOA, Dir of Weatherization, AmeriCorps Prgm Dir, Program Compliance Coordinator (PCC), CM, Sct 8 Staff & CHDO ten mgr. The DOA Supervises the accting staff, Dir of Weatherization oversees that staff. NCCAP Homeless Housing Prgms have policy & procedures that guide prgm operation: Case mgmt, recordkeeping & reporting, determining caseload, FRM & rent reasonableness, HQS, goal planning, supportive srvc, engaging LL & working w/in proper accting policy. The ED supervises CM & PCC. The PCC ensures prgm guidelines are followed & proper rcd keeping is followed. DOA works with ED & PCC to ensure proper accting of & utilization of grant funds. Internally, when there are project openings the PCC will contact the highest priority HH to offer assist, ensuring we have eligibility docs prior to enrollment. Our Skills Enhancement Prgm assists with short term trning to inc wages & ben for low-income persons. Clients work w/CM to ass curr ed & skills to develop a plan for enhancing both to incr income, may incl working with Job Ctr & ABE staff to obtain GED or job related skills. CM are certified to offer budgeting assist to further prov a sustainable method of becoming financially self-sufficient. CM assist one another with case management as necessary. If situations arise a collaborative approach is used to prov solutions & resources are utilized when possible across cty lines. Externally CM work with ES & DVS to ensure all homeless are referred to CE & get CH HH document ready. This includes documented homeless episodes & ensuring people have a safe place to be until housed. We have leasing history/relationships with several local LL to assist us in housing participants rapidly. Once enrolled, CM make referrals to agencies for AODA & MH srvc, DV counseling, outpatient health, ed svcs, employment assist, legal assist, basic needs, child care assist, etc. Accting dept structure incl DOA, Accts pay/pr clerk, accting/fin asst. DOA reports to NCCAP Board at bi-monthly meetings. The Board's fin comm reviews fin monthly stmts & other pertinent

info. The fin Chair meets with Auditors on annual basis to discuss agency perf & and review 990. The accting firm presents the agency audit to the full board on an annual basis. NCCAP uses Abila MIP Fund Accting Software. The chart of accounts has 5 segments. Grant Fund, General ledger w/depts. & accts, Balancing, Non-Balancing & Restricted. We maintain segregated records by grant fund & gen reports on a reg basis for funders. Finance maintains accts & docs needed to identify the source & application of funds for grant activities. Accting staff duties (recording of transactions, physical control of items, maintenance of gen ledger accts & payroll) are segregated. NCCAP uses an internal control segregation duties grid to ensure separation of duties.

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

### 3A. Project Detail

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

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

**2. Project Name:** NCCAP Permanent Supportive Housing

**3. Project Status:** Standard

**4. Component Type:** PH

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

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

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

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

Grant Number	Operating Start Date	Expiration Date	Component Type
WI0027L5I001710	07/01/2018	06/30/2019	TH

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

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

We are working with our current participants to ensure they will exit the program successfully as we have done in the past. The THP program was originally set up to have a successful anticipated exit plan within the first 3 mo clients are enrolled in the prgm. This means we continue to use all our community partners to provide wrap-around services ie., counseling for AODA, MH, DV, connecting to insurance, secure employment, or eligible to receive SSI/SSDI. We complete scattered site apps w/HA, assist w/ sec 8 apps and utilize income based housing applications. We will utilize our private funding in the event that a current client will need additional housing funds to maintain stable housing, we will work with Forward Svces, FSET to assist clients still in need of other financial assistance or to cover utility costs. We have a relationship with Community Corner Clubhouse so current and future clients have a safe place to go during the day to be involved in a social learning environment. NCCAP has reorganized and restructured staffing levels in all 4 locations to accommodate the PSH case management piece. We have hired a new CM who has years of experience to handle current housing programs in the metro area to allow seasoned CM to attend new educational opportunities in preparation of the new grant. If needed, CM with reduced hours at this time will have their hours increased until all current TH participants have exited and while we enroll PSH participants once the grant begins. We currently assist our THP participants even before we are able to get them housed & we will continue this with the PSH clients and expect full enrollment by the 3rd month of the new grant. We have reduced the number of beds in the PSH grant to accommodate the level of anticipated case management. We expect to require approx. \$26,100.00 (potentially 4 clients @ 725 per mo rent for 9 mo) at most.

