

Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 08/26/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0197

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

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

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

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

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

	c. Organizational DUNS:	967328399	PLUS 4	
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d. Address

Street 1: PO Box 272

Street 2:

City: Eau Claire

County:

State: Wisconsin

Country: United States

Zip / Postal Code: 54702

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Carrie

Middle Name:

Last Name: Poser

Suffix:

Title: CoC Director

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

Telephone Number: (715) 598-3301

Extension:

Fax Number: (715) 265-7031

Email: carrie.poser@wibos.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

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

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: WIBOSCOC Supportive Services for Coordinated Entry

16. Congressional District(s):

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

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

17. Proposed Project

a. Start Date: 07/01/2020

b. End Date: 06/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

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

Email: jeanettep@cacscw.org

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

Date Signed: 08/26/2019

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, WIBOSCOG 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: \$640,469.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: WIBOSCOC Supportive Services for Coordinated Entry PO Box 272 Eau Claire Wisconsin

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

Part I Threshold Determinations

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

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

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

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

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

Part III Interested Parties

You must disclose:

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

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

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

Certification

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

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

I AGREE: ☒

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

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

Date Signed: 08/14/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

Refer to addresses entered into the attached project application.

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

X

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

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

Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name

Last Name: Petts

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

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

Email: jeanettep@cacscw.org

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

Date Signed: 08/26/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

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

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

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

Date Signed: 08/26/2019

1J. SF-LLL

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

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

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

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

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

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

Street 1: PO Box 272

Street 2:

City: Eau Claire

County: Eau Claire

State: Wisconsin

Country: United States

Zip / Postal Code: 54702

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

I certify that this information is true and

☒

complete. ☐

Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

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

Email: jeanettep@cacscw.org

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

Date Signed: 08/26/2019

Information About Submission without Changes

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

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

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

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

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

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

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

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

Recipient Performance

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

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

First-time renewal and grant term expired on 6/30/19. APR is not due until 9/28/19.

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

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

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

Renewal Expansion

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

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



No

Renewal Grant Consolidation Screen

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$611,363

Organization	Type	Type	Sub-Award Amount
Lakeshore CAP Inc. of Wisconsin	M. Nonprofit with 501C3 IRS Status		\$32,177
North Central Community Action Program	M. Nonprofit with 501C3 IRS Status		\$32,177
Northwest Wisconsin Community Services Agency, ...	M. Nonprofit with 501C3 IRS Status		\$32,177
Southwestern Wisconsin Community Action Program...	M. Nonprofit with 501C3 IRS Status		\$32,177
Housing Action of Waukesha County, Inc.	M. Nonprofit with 501C3 IRS Status		\$32,177
ADVOCAP, Inc.	M. Nonprofit with 501C3 IRS Status		\$32,177
Newcap Inc.	M. Nonprofit with 501C3 IRS Status		\$96,531
Everyone Cooperating to Help Others (ECHO)	M. Nonprofit with 501C3 IRS Status		\$32,177
Western Dairyland EOC	M. Nonprofit with 501C3 IRS Status		\$32,177
West Central Wisconsin Community Action Agency	M. Nonprofit with 501C3 IRS Status		\$32,177
The Salvation Army	M. Nonprofit with 501C3 IRS Status		\$32,177
Kenosha Human Development Services Inc.	M. Nonprofit with 501C3 IRS Status		\$32,177
Family Promise of Ozaukee County	M. Nonprofit with 501C3 IRS Status		\$32,177

Family Promise of Washington County	M. Nonprofit with 501C3 IRS Status		\$32,177
Renewal Unlimited	M. Nonprofit with 501C3 IRS Status		\$32,177
Couleecap Inc.	M. Nonprofit with 501C3 IRS Status		\$32,177
Pillars	M. Nonprofit with 501C3 IRS Status		\$32,177

2A. Project Subrecipients Detail

a. Organization Name: Lakeshore CAP Inc. of Wisconsin

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

c. Employer or Tax Identification Number: 39-1214392

	* d. Organizational DUNS:	611777327	PLUS 4	
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e. Physical Address

Street 1: 702 State St.

