

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 2021 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 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 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 2021 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/29/2021

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: Pillars, Inc

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1582471

| | | | | |
|--|--------------------------------|-----------|----------------|--|
| | c. Organizational DUNS: | 779950930 | PLUS 4: | |
|--|--------------------------------|-----------|----------------|--|

d. Address

Street 1: 605 E Hancock Street

Street 2:

City: Appleton

County: Outagamie

State: Wisconsin

Country: United States

Zip / Postal Code: 54911

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Joe

Middle Name:

Last Name: Mauthe

Suffix:

Title: Executive Director

Organizational Affiliation: Pillars, Inc

Telephone Number: (920) 734-9192

Applicant: Pillars, Inc

779950930

Project: It Takes a Village Permanent Supportive Housing Program Expansion

189904

Extension: 116

Fax Number: (920) 731-7087

Email: jmauthe@pillarsinc.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-6500-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: It Takes a Village Permanent Supportive Housing Program 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: 09/01/2022

b. End Date: 08/31/2023

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: Tara

Middle Name: Ann

Last Name: Prah

Suffix:

Title: Supportive Services Director

Telephone Number: (920) 734-9192
(Format: 123-456-7890)

Fax Number: (920) 731-7087
(Format: 123-456-7890)

Email: tprahl@pillarsinc.org

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

Date Signed: 10/29/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Pillars, Inc
Prefix: Ms.
First Name: Tara
Middle Name: Ann
Last Name: Prah
Suffix:
Title: Supportive Services Director
Organizational Affiliation: Pillars, Inc
Telephone Number: (920) 734-9192
Extension: 121
Email: tprahl@pillarsinc.org
City: Appleton
County: Outagamie
State: Wisconsin
Country: United States
Zip/Postal Code: 54911

2. Employer ID Number (EIN): 39-1582471

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$205,628.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|---|-------------------------|-----------------------------|---------------------------------|
| Pillars 605 E. Hancock St. Appleton, WI 54911 | Private / Local Funders | \$26,312.00 | Leasing and Supportive Services |
| Pillars 605 E. Hancock St. Appleton WI 54911 | Program Fees | \$19,250.00 | Leasing |
| Pillars 605 E. Hancock St. Appleton WI 54911 | In-kind | \$6,688.00 | Supportive Services and Admin |
| | | | |
| | | | |

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

| Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | Social Security No. or Employee ID No. | Type of Participation | Financial Interest in Project/Activity (\$) | Financial Interest in Project/Activity (%) |
|---|--|-----------------------|---|--|
| N/A | | N/A | \$0.00 | 0% |
| N/A | | N/A | \$0.00 | 0% |
| N/A | | N/A | \$0.00 | 0% |
| N/A | | N/A | \$0.00 | 0% |
| N/A | | N/A | \$0.00 | 0% |

Note: If there are no other people included, write NA in the boxes.

Certification

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

I certify that 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.

I AGREE:

Name / Title of Authorized Official: Tara Prah, Supportive Services Director

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

Date Signed: 10/29/2021

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Pillars, Inc

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

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

X

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.



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: Tara

Middle Name: Ann

Last Name: Prah

Suffix:

Title: Supportive Services Director

Telephone Number: (920) 734-9192
(Format: 123-456-7890)

Fax Number: (920) 731-7087
(Format: 123-456-7890)

Email: tprahl@pillarsinc.org

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

Date Signed: 10/29/2021

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: Pillars, Inc

Name / Title of Authorized Official: Tara Prah, Supportive Services Director

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

Date Signed: 10/29/2021

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: Pillars, Inc
Street 1: 605 E Hancock Street
Street 2:
City: Appleton
County: Outagamie
State: Wisconsin
Country: United States
Zip / Postal Code: 54911

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: Tara

Middle Name: Ann

Last Name: Prah

Suffix:

Title: Supportive Services Director

Telephone Number: (920) 734-9192
(Format: 123-456-7890)

Fax Number: (920) 731-7087
(Format: 123-456-7890)

Email: tprahl@pillarsinc.org

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

Date Signed: 10/29/2021

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: Pillars, Inc

Prefix: Ms.

