

## **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](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto: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](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** YHDP Replacement Project Application

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

**If "Other", specify:**

**3. Date Received:** 09/18/2023

**4. Applicant Identifier:**

**4a. 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:** Kenosha Human Development Services, Inc.
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 39-1200678
- c. Unique Entity Identifier:** HDF1HFBKELX2

### d. Address

- Street 1:** 3536 52nd Street
- Street 2:**
- City:** Kenosha
- County:** Kenosha
- State:** Wisconsin
- Country:** United States
- Zip / Postal Code:** 53144

### e. Organizational Unit (optional)

- Department Name:** Homeless Assistance Services
- Division Name:** Division of Homeless Assistance Services

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

- Prefix:** Mrs.
- First Name:** Lisa
- Middle Name:** Ann
- Last Name:** Haen
- Suffix:**
- Title:** Associate Director
- Organizational Affiliation:** Kenosha Human Development Services, Inc.

**Telephone Number:** (262) 764-8544

**Extension:**

**Fax Number:** (262) 653-2080

**Email:** lhaen@khds.org

## 1C. SF-424 Application Details

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

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

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

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6700-N-25

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

**13. Competition Identification Number:**

**Title:**

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

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

**15. Descriptive Title of Applicant's Project:** Project YELLOW Door

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

**16a. Applicant:** WI-001

**16b. Project:** WI-001  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 11/01/2024

**b. End Date:** 10/31/2025

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

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

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

# 1F. SF-424 Declaration

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

I AGREE:

## 21. Authorized Representative

Prefix: Mrs.

First Name: Jeannine

Middle Name: Marie

Last Name: Field

Suffix:

Title: Executive Director

Telephone Number: (262) 764-8555  
(Format: 123-456-7890)

Fax Number: (262) 653-2080  
(Format: 123-456-7890)

Email: jfield@khds.org

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

Date Signed: 09/18/2023



# 1G. HUD 2880

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

## Applicant/Recipient Information

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

**Agency Legal Name:** Kenosha Human Development Services, Inc.

**Prefix:** Mrs.

**First Name:** Jeannine

**Middle Name:** Marie

**Last Name:** Field

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Kenosha Human Development Services, Inc.

**Telephone Number:** (262) 764-8555

**Extension:**

**Email:** jfield@khds.org

**City:** Kenosha

**County:** Kenosha

**State:** Wisconsin

**Country:** United States

**Zip/Postal Code:** 53144

**2. Employer ID Number (EIN):** 39-1200678

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

**4. Amount of HUD Assistance Requested/Received: \$243,518.00**

(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? (For further information, see 24 CFR Sec. 4.3).** Yes

**2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** 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
NA	NA	\$0.00	0
NA	NA	\$0.00	0
NA	NA	\$0.00	0
NA	NA	\$0.00	0
NA	NA	\$0.00	0

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

**Part III Interested Parties**

**Do you need to disclose interested parties for this grant according to the criteria below?** No

**Certification**

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

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

X
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**Name / Title of Authorized Official:** Jeannine Field, Executive Director

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

**Date Signed:** 09/18/2023

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Kenosha Human Development Services, 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.	<p>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.</p>
e.	<p>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
b.	<p>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.</p>
f.	<p>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;</p>
c.	<p>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.;</p>
g.	<p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
d.	<p>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;</p>

## 2. Sites for Work Performance.

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

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

X

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

**Authorized Representative**

**Prefix:** Mrs.

**First Name:** Jeannine

**Middle Name:** Marie

**Last Name:** Field

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (262) 764-8555  
**(Format: 123-456-7890)**

**Fax Number:** (262) 653-2080  
**(Format: 123-456-7890)**

**Email:** jfield@khds.org

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

**Date Signed:** 09/18/2023

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## 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
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**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:** Kenosha Human Development Services, Inc.

