

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/12/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** Baraboo Area Homeless Shelter Inc.
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 83-2520575
- c. Unique Entity Identifier:** V3DYTNCJMSJ5

### d. Address

**Street 1:** 1200 Silver Circle  
**Street 2:**  
**City:** Baraboo  
**County:** Sauk  
**State:** Wisconsin  
**Country:** United States  
**Zip / Postal Code:** 53913

### e. Organizational Unit (optional)

**Department Name:**  
**Division Name:**

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

**Prefix:** Mrs.  
**First Name:** Wendy  
**Middle Name:**  
**Last Name:** Schneider  
**Suffix:**  
**Title:** Shelter Director  
**Organizational Affiliation:** Baraboo Area Homeless Shelter Inc.  
**Telephone Number:** (608) 356-3069  
**Extension:**

**Fax Number:** (608) 356-3069

**Email:** wendy.schneider1616@gmail.com

## 1C. SF-424 Application Details

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

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

**11. Catalog of Federal Domestic Assistance Title:** CoC Program  
**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6700-N-25  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

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

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

15. Descriptive Title of Applicant's Project: Sauk Pathway Home - Home Stretch PSH

16. Congressional District(s):

16a. Applicant: WI-006, WI-002, WI-003

16b. Project: WI-006, WI-002, WI-003  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 11/01/2024

b. End Date: 10/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Rev.

**First Name:** David

**Middle Name:**

**Last Name:** Mowers

**Suffix:**

**Title:** President

**Telephone Number:** (608) 356-3620  
(Format: 123-456-7890)

**Fax Number:** (608) 356-3620  
(Format: 123-456-7890)

**Email:** davidmowers@trinitybaraboo.org

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

**Date Signed:** 09/12/2023



# 1G. HUD 2880

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

## Applicant/Recipient Information

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

**Agency Legal Name:** Baraboo Area Homeless Shelter Inc.

**Prefix:** Rev.

**First Name:** David

**Middle Name:**

**Last Name:** Mowers

**Suffix:**

**Title:** President

**Organizational Affiliation:** Baraboo Area Homeless Shelter Inc.

**Telephone Number:** (608) 356-3620

**Extension:**

**Email:** davidmowers@trinitybaraboo.org

**City:** Baraboo

**County:** Sauk

**State:** Wisconsin

**Country:** United States

**Zip/Postal Code:** 53913

**2. Employer ID Number (EIN):** 83-2520575

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

**4. Amount of HUD Assistance Requested/Received: \$197,269.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
DEHCR/Dept. of Administration State of WI	EHH Subgrantee	\$15,961.50	Case Management Shelter residents
Sauk County Dept. Human Services/Sauk Co.	Grant	\$25,000.00	Client assistance/case management

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

**Part III Interested Parties**

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

**Certification**

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

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

X
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**Name / Title of Authorized Official:** David Mowers, President

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

**Date Signed:** 09/12/2023

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Baraboo Area Homeless Shelter Inc.  
**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

## 2. Sites for Work Performance.

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

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

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

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

**Authorized Representative**

**Prefix:** Rev.

**First Name:** David

**Middle Name**

**Last Name:** Mowers

**Suffix:**

**Title:** President

**Telephone Number:** (608) 356-3620  
**(Format: 123-456-7890)**

**Fax Number:** (608) 356-3620  
**(Format: 123-456-7890)**

**Email:** davidmowers@trinitybaraboo.org

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

**Date Signed:** 09/12/2023

## **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:

**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:** Baraboo Area Homeless Shelter Inc.

**Name / Title of Authorized Official:** David Mowers, President

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

**Date Signed:** 09/12/2023

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

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

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

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

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

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

**Legal Name:** Baraboo Area Homeless Shelter Inc.

**Street 1:** 1200 Silver Circle

**Street 2:**

**City:** Baraboo

**County:** Sauk

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 53913

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

I certify that this information is true and complete.