First Name: Tara

Middle Name: Ann

Last Name: Prah

Suffix:

Title: Supportive Services Director

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

Date Signed: 10/29/2021

1L. SF-424D

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards:

| 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.

Pillars has been the fiscal agent for the CoC-Permanent Supportive Housing project, It Takes a Village (ITAV), that we currently operate since 2012. In 2012, COTS, Ryan Community and Pillars (then Housing Partnership of the Fox Cities) began ITAV as a collaboration. Pillars was the fiscal agent and COTS and Ryan Community provided the Supportive Services. In 2016, COTS and Ryan Community were no longer interested in providing PSH services through ITAV and chose to exit the collaboration. Identifying the PSH program, ITAV, as an important resource in our community, Pillars made the decision to take on the entire program as the grant administrator, not only as the fiscal agent, but also overseeing the full spectrum of leasing and Supportive Services. The longevity of the ITAV program has given us valuable experience working with households who are chronically homeless. We also have a non-government funded PSH program that at one time had been designated for people who are chronically homeless. Both the Executive Director and the Supportive Service Director who manage the PSH projects, have cumulatively almost 20 years of experience working with and managing team members who work with people who are chronically homeless. Along with having historical experience with CoC-PSH programming as a lead agency, Pillars operates three CoC-Rapid Re-Housing projects as a sub-recipient that has shown fiscal responsibility and timely spending when managing the federal funds. While we are not the fiscal agent for these grants, we are required to ensure appropriate spending within the given time limitations to ensure fiscal responsibility as it pertains to being a sub-recipient. Pillars has a robust Community Engagement team that has successfully raised private donor dollars and private foundation dollars that Pillars utilizes as match along with in-kind match that includes staff time and donated items. To ensure fiscal responsibility, Pillars employs a Finance Department that utilizes Quickbooks as our financial management system that can easily differentiate funding sources from the diverse pool of funding that we receive.

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

Pillars has historically received WHEDA funds, HOME funds, Rental Housing Development (RHD), Neighborhood Stabilization Program (NSP), Community Development Block Grant (CDBG), Emergency Solutions Grant (ESG), HPP, and HUD COC funds. As such, due to the leveraging requirements associated with these funds, Pillars is very familiar with leveraging funds from the Fox Cities community. Pillars has a strong reputation in the Fox Cities community and has been able to secure funding from the local United Way and other local foundations, corporations, and individual donors on an annual basis.

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

Pillars Finance Department is spearheaded by a Director with extensive knowledge of accounting and bookkeeping practices alongside a Bookkeeper and Administrative Assistant. Our Finance Director’s expertise in a multi-fund financial management system, ensures grant awards, obligations, unobligated balances, assets, liabilities, expenditures, and program income are tracked within this financial system. The Finance Director is responsible for daily management and oversight of the Continuum of Care grants. On a continuous basis, the Supportive Services Director monitors and reviews the grant activities to ensure compliance with grant and expense requirements, as well as achievement of objectives related to the grant. Further, Pillars undergoes an annual audit, in compliance with the Code of Federal Regulations, Uniform Grant Guidance, and the Pillars’ Budget. On a monthly basis, the Finance Committee of the Board of Directors reviews financial statements. Annually, the Finance Committee reviews and recommends an annual budget to the Board of Directors, who are responsible for approving the annual budget.

