

## **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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2019 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program Competition NOFA.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2019 CoC Program NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** CoC Planning Project Application

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

**If "Other", specify:**

**3. Date Received:** 08/19/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Wisconsin Balance of State Continuum of Care, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 27-5491167

<b>c. Organizational DUNS:</b>	967328399	<b>PLUS 4</b>	
--------------------------------	-----------	---------------	--

### d. Address

**Street 1:** PO Box 272

**Street 2:**

**City:** Eau Claire

**County:**

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54702

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Carrie

**Middle Name:**

**Last Name:** Poser

**Suffix:**

**Title:** CoC Director

**Organizational Affiliation:** Wisconsin Balance of State Continuum of Care, Inc.

**Telephone Number:** (715) 598-3301

**Extension:**  
**Fax Number:** (715) 265-7031  
**Email:** [carrie.poser@wibos.org](mailto:carrie.poser@wibos.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-6300-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:** WIBOSCOC Planning Grant FY2019

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

- a. Applicant:** WI-005, WI-006, WI-007, WI-008, WI-003, WI-002, WI-001
  - b. Project:** WI-005, WI-006, WI-007, WI-008, WI-003, WI-002, WI-001
- (for multiple selections hold CTRL+Key)

**17. Proposed Project**

- a. Start Date:** 01/01/2021
- b. End Date:** 12/31/2021

**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:** Jeanette

**Middle Name:**

**Last Name:** Petts

**Suffix:**

**Title:** Chair, WIBOSCOC Board of Directors

**Telephone Number:** (920) 262-9667  
**(Format: 123-456-7890)**

**Fax Number:** (920) 262-9559  
**(Format: 123-456-7890)**

**Email:** jeanettep@cacscw.org

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

**Date Signed:** 08/19/2019

# 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:** Wisconsin Balance of State Continuum of Care, Inc.

**Prefix:** Ms.

**First Name:** Jeanette

**Middle Name:**

**Last Name:** Petts

**Suffix:**

**Title:** Chair, WIBOSCOC Board of Directors

**Organizational Affiliation:** Wisconsin Balance of State Continuum of Care, Inc.

**Telephone Number:** (920) 262-9667

**Extension:**

**Email:** jeanettep@cacscw.org

**City:** Eau Claire

**County:**

**State:** Wisconsin

**Country:** United States

**Zip/Postal Code:** 54702

**2. Employer ID Number (EIN):** 27-5491167

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

**4. Amount of HUD Assistance Requested/Received:** \$302,110

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** WIBOSCOG Planning Grant FY2019 PO Box 272 Eau Claire Wisconsin

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
State of Wisconsin DEHCR PO Box 7970 Madison, WI 53707-7970	Administrative costs	\$17,500.00	Support monitoring and compliance of COC Funded agencies

**Part III Interested Parties**

You must disclose:  
 1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and  
 2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

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

**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:** Jeanette Petts, Chair, WIBOSCOC Board of Directors

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

**Date Signed:** 08/19/2019

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Wisconsin Balance of State Continuum of Care, Inc.

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

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

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

### Sites for Work Performance.

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

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

**I 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: 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:** Jeanette