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**Authorized Representative**

**Prefix:** Rev.

**First Name:** David

**Middle Name:**

**Last Name:** Mowers

**Suffix:**

**Title:** President

**Telephone Number:** (608) 356-3620  
**(Format: 123-456-7890)**

**Fax Number:** (608) 356-3620  
**(Format: 123-456-7890)**

**Email:** davidmowers@trinitybaraboo.org

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

**Date Signed:** 09/12/2023

## IK. SF-424B

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

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

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

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

- |    |   |
|----|---|
| 1. | Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.   |
| 2. | Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.   |
| 3. | Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.  |
| 4. | Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.  |
| 5. | Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).  |
| 6. | Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. |
| 7. | Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.  |
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.  |

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

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

**Authorized Representative for:** Baraboo Area Homeless Shelter Inc.  
**Prefix:** Rev.  
**First Name:** David

**Middle Name:**

**Last Name:** Mowers

**Suffix:**

**Title:** President

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

**Date Signed:** 09/12/2023

## 1L. SF-424D

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

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

## 2A. Project Subrecipients

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

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

**1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.**

The Baraboo Area Homeless Shelter opened in January of 2021 and has provided shelter, case management, supportive services as well as housing assistance to 152 individuals and families experiencing homelessness in Sauk County, even in the midst of the Pandemic. The organization was incorporated in November of 2018 in response to a community need for Emergency Shelter services. The Shelter has a long list of successful housing and supportive services provided, including emergency shelter, case management, guidance to low income housing, housing programs, mainstream resources and guidance to programs serving those with disabilities. The Baraboo Shelter has received funding through the WHEDA Grant, State Shelter Subsidy Grant (SSSG), EHH, subcontracted through Renewal Unlimited, Inc, and Sauk County. The new Director of the Baraboo Homeless Shelter has come to us from Central WI Community Action Council, Inc. as their Homeless Unit Supervisor and has over six years experience effectively utilizing federal funds and performing the activities proposed in the applications. These funds include YHDP program in Central and Rapid Re-Housing program through the WI BOSCO.

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

As the Baraboo Area Homeless Shelter receives funding through EHH, SSSG and WHEDA, we have experience in leveraging and providing matching funds. We obtain multiple donated items including, funds, household goods, and food. As these serve all clients, they also provide match. Clients are referred to the local free clothing store and food pantries. Baraboo area has two amazing pantries that a majority of our clients utilize. We have obtained MOU's with the pantries to supply in-kind match. In July alone, we had 150 hours of volunteer time donated that can also be utilized as match for our Shelter.

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

Currently, The Baraboo Area Homeless Shelter works with Central Wisconsin Community Action Council, Inc. for financial management and employee payroll. CWCAC utilized Abila financial system and Pay Chex for payroll. They have operated for over 50 years and are our designated fiscal agent with approved and functioning policies and procedures. The Baraboo Area Homeless Shelter also has a CPA on our Board of Directors who also performs the accounting system for the shelter. Being a CPA, he follows all generally accepted accounting principles and works with QuickBooks to identify the sources and use of all funds, including information on grant awards received, authorizations or obligations of awards received, de-obligated balances, assets and liabilities; program income; and total actual outlays or expenditures to date.

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



### 3A. Project Detail

- 1. **CoC Number and Name:** WI-500 - Wisconsin Balance of State CoC
- 2. **CoC Collaborative Applicant Name:** Wisconsin Balance of State Continuum of Care, Inc.
  
- 3. **Project Name:** Sauk Pathway Home - Home Stretch PSH
  
- 4. **Project Status:** Standard
  
- 5. **Component Type:** PH
  - 5a. **Select the type of PH project:** PSH
  
- 6. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
  
- 7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No
  
- 8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No
  
- 9. **Will this project include replacement reserves in the Operating budget?** No
  
- 10. **Is this project applying for Rural costs on screen 6A?** Yes
  
- 10a. **Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)** Wisconsin

**10b. Area(s) affected by the project (rural geo- 559111 Sauk County  
code(s) only):  
(for multiple selections hold CTRL key)**

**10c. Area(s) affected by the project (tribal geo-  
code(s) only). Only make a selection if the project  
will serve a tribal area. If no tribal area will be  
served, leave this field blank. Do not make any  
selections:  
(for multiple selections hold CTRL key)**