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

3A. Project Detail

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

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

3. Project Name: It Takes a Village Permanent Supportive Housing Program 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

3B. Project Description

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

Local coalition data shows that the number of chronically homeless households without children is increasing in our region, identifying a need for more permanent supporting housing projects. The ITAV Expansion project would increase the number of participants we can serve through permanent supportive housing programming. Because it is an expansion project, we would maintain the same program parameters guided by Housing First practices and increase the number of chronically homeless households without children to serve in permanent supportive housing. Coordinated Entry will be used to identify households who are prioritized to receive services for the expansion project, identifying the highest level of need households where permanent supportive housing is the most appropriate placement. Through Coordinated Entry assessment and the intake procedures, program staff will assess the households needs for housing assistance and supportive services. Participants will be provided support with Housing Search and Placement by Case Managers. Case Managers provide services as connectors, appreciators, advocates, supporters and coaches. Supportive service case management will be offered to participants to the extent that they feel meets their needs. Currently, most households are accessing case management on a least a weekly basis, although many households are utilizing Pillars' case management services more frequently to assist with their needs. Case managers will largely meet in-person at the participant's unit; although office visits may occur if the office facilities are needed for a variety of reasons (i.e. access to technology). Additionally, case managers have work cell phones and participants can call and text as needed when things arise. All housing solutions and supportive services will be participant driven and participants will be able to exercise their autonomy when navigating housing and supportive services. While case managers are not 24/7 Crisis Workers and work diligently to ensure participants are connected and educated on the other resources available to them, case managers are very accessible and have frequent exchanges with clients based on their needs. In particular, if a participant has identified that they are in a state of mental health crisis, case managers are paying greater attention to their work phones during the evening and on weekends when they typically are not expected to work. Home visits typically consist of checking in on how things are going with their housing, their short and long term goals, how they are doing overall and assisting with navigating any current concerns, and referrals and connections to other community resources.

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 | 60 | | | |
| 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.

NA

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 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 2021 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: WI0033

1b. Eligible Renewal Grant Project Name: It Takes a Village Permanent Supportive Housing Program

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) | 20 |
| | Number of units (From renewal application Screen 4B) | 20 |
| | Number of beds (From renewal application Screen 4B) | 20 |
| 2b. | New Requested Numbers to Add (from this “Stand-alone New” project application) | |
| | Number of additional persons (From this new application Screen 5A) | 15 |
| | Number of additional units (From this new application Screen 4B) | 15 |
| | Number of additional beds (From this new application Screen 4B) | 15 |

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.

Clients will be evaluated upon intake to determine the client’s housing needs and desires for housing placement. Unit selection will be based on client choice. Case managers offer services as advocates, supporters, coaches, appreciators and connectors. Case managers will serve as connectors and supports between the rental property manager, neighbors, and a client and help bridge communication along with in-home support to help improve a client’s rental skills. Case Managers will work with clients as coaches, supporters and appreciators to establish long-term and short-term goals to ensure permanent housing remains in place and is available upon exit. All clients are connected to subsidized housing opportunities upon entry that they can choose to move into should an opportunity present itself. An exit plan will also be created as clients exit the program. Aftercare will be offered for up to 6 months after a client moves on from PSH.

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.

During initial visits, an assessment of services will be conducted & services will be made available as dictated by each client's individual needs. Connections to employment to obtain/increase income, non-employment income, community resources & healthcare resources will be made as identified through the assessment of services. CMs encourage & help link clients to employment opportunities & support including connecting clients to job placement & support programs, such as Workforce Development, & assist them in job searching & resume building to help clients illustrate their qualifications. If a client identifies interest in Social Security, CMs are certified in SOAR & assist clients in filing a claim with Social Security. If CMs are not able to assist with SOAR services, referrals will be made to better assist with their claims. Our “go-with” practice when working with clients reduces the anxiety clients may feel when accessing a new resource or just navigating all the resources available to them and meets clients where they are at. CMs assist clients in navigating a variety of needs versus just providing a referral. CM will provide transportation & attend physical/mental health care appts if the participant is comfortable, along with provide healthcare literacy services to ensure clients are informed. The CM will be regularly assessing that the client has the appropriate services to ensure ongoing stability. In particular, CMs will provide referrals to the local Community Health Center for Medicaid/Medicare assistance & to access health services, local health care facilities, including mental health & substance use treatment facilities and County Mental Health as stated prior. The CM may make warm hand-offs, attend appointments with the participant, provide transportation to the facilities or serve as an advocate if a participant feels their need is not being

