

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- 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 2019 CoC Program Competition NOFA.

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: 09/27/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

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

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

| | | | | |
|--|--------------------------------|-----------|----------------|--|
| | c. Organizational DUNS: | 967328399 | PLUS 4: | |
|--|--------------------------------|-----------|----------------|--|

d. Address

Street 1: PO Box 272

Street 2:

City: Eau Claire

County:

State: Wisconsin

Country: United States

Zip / Postal Code: 54702

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Carrie

Middle Name:

Last Name: Poser

Suffix:

Title: CoC Director

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

Telephone Number: (715) 598-3301

Extension:

Fax Number: (715) 265-7031

Email: carrie.poser@wibos.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

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

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

- 14. Area(s) affected by the project (state(s) only):** Wisconsin
(for multiple selections hold CTRL key)
- 15. Descriptive Title of Applicant's Project:** WIBOSCOG Supportive Services for Coordinated Entry DV
- 16. Congressional District(s):**
- a. Applicant:** WI-005, WI-006, WI-007, WI-008, WI-003, WI-002, WI-001
 - b. Project:** WI-005, WI-006, WI-007, WI-008, WI-003, WI-002, WI-001
- (for multiple selections hold CTRL key)
- 17. Proposed Project**
- a. Start Date:** 07/01/2020
 - b. End Date:** 06/30/2021
- 18. Estimated Funding (\$)**
- a. Federal:**
 - b. Applicant:**
 - c. State:**
 - d. Local:**
 - e. Other:**
 - f. Program Income:**
 - g. Total:**

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: Chair, WIBOSCOG Board of Directors

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

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

Email: jeanettep@cacscw.org

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

Date Signed: 09/27/2019

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

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

Prefix: Ms.

First Name: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

Telephone Number: (920) 262-9667

Extension:

Email: jeanettep@cacscw.org

City: Eau Claire

County:

State: Wisconsin

Country: United States

Zip/Postal Code: 54702

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$176,000.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

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

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

Part III Interested Parties

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

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

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

Certification

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

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

I AGREE:

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

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

Date Signed: 09/27/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

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.

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

Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name

Last Name: Petts

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

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

Email: jeanettep@cacscw.org

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

Date Signed: 09/27/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

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

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

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

Date Signed: 09/27/2019

1J. SF-LLL

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

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

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

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

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

Legal Name: Wisconsin Balance of State Continuum of Care, Inc.
Street 1: PO Box 272
Street 2:
City: Eau Claire
County:
State: Wisconsin
Country: United States
Zip / Postal Code: 54702

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

I certify that this information is true and

complete.

Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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



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

Email: jeanettep@cacscw.org

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

Date Signed: 09/27/2019

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: \$65,000

| Organization | Type | Sub-Award Amount |
|--|------------------------------------|------------------|
| End Domestic Abuse Wisconsin: the Wisconsin Coa... | M. Nonprofit with 501C3 IRS Status | \$65,000 |

2A. Project Subrecipients Detail

a. Organization Name: End Domestic Abuse Wisconsin: the Wisconsin Coalition Against Domestic Violence, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status
If "Other" specify:

c. Employer or Tax Identification Number: 39-1380437

| | | | | |
|--|----------------------------------|-----------|----------------|--|
| | * d. Organizational DUNS: | 171537392 | PLUS 4: | |
|--|----------------------------------|-----------|----------------|--|

e. Physical Address

Street 1: 1400 E. Washington Ave. Suite 227

Street 2:

City: Madison

State: Wisconsin

Zip Code: 53703

f. Congressional District(s): WI-002
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$65,000

j. Contact Person

Prefix: Ms.