**Name / Title of Authorized Official:** Jeannine Field, Executive Director

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

**Date Signed:** 09/18/2023



# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

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

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

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

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

**Legal Name:** Kenosha Human Development Services, Inc.

**Street 1:** 3536 52nd Street

**Street 2:**

**City:** Kenosha

**County:** Kenosha

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 53144

**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:** Mrs.

**First Name:** Jeannine

**Middle Name:** Marie

**Last Name:** Field

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (262) 764-8555  
**(Format: 123-456-7890)**

**Fax Number:** (262) 653-2080  
**(Format: 123-456-7890)**

**Email:** jfield@khds.org

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

**Date Signed:** 09/18/2023

# IK. SF-424B

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

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

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

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

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

- |     |  |
|-----|--|
| 8.  | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.   |
| 9.  | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.   |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.  |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.   |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).  |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.   |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.  |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.   |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."  |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.  |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.   |

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

**Authorized Representative for:** Kenosha Human Development Services, Inc.

**Prefix:** Mrs.

**First Name:** Jeannine

**Middle Name:** Marie

**Last Name:** Field

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 09/18/2023

## 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: \$0

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.**

Kenosha Human Development Services, Inc. (KHDS) has a 49-year history of providing community social services in Kenosha. Through contracts with Kenosha County Department of Human Services, the US Department of Housing and Urban Development (HUD), the state of Wisconsin and Family and Youth Services Bureau (FYSB), the agency provides 31 programs.

Due to our long experience (38 years) providing scattered site housing and managing federal and state grants in Kenosha, we have a well-established infrastructure for providing a Rapid Rehousing Project under the Youth Homelessness Demonstration Program (YHDP). Our experience includes two HUD Continuum of Care (COC) and one Emergency Solutions Grant (ESG) rapid rehousing projects, one HUD COC permanent supportive housing project, a scattered site housing program for 17-year-olds, Kenosha County SHARES funding for motel vouchers, a FYSB transitional living program, basic center and street outreach grant, a Project for the Assistance in the Transition from Homelessness (PATH) grant, and the Coordinated Entry Supportive Services Only (CE-SSO) and DV CE-SSO grants. KHDS added the YHDP System Navigator position for Kenosha and the YHDP CE SSO grant We currently manage eleven different funding sources totaling \$1,188,446.00 dedicated to Kenosha's homeless service delivery system.

Our provision of mental health services in Kenosha includes 24-hour crisis, ongoing case management, representative payee services, intensive casework, a mental health clinic and a peer run recovery center for persons living with severe and persistent mental illness.

We have long, well-established linkages with landlords and all mainstream resources in Kenosha, including the Department of Workforce Development, which includes the Economic Support Agency that administers local, state and federal public assistance programs including Wisconsin Works (W-2), the Workforce Investment Act (WIA), Child Care Assistance, Medicaid/Badger Care Plus, Food Share, Employment Central and the Low Income Heating and Energy Assistance Program (LIHEAP). We also collaborate with the Boys and Girls Club, Kenosha Unified School District, UW- Extension, Veterans Path to Hope, Social Security, the KHDS Disability Benefits Specialist, Department of Vocational Rehabilitation, Aging and Disability Resource Center, KHDS Mental Health and AODA Resource Center, Kenosha Housing Authority, Kenosha County Division of Health, and the Kenosha Community Health Center.

KHDS has a long history of developing programs that systemically meet the needs of clients experiencing homelessness who have multiple barriers. We have successfully provided housing and supportive services to people with mental illness, young parents with children and adolescents for 38 years. Over the past 41 years, KHDS has consistently developed and implemented new programming for a variety of hard to serve clients.

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



KHDS has a 41-year history of leveraging a variety of funding sources to provide comprehensive community programming. Our current HUD COC programs are part of a system that includes an array of mental health and housing services funded through Kenosha County, federal PATH funds for outreach, Adult Emergency Services funds for enhanced case management in the ESG Rapid Rehousing Project, Kenosha County Department of Human Services SHARES funding for Emergency Housing Vouchers, collaboration between our Coordinated Entry Program and Kenosha Housing Authority Mainstream Housing Vouchers, Emergency Housing Vouchers and Family Unification Program Vouchers, a robust donation network for furniture, hygiene and household goods. All services for people experiencing homelessness are part of a coordinated entry system. Currently, KHDS accesses 28 different funding sources in its system of services, including United Way funding.

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

Our Fiscal Manager and Fiscal & Workflow Specialist uses NetSuite software for its accounting. The accounting system is double entry and kept on an accrual basis. We have had successful audits for 49 consecutive years with no findings. We segregate program funds in cost centers and prepare monthly financial reports for the agency for each specific grant and cost center.