### 3B. Project Description

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

Central does not have any Permanent Supportive Housing, even though we continue to see Chronic Homeless on our Priority Lists. CoC PSH funds will provide intensive Case Management for clients, supplying as needed, moving costs, Child care, education services, job training stipend, start-up food, rental application fees, landlord recruitment, credit counseling, legal services, life skills training, Outpatient mental, dental and regular health care, outreach services, intake fees for substance abuse treatment, transportation, and utility deposits. If needed, short-term emergency lodging. Chronic clients also struggle to find housing and may remain homeless after their 90 day maximum shelter stay. Currently, data shows 10 Chronic homeless on the priority list for Central. This is our target population. We will provide 5 off-site PSH units for Chronic homeless from the priority lists. Funds will furnish and supply security, insurance and utilities for Units that will be filled within 4 months of receiving this grant and expect 50% of our clients to move from PSH to permanent housing within 12 months and the rest within 24 months. 75% will remain stably housed. We will meet priorities established by the WI BOS Continuum of Care (CoC) and follow the Housing First philosophy by prioritizing rapid placement and stabilization in permanent housing, we require no barriers to entry, expect no preconditions, nor do we terminate program participants for lack of participation. Case managers will work with our participants to set goals, however they are not mandated to do so. This approach is guided by the belief that people need necessities like a place to live before attending to anything less critical, such as securing employment, budgeting correctly or attending to substance use issues. Exercising their choice likely makes clients more successful in remaining housed and improving their lives. Additionally, staff educate clients on how to be good tenants, provide basic housekeeping skills, and being good neighbors. For those clients who wish to seek employment, staff assists in using our local job center and other job-seeking skills. Case managers will also help with getting into educational classes to obtain their GED/HSED and to further their education. Motivational Interviewing is a collaborative, client-centered approach to elicit and strengthen motivation to change. It offers providers a useful framework for interacting with people who are experiencing homelessness and struggling with mental and/or substance use disorders or trauma. Funding will assure all case management staff is trained in Motivational Interviewing and Trauma Informed Care and utilize this approach when working with our PSH clients. We have an agreement with the Sauk County Housing Authority for 2 housing vouchers and Aging and Disability Resource Center and Sauk County Health and Human Services to assist clients with health care needs.

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity	120			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

**2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.**

N/A

**3. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

**(Select ALL that apply)**

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?** Yes

**5. Housing First**

**5a. Will the project quickly move participants into permanent housing?** Yes

**5b. Will the project enroll program participants who have the following barriers? Select all that apply.**

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

**5c. Will the project prevent program participant termination for the following reasons? Select all that apply.**

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

**5d. Will the project follow a "Housing First" approach? (Click 'Save' to update)** Yes

**6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** No

**7. Will more than 16 persons live in a single structure? No**

**100% Dedicated or DedicatedPLUS**

**A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.**

**A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:**

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

**8. Is this project 100% Dedicated or DedicatedPLUS? 100% Dedicated**

### 3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? No

## 4A. Supportive Services for Participants

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

This program will provide a Housing Navigator who will work with landlords and develop relationships. A Case Manager will also be provided who will provide intensive case management to all participants, providing Trauma Informed Care and Motivational Interviewing and encouragement. Case management staff educate clients on how to be good tenants, provide basic housekeeping skills, including when to take the garbage out, how to and how often to clean the bathroom, how to shop with the resources they have, and how to do laundry, to name a few. Staff also discuss being good neighbors, which includes keeping the noise levels down to a minimum, being respectful to other tenants, and not permitting guests to stay with them. Matching clients with housing and providing support and follow-up will help keep them in permanent housing.

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

The Baraboo Area Homeless Shelter works closely with the Sauk County Health and Human Services Department, CCS (Comprehensive Community Services), Aging and Disability Resource Center (ADRC), Sauk County Housing Authority, Baraboo Community Development Authority for elderly, disabled, and low-income housing opportunities, Central WI Community Action Council, Inc., Renewal Unlimited, Inc., Forward Services Corporation (FSC) and the Food Share Employment and Training (FSET) program, Work Smart, Wisconsin Innovation and Opportunity Act (WIOA), Independent Living (IL), Sauk County SUD's (Substance Use Diversion and Support), Salvation Army, St. Vincent de Paul, Lutheran Social Services, Boys and Girls Club, Beyond Blessings (food pantry), The Baraboo Food Pantry, The Free Store (for clothing), Baraboo Police Department, People Helping People, United Way, Inclusa, Wisconsin Balance of State Continuum of Care, and DEHCR for additional funding sources and guidance. Depending on a client's needs and goals, we work to team clients with organizations that best fit their needs and they are wanting to work with. Case Manager and Housing Navigator will coordinate resources and guide participants to what they are eligible.