met. As connectors, CMs make referrals to a variety of community resources such as, entitlement benefits, veteran benefits, food pantries, volunteer opportunities, legal aid services, skills enhancement services & education services that are available in our community. Aside from connecting clients to appropriate services, CMs provide life skills & direct services in order for HH to build their skills & increase their self-sufficiency. CMs help clients obtain gov't cell phones, increase clients knowledge of public transportation options, navigate DL & ID needs, & help obtain other needed documents. CMs have access to education providers that can assist with supporting HH education goals & will ensure all needed supplies are available & clients are familiar with the financial opportunities that can support their goals. Through advocacy, referrals, direct service & partnerships, CMs will ensure HH are connected to the appropriate resources & are empowered to meet their education, financial, employment, transportation & housing goals to increase self-sufficiency.

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 | Applicant | As needed |
| Case Management | Applicant | Weekly |
| Child Care | Non-Partner | As needed |
| Education Services | Applicant | As needed |
| Employment Assistance and Job Training | Applicant | As needed |
| Food | Applicant | As needed |
| Housing Search and Counseling Services | Applicant | As needed |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Applicant | Weekly |
| Mental Health Services | Applicant | As needed |
| Outpatient Health Services | Applicant | As needed |
| Outreach Services | Applicant | As needed |
| Substance Abuse Treatment Services | Applicant | As needed |
| Transportation | Applicant | As needed |
| Utility Deposits | Applicant | 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 Yes

**participants to ensure mainstream benefits
are received and renewed?**

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. 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: 15

Total Beds: 15

Total Dedicated CH Beds: 15

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | --- | 15 | 15 | 15 |

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.

2a. Units: 15

2b. Beds: 15

3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness? 15

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: 700 S. Memorial St.

Street 2:

City: Appleton

State: Wisconsin

ZIP Code: 54911

***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)**

550216 Appleton, 559087 Outagamie County,
559139 Winnebago 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 | | 15 | | 15 |
| | | | | |
| 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 | | 15 | | 15 |
| Persons ages 18-24 | | 0 | | 0 |
| Accompanied Children under age 18 | | | | 0 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 0 | 15 | 0 | 15 |

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 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | | | | | | | | | |
| Total Persons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans- (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|--------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24 | 14 | 1 | | 6 | 1 | 14 | 3 | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | 14 | 1 | 0 | 6 | 1 | 14 | 3 | 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 |

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? 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 | X |
| Leased Structures | |
| Rental Assistance | |
| Supportive Services | X |
| Operating | X |
| HMIS | X |

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: | | \$110,076 | |
|---|-----------------------|-----------------------------------|------------------------|
| Grant Term: | | 1 Year | |
| Total Request for Grant Term: | | \$110,076 | |
| Total Units: | | 15 | |
| FMR Area | Total Units Requested | Total Annual Assistance Requested | Total Budget Requested |
| WI - Appleton, WI... | 11 | \$81,708 | \$81,708 |
| WI - Oshkosh-Neen... | 4 | \$28,368 | \$28,368 |

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 - Appleton, WI MSA (5501599999)

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 | \$444 | | x 12 = | \$0 |
| 0 Bedroom | x | \$592 | | x 12 = | \$0 |
| 1 Bedroom | 11 x | \$619 | \$619 | x 12 = | \$81,708 |
| 2 Bedroom | x | \$803 | | x 12 = | \$0 |
| 3 Bedroom | x | \$1,103 | | x 12 = | \$0 |
| 4 Bedroom | x | \$1,107 | | x 12 = | \$0 |
| 5 Bedroom | x | \$1,273 | | x 12 = | \$0 |
| 6 Bedroom | x | \$1,439 | | x 12 = | \$0 |
| 7 Bedroom | x | \$1,605 | | x 12 = | \$0 |
| 8 Bedroom | x | \$1,771 | | x 12 = | \$0 |
| 9 Bedroom | x | \$1,937 | | x 12 = | \$0 |
| Total units and annual assistance requested: | 11 | | | | \$81,708 |
| Grant term: | | | | | 1 Year |
| Total request for grant term: | | | | | \$81,708 |