**GRANT INTERNAL CONTROLS:** Financial control environment factors will meet the following requirements: Staff are familiar with policies and procedures, Management demonstrates the importance of integrity and ethical values, Integrity of financial and operational results take priority over reporting acceptable performance targets, Collaboration, communication, and team effort are emphasized, Management is open to employee suggestions to improve productivity, services, compliance, and quality, Plans and performance are periodically assessed, Performance targets are realistic and attainable, Employees are given the time, tools, and resources necessary to accomplish mission and objectives, Records are maintained in accordance with guidelines issued by state and federal administrative rules and also those set in this policy and procedure manual.

**Training:** Fiscal staff and department staff working with grants will be: Trained in the use of the accounting system, Familiar with purchasing policies and procedures, Trained in the use of system reports and reporting tools, Possess accounting and technical skills necessary for grant reporting, Familiar with grant management policies and procedures.

**Chart of Accounts, Fund Accounting & Budgets:** The organization uses a chart of accounts to separate & track actual expenses and revenues for all grants, Fund Accounting principles are used for all grants, Budgets are created for all individual grants. Financial reconciliations will be conducted as follows: Ledgers & Reports are reviewed on at least a monthly basis by the Finance Director, Assistant Executive Director, & Executive Director or equivalent staff in charge of the grant, Whenever possible, staff performing reconciliations will be separate from staff initializing and finalizing transactions, Reconciling differences, negative balances, and unsupported transactions are investigated and corrected in a timely manner, The Finance Director reviews reconciled ledgers and supporting documentation in a timely manner, Financial reports will compare budgeted amounts with actual expenses, Staff managing grants will understand the rules associated with different types of grants (such as federal, state, and foundation grants). Collections, deposit, and cash fund issues will be conducted as follows: Collection and deposit functions are segregated from accounting functions whenever possible, All revenue transactions are recorded promptly, and deposits are made in a timely manner, Passwords are kept safe, as are keys to the safe or other locations that have confidential information, Accounts receivable billings are issued in a timely manner and are tracked and accounted for each month. Payroll functions will meet the following standards: Duties of approving job actions and approval of time sheets are segregated from the duties of distribution of paychecks and the compiling of grant financial reports (or these functions are supervised when segregation is not possible) Procedures are in place to ensure overtime and compensatory time hours worked are appropriate and approved by supervisors.

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

### 3A. Project Detail

1a. 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: Project YELLOW Door

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: RRH

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

7. Will this project include replacement reserves in the Operating budget? No

8. Is this YHDP Replacement application requesting to replace an eligible YHDP renewal project that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? Yes

#### 8a. List the expiring YHDP Renewal projects involved in the YHDP Replacement

Full Grant Number	Operating Start Date	Operating End Date	Component Type	Project Name	Special YHDP Activity	YHDP Community
WI0254Y5I001900	11/01/2022	10/31/2024	JOINT	Project YELLOW Door	Yes	Kenosha

**IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved e-snaps project application(s) on Screen 7A (e.g., if the project was funded in the FY 2022 CoC Program Competition, a copy of the FY 2022 CoC Program Competition project application)..**

**YHDP Replacement Projects cannot exceed the project budget set in the original YHDP Renewal.**

**8b. Provide a description that addresses the scope of the proposed YHDP Replacement during the first year of operation and why the YHDP Renewal is being replaced.**

In our original application we requested the following YHDP activities:

- Leases under 12 months.
- Project Admin funds used to attend HUD sponsored or approved conferences.
- Project employ youth receiving recipient services.
- Project Admin funds to employ youth with lived experiences.

**8c. Please describe special activities attached to the original YHDP Renewal project being replaced and if you plan to reapply for the same special activities or new special activities.**

We do not intend to apply for the same special activities or new special activities.

**8d. How will this project meet the goals set under the Coordinated Community Plan (CCP) developed by the applicant's YHDP community?**

This project will meet the goals of the CCP by helping young adults locate safe, supportive and flexible housing options. Once young adults are safely housed the program will help with permanent connections, education and employment and social and emotional wellbeing.