### 3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

Click 'Save' to update.



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

**Identify whether the project will include the following activities:**


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

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

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

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** No

## 4B. Housing Type and Location

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

**Total Units:** 5

**Total Beds:** 8

**Total Dedicated CH Beds:** 8

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	5	8	8

## 4B. Housing Type and Location Detail

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

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

a. **Units:** 5

b. **Beds:** 8

3. **How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?** 8

This includes both the “dedicated” and “prioritized” beds.

### 4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 1200 Silver Circle

**Street 2:**

**City:** Baraboo

**State:** Wisconsin

**ZIP Code:** 53913

**\*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

559111 Sauk County

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	1	4	0	5
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	2	4		6
Persons ages 18-24	0	0		0
Accompanied Children under age 18	2		0	2
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>8</b>

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2	0	0	1	0	1	0	1	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	1			0	0	0	0	0	1	1
<b>Total Persons</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>

Click Save to automatically calculate totals

### Persons in Households without Children

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

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	<b>0</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

One child in household with at least one child may not have a disability and thus be "person not represented by a listed subpopulation and may have been with family and not Chronic homeless.

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

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

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

4. Select a grant term: 1 Year

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

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

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

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

## 6C. Leased Units

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

<b>Total Annual Assistance Requested:</b>	\$50,076
<b>Grant Term:</b>	1 Year
<b>Total Request for Grant Term:</b>	\$50,076
<b>Total Units:</b>	5

The number of beds for which funding has been requested in the Leased Units budget is 7.

<b>FMR Area</b>	<b>Total Units Requested</b>	<b>Total Annual Assistance Requested</b>	<b>Total Budget Requested</b>
WI - Sauk County,...	4	\$41,460	\$41,460
WI - Columbia Cou...	1	\$8,616	\$8,616



## Leased Units Budget Detail

### Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

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

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

**In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.**

**Metropolitan or non-metropolitan fair market rent area:** WI - Sauk County, WI (5511199999)

**Leased Units Annual Budget**

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$483		x	12	=	\$0
0 Bedroom		x	\$644		x	12	=	\$0
1 Bedroom	3	x	\$751	\$751	x	12	=	\$27,036
2 Bedroom	0	x	\$909		x	12	=	\$0
3 Bedroom	1	x	\$1,202	\$1,202	x	12	=	\$14,424
4 Bedroom		x	\$1,235		x	12	=	\$0
5 Bedroom		x	\$1,420		x	12	=	\$0
6 Bedroom		x	\$1,606		x	12	=	\$0
7 Bedroom		x	\$1,791		x	12	=	\$0
8 Bedroom		x	\$1,976		x	12	=	\$0
9 Bedroom		x	\$2,161		x	12	=	\$0
<b>Total units and annual assistance requested:</b>	<b>4</b>							<b>\$41,460</b>
<b>Grant term:</b>								<b>1 Year</b>
<b>Total request for grant term:</b>								<b>\$41,460</b>

Click the 'Save' button to automatically calculate totals.

Please enter an amount for HUD Paid Rent.

**Leased Units Budget Detail**

Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

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

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

**In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.**

**Metropolitan or non-metropolitan fair market rent area:** WI - Columbia County, WI HUD Metro FMR Area (5502199999)

**Leased Units Annual Budget**

Size of Units	Number of units (Applicant)	FMR (Applicant)	HUD Paid Rent (Applicant)	12 months	Total request (Applicant)
SRO	x	\$471		x 12 =	\$0
0 Bedroom	x	\$628		x 12 =	\$0
1 Bedroom	1 x	\$718	\$718	x 12 =	\$8,616
2 Bedroom	x	\$945		x 12 =	\$0

3 Bedroom		x	\$1,342		x	12	=	\$0
4 Bedroom		x	\$1,381		x	12	=	\$0
5 Bedroom		x	\$1,588		x	12	=	\$0
6 Bedroom		x	\$1,795		x	12	=	\$0
7 Bedroom		x	\$2,002		x	12	=	\$0
8 Bedroom		x	\$2,210		x	12	=	\$0
9 Bedroom		x	\$2,417		x	12	=	\$0
<b>Total units and annual assistance requested:</b>		1						\$8,616
<b>Grant term:</b>								1 Year
<b>Total request for grant term:</b>								\$8,616

Click the 'Save' button to automatically calculate totals.