### 3B. Project Description

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

Since implementation of CE and Priority Lists, we have ID more people exp CH & most have AODA issues and MH issues. CH in our Continua have crim drug charges, making it diff to find housing w/out asst. Add'l chall incl lack of public transp to outlying comms where there are jobs & employers willing to hire this sub-pop. This PSH proj will serve ind & fam exp CH. Using CE, HHs are prioritized for PSH proj in accord with the WI BOSCOG prioritization stds. The proj will follow a Housing 1st Model and enroll CH clients w/out preconditions. CM will utilize a harm reduc appr to help HHs mntn housing. CM will help clients find suit housing by loc units near comm amen, ens rents meet FMR, rent reas, & ens units meet HQS. CM will negot with LL to incl util with rent. NCCAP will hold the lease on the unit & pay full rent to the LL & util if not incl in rent. Clients sublease from us and will pay an occup chge = to 30% of HHs adj mo inc (if applic). If client is at risk of eviction, we help find a new apt & assist w/moving costs. Termination from the proj would be rare & limited to severe breaches of particip agreement or violence against staff. Once housed, CM & clients assess barriers to maintain housing, develop a housing stab plan, deter freq of visits (min weekly), & ID comm rsrcs to which the ind/fam can be referred. Based on ID needs, CM will connect client to all approp mainst rsrcs & asst in mtning eligib thru out PSH. CM can help clients w/life skills, food costs, transport, job readiness skills, & further educ. We refer clients to agencies for child care, employ, & legal assist, & AODA & MH counseling, outpatient health srvc. All nec rels of info will be obtd so impor & nec exch of info can occur. As a scattered site proj, we help clients transition in place at the end of their prgm. This mntns housing stability and conn to comm rsrcs. NCCAP will have 10 HH enrolled in PSH at max capacity. We project 90% of clients will exit to or remain in PH. We will help clients complete scattered site apps with the HAs, if client chooses this & is determined to be a better solution to their housing stability. We will assist clients with Sec 8 HCV by advocating on their behalf to secure housing if the apt they've chosen at the beg of prgm will not utilize Sec 8 vouchers. All income based housing apps are on file should the client wish to move as part of their exit strategy. We project 75% of clients will incr total income. This will be accomp thru assist clients in obt SSI/SSDI, working w/DVR, & assist clients w/their edu thru prgms such as NCCAP's skills enhcment prgm, Job Ctr, NTC. We rely on partners for referrals to PSH through CE. HUD & WI BOSCOG support is essential in ending CH in our Continua. The HHs exp homelessness have many challenges, most significant are AODA & MI. We lack subsidized housing and long-term supports for this pop. This proj provides for intensive CM and supportive services to help these HHs obtain & maintain permanent housing.

**2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or**

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**structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	1			
Participant enrollment in project begins?	1			
Participants begin to occupy leased units or structure(s), and supportive services begin?	15			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	65			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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

**\* 4. Please identify the project's specific population focus.**  
**(Select ALL that apply)**

Chronic Homeless	<input checked="" 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"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**5. Housing First**

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

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

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

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

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

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

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

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

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

**Dedicated and 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.

**10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above.** 100% Dedicated

## 4A. Supportive Services for Participants

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

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

X

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

Needs for pop incl AODA, MI, Phys dis, crim drug charges. Add'l challenges incl lack of public trans & limited jobs that provide living wage for this pop which typically lack post-sec ed. To house w/in 30 days of enroll, client & CM look for housing & talk @ min of wkly re housing search. NCCAP has good relationships w/LL thru THP, HPP & RRH prgms. CM assess barriers & dev plan w/client to address them, asst w/rent apps, neg w/LL. As a scattered site proj, CM asst client find housing they want/need. Rent Reas followed. Post-move in CM & client discuss housing stab goals, freq of home visits, & ID comm rsrcs to address needs. Goals/plans may focus on AODA/MH recovery & harm reduction as a means to stable housing. CM can help w/food, transp, job & life skills, ed. CM are a rsrc to LL to mediate & resolve issues w/clients. Clients transition in place at exit, maintaining housing stability and connected to community and the resources.

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

This pop has AODA, MI, phys disabilities, crim drug charges. Other challenges incl lack of public transp, limited jobs that provide a living wage to persons with no post-sec ed. To incr income & become financially independent & therefore self-sufficient, clients may require; transportation or access to public transportation, basic needs met (food, hygiene & hh goods, proper clothing), child care, AODA & mental health services & consistent medical & mental health care, GED/HSED, training certificate or vocational education or