**Middle Name**

**Last Name:** Petts

**Suffix:**

**Title:** Chair, WIBOSCOC Board of Directors

**Telephone Number:** (920) 262-9667  
**(Format: 123-456-7890)**

**Fax Number:** (920) 262-9559  
**(Format: 123-456-7890)**

**Email:** jeanettep@cacscw.org

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

**Date Signed:** 08/19/2019

## **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:** Wisconsin Balance of State Continuum of Care, Inc.

**Name / Title of Authorized Official:** Jeanette Petts, Chair, WIBOSCOC Board of Directors

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

**Date Signed:** 08/19/2019

# 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:** Wisconsin Balance of State Continuum of Care, Inc.

**Street 1:** PO Box 272

**Street 2:**

**City:** Eau Claire

**County:** Eau Claire

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54702

**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:** Jeanette

**Middle Name:**

**Last Name:** Petts

**Suffix:**

**Title:** Chair, WIBOSCOC Board of Directors

**Telephone Number:** (920) 262-9667  
**(Format: 123-456-7890)**

**Fax Number:** (920) 262-9559  
**(Format: 123-456-7890)**

**Email:** jeanettep@cacscw.org

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

**Date Signed:** 08/19/2019

## 2A. Project Detail

- 1a. CoC Number and Name:** WI-500 - Wisconsin Balance of State CoC
- 1b. Collaborative Applicant Name:** Wisconsin Balance of State Continuum of Care, Inc.
- 2. Project Name:** WIBOSCOC Planning Grant FY2019
- 3. Component Type:** CoC Planning Project Application

## **2B. Project Description**

### **1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with the provisions of 24 CFR 578.7.**

Organized in 1992, the Balance of State CoC is a 501c3 & covers 69 WI counties. Within the area, there are 21 local homeless coalitions. Due to diversity & size, the BOS hosts 4 meetings a year, rotating around the state, provides trainings, technical assistance, advocacy updates, best practices & roundtable discussions for attendees. Business mtgs include committee reports, updates from the HMIS lead & Board, presentations related to strategic goals & system performance measures. The BOS has 4 FTE staff-CoC Director, Monitoring & Compliance Coord, CE System Specialist & Grant Specialist. These positions are funded all or part by the CoC planning grant. With HEARTH & the CoC Interim rule & ongoing HUD mandates, the ability of the volunteer board to manage the broadened responsibilities was not a viable long term plan. The planning grant supports the CoC's ability to carry out the provisions of Subpart B, specifically allowing the CoC to hire & maintain the 4 FTE who collectively ensure compliance with the provisions of 24 CFR 578.7, implementation of a housing & service system to prevent & end homelessness at the CoC level & provide direct support to the 21 local coalitions in executing the same. The CoC Director is responsible for planning & organizing regular meetings of the full membership & open invites; maintenance & review of the gov charter; assist Board w/committee & workgroup tasks; collaborate w/HMIS lead to ensure participation, review & approve privacy, security & data quality plans; develop performance targets for CoC & ESG funded projects; overall coordination of the homeless crisis response system; the planning, training, data collection & HDX submission for the semi-annual unsheltered & sheltered PIT count; providing info for Con Plan development including data sharing; consult with ESG admin on allocation, reporting, monitoring & evaluation; ensuring policy compliance & the completion of an annual gaps analysis & evaluation of results; the preparation & submission of the Collaborative Application with the approval of the Board. The Monitoring & Compliance Coord is responsible for conducting monitorings of all CoC & ESG funded projects, making recommendations on performance issues, providing tech assistance to ensure compliance, evaluating progress toward CoC-specific goals & facilitating best practices such as housing first. The Coord works collaboratively with DEHCR on ESG-funded project specific compliance, monitoring & evaluation. The CE System Specialist is responsible for ensuring CE system compliance & consistency over the entire geographic area, training & technical assistance, monitoring & evaluation. This includes adherence to the policies & procedures, marketing, written standards & order of priority approved by the CoC. The Grant Specialist provides support to the staff related to monitoring, compliance & coordination.

### **2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

The activities are already underway in the CoC. The current planning grant pays for all or part of the 4 FTE positions required to comply with the requirements of 24 CFR 578.7. The process of implementing & reviewing the established housing & service system to prevent & end homelessness at the CoC-level & local homeless coalition level is an ongoing task. Following the completion of the CoC Competition, the CoC Board & CoC Director will review the current activities, make changes & identify areas of improvement. The achievement of goals & objectives and the development of the work plan is monitored by the Board's executive committee and the CoC Director. Progress is reported monthly to the Board by the CoC Director & discussed quarterly with the CoC members at the full membership meetings. The Board & executive committee meet separately on a monthly basis. The strategic plan continues to be updated annually to ensure alignment with the overall needs & HUD policy directives & requirements. The CoC Board is ultimately responsible for assuring the effective & timely completion of all work. The CoC Board members are required to chair standing & ad hoc committees & workgroups, ensuring progress on all committee tasks. The CoC Director reports to the Executive Committee. Performance reviews are completed annually by the Executive Committee. The CoC Director supervises the Monitoring & Compliance Coordinator, the CE System Specialist & Grant Specialist. All staff have a job description, job expectations & meet weekly to identify goals and report on progress.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