### 3B. Project Description

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

This Project will serve 12 households at any point in time. The target populations to be served are 8 single and 4 parenting young adults 18-24 years old. Eighty percent of participants will come directly from shelters and ten percent from the streets or other places not meant for human habitation.

The project will use a Housing First approach as evidenced by having no barriers to program entry, with housing that is not contingent on participation in services and will rehouse participants in the event of an eviction while in the program.

To address housing needs, we maintain our established relationships with landlords to ensure that units are available. The leasing budgets are monitored monthly to ensure timely spend down of funds.

Other direct services provided by KHDS that address the identified needs of the target populations served are moving assistance, case management, housing search/counseling, life skills training, mental health services, outreach, food, and transportation. Non-partner agencies provide childcare, education services, employment assistance/job training, legal aid, outpatient health services, recreation, substance abuse treatment and utility deposits as needed.

The program projects that seventy-five percent of participants exiting the program will achieve housing stability, fifty-four percent of participants will maintain or increase earned income, and fifty-four percent of people will increase or maintain total income. One hundred percent of participants will make permanent connections.

Our Local CoC, The Emergency Services Network (ESN) of Kenosha County has met since 1986 as a community effort to coordinate services, share information, attract funding, and eliminate duplication/service gaps for individuals and families experiencing poverty and homelessness. The ESN has 35 member organizations represented from federal, state, city, and nonprofit entities. Our agency facilitates the local CoC Coordinated Entry System Case Conferencing that meets twice a month to review program capacity, referrals, system functioning and improvements.

Funding will be used to lease 4 units of scattered-site Transitional Housing units with 6 beds and 8 units of scattered-site RRH units with 12 beds at any point in time. Supportive services include 1 FTE case manager focused on teaching needed skills to stabilize housing and income .1 FTE program manager to oversee program day-to-day operations, .29 FTE moving assistance, monthly food stipend, and transportation to appointments as needed. Housing/Counseling will pay for application fees. HMIS funding will provide equipment for data entry and user licenses. Operating dollars will be used to pay for utilities when not included in rent.

**1a. Provide a description that addresses how this project will follow Positive Youth Development.**

KHDS has a long history of using a positive youth development (PYD) approach that fits within the Family and Youth services PYD framework as outlined in Positive Youth Development: Engaging Youth in Program Development, Design, Implementation, and Service Delivery. The idea that youth become fully prepared and constructively engaged in their communities through a holistic approach that supports the achievement of appropriate developmental milestones and positive interactions with people and their environment is inherent in our agency.

KHDS has a long history of using a positive youth development (PYD) approach that fits within the Family and Youth services PYD framework as outlined in Positive Youth Development: Engaging Youth in Program Development, Design, Implementation, and Service Delivery. The idea that youth become fully prepared and constructively engaged in their communities through a holistic approach that supports the achievement of appropriate developmental milestones and positive interactions with people and their environment is inherent in our agency.

In order to end homelessness, youth need opportunities to:  
Feel a sense of belonging within a safe environment.  
Increase independence.  
Develop mastery in their skills and abilities.  
Learn about generosity.

We will shape the program approach to ensure that interactions take place and are aligned with the PYD objectives and framework. The following interactions will promote a sense of belonging, mastery, independence, and generosity.

Interactions

- 1.Youth engage in positive relationships, inclusive programming and have a safe environment.
- 2.Youth develop individual knowledge, skills, and abilities while building relationships.
- 3.Youth participate in something larger than themselves and/or program.
- 4.Youth engage in opportunities to make choices that can alter the outcome of events and circumstances.