vocational rehabilitation. This proj assists w/ transp, basic needs, SSI/SSDI applications, presc needs, & helping w/ resolving legal issues. Clients can become more independ w/this program because we'll be connecting them w/all the resources they need. In addition, CM work closely w/clients & refer/collaborate w/other agencies to connect clients to AODA services, Vocational rehab services, staff agencies & other oppor for employment/income. If a client needs to go to counseling, we will help them set up, take them to the appoint if nec & keep providing this level of service if they choose. If they need child care to go to doctor appts, counseling, attend school or training, we'll make child care available to accom them. We partner w/the local job ctr who offer a variety of services as does Forward Svces Corp, & FSET. NCCAP case workers will assist w/accessing services through DVR & SSI/SSDI liaisons in completing apps. NTC is a local provider of job training prgms at the tech school level. NCCAP, TSA & NTC operate the Learning Center which provides Adult Basic Learner services in a lab setting. This prgm offers 1:1 teacher assist to impr skills needed to gain employment. NCCAP operates a skills enhancement prgm to asst w/ certificate programs & liaisons to work w/ SSI/SSDI. Again, the client drives this process & is in control over what they would like to happen but CM will offer asst when needed & accepted

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

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

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



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

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

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

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

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

**Total Units:** 10

**Total Beds:** 10

**Total Dedicated CH Beds:** 10

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

## 4B. Housing Type and Location Detail

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

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

**a. Units:** 10

**b. Beds:** 10

**3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?** 10

**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:** 2111 8th St S. Suite 102

**Street 2:**

**City:** Wisconsin Rapids

**State:** Wisconsin

**ZIP Code:** 54494

**\*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)**

559069 Lincoln County, 559141 Wood County,  
559073 Marathon 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		10		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		9		9
Adults ages 18-24		1		1
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
<b>Total Persons</b>	0	10	0	10

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

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

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	9			6		2		1		
Adults ages 18-24	1			1						
<b>Total Persons</b>	10	0	0	7	0	2	0	1	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

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

## 5C. Outreach for Participants

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

20%	Directly from the street or other locations not meant for human habitation.
80%	Directly from emergency shelters.
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	Total of above percentages

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

NCCAP participates in the WI BOSCOG CE which provides outreach to CH and those least likely to access homeless services. Emergency Shelters and DV agencies participate in CE by referring to the Prioritization List. Schools and mainstream providers are now referring to North Central CAP so their clients can be referred to the Prioritization List. BOS CE operates as No Wrong Door, ensuring access no matter where someone asks for services. Referrals to the project come from the HMIS and Non-HMIS Prioritization List which automatically prioritize based on HUD Notice and BOSCOG policy. Our program compliance coordinator contacts the highest prioritized HH for PSH, informs of program opening, and works with HH to get eligibility documentation (disability verification, CH documentation). We are currently working with emergency shelters and DV shelters that participate in CE to get HHs categorized as chronically homeless “document ready” so there is no delay in enrolling these HHs. NCCAP collaborates with local agencies to host an event called project connect twice a year to offer outreach services in an environment where individuals can come to eat, get haircuts, self-care kits, showers, get blood pressure screenings, choice of outer wear and clothing items, and receive information of the local agencies that may be able to help with housing issues, health, AODA, other addictions issues, and employment opportunities. There are outreach workers on site to assist anyone who would like to seek further assistance.

## 6A. Funding Request

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

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

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

**4. Select a grant term:** 1 Year

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

<b>Acquisition/Rehabilitation/New Construction</b>	<input type="checkbox"/>
<b>Leased Units</b>	<input checked="" type="checkbox"/>
<b>Leased Structures</b>	<input type="checkbox"/>
<b>Rental Assistance</b>	<input type="checkbox"/>
<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operating</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

## 6C. Leased Units

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

<b>Total Annual Assistance Requested:</b>		\$67,440	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$67,440	
<b>Total Units:</b>		10	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WI - Wausau, WI M...	10	\$67,440	\$67,440

## 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 - Wausau, WI MSA (5507399999)

### Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$343		x	12	=	\$0
0 Bedroom		x	\$457		x	12	=	\$0
1 Bedroom	10	x	\$562	\$562	x	12	=	\$67,440
2 Bedroom		x	\$721		x	12	=	\$0
3 Bedroom		x	\$904		x	12	=	\$0
4 Bedroom		x	\$1,072		x	12	=	\$0
5 Bedroom		x	\$1,233		x	12	=	\$0
6 Bedroom		x	\$1,394		x	12	=	\$0
7 Bedroom		x	\$1,554		x	12	=	\$0
8 Bedroom		x	\$1,715		x	12	=	\$0
9 Bedroom		x	\$1,876		x	12	=	\$0
<b>Total units and annual assistance requested:</b>	10							\$67,440
<b>Grant term:</b>								1 Year
<b>Total request for grant term:</b>								\$67,440

