

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with 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 from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- 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 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/28/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0214

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

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

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

	c. Organizational DUNS:	967328399	PLUS 4	
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d. Address

Street 1: PO Box 272

Street 2:

City: Eau Claire

County:

State: Wisconsin

Country: United States

Zip / Postal Code: 54702

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Carrie

Middle Name:

Last Name: Poser

Suffix:

Title: CoC Director

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

Telephone Number: (715) 598-3301

Extension:

Fax Number: (715) 265-7031

Email: carrie.poser@wibos.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: WIBOSCOC RRH Project

16. Congressional District(s):

a. Applicant: WI-005, WI-006, WI-007, WI-008, WI-003, WI-002, WI-001
(for multiple selections hold CTRL key)

b. Project: WI-005, WI-006, WI-007, WI-008, WI-003, WI-002, WI-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2020

b. End Date: 06/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- If "YES", enter the date this application was made available to the State for review:**

- 20. Is the Applicant delinquent on any Federal debt?** No
- If "YES," provide an explanation:**

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

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

Email: jeanettep@cacscw.org

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

Date Signed: 08/28/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

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

Prefix: Ms.

First Name: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

Telephone Number: (920) 262-9667

Extension:

Email: jeanettep@cacscw.org

City: Eau Claire

County:

State: Wisconsin

Country: United States

Zip/Postal Code: 54702

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$1,002,663.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: WIBOSCOC RRH Project PO Box 272 Eau Claire Wisconsin

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

Part I Threshold Determinations

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

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

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

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

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

Part III Interested Parties

You must disclose:

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

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

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

Certification

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

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

I AGREE: ☒

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

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

Date Signed: 08/14/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying

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

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

Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name

Last Name: Petts

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

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

Email: jeanettep@cacscw.org

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

Date Signed: 08/28/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: Wisconsin Balance of State Continuum of Care, Inc.

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

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

Date Signed: 08/28/2019

1J. SF-LLL

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

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

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

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

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

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

Street 1: PO Box 272

Street 2:

City: Eau Claire

County: Eau Claire

State: Wisconsin

Country: United States

Zip / Postal Code: 54702

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and

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complete. ☐

Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

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

Email: jeanettep@cacscw.org

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

Date Signed: 08/28/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year's FY 2018 information, e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that select "Fully Consolidated" on the Grant Consolidation screen may not use the "Submit Without Changes" process and esnaps will automatically be set to "Make Changes". However, if the applicant selects "Individual Renewal", this project application(s) can use the "Submit Without Changes" process. In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Expansion Screen, this project application is for a "Combined Renewal Expansion" project application. However, the stand-alone renewal expansion project application(s) can use the "Submit Without Changes" process.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

First-time renewal and grant term has not yet expired. The grant just started 7/1/19 and will not end until 6/30/2020.

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

First-time renewal for which less than one quarter has passed. The grant just started 7/1/19. The first quarter includes 7/1 - 9/30.

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.



No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$958,419

Organization	Type	Type	Sub-Award Amount
ADVOCAP Inc.	M. Nonprofit with 501C3 IRS Status		\$129,199
Women and Children's Horizons, Inc.	M. Nonprofit with 501C3 IRS Status		\$239,101
Golden House, Inc.	M. Nonprofit with 501C3 IRS Status		\$295,059
Newcap Inc.	M. Nonprofit with 501C3 IRS Status		\$164,574
Northwest Community Services Agency, Inc.	M. Nonprofit with 501C3 IRS Status		\$130,486

2A. Project Subrecipients Detail

a. Organization Name: ADVOCAP Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 39-1053365

	* d. Organizational DUNS:	078934148	PLUS 4	
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e. Physical Address

Street 1: PO Box 1108

Street 2:

City: Fond du Lac

State: Wisconsin

Zip Code: 54936-1108

f. Congressional District(s): WI-006
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$129,199

j. Contact Person

Prefix: Ms.

First Name: Lu

Middle Name:

Last Name: Scheer

Suffix:

Title: Affordable Housing Director

E-mail Address: luanns@advocap.org

Confirm E-mail Address: luanns@advocap.org

Phone Number: 920-922-7760

Extension: 3,581

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Women and Children's Horizons, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 39-1278299

	* d. Organizational DUNS:	115887945	PLUS 4	
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e. Physical Address

Street 1: 2525 63rd St.

Street 2:

City: Kenosha

State: Wisconsin

Zip Code: 53143

f. Congressional District(s): WI-001
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$239,101

j. Contact Person

Prefix: Ms.

First Name: Diana

Middle Name:

Last Name: Newton

Suffix:

Title: Executive Director

E-mail Address: executivedirector@wchkenosha.org

Confirm E-mail Address: executivedirector@wchkenosha.org

Phone Number: 262-656-3500

Extension: 110

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Golden House, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 39-1342659

	* d. Organizational DUNS:	617570965	PLUS 4	
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e. Physical Address

Street 1: PO Box 727

Street 2:

City: Green Bay

State: Wisconsin

Zip Code: 54305

f. Congressional District(s): WI-008
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$295,059

j. Contact Person

Prefix: Ms.