**1b. Provide a description that addresses how this project will follow Trauma Informed Care.**

KHDS has a long-standing philosophy of care. We have always provided encouragement for youth with a great respect for their individual experience. We use a trauma informed, individual approach to service delivery which is based on four main assumptions that form our philosophy of care. First, we know that all youth need a sense of belonging. We help create a sense of belonging by providing youth with opportunities to contribute to the program in a group setting and individually and show them appreciation for their contributions. We offer youth opportunities to make decisions and for self-government. We work hard to increase their sense of fairness. Second, we understand that youth are a part of a family system that is more powerful and influential than our program. That understanding motivates us to learn about family history, the role youth play in their family and how their family resolves conflict in interpersonal relationships. Learning about youth family dynamics helps us understand their trauma history and cultural norms. A clear understanding of the family system, helps to tailor our interventions to best meet the needs of youth and build protective factors. Third, we believe that all youth come to us with a basic set of survival skills that are not necessarily the skills needed to be successful. We employ the concepts of the Teaching Family Model to teach social, educational, employment, interpersonal and maintenance skills that promote safety, well-being, self-sufficiency, and permanent connections to adults. We also teach youth rational problem-solving techniques when faced with difficult situations. Fourth, we know that youth are at varying stages of development, so it is important that we identify what stages have been successfully passed and what skills are still needed to continue advancing through the developmental stages. We understand behaviors through Erikson's Stages of Development and how a youth's experiences influence social development and world view.

**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	30			

**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 checked="" type="checkbox"/>

Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**3a. Please identify the specific populations addressed in this project**

Pregnant/Parenting	<input checked="" type="checkbox"/>
Minors (Include short textbox if "minor" selected)	<input type="checkbox"/>
Foster care/justice involved youth	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>
Gender Non-Conforming	<input checked="" type="checkbox"/>
Victims of Sexual Trafficking	<input checked="" type="checkbox"/>
Other	<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

**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

**9. Effectively serving youth populations:**

**9a. Describe the racial composition of the persons or households who are expected to benefit from your proposed grant activities, including a description of how you analysed the local population to determine this.**

As the project is in the final two months of the first year of operation we have served 2 singles black persons, 4 single white person, 9 black households with children and 3 white households with children. We expect that a similar racial composition will benefit from our proposed grant activities based on a data equity analysis completed by our Local Coalition Diversity, Equity and Inclusion Work Group. Through this data analysis, we found black folks are 9.5 times more likely to experience homelessness in Kenosha compared to white folks.

**9b. Identify any potential barriers to persons or communities of color equitably benefiting from your proposed grant activities.**

There were no indicators of potential barriers to person of color equitably benefiting from any of the project types included in our HMIS data equity analysis. The DEI workgroup reviewed the following outcomes: re-occurrence, exit destination and length of homelessness and found that there were no racial disparities of statistical significance.

**9c. Detail the steps you will take to prevent, reduce or eliminate these barriers.**

The program will make every effort to ensure that persons of color benefit from this project by ensuring equitable access to services that are:

- Strengths based to maximize the highest possible level of successful independent living
- Based on assessed need and youth choice
- Trauma informed to ensure nourishing relationships and permanent connections are developed or enhanced
- Evaluated by youth and through consultation of service provision by the supervisor

**9d. Describe the measures in place to track progress and evaluate the effectiveness of efforts to advance racial equity through the grant activities.**

The DEI Work group established baseline data regarding racial disparities for all project types in the Local Coalition which will be monitored by the work group on a regular basis which will be shared with the project to help inform measures that can be put into place to track progress and evaluate the effectiveness of the efforts to advance racial equity through grant activities.

## Youth Homeless Demonstration Projects

**1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness?** Yes

**1a. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?**

Ongoing supportive services that will be provided directly by the program will include assessment of services need, case management, moving assistance, food, transportation, housing search, counseling, life skills training and utility assistance. Additional services provided directly by KHDS are mental health, and outpatient mental health services. Youth will be referred to other partners for childcare, education services, employment assistance and job training, substance abuse treatment and utility deposits.

It is through direct program services and partner services that youth will learn the skills needed to locate housing, obtain employment, achieve education goals, increase income, budget, stabilize mental health and address substance use issues if needed, learn transportation skills (driver’s license how to ride the bus, etc.) and connection to other necessary community resources to obtain and maintain permanent housing after program exit.