**Click the 'Save' button to automatically calculate totals.**

## 6F. Supportive Services Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>	Moving truck rental for 3 participants @ \$150 ea	\$450
<b>3. Case Management</b>	1.0 FTE case manager; (wage & benefit) @ \$61,645, supplies @ \$400, postage @ \$175, office costs @ \$1400, phone for coordinating delivery of services to participants @ \$900, IT support @ \$700, mileage for home visits and client appts for participants @ \$3700	\$68,920
<b>4. Child Care</b>		
<b>5. Education Services</b>	Fees for GED and ACT, other enrollment/application fees for post secondary education.	\$550
<b>6. Employment Assistance</b>		
<b>7. Food</b>	Groceries for 10 households @ \$154.50 each; and to cover items not carried by food pantries; ie cleaning supplies and personal care items.	\$1,545
<b>8. Housing/Counseling Services</b>		
<b>9. Legal Services</b>		



<b>10. Life Skills</b>	.25 FTE case manager or independent living specialist (wage & benefit) @ \$9,223 mileage for home visits to enrolled participants @ \$300; \$1000 supplies to teach life skills to 8 participants valued at \$125 per household.	\$10,523
<b>11. Mental Health Services</b>	Mental Health visits (co-pays) for 5 participants and Prescription expense assistance for 5 participants @ \$50 ea	\$500
<b>12. Outpatient Health Services</b>	Medical/dental visit (co-pay) and Prescription expense assistance for 5 participants @ \$100 ea	\$500
<b>13. Outreach Services</b>		
<b>14. Substance Abuse Treatment Services</b>	AODA assessments and outpatient expense for 5 participants @ \$200 ea;	\$1,000
<b>15. Transportation</b>	Bus tokens & taxi vouchers for 8 participants @250 each	\$2,000
<b>16. Utility Deposits</b>		
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$85,988
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$85,988

**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
<b>1. Maintenance/Repair</b>	Maintenance & Repairs for 5 leased units @ \$340 each	\$1,700
<b>2. Property Taxes and Insurance</b>		
<b>3. Replacement Reserve</b>		
<b>4. Building Security</b>		
<b>5. Electricity, Gas, and Water</b>	Utility bill payments for 5 households at \$150/mo	\$9,000
<b>6. Furniture</b>		
<b>7. Equipment (lease, buy)</b>		
<b>Total Annual Assistance Requested</b>		\$10,700
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$10,700

**Click the 'Save' button to automatically calculate totals.**

## 6I. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$28,276
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$28,276

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	United Way of Mar...	07/25/2018	\$28,276

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** United Way of Marathon County  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 07/25/2018
- 6. Value of Written Commitment:** \$28,276

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
<b>1a. Acquisition</b>			\$0
<b>1b. Rehabilitation</b>			\$0
<b>1c. New Construction</b>			\$0
<b>2a. Leased Units</b>	\$67,440	1 Year	\$67,440
<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$0	1 Year	\$0
<b>4. Supportive Services</b>	\$85,988	1 Year	\$85,988
<b>5. Operating</b>	\$10,700	1 Year	\$10,700
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$164,128
<b>8. Admin (Up to 10%)</b>			\$16,411
<b>9. Total Assistance Plus Admin Requested</b>			\$180,539
<b>10. Cash Match</b>			\$28,276
<b>11. In-Kind Match</b>			\$0
<b>12. Total Match</b>			\$28,276
<b>13. Total Budget</b>			\$208,815

**Click the 'Save' button to automatically calculate totals.**

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Non-Profit Docume...	08/29/2018
2) Other Attachment(s)	No	HUD 50070, Match,...	09/01/2018
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** Non-Profit Documentation

## **Attachment Details**

**Document Description:** HUD 50070, Match, THP renewal

## **Attachment Details**

**Document Description:** HUD 50070 w/attachments

## 7D. Certification

### **A. For all projects: Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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



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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Diane Sennholz

**Date:** 09/01/2018

**Title:** Executive Director

**Applicant Organization:** North Central Community Action Program, Inc.

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent**

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

## 8B. Submission Summary

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

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
New Project Application FY2018	Page 51
	09/02/2018

<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/29/2018
<b>1E. SF-424 Compliance</b>	08/29/2018
<b>1F. SF-424 Declaration</b>	08/29/2018
<b>1G. HUD 2880</b>	08/29/2018
<b>1H. HUD 50070</b>	08/29/2018
<b>1I. Cert. Lobbying</b>	08/29/2018
<b>1J. SF-LLL</b>	08/29/2018
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	08/29/2018
<b>3A. Project Detail</b>	08/29/2018
<b>3B. Description</b>	08/29/2018
<b>4A. Services</b>	08/29/2018
<b>4B. Housing Type</b>	08/29/2018
<b>5A. Households</b>	08/29/2018
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	08/29/2018
<b>6A. Funding Request</b>	08/29/2018
<b>6C. Leased Units</b>	08/29/2018
<b>6F. Supp Srvcs Budget</b>	08/29/2018
<b>6G. Operating</b>	08/29/2018
<b>6I. Match</b>	08/29/2018
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/01/2018
<b>7D. Certification</b>	08/29/2018