First Name: Holli

Middle Name:

Last Name: Fisher

Suffix:

Title: Program Director

E-mail Address: holli@goldenhousegb.org

Confirm E-mail Address: holli@goldenhousegb.org

Phone Number: 920-435-0100

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Newcap Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 39-1050492

	* d. Organizational DUNS:	136478786	PLUS 4	
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e. Physical Address**Street 1:** 1201 Main St.**Street 2:****City:** Oconto**State:** Wisconsin**Zip Code:** 54153

f. Congressional District(s): WI-008
 (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$164,574

j. Contact Person**Prefix:** Ms.**First Name:** Debbie**Middle Name:****Last Name:** Bushman**Suffix:****Title:** Housing Director**E-mail Address:** debbiebushman@newcap.org**Confirm E-mail Address:** debbiebushman@newcap.org**Phone Number:** 920-834-4621**Extension:** 1,110**Fax Number:****2A. Project Subrecipients Detail**

a. Organization Name: Northwest Community Services Agency, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 39-1091469

	* d. Organizational DUNS:	153452248	PLUS 4	
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e. Physical Address

Street 1: 1118 TOWER AVE

Street 2:

City: Superior

State: Wisconsin

Zip Code: 54880

f. Congressional District(s): WI-007
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$130,486

j. Contact Person

Prefix: Ms.

First Name: Millie

Middle Name:

Last Name: Rounsiville

Suffix:

Title: CEO

E-mail Address: mrounville@northwest-csa.org
Confirm E-mail Address: mrounville@northwest-csa.org
Phone Number: 715-392-5127
Extension:
Fax Number:

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** WI0214

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: WI-500 - Wisconsin Balance of State CoC

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

3. Project Name: WIBOSCOC RRH Project

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? RRH

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

3B. Project Description

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

This RRH project will provide 60 units of RRH for families (40) and households w/out children (20) that are victims of DV, sexual assault & human traff across 19 counties in 6 coalitions w/26 in east, 14 in south & 20 in north. Clients can be fleeing or attempting to flee, in emergency shelter or in places not meant for HH. Given vast geography of BOS, this project provides specific housing & services in communities with demo need, capacity & ability to meet unique needs of this population who have experience in housing & rental assistance. Clients are offered the program through the CoC approved coordinated entry process & subs will follow the order of priority & written standards for CoC RRH. Clients struggle w/low income, lack of employment history, poor credit or housing history & safety concerns. Needs include housing & job training, healthcare, transportation, food, HH furnishings, counseling, life skill training, education & legal assistance. The BOS will sub out to 5 agencies w/demo ability to identify & secure housing, connect to resources & support clients while seeking outcomes of housing stability, self-sufficiency, increase sense of safety, income & connection to mainstream benefits. Each agency uses housing first in enrolling clients without preconditions or barriers & works to mitigate LL/T issues to avoid evictions. CM will use a strengths based approach to focus on client choice & support client-driven decision making. CM connect, refer & support while helping to create a support network, use motivational interviewing & trauma informed care approaches to meet clients where they are at, work at their pace & support their goals. CM will assess safety concerns, access & availability of resources, ongoing risk assessment, divert from homelessness if possible, connect to emergency services when necessary & support overall goal development towards housing stability. Subs demonstrate active coordination w/in their communities, formal & informal partnerships in education, health care, legal action, law enf, transportation, employment, counseling & crisis services. Subs partner w/providers for DV related counseling, support groups, legal assistance & immigration when necessary. Subs will match client needs with available programming, funding & resources. Subs will use developed network & relationship w/landlords to help secure the right fit for each client & support their decisions about housing, negotiate leases & conduct HQS inspections. The BOS signed an MOU with the statewide DV coalition to provide ongoing tech assistance to the subs & specifically work on the needs of those experiencing or fleeing DV situations. CoC funding is imperative to fill a gap in housing specific support services for victims of DV. These agencies are best suited to provide not only the housing & rental assistance, supportive services & referrals as needed but also work specifically w/unique needs, safety & security related concerns shared by victims of DV.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

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

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

3d. Does the project follow a "Housing First" Yes

approach?

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes



3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 60

Total Beds: 110

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	10	14
Scattered-site apartments (...)	---	14	25
Scattered-site apartments (...)	---	16	41
Scattered-site apartments (...)	---	10	15
Scattered-site apartments (...)	---	10	15

4B. Housing Type and Location Detail

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

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

a. Units: 10

b. Beds: 14

3. 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: PO Box 1108

Street 2:

City: Fond du Lac

State: Wisconsin

ZIP Code: 54936-1108

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

559139 Winnebago County, 559047 Green Lake
County, 552264 Fond Du Lac, 559039 Fond du
Lac County, 554960 Oshkosh

4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available

for project participants at the selected housing site.

a. Units: 14

b. Beds: 25

3. 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: 2525 63rd St.