## 6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>	Moving van & People from PSH to permanent home 5 x \$125.00	\$625
<b>3. Case Management</b>	1 FTE @\$64,230.00 including fringe benefits of \$2.88/hour, computer, printer, office related equipment, monitors, keyboard @\$4500.00	\$68,730
<b>4. Child Care</b>	Child care - children 6 weeks to 12 years of age. \$241.00/week x 5 weeks	\$1,205
<b>5. Education Services</b>	Cost basic skills, GED, literacy, books, supplies and tutor. 3 x \$350	\$1,050
<b>6. Employment Assistance</b>	Job training stipend - 20 hours x \$12/hour x 3 clients	\$720
<b>7. Food</b>	Start-up food supply and supplement to food pantry - \$125 x 15 times total	\$1,875
<b>8. Housing/Counseling Services</b>	Rent applications \$200 x 5 clients, landlord recruitment (\$1000), credit counseling and resolving personal credit issues 5 X \$500.00	\$4,500
<b>9. Legal Services</b>	Legal services 5 x \$1000	\$5,000
<b>10. Life Skills</b>	On-line and in person money mgmt., conflict resolution, parenting, etc. 5 x \$500	\$2,500
<b>11. Mental Health Services</b>	Outpatient Mental Health Care at \$100/hour x 10 visits x 3 clients	\$3,000
<b>12. Outpatient Health Services</b>	Dental care/Medication 5 clients x \$500 each	\$2,500
<b>13. Outreach Services</b>	Information, items to give, booth rental, language trans. brochures	\$3,000
<b>14. Substance Abuse Treatment Services</b>	Intake assessment Goodman Center \$250 x 3	\$750
<b>15. Transportation</b>	Taxi vouchers (\$1078) where feasible, car repairs (4 x \$1200), mileage for service workers .55 x \$159.7/mo. x 12	\$6,932
<b>16. Utility Deposits</b>	Utility deposits \$300/unit x 5	\$1,500
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$103,887
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$103,887

Click the 'Save' button to automatically calculate totals.

## 6G. Operating

**Instructions:**

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

**Eligible Costs:** The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Maintenance/Repair</b>	Value of 1 x rent per unit	\$4,173
<b>2. Property Taxes and Insurance</b>	Renters insurance 5 units	\$1,200
<b>3. Replacement Reserve</b>		
<b>4. Building Security</b>	Camera equipment/security - \$300/unit	\$1,500
<b>5. Electricity, Gas, and Water</b>	Utility payments - \$150/mo per 1 bedroom, \$225/mo 3 bedroom	\$9,900
<b>6. Furniture</b>	5 units x \$600 average furniture	\$3,000
<b>7. Equipment (lease, buy)</b>		
<b>Total Annual Assistance Requested</b>		\$19,773
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$19,773

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

## 6H. HMIS Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services	HMIS licenses and Looker Licenses	\$600
4. Personnel		
5. Space & Operations		
<b>Total Annual Assistance Requested:</b>		\$600
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$600

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



# VAWA Budget

## VAWA Budget

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

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

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

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

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

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

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

**Applicant:** Baraboo Area Homeless Shelter, Inc.  
**Project:** Sauk Pathway Home - Home Stretch PSH

118411233  
213889

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

Click the 'Save' button to automatically calculate totals.

## Rural Budget



### Rural Cost Budget

New in FY2023, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your new CoC Rural Cost BLI.

Eligible Costs	Annual Assistance Requested
Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.	\$3,500
Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation.	
Staff Training to include professional development, skill development, and staff retention activities.	\$1,500
<b>CoC Rural BLI Total:</b>	<b>\$5,000</b>
<b>Grant Term</b>	<b>1 Year</b>
<b>Total Request for Grant Term</b>	<b>\$5,000</b>

Click the 'Save' button to automatically calculate totals.