First Name: Abby

Middle Name:

Last Name: Swetz
Suffix:
Title: Policy and Systems Analyst
E-mail Address: abbys@endabusewi.org
Confirm E-mail Address: abbys@endabusewi.org
Phone Number: 608-237-3446
Extension:
Fax Number:

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The BOS is a 501c3 org that covers 69 counties & is responsible for ensuring implementation & compliance of CE across 21 local homeless coalitions that create the CoC. CoC staff include a Director, Monitoring & Compliance Coordinator, CE System Specialist & Grant Administrator. A volunteer executive committee oversees the Director, who directly supervises the staff. The CE Specialist provides leadership across the CoC, training & tech assistance, ensures HUD requirements are followed, monitors consistency, works w/each local CE lead to address concern, ensure fidelity, actively participates in the CE policy committee, works w/HMIS lead & End Domestic Abuse WI & is responsible for overall implementation & evaluation of CE. The BOS has experience effectively utilizing federal funds as it is the lead for a CoC DV RRR grant w/last year's bonus w/5 subs, a CoC SSO-CE grant w/19 subs, & the CoC planning grant. The BOS also receives state housing funds w/8 subs. The Grant Admin ensures subs are performing activities as required & compliant w/lead & HUD. BOS staff create & execute contracts, review source documentation, monitor performance, evaluate data & review CE compliance. BOS staff created standardize CM forms & training, updated written standards & at quarterly mtgs review system performance measures, HUD requirements & facilitates roundtables for small group discussion on various topics. The CoC includes both DV & non-DV providers at all levels-board, committee & membership. Ensuring all voices are at the table when developing & implementing systems, applying for grants, identifying & securing match. The BOS is the collaborative applicant & CE lead for the entire CoC. Implemented in 2016 w/CoC approved policies & procedures, CE is required for all CoC & ESG projects & open to non-funded agencies. There are 2 prioritization lists: HMIS & Non-HMIS. Each coalition designates a lead & is responsible for local implementation of the CoC approved CE system. Currently, 19 are funded w/the SSO. All BOS subs must demonstrate fiscal & org capacity & developed the structure required to execute grants given funding & time limits. In this grant, the BOS seeks to ensure access to CE for DV survivors, enhance victim service provider engagement & support for DV referral & P-list. This funding will provide enhanced communication, opportunity for collaboration outside of those required to use CE, expand marketing efforts & increase outreach activities for those homeless because of DV. The BOS secures match from discretionary, state funds & in-kind volunteer time. The sub-recipients secure match from WI DCF & in-kind. Letters are attached to this application. The BOS has an exec committee of officers & contract for fiscal administration to ensure segregation of funds & compliance. The BOS has been monitored w/out findings by the State & the fiscal agent has been monitored by the BOS & HUD. Both have had annual, external audits and share results. The BOS will sub-grant with the state DV coalition, End Domestic Abuse WI. End Abuse receives 7 direct federal grants & 12 pass-through grants to provide

training & TA, direct victim & legal services & curriculum development & expert training on elder abuse nationally through NCALL. End Abuse has experience utilizing federal funds, providing training & developing systems related to & enhancing services for DV survivors. End Abuse provides in person & webinar training, manuals, access to listservs & support across WI. Daily, the organization provides TA on legal, technical (including data entry with an HMIS comparable database) & victim service including crisis counseling, safety planning & TIC. This grant will connect End Abuse's vast network & support w/DV providers with the current SSO grantees, enhancing knowledge & skills while ensuring victims of DV have the same access to CE housing & services. End Abuse generates match & support from state grants, foundation & in-kind services. With several federal & state requirements, End Abuse has experience w/this obligation & expectations. End Abuse has personal policies & procedures that include accounting & financial management; has over 30 yrs mgt & supervisory experience; been monitored by WI DOJ, WI DCF, US DOJ & HHS; had successful annual audits by an external audit firm, and is compliant w/OMB Uniform Guidance & Generally Accepted Accounting Practice standards.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