Street 2:

City: Kenosha

State: Wisconsin

ZIP Code: 53143

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

553316 Kenosha, 559059 Kenosha County

4B. Housing Type and Location Detail

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

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

a. Units: 16

b. Beds: 41

3. 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: PO Box 727

Street 2:

City: Green Bay

State: Wisconsin

ZIP Code: 54305

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

552664 Green Bay, 559009 Brown County

4B. Housing Type and Location Detail

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

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

a. Units: 10

b. Beds: 15

3. 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: 1118 TOWER AVE

Street 2:

City: Superior

State: Wisconsin

ZIP Code: 54880

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

559031 Douglas County, 556492 Superior,
559003 Ashland County

4B. Housing Type and Location Detail

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

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

a. Units: 10

b. Beds: 15

3. 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: 1201 Main St.

Street 2:

City: Oconto

State: Wisconsin

ZIP Code: 54153

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

559075 Marinette County, 559067 Langlade
County, 559041 Forest County, 559125 Vilas
County, 559083 Oconto County, 559078
Menominee County, 559037 Florence County,
559085 Oneida County, 559115 Shawano
County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	40	20	0	60
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	20	10		30
Persons ages 18-24	20	10		30
Accompanied Children under age 18	50		0	50
Unaccompanied Children under age 18			0	0
Total Persons	90	20	0	110

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24				1	0	3	20	1	0	0
Persons ages 18-24				0	0	2	20	1	0	0
Children under age 18				0	0	0	50	0	0	0
Total Persons	0	0	0	1	0	5	90	2	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24			1	2	0	2	10	1	0	0
Persons ages 18-24				1	0	2	10	0	0	0
Total Persons	0	0	1	3	0	4	20	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										

Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No



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

4. Renewal Grant Term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

6C. 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:		\$559,512	
Total Units:		60	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Fond du Lac, WI MSA (5503999999)	7	\$56,256
TRA	WI - Green Lake County, WI (5504799999)	1	\$6,216
TRA	WI - Oshkosh-Neenah, WI MSA (5513999999)	2	\$16,416
TRA	WI - Kenosha County, WI HUD Metro FMR...	14	\$144,048
TRA	WI - Green Bay, WI HUD Metro FMR Area...	16	\$179,496
TRA	WI - Ashland County, WI (5500399999)	4	\$28,968
TRA	MN - Duluth, MN-WI MSA (2701799999)	6	\$54,360
TRA	WI - Langlade County, WI (5506799999)	1	\$8,268
TRA	WI - Oconto County, WI HUD Metro FMR ...	1	\$8,268
TRA	WI - Vilas County, WI (5512599999)	1	\$6,216
TRA	WI - Menominee County, WI (5507899999)	1	\$6,216
TRA	WI - Shawano County, WI (5511599999)	2	\$14,748
TRA	WI - Marinette County, WI (5507599999)	1	\$8,268
TRA	WI - Oneida County, WI (5508599999)	1	\$7,104
TRA	WI - Forest County, WI (5504199999)	1	\$8,268
TRA	WI - Florence County, WI (5503799999)	1	\$6,396

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Fond du Lac, WI MSA (5503999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$404	\$404	x	12	=	\$0
0 Bedroom		x	\$538	\$538	x	12	=	\$0
1 Bedroom	5	x	\$588	\$588	x	12	=	\$35,280
2 Bedrooms	1	x	\$755	\$755	x	12	=	\$9,060
3 Bedrooms	1	x	\$993	\$993	x	12	=	\$11,916
4 Bedrooms		x	\$1,147	\$1,147	x	12	=	\$0
5 Bedrooms		x	\$1,319	\$1,319	x	12	=	\$0
6 Bedrooms		x	\$1,491	\$1,491	x	12	=	\$0
7 Bedrooms		x	\$1,663	\$1,663	x	12	=	\$0
8 Bedrooms		x	\$1,835	\$1,835	x	12	=	\$0
9 Bedrooms		x	\$2,007	\$2,007	x	12	=	\$0
Total Units and Annual Assistance Requested	7							\$56,256
Grant Term								1 Year
Total Request for Grant Term								\$56,256

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Green Lake County, WI (5504799999)

Does the applicant request rental assistance No
funding for less than the area's per unit size
fair market rents?

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$355	\$355	x	12	=	\$0
0 Bedroom		x	\$473	\$473	x	12	=	\$0
1 Bedroom	1	x	\$518	\$518	x	12	=	\$6,216
2 Bedrooms		x	\$689	\$689	x	12	=	\$0
3 Bedrooms		x	\$905	\$905	x	12	=	\$0
4 Bedrooms		x	\$1,141	\$1,141	x	12	=	\$0
5 Bedrooms		x	\$1,312	\$1,312	x	12	=	\$0
6 Bedrooms		x	\$1,483	\$1,483	x	12	=	\$0
7 Bedrooms		x	\$1,654	\$1,654	x	12	=	\$0
8 Bedrooms		x	\$1,826	\$1,826	x	12	=	\$0
9 Bedrooms		x	\$1,997	\$1,997	x	12	=	\$0
Total Units and Annual Assistance Requested	1							\$6,216
Grant Term								1 Year
Total Request for Grant Term								\$6,216

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Oshkosh-Neenah, WI MSA (5513999999)

Does the applicant request rental assistance No
funding for less than the area's per unit size
fair market rents?