The requested funds will be used to pay for 4.0 FTE positions. Each staff member plays a key role in evaluating CoC & ESG projects. The funds are imperative in order to increase the CoC's capacity to evaluate performance & provide ongoing technical assistance to improve outcomes. Prior to the planning grant, the volunteer Board struggled to have time to dedicate to evaluation of outcomes. This necessitated the investment of having staff. The CoC Director's activities include consultation with the ESG administrator regarding allocation of ESG funds, development of the ESG certification plan for leads & sub-recipients seeking ESG funds, ensuring compliance with CoC policies & procedures. The CoC Director is responsible for providing the Board information & data in order to establish goals, standards & benchmarks that are in line with the CoC's strategic plan to end homelessness. The CoC Director provides monthly updates to the Board on system performance measures & quarterly updates to the full membership. The CoC Monitoring & Compliance Coordinator's activities include monitoring CoC & ESG-funded projects & evaluating project performance. The CoC has a joint MOU for monitoring purposes with the ESG grant administrator to minimize redundancy, decrease processing time & increase communication. Together, the CoC Director & Coordinator identify areas in need of improvement & create opportunities for cross-collaboration among local homeless coalitions with the CoC. The CE System Specialist is responsible for CoC & ESG-funded project compliance with the CoC's approved CE policies & procedures, written standards & order of priority. The Specialist reviews & assesses the use of the CE system to ensure people's needs are matched with the appropriate interventions. The Grant Specialist provides support for monitoring, compliance, evaluation & coordination activities. Each staff member also sits on at least one CoC Committee.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

Replacing the funding for 4.0 FTE positions to continue facilitating & organizing the planning activities described above will be challenging. The CoC Board & CoC Director will need to secure ongoing funds from a variety of sources. This can be accomplished through grant writing for State, philanthropic organizations & private foundations who funding priorities meet the strategic goals of the CoC. Discretionary funds are generated from two main sources. First, each of the 21 local homeless coalitions pay annual membership dues. Second, participants pay registration fees for the quarterly full membership meetings. Dues & registration fees will have to increase to help support the CoC organization & staff.

### 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Quarterly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

a. Written agendas of CoC meetings? Yes

b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

c. Process for monitoring outcomes of ESG recipients? Yes

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

f. Code of Conduct for board members that includes a recusal process? Yes

g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? Yes

**4a. If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.**

During the FY18 Comp, the CoC Board voted to reallocate RP 2 CoC-funded projects on 6/22/18. RP was notified by letter on 6/25/18. RP was notified in writing that the projects would not be accepted or ranked on 9/3/18. The CoC rec'd Evidence for Appeal from RP on 10/17/18. The CoC submitted a response to HUD w/req evidence on 11/15/18. The CoC received a copy of HUD's decision denying the org appeal on 2/26/19. There has been no other contact w/RP.

### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC's geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
HMIS Committee – System Performance Network	The role is to measure progress toward the BOS goal of ending homelessness. Specifically, the committee (1) sets criteria, performance standards & benchmarks for CoC & ESG-funded projects; (2) reviews progress toward ending homelessness, including totals & sub-populations; (3) identifies training needs; (4) in collaboration with HMIS lead, review data quality, providing technical assistance; (5) works with local coalitions on system performance measures, assist with creating benchmarks at local & CoC level; (6) evaluate project, local coalition & CoC wide outcomes & (7) reports to the CoC Board & membership.	Monthly	Committee Chairs: David Eberbach (HMIS Lead-ICA) & Jessica Locher (ECHO). Org – emergency shelters, non-profit housing providers, CoC & ESG funded, Salvation Army, youth agencies, Catholic Charities, DV providers, YWCA & CoC staff
Emergency Shelter & Diversion Committee	The committee has two major tasks. (1) Create CoC-wide shelter standards to be compliant with ESG. Review current shelter policies & procedures in order to identify areas of improvement, implement housing focus, low barrier & trauma informed care into the shelter system & standardize waitlists or tracking of unmet needs. Research, develop, implement & train on shelter best practices. Evaluate outcomes, review system performance & monitor progress. (2) Create a systematic diversion process emphasizing problem solving & client choice to reduce the number of people entering the homeless system. Identify best practices, research, gather data & develop training. Implement on a smaller scale, lessons learned & then replicate across the BOS.	Monthly	Committee Chairs: Michael Etheridge (Haven of Manitowoc Cty) & Sue Sippel (Family Center-DV). Org.- CoC & ESG projects, DV agencies, emergency shelter & motel voucher providers, Sai Army, HMIS lead, CoC staff, PHA & non-profit housing providers.
Youth Advisory Board & Adult Provider Group	The youth advisory board is comprised of youth, under the age of 24, interested in participating & working on the creation of a youth system network. They meet 4/year with the location rotating around the BOS to ensure broad representation. The role is to: (1) review policies & procedures; (2) gather youth perspective & feedback; (3) use expertise to educate membership on the needs & issues faced by homeless youth; & (4) gain a comprehensive understanding on how to serve youth in the BOS. The adult provider group is comprised of staff from various providers interested in learning more about how to serve youth effectively.	Quarterly	Committee Chairs: Meika Burnikel (Family Services). Various youth-open invitation. Org.- youth agencies, emergency shelter, DV provider, county staff, COC & ESG funded projects & non-profit housing providers.

Gaps & Needs Committee	The role of this community is to plan, organize & execute the CoC-wide annual gaps survey to both current & former clients, providers & community partners. The committee analyzes the results of the survey & report to the CoC Board & present findings at a full membership meeting annually. The committee looks at ways to increase involvement with the survey, enhance the questions & ensure broad dispersion. The committee is tasked with using the findings to gather additional information, problem solve & identify best practices. The committee makes recommendations to the Board regarding ways to fill the gaps that exist in our geographic area, assess for trends & commonalities among local coalitions, as well as identify unique needs.	Monthly	Committee Chair – Michelle Friedrich (SWCAP). Org.- CoC & ESG funded projects, non-profit housing providers, emergency shelter, PHA & DV providers.
Coordinated Entry Committee	The role is to (1) evaluate & adjust CE process & procedures, makw policy recommendations & changes; (2) collaborate w/CE System Specialist & (3) coordinate 8 workgroups: Implementation-address questions, issues & concerns, act as resource for CE Specialist & assist w/technical assistance; Marketing-ensure materials are accessible & available, identity gaps & enhance outreach strategies; Youth, Vets, & DV-identify & address specific subpopulation issues/concerns; Prevention-review policy & implementation, address concerns; Evaluation-evaluate the quality & effectiveness of the CE system; Other Systems of Care-develop policy & training for non-traditional partnerships to expand CE reach in communities & encourage participation.	Monthly	Committee Chairs: Dana Baumgartner (Salvation Army) & Sue Sippel (Family Center-DV). Orgs-HMIS lead, legal action, WI DV Coalition, emergency shelters, non-profit housing & DV, CoC Staff, CoC & ESG projects, street outreach, YWCA, Vet & youth org

## 4A. 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:	\$42,528
Total Value of In-Kind Commitments:	\$33,000
Total Value of All Commitments:	\$75,528

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

**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.**

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	DEHCR HAP Admin F...	08/19/2019	\$17,500
Yes	Cash	Private	WIBOSCOG Discreti...	08/19/2019	\$25,028
Yes	In-Kind	Private	WIBOSCOG Voluntee...	08/19/2019	\$33,000