The BOS administers the CoC planning grant, a CoC SSO-CE grant & a CoC DV RRRH grant w/each requiring 25% match. The BOS meets this requirement w/discretionary & state funds, in-kind donation of time & space. Discretionary funds come from BOS quarterly mtg registration revenue & local homeless coalition annual dues to the organization. The mtgs provide training, leadership & tech assistance to all members. There is a lot of work done on behalf of the BOS by volunteer efforts including system planning, governance, gaps & needs analysis, developing & reviewing strategies to improve SPM, CE, PIT counts & evaluation. In-kind match is tracked quarterly & documented. Forms are submitted to the Director from board & committee members. Twice a year the BOS conducts a full PIT count across the 69 counties. The BOS uses PIT volunteer time & mileage as match. This contribution is also documented and submitted to the Director. Each subgrantee is required to meet a 25% match obligation as well. As a sub, End Abuse has extensive experience leveraging a variety of federal, state, local & private funds. Much of End Abuse's statewide training & TA work w/local victim service providers is supported by multiple funding sources – federal, state, local & supported with private donations & foundation funds. For this grant, End Abuse will provide match from WI Department of Children & Families and in-kind time & space. The BOS & End Abuse recognize the importance of non-federal match; diversifying support enhances programmatic stability & sustainability, and avoids over-reliance on a single source of revenue.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The BOS has 4 full-time staff: Director, Monitoring & Compliance Coordinator, CE System Specialist & Grant Admin. The Director's activities are overseen by the volunteer Board executive committee of officers. Internally, the Director supervises & collaborates with the MCC & GA to ensure monitoring, follow-up &

evaluation is done on a timely basis for CoC projects. There is a joint MOU between the BOS & State of WI to monitor ESG proj, share resources, findings & evaluate performance. The Director supervises the CE Specialist who is responsible for the overall implementation & evaluation of CE across the CoC. Externally, the staff work w/org to enhance service delivery w/training & tech assistance, advocacy efforts & data driven solution to community based issues. Staff work w/CoC & ESG agencies, DV providers, HMIS lead, PIT leads & local coalition leads to carry out the business of the BOS. The Specialist works with LCE leads & non-HMIS list holders to ensure compliance w/CE policies & procedures & implementation of CoC approved CE in their local communities. The BOS contracts w/a fiscal admin to ensure proper financial accounting policies & procedures are in place. The BOS has been monitored by the State & had audits w/no findings. The BOS contracts with a fiscal agent. The fiscal agent has accounting procedures consistent with GAAP, uses quickbooks & has been monitoring by BOS & HUD, as well as annual external audits & shares results with the BOS. BOS staff review source documentation & requests for reimbursement from grants & then submits to fiscal agent for payment. End Abuse is a statewide, 501c3 w/15 member Board. External coordination is the mission of the org w/the primary purpose to support & advocate for DV programs in WI. The ED leads programmatic, fiscal & strategic oversight of entire agency & programs, overseeing a mgt team of 14 including the Director, Associate of Finance, Senior & Associate Accountants. The Director of Policy & Systems Change will be directly involved w/this project & has served on CoC board, chairing the gaps & needs committee & attending CoC mtgs. End Abuse receives 7 direct federal grants & 12 pass-through grants & has accounting principles are consistent w/ Generally Accepted Accounting Principles, Statements of Financial Accounting Standards Numbers 93, 116 & 117, SOP 87-2 on Joint Costs, SOP 94-2 on the applicability of the accounting rules to non-profits, and SOP 98-3 on accounting for federal awards. End Abuse follows financial policies & procedure manual including internal controls, checks & balances & segregation of duties & funds; is audited annually by outside public accounting firm w/financial audit report presented to Board. Internal accounting controls are established by ED & Board treasurer in consultation w/Finance Director.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