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$415	\$415	x	12	=	\$0
0 Bedroom		x	\$553	\$553	x	12	=	\$0
1 Bedroom	1	x	\$603	\$603	x	12	=	\$7,236

2 Bedrooms	1	x	\$765	\$765	x	12	=	\$9,180
3 Bedrooms		x	\$1,019	\$1,019	x	12	=	\$0
4 Bedrooms		x	\$1,300	\$1,300	x	12	=	\$0
5 Bedrooms		x	\$1,495	\$1,495	x	12	=	\$0
6 Bedrooms		x	\$1,690	\$1,690	x	12	=	\$0
7 Bedrooms		x	\$1,885	\$1,885	x	12	=	\$0
8 Bedrooms		x	\$2,080	\$2,080	x	12	=	\$0
9 Bedrooms		x	\$2,275	\$2,275	x	12	=	\$0
Total Units and Annual Assistance Requested	2							\$16,416
Grant Term								1 Year
Total Request for Grant Term								\$16,416

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$430	\$430	x 12	= \$0
0 Bedroom	x	\$573	\$573	x 12	= \$0
1 Bedroom	4 x	\$676	\$676	x 12	= \$32,448
2 Bedrooms	9 x	\$899	\$899	x 12	= \$97,092
3 Bedrooms	1 x	\$1,209	\$1,209	x 12	= \$14,508
4 Bedrooms	x	\$1,414	\$1,414	x 12	= \$0
5 Bedrooms	x	\$1,626	\$1,626	x 12	= \$0
6 Bedrooms	x	\$1,838	\$1,838	x 12	= \$0
7 Bedrooms	x	\$2,050	\$2,050	x 12	= \$0
8 Bedrooms	x	\$2,262	\$2,262	x 12	= \$0
9 Bedrooms	x	\$2,475	\$2,475	x 12	= \$0
Total Units and Annual Assistance Requested	14				\$144,048

Grant Term
Total Request for Grant Term

1 Year
\$144,048

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Green Bay, WI HUD Metro FMR Area (5500999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$398	\$398	x	12	=	\$0
0 Bedroom		x	\$531	\$531	x	12	=	\$0
1 Bedroom	3	x	\$591	\$591	x	12	=	\$21,276
2 Bedrooms	4	x	\$786	\$786	x	12	=	\$37,728
3 Bedrooms	6	x	\$1,113	\$1,113	x	12	=	\$80,136
4 Bedrooms	3	x	\$1,121	\$1,121	x	12	=	\$40,356
5 Bedrooms		x	\$1,289	\$1,289	x	12	=	\$0
6 Bedrooms		x	\$1,457	\$1,457	x	12	=	\$0
7 Bedrooms		x	\$1,625	\$1,625	x	12	=	\$0
8 Bedrooms		x	\$1,794	\$1,794	x	12	=	\$0
9 Bedrooms		x	\$1,962	\$1,962	x	12	=	\$0
Total Units and Annual Assistance Requested	16							\$179,496
Grant Term								1 Year
Total Request for Grant Term								\$179,496

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Ashland County, WI (5500399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$386	\$386	x	12	=	\$0
0 Bedroom		x	\$515	\$515	x	12	=	\$0
1 Bedroom	2	x	\$518	\$518	x	12	=	\$12,432
2 Bedrooms	2	x	\$689	\$689	x	12	=	\$16,536
3 Bedrooms		x	\$901	\$901	x	12	=	\$0
4 Bedrooms		x	\$938	\$938	x	12	=	\$0
5 Bedrooms		x	\$1,079	\$1,079	x	12	=	\$0
6 Bedrooms		x	\$1,219	\$1,219	x	12	=	\$0
7 Bedrooms		x	\$1,360	\$1,360	x	12	=	\$0
8 Bedrooms		x	\$1,501	\$1,501	x	12	=	\$0
9 Bedrooms		x	\$1,642	\$1,642	x	12	=	\$0
Total Units and Annual Assistance Requested	4							\$28,968
Grant Term								1 Year
Total Request for Grant Term								\$28,968

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MN - Duluth, MN-WI MSA (2701799999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$444	\$444	x	12	=	\$0
0 Bedroom		x	\$592	\$592	x	12	=	\$0
1 Bedroom	3	x	\$662	\$662	x	12	=	\$23,832
2 Bedrooms	3	x	\$848	\$848	x	12	=	\$30,528
3 Bedrooms		x	\$1,099	\$1,099	x	12	=	\$0
4 Bedrooms		x	\$1,364	\$1,364	x	12	=	\$0
5 Bedrooms		x	\$1,569	\$1,569	x	12	=	\$0
6 Bedrooms		x	\$1,773	\$1,773	x	12	=	\$0
7 Bedrooms		x	\$1,978	\$1,978	x	12	=	\$0
8 Bedrooms		x	\$2,182	\$2,182	x	12	=	\$0
9 Bedrooms		x	\$2,387	\$2,387	x	12	=	\$0
Total Units and Annual Assistance Requested	6							\$54,360
Grant Term								1 Year
Total Request for Grant Term								\$54,360