## Sources of Match Details

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** DEHCR HAP Admin Funds  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/19/2019
- 6. Value of Written Commitment:** \$17,500

## Sources of Match Details

- 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:** WIBOSCOG Discretionary Funds  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/19/2019
- 6. Value of Written Commitment:** \$25,028

## Sources of Match Details

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment:** WIBOSCOG Volunteer Hours  
**(Be as specific as possible and include the**

**office or grant program as applicable)**

**5. Date of Written Commitment:** 08/19/2019

**6. Value of Written Commitment:** \$33,000

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

## 4B. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2021?** Yes

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

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

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
<b>1. Coordination Activities</b>	.5 FTE salary & benefits, travel, training, per diem, office, phone, supplies	\$37,165
<b>2. Project Evaluation</b>	.25 FTE salary & benefits, travel, training, per diem, office, phone, supplies	\$20,000
<b>3. Project Monitoring Activities</b>	1.0 FTE salary & benefits, travel, training, per diem, office, phone, supplies	\$140,000
<b>4. Participation in the Consolidated Plan</b>		
<b>5. CoC Application Activities</b>	.25 FTE salary & benefits, office, phone, office supplies	\$20,000
<b>6. Determining Geographical Area to Be Served by the CoC</b>		
<b>7. Developing a CoC System</b>	.75 FTE salary & benefits, travel, training, per diem, office, phone, supplies, technology & communication costs (goto webinar, survey monkey, website)	\$39,945
<b>8. HUD Compliance Activities</b>	.5 FTE salary & benefits, travel, training, per diem, office, phone, supplies	\$45,000
<b>Total Costs Requested</b>		\$302,110
<b>Cash Match</b>		\$42,528
<b>In-Kind Match</b>		\$33,000
<b>Total Match</b>		\$75,528
<b>Total Budget</b>		\$377,638

**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 5A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	WIBOSCOC Match Le...	08/19/2019

## Attachment Details

**Document Description:** WIBOSCOC Match Letter - Planning Grant FY19

## 5B. 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.

**1-Year Operation Rule.**

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**D. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

**Name of Authorized Certifying Official:** Jeanette Petts

**Date:** 08/19/2019

**Title:** Chair, WIBOSCOC Board of Directors

**Applicant Organization:** Wisconsin Balance of State Continuum of Care, 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).**

X

## 6A. Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<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>	08/14/2019
<b>1E. SF-424 Compliance</b>	08/14/2019
<b>1F. SF-424 Declaration</b>	08/14/2019
<b>1G. HUD 2880</b>	08/14/2019
<b>1H. HUD 50070</b>	08/14/2019
<b>1I. Cert. Lobbying</b>	08/14/2019
<b>1J. SF-LLL</b>	08/14/2019

<b>2A. Project Detail</b>	08/14/2019
<b>2B. Description</b>	08/14/2019
<b>3A. Governance and Operations</b>	08/14/2019
<b>3B. Committees</b>	08/14/2019
<b>4A. Match</b>	08/19/2019
<b>4B. Funding Request</b>	08/14/2019
<b>5A. Attachment(s)</b>	No Input Required
<b>5A. In-Kind MOU Attachment</b>	08/19/2019
<b>5B. Certification</b>	08/19/2019



August 19, 2019

HUD Field Office – Milwaukee  
310 W. Wisconsin Avenue  
Milwaukee, WI 53203

RE: WIBOSCOC Planning Grant FY19 application

The Wisconsin Balance of State Continuum of Care, Inc. has sufficient match for the FY19 Planning Grant application from the following sources:

WIBOSCOC Volunteer Hours (in-kind value): \$33,000

WIBOSCOC discretionary funds (cash): \$25,028

WI Department of Administration — Housing Assistance Program (HAP) grant administrative funds (cash): \$17,500

The total match obligation is \$75,528.

A handwritten signature in black ink, appearing to read 'Jeanette Petts', is written over the printed name.

Jeanette Petts

Chair of the Board

Wisconsin Balance of State Continuum of Care, Inc.