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

1b. CoC Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

2. Project Name: WIBOSCOG Supportive Services for Coordinated Entry DV

3. Project Status: Standard

4. Component Type: SSO

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). No

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

3B. Project Description

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

The BOS CE covers the entire CoC w/ the purpose to create an easier process for clients to navigate, quick & seamless entry into homeless services, prevent service duplication, reduce length of homelessness, improve communication w/in local coalitions & people will be referred to the most appropriate resource(s) for their specific situation. This includes victims of DV. BOS CE policies are implemented in 20 local CE systems (LCES) ensuring the needs of homeless are met in the area in which they live. The purpose of the grant is to enhance the relationship between DV & non-DV partners while ensuring access to CE, housing & services for victims of DV across the CoC. This project will focus on 3 things: training & assessment of current needs & barriers; enhance CE referral process & reporting outside of HMIS; & expand marketing & outreach efforts specifically for victims of DV. (1) End Abuse is the statewide DV coalition, has a vast network of experience & resources available. As a sub, they will provide training, TA, evaluate & support the current SSO CE grantees & local leads to enhance their knowledge & skills related to DV including victim centered services, safety planning & TIC. The target pop is homeless DV survivors accessing CE. An assessment will increase knowledge, identify needs for people & agencies & training deficiencies in safety planning, confidentiality, TIC. Outcomes include formalized assessment of BOS CE system, basic training program for CE staff & more advanced training to meet needs identified in assessment. This will increase access & ensure CE system consistency for all people homeless in BOS. (2) This project will also support the DV-specific referral process developed as a Non-HMIS PL maintained by each LCES, including troubleshooting, training, evaluation, reporting & maintenance by funding a new SQL based referral & prioritization system for DV providers to access CE. System will mimic data collection, policies & ranking criteria adopted by BOS. All DV providers will have access & receive training & TA. CE staff will have ability to generate PL on-demand & reporting on outcomes. (3) This project will support current BOS CE System Specialist to provide addtl & consistent marketing & outreach efforts for victim service providers including posters, flyers, pens & other materials. By focusing efforts on those non-required providers, the BOS seeks to enhance the CE system, ensure that DV survivors have the same access & priority as non-DV homeless seeking housing & services across all 69 counties in CoC, develop strategies for fair & equal access to CE regardless of location or method, identify those least likely to access CE & ensure survivors have meaningful input in & understanding of the CE system. The grant will support enhancing the overall CE system for survivors of DV.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple

structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

| 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 |
| New project staff hired, or other project expenses begin? | 0 | | | |
| Participant enrollment in project begins? | | | | |
| Participants begin to occupy leased units or structure(s), and supportive services begin? | 14 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? | 90 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease? | | | | |
| Rehabilitation started? | | | | |
| Rehabilitation completed? | | | | |
| New construction started? | | | | |
| New construction completed? | | | | |

*** 3. Please identify the project's specific population focus.**

(Select ALL that apply)

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

4. Please select the type of SSO project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process funded Yes

in part by this grant be easily accessible?

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

All marketing materials & outreach strategies utilized by the local coalition (LCES) must ensure that all people in different pop & subpop have fair & equal access to the CE process, regardless of where or how they access the system. This includes DV. Each LCES is required to advertise, conduct outreach & provide appropriate accommodations to ensure the CE is available & accessible to all eligible persons including those with the highest barriers to assistance. Each agency must prominently post the “No Wrong Door” agency sign so it is visible. Marketing materials must be consistent across the BOS including flyers, postcards, brochures & other written materials. Each LCE lead is required to contact private & public agencies in the local coalition including victim services, 211, vet specific, social service, local gov’t to educate & provide information on accessing CE. Outreach must be done at least 2x/year. This can be linked with the PIT count. Each LCE area is required to coordinate with all existing street outreach programs & private/public agencies, social service org, for referrals, so people not seeking services can access CE. All outreach efforts must cover the entire geographic area of the LCE area. Each LCES is required to provide info about the CE system in areas such as 24-hour establishments, restaurants, hospitals, meal sites/programs, food pantries, churches, grocery stores, schools & check cashing locations. Each LCES must comply with polices including: advertising must be accessible by using large font, audio & Braille; CE materials must include auxiliary aids & services necessary to ensure effective comm, which includes ensuring that info is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices & sign language interpreters; Access points must be made accessible to individuals w/disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the LCES who are least likely to access homeless assistance.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Yes

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

Because of the diversity & size of the BOS, access to the CE system follows a “No Wrong Door” approach. All CoC & ESG providers are required to participate, including victim service providers. The CE system is divided into 20 LCES across 69 counties. Each LCES is req. to maintain a list of all available resources, follow CoC policies & procedures & support client choice. LCES implement what the CoC approved. When a HH contacts a service provider for housing assistance, several documents are completed. A prescreen form gathers minimum amount of info necessary for a referral to the PL. At the bottom of the form is an ROI. Upon consent, the provider reviews the CE Client