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Langlade County, WI (5506799999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$386	\$386	x	12	=	\$0
0 Bedroom		x	\$515	\$515	x	12	=	\$0
1 Bedroom		x	\$518	\$518	x	12	=	\$0
2 Bedrooms	1	x	\$689	\$689	x	12	=	\$8,268
3 Bedrooms		x	\$924	\$924	x	12	=	\$0
4 Bedrooms		x	\$938	\$938	x	12	=	\$0

5 Bedrooms		x	\$1,079	\$1,079	x	12	=	\$0
6 Bedrooms		x	\$1,219	\$1,219	x	12	=	\$0
7 Bedrooms		x	\$1,360	\$1,360	x	12	=	\$0
8 Bedrooms		x	\$1,501	\$1,501	x	12	=	\$0
9 Bedrooms		x	\$1,642	\$1,642	x	12	=	\$0
Total Units and Annual Assistance Requested	1							\$8,268
Grant Term								1 Year
Total Request for Grant Term								\$8,268

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Oconto County, WI HUD Metro FMR Area (5508399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$415	\$415	x	12	=	\$0
0 Bedroom		x	\$553	\$553	x	12	=	\$0
1 Bedroom		x	\$568	\$568	x	12	=	\$0
2 Bedrooms	1	x	\$689	\$689	x	12	=	\$8,268
3 Bedrooms		x	\$968	\$968	x	12	=	\$0
4 Bedrooms		x	\$1,079	\$1,079	x	12	=	\$0
5 Bedrooms		x	\$1,241	\$1,241	x	12	=	\$0
6 Bedrooms		x	\$1,403	\$1,403	x	12	=	\$0
7 Bedrooms		x	\$1,565	\$1,565	x	12	=	\$0
8 Bedrooms		x	\$1,726	\$1,726	x	12	=	\$0
9 Bedrooms		x	\$1,888	\$1,888	x	12	=	\$0
Total Units and Annual Assistance Requested	1							\$8,268
Grant Term								1 Year
Total Request for Grant Term								\$8,268

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Vilas County, WI (5512599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$384	\$384	x 12	= \$0
0 Bedroom	x	\$512	\$512	x 12	= \$0
1 Bedroom	1 x	\$518	\$518	x 12	= \$6,216
2 Bedrooms	x	\$689	\$689	x 12	= \$0
3 Bedrooms	x	\$864	\$864	x 12	= \$0
4 Bedrooms	x	\$938	\$938	x 12	= \$0
5 Bedrooms	x	\$1,079	\$1,079	x 12	= \$0
6 Bedrooms	x	\$1,219	\$1,219	x 12	= \$0
7 Bedrooms	x	\$1,360	\$1,360	x 12	= \$0
8 Bedrooms	x	\$1,501	\$1,501	x 12	= \$0
9 Bedrooms	x	\$1,642	\$1,642	x 12	= \$0
Total Units and Annual Assistance Requested	1				\$6,216
Grant Term					1 Year
Total Request for Grant Term					\$6,216

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Menominee County, WI (5507899999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$355	\$355	x	12	=	\$0
0 Bedroom		x	\$473	\$473	x	12	=	\$0
1 Bedroom	1	x	\$518	\$518	x	12	=	\$6,216
2 Bedrooms	0	x	\$689	\$689	x	12	=	\$0
3 Bedrooms		x	\$864	\$864	x	12	=	\$0
4 Bedrooms		x	\$938	\$938	x	12	=	\$0
5 Bedrooms		x	\$1,079	\$1,079	x	12	=	\$0
6 Bedrooms		x	\$1,219	\$1,219	x	12	=	\$0
7 Bedrooms		x	\$1,360	\$1,360	x	12	=	\$0
8 Bedrooms		x	\$1,501	\$1,501	x	12	=	\$0
9 Bedrooms		x	\$1,642	\$1,642	x	12	=	\$0
Total Units and Annual Assistance Requested	1							\$6,216
Grant Term								1 Year
Total Request for Grant Term								\$6,216

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Shawano County, WI (5511599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
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SRO		x	\$383	\$383	x	12	=	\$0
0 Bedroom		x	\$510	\$510	x	12	=	\$0
1 Bedroom	1	x	\$540	\$540	x	12	=	\$6,480
2 Bedrooms	1	x	\$689	\$689	x	12	=	\$8,268
3 Bedrooms		x	\$882	\$882	x	12	=	\$0
4 Bedrooms		x	\$979	\$979	x	12	=	\$0
5 Bedrooms		x	\$1,126	\$1,126	x	12	=	\$0
6 Bedrooms		x	\$1,273	\$1,273	x	12	=	\$0
7 Bedrooms		x	\$1,420	\$1,420	x	12	=	\$0
8 Bedrooms		x	\$1,566	\$1,566	x	12	=	\$0
9 Bedrooms		x	\$1,713	\$1,713	x	12	=	\$0
Total Units and Annual Assistance Requested	2							\$14,748
Grant Term								1 Year
Total Request for Grant Term								\$14,748