U. S. TREASURY DEPARTMENT  
INTERNAL REVENUE SERVICE

Determination Letter  
MIL-10-66-301

DISTRICT DIRECTOR

P. O. Box 1157, Milwaukee, Wis. 53201

November 17, 1966

IN REPLY REFER TO  
Form L-178  
A:R: P:EGG

Wood County Community Action Organization  
Box 126  
Pittsville, Wis. 54466

PURPOSE		Charitable
ADDRESS INQUIRIES & FILE RETURNS WITH DISTRICT DIRECTOR OF INTERNAL REVENUE		
Milwaukee, Wisconsin		
FORM 990-A RE- QUIRED	ACCOUNTING PERIOD ENDING	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		June 30

Gentlemen:

On the basis of your stated purposes and the understanding that your operations will continue as evidenced to date or will conform to those proposed in your ruling application, we have concluded that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code. Any changes in operation from those described, or in your character or purposes, must be reported immediately to your District Director for consideration of their effect upon your exempt status. You must also report any change in your name or address.

You are not required to file Federal income tax returns so long as you retain an exempt status, unless you are subject to the tax on unrelated business income imposed by section 511 of the Code, in which event you are required to file Form 990-T. Our determination as to your liability for filing the annual information return, Form 990-A, is set forth above. That return, if required, must be filed on or before the 15th day of the fifth month after the close of your annual accounting period indicated above.

Contributions made to you are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for your use are deductible for Federal estate and gift tax purposes under the provisions of section 2055, 2106 and 2522 of the Code.

You are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you file a waiver of exemption certificate as provided in such act. You are not liable for the tax imposed under the Federal Unemployment Tax Act. Inquiries about the waiver of exemption certificate for social security taxes should be addressed to this office, as should any questions concerning excise, employment or other Federal taxes.

This is a determination letter.

Very truly yours,

*W. S. Stumpf*  
W. S. Stumpf  
District Director

1 640 9th Ave. S.W., Aberdeen, S. Dak. 57401  
2 17 N. Dearborn St., Chicago, Ill. 60602  
3 210 Walnut St., Des Moines, Iowa 50309  
4 653 Second Ave. N., Fargo, N. Dak. 58102

5 517 E. Wisconsin Ave.  
Milwaukee, Wis. 53202  
6 15th and Dodge Sts., Omaha, Nebr. 68102  
7 1114 Market St., St. Louis, Mo. 63101

8 Federal Building and U. S. Courthouse  
316 Robert St., St. Paul, Minn. 55101  
9 325 W. Adams St., Springfield, Ill. 62704

# Department of the Treasury

Address any reply to DISTRICT DIRECTOR at office No. 8

## District Director Internal Revenue Service

Date:

In reply refer to:

July 3, 1974

A: 711211:MM

Mrs. Mendez 612-725-7075



Rec. 9/7/74  
JJ

▶ North Central Community Action Program  
531 10th Avenue N.  
Wisconsin Rapids, Wisconsin 54981

Date of Exemption: November 17, 1965  
Internal Revenue Code Section: 501(c)(3)

Gentlemen:

Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,

*C. D. Switzer*  
C. D. Switzer  
District Director

Item Changed

From

To

~~Name~~

Wood County Community  
Action Organization Inc.

North Central Community  
Action Program, Inc.

Wisconsin Department of Revenue  
Income, Sales, & Estate Tax Division

**CERTIFICATE OF EXEMPT STATUS**  
(Religious, Charitable, Scientific or Educational Organization)

Sales to the below named organization are exempt from taxation under the Wisconsin Sales and Use Tax Law pursuant to Section 77.54(9a) of the Wisconsin Statutes.

This certificate is valid until revoked by the Wisconsin Department of Revenue.

NORTH CENTRAL COMMUNITY-  
ACTION PROGRAM INC  
1430 2ND ST N  
WISCONSIN RAPIDS WI 54495

IMPORTANT:

Sales to your organization are taxable unless you furnish your supplier with the certificate number shown above.

Sales by your organization may be subject to tax.

EXEMPTION CERTIFICATE NUMBER	
ES	5971
DATE	
02/21/67	