Rights & Resp. All staff should be trained in using a trauma-informed approach when conducting assessments to reduce the risk of re-traumatization. The assessment space & manner should provide privacy to allow people to safely reveal sensitive information or safety issues. This includes gathering info from each adult in the household separately, if appropriate. The BOS uses 3 assessment tools: VISPDAT, Family, and TAY. Every staff person completing a VISPDAT must use the same introductory script. If the HH is not prioritized for any interventions, the provider should explain why & refer to other supports & resources. The CE system ensures that HH are referred to all of the available resources for which they are prioritized & eligible by using written program standards & a project type order of priority approved by the CoC. There are 2 lists: HH w/kids & w/out kids. A referral can be made through HMIS or Non-HMIS. A HH can be referred to more than one LCES PL. Prioritization is a separate process from determining project eligibility. Follow-up contact must occur at min. every 90 days. Staff should gather updated info including homeless situation, need & desire to remain on the list. If the HH is no longer in need of housing assistance, the agency can close the referral to remove the individual or family from the PL.

4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness? Yes

4g. This Coordinated Entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to project participants for which they may be eligible?

3C. Project Expansion Information

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type? No

6A. Funding Request

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

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

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 being requested:**

Supportive Services

6. If awarded, will this project require an initial grant term greater than 12 months? No

6F. Supportive Services Budget

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|--|---|--------------------------------|
| 1. Assessment of Service Needs | | |
| 2. Assistance with Moving Costs | | |
| 3. Case Management | .68 FTE Housing Assessment & Training Coordinator salary & benefits, travel & supplies; .05 FTE Policy & System Analyst salary & benefits; SQL database & referral process setup, training, evaluation, reporting & maintenance | \$140,000 |
| 4. Child Care | | |
| 5. Education Services | | |
| 6. Employment Assistance | | |
| 7. Food | | |
| 8. Housing/Counseling Services | | |
| 9. Legal Services | | |
| 10. Life Skills | | |
| 11. Mental Health Services | | |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | .2 FTE CE System Specialist salary & benefits, travel & supplies, outreach materials | \$20,000 |
| 14. Substance Abuse Treatment Services | | |
| 15. Transportation | | |
| 16. Utility Deposits | | |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$160,000 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$160,000 |

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

| | |
|-------------------------------------|----------|
| Total Value of Cash Commitments: | \$36,700 |
| Total Value of In-Kind Commitments: | \$7,300 |
| Total Value of All Commitments: | \$44,000 |

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

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

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|-------|---------|------------|----------------------|--------------------|----------------------|
| Yes | Cash | Government | End Abuse - WI DCF | 08/23/2019 | \$20,700 |
| Yes | In-Kind | Private | End Abuse - Donat... | 08/23/2019 | \$1,000 |
| Yes | In-Kind | Private | WIBOSCOG CE - DV ... | 08/29/2019 | \$6,300 |
| Yes | Cash | Private | WIBOSCOG Discreti... | 08/29/2019 | \$16,000 |

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: End Abuse - WI DCF
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/23/2019
6. Value of Written Commitment: \$20,700

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: End Abuse - Donated Space
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/23/2019
6. Value of Written Commitment: \$1,000

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment:** WIBOSCOG CE - DV Volunteer Time
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/29/2019
- 6. Value of Written Commitment:** \$6,300

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

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** WIBOSCOG Discretionary Funds
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/29/2019
- 6. Value of Written Commitment:** \$16,000