**1b. What services are provided to engage the family and youth? (You may select more than one)**

Family counseling	<input type="checkbox"/>
Conflict Resolution	<input checked="" type="checkbox"/>
Parenting Supports	<input checked="" type="checkbox"/>
Relative or kinship caregiver resources	<input type="checkbox"/>
Targeted substance abuse and mental health treatment	<input type="checkbox"/>
Housing Search Assistance	<input checked="" type="checkbox"/>
Landlord-Tenant mediation	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>
Utility or Security Deposits	<input checked="" type="checkbox"/>

One time moving assistance	<input type="checkbox"/>
Rental Application fees	<input checked="" type="checkbox"/>
Utility or Rental Arrears	<input type="checkbox"/>
Other (if other selected, use textbox to explain the potential service)	<input type="checkbox"/>

2. Is this a Host Homes Project? No

3. Does this project plan to use Rental Assistance? Yes

3a. Will this project use Rental Deposits? Yes

3b. Will this project cover first months rent? Yes

3c. Short Term Rental Assistance: No

3d. Medium Term Rental Assistance: Yes

4. How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?

The current Youth Advisory Board (YAB) will be asked to provide input on program design, implementation, and evaluation. YAB involvement will begin prior to the project start date through a request from KHDS for assistance with reviewing and making any needed revisions to existing COC project documents to incorporate any youth specific language and considerations to ensure program implementation will be easily achieved. YAB members will be asked to review and provide input to:

- Current COC and ESG Policies and Procedures to ensure that language and any additional policies and procedures are added to ensure program implementation will be efficiently achieved
- The program admission packet
- Program evaluation tools
- The development and implementation of the long-term goals and action steps in Kenosha's Coordinated Community Plan to ensure project stability and quality services.

5. Will your project offer any specialized services for youth living with HIV/AIDS? No

## Special YHDP Activities

**1. Is the YHDP Replacement Project Applicant requesting a special YHDP activity, Exemption or Innovative Activity?** No

## 4A. Supportive Services for Participants

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

The Kenosha YAB Core Values teaches us about the needs of youth experiencing homelessness to help youth obtain and remain in permanent housing. The program will work with eligible youth to offer choice in locating units in a scattered-site model and match youth to housing to meet current needs. We will continue to mediate landlord concerns, provide assurances of rent/support, and move participants quickly to prevent a court eviction. Case management will assess youth for job readiness, help create long-term goal/action steps focused on obtaining/increasing employment income, provide housing counseling and help connecting to employment resources. Youth will choose their own goals specific to overcoming any identified barriers to housing stability. Monthly service plan reviews will help youth see their successes and inspire motivation for retention of permanent housing.

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

The project will help maximize the ability for participants to learn independent living skills

by meeting youth where they are, assessing needs, assisting to identify and address barriers, helping them increase quality of life and providing interventions to help youth achieve their self-defined goals that promote successful exits from homelessness

Case Management services will assess youth for job readiness to help with long-term goal and action step creation focused on obtaining and increasing employment income. The program will create an employment/educational packet that will include a variety of tools and resources to help with completing a resume/job application, prepare for interviews and include information on the host of employment and education opportunities in Kenosha.

The project will assist youth access non-employment income through referrals and connection to:

- KHDS Benefits Specialist to apply for Social Security Disability/Social Security Insurance
- Access Wisconsin for Food Share
- Racine/Kenosha Community Action Agency for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Federal Lovell Health Care Center for Veteran's benefits

The project will refer and assist youth connect to:

- Food Share, Wisconsin Works (W-2), and Childcare through Access Wisconsin
- Local soup kitchen and all food pantries in Kenosha
- Early childhood education through Early Head Start and Head Start

The project will coordinate with the Mental Health and Substance Abuse Center to assist participants apply for health insurance. Information and Referral Specialists in the Resource Center are Certified Application Counselors who are trained to assist people seeking health insurance coverage options through the federally facilitated Marketplaces and also help people apply for Medicaid/Badgercare Plus. Program participants will also be referred and assisted with connecting to the Kenosha Community Health Care Center.

**3. How will the project allow youth the ability to choose the providers and interventions that fit their needs?**

The program will work with eligible youth to assess past living situations and match youth to housing that meets their current needs. The program will offer choice between immediate placement into transitional housing pending readiness to rapid rehousing or direct access to rapid rehousing that will use a scattered-site model.

Through our experience we have learned that using a scattered site housing model allows for the program to offer the most flexibility when determining the right type of housing. When youth are able to choose their own housing in the community, they are more likely to maintain and remain in that housing for the duration of the program and beyond if they so choose. The program will assist young adults move to other permanent housing options during or after program exit such as section 8, section 42, or other non-subsidized housing opportunities.