## 6I. Sources of Match

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

### Summary for Match

Total Amount of Cash Commitments:	\$0
Total Amount of In-Kind Commitments:	\$50,000
Total Amount of All Commitments:	\$50,000

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

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

Type	Source	Name of Source	Amount of Commitments
In-Kind	Government	Aging & disabilit...	\$45,000
In-Kind	Government	Public Health Sau...	\$5,000

## Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Government
- 3. Name of Source: Aging & disability Resource Center of Sauk Co., WI  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$45,000

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. Type of Match commitment: In-Kind
- 2. Source: Government
- 3. Name of Source: Public Health Sauk County  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount 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.

## 6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$50,076	1 Year	\$50,076
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$103,887	1 Year	\$103,887
5. Operating (Screen 6G)	\$19,773	1 Year	\$19,773
6. HMIS (Screen 6H)	\$600	1 Year	\$600
&nbsp;7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$5,000	1 Year	\$5,000
9. Sub-total of CoC Program Costs Requested			\$179,336
10. Admin (Up to 10% of Sub-total in #9)			\$17,933
11. HUD funded Sub-total + Admin. Requested			\$197,269
12. Cash Match (From Screen 6I)			\$0
13. In-Kind Match (From Screen 6I)			\$50,000
14. Total Match (From Screen 6I)			\$50,000
15. Total Project Budget for this grant, including Match			\$247,269

**The minimum required Total Match amount for the Grant Term is \$36,798.**

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	IRS letter showin...	09/11/2023
2) Other Attachment(s)	No	Housing Authority...	09/12/2023
3) Other Attachment(s)	No		

## Attachment Details

**Document Description:** IRS letter showing 501(c)(3)

## Attachment Details

**Document Description:** Housing Authority Vouchers

## Attachment Details

**Document Description:**



## 7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	In-Kind MOU	09/12/2023

## Attachment Details

**Document Description:** In-Kind MOU

## 7D. Certification

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

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

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

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

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

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

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

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

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

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

**Name of Authorized Certifying Official:** David Mowers

**Date:** 09/12/2023

**Title:** President

**Applicant Organization:** Baraboo Area Homeless Shelter Inc.

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

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

X

## 8B. Submission Summary

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

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

Page	Last Updated	
1A. SF-424 Application Type	No Input Required	
1B. SF-424 Legal Applicant	09/10/2023	
1C. SF-424 Application Details	No Input Required	
1D. SF-424 Congressional District(s)	09/12/2023	
1E. SF-424 Compliance	09/10/2023	
1F. SF-424 Declaration	09/10/2023	
1G. HUD 2880	09/10/2023	
1H. HUD 50070	09/10/2023	
1I. Cert. Lobbying	09/10/2023	
1J. SF-LLL	09/10/2023	
1K. SF-424B	09/10/2023	
1L. SF-424D	09/10/2023	
2A. Subrecipients	No Input Required	
2B. Experience	09/10/2023	
3A. Project Detail	09/10/2023	
3B. Description	09/12/2023	
3C. Expansion	09/10/2023	
4A. Services	09/12/2023	
4B. Housing Type	09/12/2023	
5A. Households	09/12/2023	
5B. Subpopulations	09/12/2023	
6A. Funding Request	09/11/2023	
6C. Leased Units	09/12/2023	
6F. Supp Srvcs Budget	09/12/2023	
New Project Application FY2023	Page 62	09/13/2023

<b>6G. Operating</b>	09/12/2023
<b>6H. HMIS Budget</b>	09/12/2023
<b>VAWA Budget</b>	No Input Required
<b>Rural Budget</b>	09/12/2023
<b>6I. Match</b>	09/12/2023
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/12/2023
<b>7A. In-Kind MOU Attachment</b>	09/12/2023
<b>7D. Certification</b>	09/11/2023

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 11 2019

BARABOO AREA HOMELESS SHELTER INC  
300 SECOND STREET  
BARABOO, WI 53913-0000

Employer Identification Number:  
83-2520575  
DLN:  
26053439003159  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
509(a)(2)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
November 14, 2018  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