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 - Oshkosh-Neenah, WI MSA (5513999999)
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 | \$397 | | x 12 = | \$0 |
| 0 Bedroom | x | \$529 | | x 12 = | \$0 |
| 1 Bedroom | 4 x | \$591 | \$591 | x 12 = | \$28,368 |
| 2 Bedroom | x | \$759 | | x 12 = | \$0 |
| 3 Bedroom | x | \$1,025 | | x 12 = | \$0 |
| 4 Bedroom | x | \$1,246 | | x 12 = | \$0 |
| 5 Bedroom | x | \$1,433 | | x 12 = | \$0 |
| 6 Bedroom | x | \$1,620 | | x 12 = | \$0 |
| 7 Bedroom | x | \$1,807 | | x 12 = | \$0 |
| 8 Bedroom | x | \$1,994 | | x 12 = | \$0 |
| 9 Bedroom | x | \$2,181 | | x 12 = | \$0 |
| Total units and annual assistance requested: | 4 | | | | \$28,368 |
| Grant term: | | | | | 1 Year |
| Total request for grant term: | | | | | \$28,368 |

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|--|--|--------------------------------|
| 1. Assessment of Service Needs | | |
| 2. Assistance with Moving Costs | | |
| 3. Case Management | 1 FTE employee. \$19.10 base pay, \$25/hr fully loaded | \$48,000 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | Assistance for clients with other resources are not available \$16.67/per client per year | \$250 |
| 8. Housing/Counseling Services | | |
| 9. Legal Services | | |
| 10. Life Skills | for the purpose of teaching life skills 5 \$10 laundry cards to teach life skills at laundry mat | \$50 |
| 11. Mental Health Services | to be used as needed for medication copayments and assessments \$8.67 per client/per year | \$130 |
| 12. Outpatient Health Services | to be used as needed for medication and medical supplies \$8.67/per client per year | \$130 |
| 13. Outreach Services | | |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | 2 buss passes/month to be used over 6 participants; gas for case management to assist with needs | \$2,000 |
| 16. Utility Deposits | | |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$50,560 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$50,560 |

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 | used current project annuals at \$403 average/year for 20 units 403x15=6045 per year | \$6,045 |
| 2. Property Taxes and Insurance | \$10/month for renters insurance for each unit plus any potential taxes | \$1,800 |
| 3. Replacement Reserve | | |
| 4. Building Security | | |
| 5. Electricity, Gas, and Water | \$45/month in utilities on 15 units for 12 months; utilized current project annuals | \$8,100 |
| 6. Furniture | \$500/unit to furnish basic needs | \$7,500 |
| 7. Equipment (lease, buy) | \$50 for phones and internet for case manager for 1 year | \$600 |
| Total Annual Assistance Requested | | \$24,045 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$24,045 |

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

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

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

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

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

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

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



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

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|---|--|-----------------------------|
| 1. Equipment | purchase of computer for CM | \$500 |
| 2. Software | annual HMIS license for CM | \$75 |
| 3. Services | | |
| 4. Personnel | 1/15th of Data Analyst loaded wage at \$23.13/hr | \$1,679 |
| 5. Space & Operations | | |
| Total Annual Assistance Requested: | | \$2,254 |
| Grant Term: | | 1 Year |
| Total Request for Grant Term: | | \$2,254 |

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: | \$17,200 |
| Total Amount of In-Kind Commitments: | \$6,688 |
| Total Amount of All Commitments: | \$23,888 |

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

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

Using a rent calculation, program participants pay 30% of their income to rent. That payment is being used as program income.