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Marinette County, WI (5507599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$355	\$355	x	12	=		\$0
0 Bedroom		x	\$473	\$473	x	12			\$0
1 Bedroom		x	\$518	\$518	x	12			\$0
2 Bedrooms	1	x	\$689	\$689	x	12			\$8,268
3 Bedrooms		x	\$864	\$864	x	12			\$0
4 Bedrooms		x	\$1,151	\$1,151	x	12			\$0
5 Bedrooms		x	\$1,324	\$1,324	x	12			\$0
6 Bedrooms		x	\$1,496	\$1,496	x	12			\$0
7 Bedrooms		x	\$1,669	\$1,669	x	12			\$0

8 Bedrooms		x	\$1,842	\$1,842	x	12	=	\$0
9 Bedrooms		x	\$2,014	\$2,014	x	12	=	\$0
Total Units and Annual Assistance Requested	1							\$8,268
Grant Term								1 Year
Total Request for Grant Term								\$8,268

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Oneida County, WI (5508599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$351	\$351	x	12	=	\$0
0 Bedroom		x	\$468	\$468	x	12	=	\$0
1 Bedroom	1	x	\$592	\$592	x	12	=	\$7,104
2 Bedrooms		x	\$713	\$713	x	12	=	\$0
3 Bedrooms		x	\$940	\$940	x	12	=	\$0
4 Bedrooms		x	\$1,141	\$1,141	x	12	=	\$0
5 Bedrooms		x	\$1,312	\$1,312	x	12	=	\$0
6 Bedrooms		x	\$1,483	\$1,483	x	12	=	\$0
7 Bedrooms		x	\$1,654	\$1,654	x	12	=	\$0
8 Bedrooms		x	\$1,826	\$1,826	x	12	=	\$0
9 Bedrooms		x	\$1,997	\$1,997	x	12	=	\$0
Total Units and Annual Assistance Requested	1							\$7,104
Grant Term								1 Year
Total Request for Grant Term								\$7,104

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Forest County, WI (5504199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$340	\$340	x	12	=	\$0
0 Bedroom		x	\$453	\$453	x	12	=	\$0
1 Bedroom		x	\$543	\$543	x	12	=	\$0
2 Bedrooms	1	x	\$689	\$689	x	12	=	\$8,268
3 Bedrooms		x	\$935	\$935	x	12	=	\$0
4 Bedrooms		x	\$938	\$938	x	12	=	\$0
5 Bedrooms		x	\$1,079	\$1,079	x	12	=	\$0
6 Bedrooms		x	\$1,219	\$1,219	x	12	=	\$0
7 Bedrooms		x	\$1,360	\$1,360	x	12	=	\$0
8 Bedrooms		x	\$1,501	\$1,501	x	12	=	\$0
9 Bedrooms		x	\$1,642	\$1,642	x	12	=	\$0
Total Units and Annual Assistance Requested	1							\$8,268
Grant Term								1 Year
Total Request for Grant Term								\$8,268

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Florence County, WI (5503799999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$365	\$365	x	12	=	\$0
0 Bedroom		x	\$487	\$487	x	12	=	\$0
1 Bedroom	1	x	\$533	\$533	x	12	=	\$6,396
2 Bedrooms		x	\$709	\$709	x	12	=	\$0
3 Bedrooms		x	\$915	\$915	x	12	=	\$0
4 Bedrooms		x	\$992	\$992	x	12	=	\$0
5 Bedrooms		x	\$1,141	\$1,141	x	12	=	\$0
6 Bedrooms		x	\$1,290	\$1,290	x	12	=	\$0
7 Bedrooms		x	\$1,438	\$1,438	x	12	=	\$0
8 Bedrooms		x	\$1,587	\$1,587	x	12	=	\$0
9 Bedrooms		x	\$1,736	\$1,736	x	12	=	\$0
Total Units and Annual Assistance Requested	1							\$6,396
Grant Term								1 Year
Total Request for Grant Term								\$6,396

Click the 'Save' button to automatically calculate totals.

6D. 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:	\$188,143
Total Value of In-Kind Commitments:	\$62,523
Total Value of All Commitments:	\$250,666

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Golden House Disc...	08/14/2019	\$73,765
Yes	In-Kind	Private	NWCSA in-kind - food	08/15/2019	\$7,200
Yes	In-Kind	Private	NWCSA in-kind - h...	08/15/2019	\$5,000
Yes	In-Kind	Government	NWCSA - WIC	08/15/2019	\$600
Yes	Cash	Government	NWCSA CSBG	08/15/2019	\$19,822
Yes	Cash	Government	Newcap - CSBG	08/21/2019	\$10,894
Yes	In-Kind	Private	Newcap - donated ...	08/21/2019	\$5,500
Yes	In-Kind	Government	Newcap - TEFAP food	08/21/2019	\$4,500
Yes	In-Kind	Private	Newcap - donated ...	08/21/2019	\$1,250
Yes	In-Kind	Government	Newcap - weatheri...	08/21/2019	\$9,000
Yes	In-Kind	Government	Newcap - communit...	08/21/2019	\$5,000
Yes	In-Kind	Government	Newcap - Financia...	08/21/2019	\$5,000
Yes	Cash	Private	WIBOSCOC discreti...	08/19/2019	\$11,060
Yes	Cash	Private	W & C - United Way	08/20/2019	\$2,500