6J. Summary Budget

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

| Eligible Costs | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|--|---|------------------------|---|
| 1a. Acquisition | | | \$0 |
| 1b. Rehabilitation | | | \$0 |
| 1c. New Construction | | | \$0 |
| 2a. Leased Units | \$0 | 1 Year | \$0 |
| 2b. Leased Structures | \$0 | 1 Year | \$0 |
| 3. Rental Assistance | \$0 | 1 Year | \$0 |
| 4. Supportive Services | \$160,000 | 1 Year | \$160,000 |
| 5. Operating | \$0 | 1 Year | \$0 |
| 6. HMIS | \$0 | 1 Year | \$0 |
| 7. Sub-total Costs Requested | | | \$160,000 |
| 8. Admin (Up to 10%) | | | \$16,000 |
| 9. Total Assistance Plus Admin Requested | | | \$176,000 |
| 10. Cash Match | | | \$36,700 |
| 11. In-Kind Match | | | \$7,300 |
| 12. Total Match | | | \$44,000 |
| 13. Total Budget | | | \$220,000 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | End Domestic Abus... | 08/28/2019 |
| 2) Other Attachment(s) | No | WIBOSCOC Match Le... | 08/29/2019 |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description: End Domestic Abuse WI - 501c3

Attachment Details

Document Description: WIBOSCOC Match Letter

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No | End Domestic Abus... | 08/28/2019 |

Attachment Details

Document Description: End Domestic Abuse WI - Match

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Jeanette Petts

Date: 09/27/2019

Title: Chair, WIBOSCOC Board of Directors

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

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am

X

aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

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

8B. Submission Summary

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

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

| Page | Last Updated |
|---------------------------------------|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |

| | |
|---|-------------------|
| 1D. SF-424 Congressional District(s) | 09/05/2019 |
| 1E. SF-424 Compliance | 08/28/2019 |
| 1F. SF-424 Declaration | 08/28/2019 |
| 1G. HUD 2880 | 08/28/2019 |
| 1H. HUD 50070 | 08/28/2019 |
| 1I. Cert. Lobbying | 08/28/2019 |
| 1J. SF-LLL | 08/28/2019 |
| 2A. Subrecipients | 08/29/2019 |
| 2B. Experience | 09/05/2019 |
| 3A. Project Detail | 08/28/2019 |
| 3B. Description | 09/05/2019 |
| 3C. Expansion | 08/28/2019 |
| 6A. Funding Request | 08/28/2019 |
| 6F. Supp Srvcs Budget | 09/27/2019 |
| 6I. Match | 08/29/2019 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 08/29/2019 |
| 7A. In-Kind MOU Attachment | 08/28/2019 |
| 7D. Certification | 08/28/2019 |

ATLANTA GA 39901-0001

In reply refer to: 0752857580
Aug. 12, 2014 LTR 4168C 0
39-1380437 000000 00
00021805
BODC: TE

END DOMESTIC ABUSE WISCONSIN THE
WISCONSIN COALITION AGAINST DOMEST
1245 E WASHINGTON AVE NO 150
MADISON WI 53703-3045



019799

Employer Identification Number: 39-1380437
Person to Contact: 0571398
Toll Free Telephone Number: 1-877-829-5500

Dear END DOMESTIC ABUSE WISCONSIN T:

This is in response to your Aug. 01, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in 091981.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



August 29, 2019

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

RE: WIBOSCOC Supportive Services for Coordinated Entry DV grant

To Whom It May Concern:

The Wisconsin Balance of State Continuum of Care, Inc. has sufficient match for the FY19 WIBOSCOC Supportive Services for Coordinated Entry DV application from the following sources:

WIBOSCOC discretionary funds (cash): \$ 16,000

Coordinated Entry DV volunteer hours (in kind): \$6,300

A handwritten signature in cursive script, appearing to read "Jeanette Petts", is located above the printed name.

Jeanette Petts

Chair of the Board

Wisconsin Balance of State Continuum of Care, Inc.



August 23, 2019

HUD Field Office
310 W Wisconsin Avenue
Milwaukee, WI 53203

RE: WIBOSCOC DV SSO for Coordinated Entry

To Whom it May Concern:

End Domestic Abuse Wisconsin: the Wisconsin Coalition Against Domestic Violence, Inc. has sufficient match for the WIBOSCOC DV SSO for Coordinated Entry application from the following sources:

Wisconsin Department of Children and Families state funds (cash): \$20,700
Donated space for trainings (in-kind): \$1,000

A handwritten signature in blue ink, appearing to read "Patti Seger", with a long horizontal line extending to the right.

Patti Seger,
Executive Director