1b. Estimate the amount of program income that will be used as Match for this project: \$8,250

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

| Type | Source | Name of Source | Amount of Commitments |
|---------|---------|----------------------|-----------------------|
| Cash | Private | Program Fees | \$8,250 |
| In-Kind | Private | Pillars donations... | \$6,688 |
| Cash | Private | Private donations... | \$8,950 |

Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Private
- 3. **Name of Source:** Program Fees
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$8,250

Sources of Match Detail

- 1. **Type of Match commitment:** In-Kind
- 2. **Source:** Private
- 3. **Name of Source:** Pillars donations and other in-kind
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$6,688

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:** Private
- 3. **Name of Source:** Private donations/non-government donors
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$8,950

6J. Summary Budget

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

| Eligible Costs | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|--|---|------------------------|---|
| 1a. Acquisition | | | \$0 |
| 1b. Rehabilitation | | | \$0 |
| 1c. New Construction | | | \$0 |
| 2a. Leased Units | \$110,076 | 1 Year | \$110,076 |
| 2b. Leased Structures | \$0 | 1 Year | \$0 |
| 3. Rental Assistance | \$0 | 1 Year | \$0 |
| 4. Supportive Services | \$50,560 | 1 Year | \$50,560 |
| 5. Operating | \$24,045 | 1 Year | \$24,045 |
| 6. HMIS | \$2,254 | 1 Year | \$2,254 |
| 7. Sub-total Costs Requested | | | \$186,935 |
| 8. Admin (Up to 10%) | | | \$18,693 |
| 9. Total Assistance Plus Admin Requested | | | \$205,628 |
| 10. Cash Match | | | \$17,200 |
| 11. In-Kind Match | | | \$6,688 |
| 12. Total Match | | | \$23,888 |
| 13. Total Budget | | | \$229,516 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | | |
| 2) Other Attachment(s) | No | Match Letter | 10/28/2021 |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description:

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

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

Attachment Details

Document Description:

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: Tara Prah

Date: 10/29/2021

Title: Supportive Services Director

Applicant Organization: Pillars, Inc

PHA Number (For PHA Applicants Only):

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

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

Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

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 | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 10/28/2021 |
| 1E. SF-424 Compliance | 10/12/2021 |
| 1F. SF-424 Declaration | 10/12/2021 |
| 1G. HUD 2880 | 10/13/2021 |
| 1H. HUD 50070 | 10/13/2021 |
| 1I. Cert. Lobbying | 10/13/2021 |
| 1J. SF-LLL | 10/13/2021 |
| 1K. SF-424B | 10/13/2021 |
| 1L. SF-424D | 10/13/2021 |
| 2A. Subrecipients | No Input Required |
| 2B. Experience | 10/27/2021 |
| 3A. Project Detail | 10/13/2021 |
| 3B. Description | 10/28/2021 |
| 3C. Expansion | 10/13/2021 |
| 4A. Services | 10/29/2021 |
| 4B. Housing Type | 10/13/2021 |
| 5A. Households | 10/13/2021 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 10/13/2021 |
| 6C. Leased Units | 10/13/2021 |
| 6F. Supp Srvcs Budget | 10/27/2021 |
| 6G. Operating | 10/13/2021 |

| | |
|-----------------------------------|-------------------|
| 6H. HMIS Budget | 10/13/2021 |
| 6I. Match | 10/13/2021 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 10/28/2021 |
| 7A. In-Kind MOU Attachment | No Input Required |
| 7D. Certification | 10/13/2021 |



SHELTER. SUPPORT. SOLUTIONS.

September 30, 2021

WI Balance of State Continuum of Care
PO Box 272
Eau Claire, WI 54702
715-598-3301

RE: Source of Match for Grant PSH 2022 beginning September 1, 2022

Pillars, Inc. certifies that matching funds in the amount of \$23,888 will be available for the grant year September 1, 2022 – August 31, 2023 and will be secured through the following:

| | |
|--------------------|-----------------|
| In –Kind | \$ 6,688 |
| Program Fees | \$ 8,250 |
| Private Donations | <u>\$ 8,950</u> |
| Total Match | \$23,888 |

Respectfully Submitted,

A handwritten signature in cursive script that reads "Mary Ott".

Mary Ott
Finance Director



605 E. Hancock Street
Appleton, WI 54911
920.734.9192
info@pillarsinc.org

f @ t in
www.pillarsinc.org