Yes	In-Kind	Private	W & C - food pantry	08/20/2019	\$9,473
Yes	In-Kind	Private	W & C - thrift st...	08/20/2019	\$10,000
Yes	Cash	Government	W & C - DCF	08/20/2019	\$4,500
Yes	Cash	Private	W & C - private c...	08/20/2019	\$33,302
Yes	Cash	Government	ADVOCAP - CSBG	08/22/2019	\$17,300
Yes	Cash	Private	ADVOCAP - Private...	08/22/2019	\$15,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Golden House Discretionary Funds - Donations
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/14/2019
6. Value of Written Commitment: \$73,765

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind
3. Type of Source: Private
4. Name the Source of the Commitment: NWCSA in-kind - food
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: \$7,200

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: NWCSA in-kind - household furnishing
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2019

6. Value of Written Commitment: \$5,000

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: NWCSA - WIC
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2019

6. Value of Written Commitment: \$600

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: NWCSA CSBG
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/15/2019

6. Value of Written Commitment: \$19,822

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Newcap - CSBG
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/21/2019
- 6. Value of Written Commitment:** \$10,894

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** In-Kind
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Newcap - donated HH goods
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/21/2019
- 6. Value of Written Commitment:** \$5,500

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Newcap - TEFAP food
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019

6. Value of Written Commitment: \$4,500

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: Newcap - donated hygiene products
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019

6. Value of Written Commitment: \$1,250

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Newcap - weatherization
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019

6. Value of Written Commitment: \$9,000

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Newcap - community health services (DHHS)
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019

6. Value of Written Commitment: \$5,000

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Government

4. Name the Source of the Commitment: Newcap - Financial capabilities (CSBG)
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/21/2019

6. Value of Written Commitment: \$5,000

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: WIBOSCOG discretionary funds
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/19/2019
6. Value of Written Commitment: \$11,060

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: W & C - United Way
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: \$2,500

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: W & C - food pantry
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/20/2019

6. Value of Written Commitment: \$9,473

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: In-Kind

3. Type of Source: Private

4. Name the Source of the Commitment: W & C - thrift store donation
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/20/2019

6. Value of Written Commitment: \$10,000

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

Sources of Match Detail

1. Will this commitment be used towards Match? Yes

2. Type of Commitment: Cash

3. Type of Source: Government

4. Name the Source of the Commitment: W & C - DCF
(Be as specific as possible and include the office or grant program as applicable)

- 5. Date of Written Commitment:** 08/20/2019
6. Value of Written Commitment: \$4,500

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: W & C - private contributions
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/20/2019
6. Value of Written Commitment: \$33,302

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: ADVOCAP - CSBG
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/22/2019
6. Value of Written Commitment: \$17,300

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes

2. Type of Commitment: Cash

3. Type of Source: Private

4. Name the Source of the Commitment: ADVOCAP - Private Foundation
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/22/2019

6. Value of Written Commitment: \$15,000

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$559,512
3. Supportive Services	\$344,531
4. Operating	\$0
5. HMIS	\$9,317
6. Sub-total Costs Requested	\$913,360
7. Admin (Up to 10%)	\$89,303
8. Total Assistance plus Admin Requested	\$1,002,663
9. Cash Match	\$188,143
10. In-Kind Match	\$62,523
11. Total Match	\$250,666
12. Total Budget	\$1,253,329

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subgrantee 501c3 ...	08/15/2019
2) Other Attachmenbt	No	End Domestic Abus...	08/23/2019
3) Other Attachment	No		

Attachment Details

Document Description: Subgrantee 501c3 Letters

Attachment Details

Document Description: End Domestic Abuse WI MOU

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	RRH Grant Match L...	08/23/2019

Attachment Details

Document Description: RRH Grant Match Letters

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Jeanette Petts

Date: 08/28/2019

Title: Chair, WIBOSCOC Board of Directors

Applicant Organization: Wisconsin Balance of State Continuum of Care,

Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Active SAM Status Requirement.

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

X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A-need to update amounts and change contact person for one subgrantee
3B-question 2 appears to have no answer
6A-question 1 & 2 appear to have no answer
6C-question appears to not have an answer
7A-need to attach updated match MOU documentation

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

Renewal Project Application FY2019	Page 80	08/28/2019
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1D. SF-424 Congressional District(s)	08/14/2019
1E. SF-424 Compliance	08/14/2019
1F. SF-424 Declaration	08/14/2019
1G. HUD-2880	08/14/2019
1H. HUD-50070	08/14/2019
1I. Cert. Lobbying	08/14/2019
1J. SF-LLL	08/22/2019
Recipient Performance	08/14/2019
Renewal Expansion	08/28/2019
Renewal Grant Consolidation	08/28/2019
2A. Subrecipients	08/19/2019
3A. Project Detail	08/14/2019
3B. Description	08/15/2019
4A. Services	08/14/2019
4B. Housing Type	08/14/2019
5A. Households	08/14/2019
5B. Subpopulations	No Input Required
6A. Funding Request	08/15/2019
6C. Rental Assistance	08/15/2019
6D. Match	08/23/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/23/2019
7A. In-Kind Match MOU Attachment	08/23/2019
7B. Certification	08/23/2019
Submission Without Changes	08/15/2019