We also understand the importance of matching people with landlords when determining housing type. We will continue to help youth make good decisions by sharing information about landlord expectations and their tolerance levels and approaches.

**4. How will the project respond to the different needs for service type, intensity, and length of supports for youth?**

Service type, intensity and program duration will remain flexible, fluid, be based on progress towards goal achievement, the re-occurrence of barriers/challenges and as needs change over time. Case management services will assess for clinical risk to respond accordingly to ensure youth safety, adjust course to focus on overall wellness and mental health stability whenever necessary. Youth will have choice in the frequency of home and office visits and communicate what services are working, needed or ineffective.

**5. 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	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed
Employment Assistance and Job Training	Non-Partner	As needed
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Applicant	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Applicant	As needed



Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	As needed
Applicant	As needed
Non-Partner	As needed

**Identify whether the project includes the following activities:**

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

**6a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events?** Yes

**7. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** Yes

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

**8a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** No

## 4A. HMIS Standards

**1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual?** Yes

**2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.).** Yes

**3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?** Yes

**4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?** Yes



**5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.**

**6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?**

**7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards?** Yes

**8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?**

## 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:** 12

**Total Beds:** 18

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	12	18

## 4B. Housing Type and Location Detail

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

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

**a. Units:** 12

**b. Beds:** 18

**3. Beds for Youth:** 18

### 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:** 3536 52nd Avenue

**Street 2:**

**City:** Kenosha

**State:** Wisconsin

**ZIP Code:** 53144

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

553316 Kenosha

## 4B. HMIS Training

**Indicate the last training date or proposed training date for each HMIS training, as applicable.**

<b>Activity</b>	<b>Enter date of last training or proposed next training (mm/yyyy)</b>
Basic Computer Training	
HMIS Software Training for Sys Admin	
HMIS Software Training	
Data Quality Training	
Security Training	
Privacy/Ethics Training	
HMIS PIT Count Training	
Other (must specify)	

## 5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
<b>Total Number of Households</b>	4	8	0	12

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	0	0		0
Persons ages 18-24	4	8		12
Accompanied Children under age 18	6		0	6
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	10	8	0	18

**Click Save to automatically calculate totals**

## 5B. Program 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	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	0	0	0	0	0
Persons ages 18-24	0	0	0	3	1	3	2	1	1	0
Children under age 18	0			0	0	0	2	2	2	0
<b>Total Persons</b>	0	0	0	3	1	3	4	3	3	0

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	0	0	0	0	0
Persons ages 18-24	0	0	0	5	1	7	8	1	1	0
<b>Total Persons</b>	0	0	0	5	1	7	8	1	1	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	Persons with 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										
<b>Total Persons</b>	0			0	0	0	0	0	0	0

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 15, 2025?** Yes

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

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

**4. Select a Grant Term:** 1 Year

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

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

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

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



## 6D. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:	\$125,856
Total Units:	12

The number of beds for which funding has been requested in the Rental Assistance budget is 15.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Kenosha County, WI HUD Metro FMR...	12	\$125,856

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

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 rents in the chart below.

Size of Units: These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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 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 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>

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WI - Kenosha County, WI HUD Metro FMR Area (5505999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$531	x	12	=	\$0
0 Bedroom		x	\$708	x	12	=	\$0
1 Bedroom	9	x	\$810	x	12	=	\$87,480

2 Bedrooms	3	x	\$1,066	x	12	=	\$38,376
3 Bedrooms	0	x	\$1,383	x	12	=	\$0
4 Bedrooms		x	\$1,540	x	12	=	\$0
5 Bedrooms		x	\$1,771	x	12	=	\$0
6 Bedrooms		x	\$2,002	x	12	=	\$0
7 Bedrooms		x	\$2,233	x	12	=	\$0
8 Bedrooms		x	\$2,464	x	12	=	\$0
9 Bedrooms		x	\$2,695	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	12						\$125,856
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$125,856