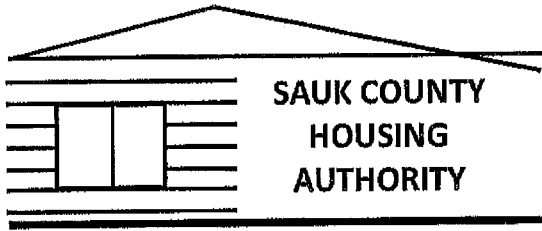


BARABOO AREA HOMELESS SHELTER INC

Sincerely,

*Stephen A. Martin*

Director, Exempt Organizations  
Rulings and Agreements



**SAUK COUNTY  
HOUSING  
AUTHORITY**

1211 Eighth Street  
PO Box 147  
Baraboo, WI 53913

PH: 608-356-3986  
Toll Free: 877-356-3986  
Fax: 608-356-4492  
[www.saukcountyha.org](http://www.saukcountyha.org)



September 8, 2023

Wendy Schneider  
Baraboo Area Homeless Shelter  
1200 Silver Circle  
Baraboo, WI 53913

Dear Wendy;

Sauk County Housing Authority will provide 2 Move-Up Vouchers to eligible Permanent Supportive Housing Clients, if we have vouchers available and if the clients are eligible, for the Phase 1 (Permanent Housing and Support Expansion) Starting 11/1/2024 to 10/31/2025. Funds for the vouchers are not CoC or ESG.

Sincerely,

Bette Barbour  
Executive Director



1200 Silver Circle, Baraboo, WI 53913  
608-356-3069

September 8, 2023

In Re: Housing Leverage for the Baraboo Area Homeless Shelter Permanent Supportive Housing Project.

Wisconsin Balance of State CoC  
Attention: Carrie Poser, Director  
P.O. Box 272  
Eau Claire, WI 54702

Dear Carrie;

The Baraboo Area Homeless Shelter has collaborated with the Sauk County Housing Authority and is therefore committed to provide the following resources for Phase 1 Permanent Supportive Housing and Support Program to run from 11/1/2024 to 10/31/2025:

- Sauk County Housing Authority will provide up to 2 of the 5 total (or 40%) Move-Up Vouchers for clients enrolled in our PSH Program between the timeframe of 11/1/2024 to 10/31/2025. I certify that the funding source for the vouchers is neither COC or ESG.

Please let me know if you have any questions.

Sincerely,

Wendy Schneider  
Baraboo Homeless Shelter Director



Aging & Disability Resource Center  
of Sauk County, WI

505 Broadway Baraboo WI 53913  
(608) 355-4450 \* FAX (608) 355-4375

September 9, 2023

Re: Housing leverage for the Baraboo Area Homeless Shelter Permanent Supportive Housing Project.

Wisconsin Balance of State CoC  
Attention: Carrie Poser, Director  
P.O. Box 272  
Eau Claire WI 64702

Dear Ms. Poser,

The Aging and Disability Center of Sauk County is committed to provide the following resources for Phase 1 Permanent Supportive Housing and Support Program to run from 11/1//2024 to 10/31/2025:

The ADRC will provide \$45,000 in in kind services to the Baraboo Homeless Shelter for those clients who are housed under this grant during the timeframe above. These services can include:

- Options counseling, and if needed, applications for food share, Medicaid, and long term care programs including functional screening for those programs. These services are provided by the ADRC Information and Assistance Specialists, who are licensed social workers.
- For those clients under age 60, meeting with the ADRC's Disability Benefit Specialist who will assist in applying for SSI or SSDI and navigating the social security maze.
- For clients over age 60, the ADRC's Elder Benefit Specialists can assist in any Medicaid or Medicare issues, assist with part D enrollment, and a variety of other legal issues that can arise out of Public Benefits.
- Noon meals and breakfast bags can be provided to those over age 60.
- Transportation to and from medical appointments, at a reduced rate per mile.

Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Susan Blodgett".

Susan Blodgett,  
Director of the Sauk County ADRC



1200 Silver Circle, Baraboo, WI 53913  
608-356-3069

September 11, 2023

In Re: Housing Leverage for the Baraboo Area Homeless Shelter Permanent Supportive Housing Project.