MEMORANDUM OF UNDERSTANDING BETWEEN
END DOMESTIC ABUSE WISCONSIN, THE WI COALITION AGAINST DOMESTIC VIOLENCE, INC.
(End Abuse)

AND

WISCONSIN BALANCE OF STATE CONTINUUM OF CARE (WI BOSCOC)

PURPOSE

This Memorandum of Understanding (MOU), while not a legally binding document does indicate a voluntary agreement and commitment to assist in partnership activities outlined in this Memorandum of Understanding (MOU). This MOU specifies the terms of a formal partnership between the WIBOSCOC and End Abuse to address the housing needs of domestic abuse survivors.

COMMON MISSIONS and VALUES

The WI BOSCOC's mission is to end homelessness by supporting local coalitions throughout Wisconsin.

End Abuse's mission is to promote social change that transforms societal attitudes, practices, and policies to prevent and eliminate domestic violence, abuse and oppression. Part of End Abuse's core work includes advocating for the needs of domestic violence survivors across systems and agencies.

The missions of End Abuse and the WI BOSCOC intersect at the provision of housing services for domestic violence victims experiencing homelessness or facing the threat of homelessness. The WI BOSCOC and End Abuse recognize and value each other's missions and agree to partner to address the unique needs of domestic violence victims experiencing, or in danger of experiencing, homelessness.

SUPPORTING AN ON-GOING COLLABORATIVE RELATIONSHIP

Recent studies have shown that most women experiencing homelessness have also experienced domestic violence, and more than half report that domestic violence was the cause of their homelessness.¹ These statistics highlight the need for intensive cross training between DV service-providers and housing providers.

End Abuse and the WI BOSCOC agree to support each other in the provision of annual training opportunities at statewide conferences, or regional conferences, when available. Training content may include, but is not limited to, the rules and laws governing housing providers and DV service providers, dynamics of domestic violence and dynamics of homelessness, DV Housing First, trauma-informed care and victim/survivor-centered practice, and serving marginalized and culturally specific populations, among other topics.

¹ https://safehousingpartnerships.org/sites/default/files/2017-05/SHP-Homelessness%20and%20DV%20Infographic_1.pdf

Additionally, End Abuse and the WI BOSCOG agree to encourage their respective membership organizations to provide local cross-training opportunities to enhance relationships and understanding between local providers.

CONSULTATION

End Abuse will serve as a resource to the WI BOSCOG on best practices in response to DV survivors, national and state rules and laws that govern DV service provision, and systems collaboration, among other areas. The BOSCOG will serve as a resource on homelessness, housing service provision best practices, and Housing First and other HUD-related rules and priorities, among other areas. When requested, End Abuse and WI BOSCOG will provide resources and technical assistance to one another.

CONFIDENTIALITY

End Abuse and WI BOSCOG each appreciate the rules and laws that govern confidentiality. End Abuse agrees to provide technical assistance and expertise to the WI BOSCOG on the unique rules and laws regarding confidentiality for DV survivors. The WI BOSCOG agrees to respect and accommodate DV survivor confidentiality rules and privacy rights in compliance with state and federal law.

ENHANCING PARTNERSHIP AND IMPACT

End Abuse and WI BOSCOG agree to partner on policies and proposals where both organizations and/or their membership will mutually benefit. This includes state and federal policy advocacy, and local and state policy implementation and practice, among other areas. End Abuse encourages a member of the WI BOSCOG membership or Board of Directors to participate in its legislative agenda-setting process. End Abuse will prioritize service on the WI BOSCOG Board of Directors by recommending a representative to serve on the board from End Abuse or from the broader community of DV survivors and service providers.

End Abuse also agrees to provide assistance to local agencies to develop MOUs, similar to this one, in their communities, when possible.

WI BOSCOG agrees to identify and support ways to maintain and enhance DV survivor voices in decision-making, either through innovative strategies to include survivors' voices on the Board level, or with leadership at the local coalition level.

ADMINISTRATION OF THE MEMORANDUM OF UNDERSTANDING

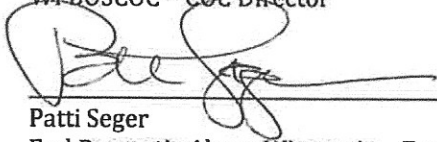
The term of this MOU is ongoing with regular reviews, when necessary. The MOU may be amended by agreement of the parties signing the MOU, or alternate parties designated by the Directors of both agencies.



Carrie Poser
WI-BOSCOC - COG Director

8/27/18

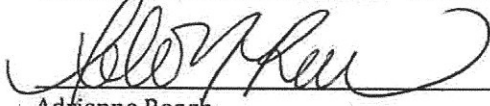
Date



Patti Seger
End Domestic Abuse Wisconsin - Executive Director

8/27/18

Date



Adrienne Roach
End Domestic Abuse Wisconsin - Policy and Systems Analyst

8/27/18

Date