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

## 6E. 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	Mover: \$5,271 .09 FTE=\$3,183 Salary + \$2,088 Fringe	\$5,271
3. Case Management	CM \$69,272 1 FTE @20.19/hr+fringe/22,232+phone@40/mo+Internet:@35/mo+supplies@5/mo+bldg oper&rent@340/mo/Prog Mgr:\$7,797 .1FTE @24.04/hr+fringe\$2,293+phone@\$4/mo+internet@\$3.5/mo+supplies@.50/mo+bldg oper&rent@34/mo/Eq & Supplies@962	\$78,031
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	Groceries for 12 households @ \$58.66 each x 12 months	\$8,448
8. Housing/Counseling Services	Application fees \$300.00=12 @ \$25 each	\$300
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Mileage: 1,200 miles/year for personal vehicle use transporting clients @.42/mile=\$504/year Vehicle gas @ \$10/month=\$120/year Vehicle insurance @\$15/month=\$180/year	\$804
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$92,854</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$92,854</b>

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

## 6F. 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		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Utility allowance for 6 units without utilities included @ \$35 x 12 months	\$2,520
6. Furniture		
7. Equipment (lease, buy)		
<b>Total Annual Assistance Requested</b>		<b>\$2,520</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$2,520</b>

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

## 6G. 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		
2. Software	HMIS User Fee – 2 FTE @ \$75 each	\$150
3. Services		
4. Personnel		
5. Space & Operations		
<b>Total Annual Assistance Requested:</b>		\$150
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$150

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

# VAWA Budget

## VAWA Budget

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

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

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

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

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

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

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



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

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

## 6H. 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:	\$62,434
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$62,434

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Value of Commitments
Cash	Private	Private Donations	\$62,434

## Sources of Match Detail

**1. Type of Match Commitment:** Cash

**2. Source:** Private

**3. Name of Source:** Private Donations

**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$62,434

## 6I. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Screen 6C)	\$0
2. Rental Assistance (Screen 6D)	\$125,856
3. Supportive Services (Screen 6E)	\$92,854
4. Operating (Screen 6F)	\$2,520
5. HMIS (Screen 6G)	\$150
6. VAWA	\$0
7. Sub-total of CoC Program Costs Requested	\$221,380
8. Admin (Up to 10% of Sub-total in #7)	\$22,138
9. HUD funded Sub-total + Admin. Requested	\$243,518
10. Cash Match (From Screen 6H)	\$62,434
11. In-Kind Match (From Screen 6H)	\$0
12. Total Match (From Screen 6H)	\$62,434
13. Total Project Budget for this grant, including Match	\$305,952

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	Match Letter Proj...	08/29/2023
3) Other Attachment	No	Site for Work Per...	09/18/2023

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Match Letter Project YELLOW Door

## **Attachment Details**

**Document Description:** Site for Work Performance and COC YAB Letter

## **7B. Certification**

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

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

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

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

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

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

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

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

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

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

**Name of Authorized Certifying Official:** Jeannine Field

**Date:** 09/18/2023

**Title:** Executive Director

**Applicant Organization:** Kenosha Human Development Services, Inc.

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

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

X



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## 8B Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	09/11/2023
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/11/2023
<b>1E. SF-424 Compliance</b>	09/11/2023
<b>1F. SF-424 Declaration</b>	09/11/2023
<b>1G. HUD 2880</b>	09/11/2023
<b>1H. HUD 50070</b>	09/11/2023
<b>1I. Cert. Lobbying</b>	09/11/2023
<b>1J. SF-LLL</b>	09/11/2023
<b>IK. SF-424B</b>	09/11/2023
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/11/2023
<b>3A. Project Detail</b>	09/11/2023
<b>3B. Description</b>	09/11/2023
<b>Youth Homeless Demonstration Projects</b>	09/11/2023
<b>Special YHDP Activities</b>	09/11/2023
<b>4A. Services</b>	09/11/2023
<b>4A. HMIS Standards</b>	No Input Required
<b>4B. Housing Type</b>	09/11/2023
<b>4B. HMIS Training</b>	No Input Required
<b>5A. Households</b>	No Input Required
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	09/11/2023
<b>6D. Rental Assistance</b>	09/11/2023
<b>6E. Supp Srvcs Budget</b>	09/11/2023
<b>6F. Operating</b>	09/11/2023

<b>6G. HMIS Budget</b>	09/11/2023
<b>VAWA Budget</b>	No Input Required
<b>6H. Match</b>	09/11/2023
<b>6I. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/18/2023
<b>7B. Certification</b>	09/11/2023