Wisconsin Balance of State CoC  
Attention: Carrie Poser, Director  
P.O. Box 272  
Eau Claire, WI 54702

Dear Carrie;

The Baraboo Area Homeless Shelter has collaborated with the Aging and Disability Resource Center of Sauk County and is therefore committed to provide the following resources for Phase 1 Permanent Supportive Housing and Support Program to run from 11/1/2024 to 10/31/2025:

- Aging & disability Resource Center of Sauk County has agreed to provide us with in-kind in the amount of 23 % of \$199,984.00 or \$45,000.00 from services provided for up to 5 eligible clients while housed with us during the timeframe of 11/1/2024 to 10/31/2025.

Eligibility for program participants in the new PSH project will be based solely on COC Fair Housing requirements and will not be restricted by the Aging & Disability Resource Center of Sauk County.

Please let me know if you have any questions.

Sincerely,

Wendy Schneider  
Baraboo Homeless Shelter Director



**PUBLIC HEALTH  
SAUK COUNTY**

Together we thrive

**Public Health Sauk County**  
Sauk County West Square Building  
Third Floor, Suite 372  
505 Broadway, Baraboo, WI 53913

September 11, 2023

**Re: Confirmation of In-Kind Support for Sauk Pathway Home – Baraboo Area Homeless Shelter Permanent Housing and Support project.**

Please accept this letter of support and In-Kind Match on behalf of the Sauk Pathway Home – Home Stretch Permanent Supportive Housing application for funding. Public Health Sauk County (PHSC) is pleased to endorse the Shelter's efforts to expand services to those experiencing homelessness and living with a disability in Sauk County.

Public Health Sauk County strives to have healthy families, both mentally and physically. It is in the spirit of this vision that we support The Baraboo Area Homeless Shelter's Permanent Housing and Support project. Based on Central's Coordinated Entry Prioritization List and needs of Sauk County Clients, we estimate being able to provide services to 1 to 2 of your program participants from 11/1/2024 to 10/31/2025. Public Health Sauk County receives referrals from the Shelter for programs that shelter guests may benefit from namely, Nurse-Family Partnership and Prenatal Care Coordination. Public Health Sauk County will provide services to individuals who are eligible and choose to utilize our services. These services include prenatal case management, healthy foods, insurance guidance, and counseling services.

The average cost of services per client is \$10,000. These services are funded through Sauk County Health and Human Services. Public Health Sauk County will provide \$5,000.00 in In-Kind services to the Baraboo Area Homeless Shelter.

Safe and affordable housing was identified as one of three priority areas during the health department's 2021 Community Health Assessment. Almost 1/3 of Sauk County residents spend 30% or more of their income on housing, placing them at risk for homelessness. Public Health Sauk County supports the Baraboo Area's Homeless Shelter's plan to expand services to better meet the needs of Sauk County's residents and would readily assist clients who are referred to this program.

Sincerely,

Jennifer Weitzel, PhD, RN  
Deputy Health Director



VISIT US ONLINE [co.sauk.wi.us/publichealth](http://co.sauk.wi.us/publichealth)

PHONE (608) 355-3290 | FAX (608) 355-4329 | TDD (608) 355-4298 | 24/7 LINE 1 (800) 533-5692



**BARABOO AREA**

*Homeless Shelter*

1200 Silver Circle, Baraboo, WI 53913  
608-356-3069

September 11, 2023

In Re: Housing Leverage for the Baraboo Area Homeless Shelter Permanent Supportive Housing Project.

Wisconsin Balance of State CoC  
Attention: Carrie Poser, Director  
P.O. Box 272  
Eau Claire, WI 54702

Dear Carrie;

The Baraboo Area Homeless Shelter has collaborated with Public Health Sauk County and is therefore committed to provide the following resources for Phase 1 Permanent Supportive Housing and Support Program to run from 11/1/2024 to 10/31/2025:

- Public Health Sauk County has agreed to provide us with in-kind in the amount of 3% of \$199,984.00 or \$5,000.00 from services provided for up to 2 eligible clients while housed with us during the timeframe of 11/1/2024 to 10/31/2025.

Eligibility for program participants in the new PSH project will be based solely on COC Fair Housing requirements and will not be restricted by Public Health Sauk County.

Please let me know if you have any questions.

Sincerely,

*Wendy Schneider*

Wendy Schneider  
Baraboo Homeless Shelter Director