Street 2: PO Box 2315

City: Manitowoc

State: Wisconsin

Zip Code: 54221

f. Congressional District(s): WI-006, WI-008
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Colleen

Middle Name:

Last Name: Homb

Suffix:

Title: Interim Executive Director

E-mail Address: colleenh@lakeshorecap.org

Confirm E-mail Address: colleenh@lakeshorecap.org

Phone Number: 920-682-3737

Extension: 8,705

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: North Central Community Action Program

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

c. Employer or Tax Identification Number: 39-1080179

	* d. Organizational DUNS:	096826086	PLUS 4	
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e. Physical Address

Street 1: 2111 8th St. South

Street 2: Suite 102

City: Wisconsin Rapids

State: Wisconsin

Zip Code: 54494

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

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

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

i. Expected Sub-Award Amount: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Diane

Middle Name:

Last Name: Sennholz

Suffix:

Title: Executive Director

E-mail Address: dsennholz@nccapinc.com

Confirm E-mail Address: dsennholz@nccapinc.com

Phone Number: 715-301-1863

Extension:

Fax Number:

2A. Project Subrecipients Detail

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

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

c. Employer or Tax Identification Number: 39-1091469

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

Street 1: 1118 TOWER AVE

Street 2:

City: SUPERIOR

State: Wisconsin

Zip Code: 54880

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

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

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

i. Expected Sub-Award Amount: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Millie

Middle Name:

Last Name: Rounsville

Suffix:

Title: CEO

E-mail Address: mrounsville@northwest-csa.org

Confirm E-mail Address: mrounsville@northwest-csa.org

Phone Number: 715-392-5127

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Southwestern Wisconsin Community Action Program INC.

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

c. Employer or Tax Identification Number: 39-1053511

	* d. Organizational DUNS:	080507437	PLUS 4	
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e. Physical Address

Street 1: 149 North Iowa St.

Street 2:

City: Dodgeville

State: Wisconsin

Zip Code: 53533

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: \$32,177

j. Contact Person

Prefix: Mr.

First Name: Wally

Middle Name:

Last Name: Orzechowski

Suffix:

Title: Executive Director

E-mail Address: w.orzechowski@swcap.org

Confirm E-mail Address: w.orzechowski@swcap.org

Phone Number: 608-935-2326

Extension: 201

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Housing Action of Waukesha County, Inc.

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

c. Employer or Tax Identification Number: 26-4291024

	* d. Organizational DUNS:	006959488	PLUS 4	
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e. Physical Address

Street 1: 505 N. East Ave.

Street 2: PO Box 605

City: Waukesha

State: Wisconsin

Zip Code: 53186

f. Congressional District(s): WI-005
(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: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Jackie

Middle Name:

Last Name: Smith

Suffix:

Title: Program Coordinator

E-mail Address: cocwaukesha@gmail.com

Confirm E-mail Address: cocwaukesha@gmail.com

Phone Number: 262-522-3185

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: ADVOCAP, Inc.

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

c. Employer or Tax Identification Number: 39-1053365

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

Street 1: PO Box 1108

Street 2:

City: Fond du Lac

State: Wisconsin

Zip Code: 54936-1108

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

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

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

i. Expected Sub-Award Amount: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Lu

Middle Name:

Last Name: Scheer

Suffix:

Title: Affordable Housing Director

E-mail Address: luanns@advocap.org

Confirm E-mail Address: luanns@advocap.org

Phone Number: 920-922-7760

Extension: 3,581

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Newcap Inc.

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

c. Employer or Tax Identification Number: 39-1050492

	* d. Organizational DUNS:	136478786	PLUS 4	
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e. Physical Address

Street 1: 1201 Main St.

Street 2:

City: Oconto

State: Wisconsin

Zip Code: 54153

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

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

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

i. Expected Sub-Award Amount: \$96,531

j. Contact Person

Prefix: Ms.

First Name: Debbie

Middle Name:

Last Name: Bushman

Suffix:

Title: Housing Director

E-mail Address: debbiebushman@newcap.org

Confirm E-mail Address: debbiebushman@newcap.org

Phone Number: 920-834-4621

Extension: 1,110

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Everyone Cooperating to Help Others (ECHO)

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

c. Employer or Tax Identification Number: 39-1222279

	* d. Organizational DUNS:	170407209	PLUS 4	
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e. Physical Address

Street 1: 65 S. High St.

Street 2:

City: Janesville

State: Wisconsin

Zip Code: 53548

f. Congressional District(s): WI-002, WI-001
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Jessica

Middle Name:

Last Name: Locher

Suffix:

Title: Associate Director

E-mail Address: jlocher@echojanesville.org

Confirm E-mail Address: jlocher@echojanesville.org

Phone Number: 608-754-5333

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Western Dairyland EOC

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

c. Employer or Tax Identification Number: 39-1076993

	* d. Organizational DUNS:	084490762	PLUS 4	
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e. Physical Address

Street 1: PO Box 125

Street 2:

City: Independence

State: Wisconsin

Zip Code: 54747

f. Congressional District(s): WI-003
(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: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Jeanne

Middle Name:

Last Name: Semb

Suffix:

Title: Housing Service Coordinator

E-mail Address: jeanne.semb@wdeoc.org
Confirm E-mail Address: jeanne.semb@wdeoc.org
Phone Number: 715-836-7511
Extension: 1,141
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: West Central Wisconsin Community Action Agency

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

c. Employer or Tax Identification Number: 39-1076125

	* d. Organizational DUNS:	030016844	PLUS 4	
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e. Physical Address

Street 1: PO Box 308

Street 2:

City: Glenwood City

State: Wisconsin

Zip Code: 54013

f. Congressional District(s): WI-007, WI-003
(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: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Corin

Middle Name:

Last Name: Tubridy

Suffix:

Title: Homeless Program Manager

E-mail Address: ctubridy@wcap.org

Confirm E-mail Address: ctubridy@wcap.org

Phone Number: 715-235-4511

Extension: 1,205

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: The Salvation Army

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

c. Employer or Tax Identification Number: 36-2167910

	* d. Organizational DUNS:	150777253	PLUS 4	
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e. Physical Address

Street 1: 505 W. 8th St.

Street 2:

City: New Richmond

State: Wisconsin

Zip Code: 54017

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

g. Is the subrecipient a Faith-Based Organization? Yes

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: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Duana

Middle Name:

Last Name: Bremer

Suffix:

Title: Director

E-mail Address: duana_bremer@usc.salvationarmy.org

Confirm E-mail Address: duana_bremer@usc.salvationarmy.org

Phone Number: 715-246-1222

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Kenosha Human Development Services Inc.

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

c. Employer or Tax Identification Number: 39-1200678

	* d. Organizational DUNS:	080500861	PLUS 4	
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e. Physical Address

Street 1: 5407 8th Ave.

Street 2:

City: Kenosha

State: Wisconsin

Zip Code: 53140

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

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

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

i. Expected Sub-Award Amount: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Associate Director

E-mail Address: lhaen@khds.org

Confirm E-mail Address: lhaen@khds.org

Phone Number: 262-657-7188

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Family Promise of Ozaukee County

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

c. Employer or Tax Identification Number: 46-4227704

	* d. Organizational DUNS:	059578735	PLUS 4	
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e. Physical Address

Street 1: 124 E. Van Buren

Street 2:

City: Port Washington

State: Wisconsin

Zip Code: 53074

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

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

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

i. Expected Sub-Award Amount: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Kathleen

Middle Name:

Last Name: Christenson Fisher

Suffix:

Title: Chief Executive Officer

E-mail Address: kathleenfpoz@gmail.com

Confirm E-mail Address: kathleenfpoz@gmail.com
Phone Number: 262-268-2723
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Family Promise of Washington County

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

c. Employer or Tax Identification Number: 27-0740203

	* d. Organizational DUNS:	961923401	PLUS 4	
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e. Physical Address

Street 1: 724 Elm St. Suite 102

Street 2:

City: West Bend

State: Wisconsin

Zip Code: 53095

f. Congressional District(s): WI-005
(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: \$32,177

j. Contact Person

Prefix: Mr.

First Name: Paul

Middle Name:

Last Name: Bissett

Suffix:

Title: Program Director

E-mail Address: ProgramDir@familypromisewc.org

Confirm E-mail Address: ProgramDir@familypromisewc.org

Phone Number: 262-353-9304

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Renewal Unlimited

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

c. Employer or Tax Identification Number: 39-1270955

	* d. Organizational DUNS:	099140790	PLUS 4	
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e. Physical Address

Street 1: 2900 Red Fox Run

Street 2:

City: Portage

State: Wisconsin

Zip Code: 53901

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

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

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

i. Expected Sub-Award Amount: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Suzanne

Middle Name:

Last Name: Hoppe

Suffix:

Title: Director

E-mail Address: shoppe@renewalunlimited.net

Confirm E-mail Address: shoppe@renewalunlimited.net

Phone Number: 608-742-5329

Extension: 16

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Couleecap Inc.

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

c. Employer or Tax Identification Number: 39-1077614

	* d. Organizational DUNS:	092780121	PLUS 4	
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e. Physical Address

Street 1: 201 Melby St.

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Street 2:

City: Westby

State: Wisconsin

Zip Code: 54667

f. Congressional District(s): WI-003
(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: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Kim

Middle Name:

Last Name: Cable

Suffix:

Title: Housing & Community Services Director

E-mail Address: kim.cable@couleecap.org

Confirm E-mail Address: kim.cable@couleecap.org

Phone Number: 608-787-9890

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Pillars

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

c. Employer or Tax Identification Number: 39-1582471

	* d. Organizational DUNS:	779950930	PLUS 4	
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e. Physical Address

Street 1: 605 E. Hancock St.

Street 2:

City: Appleton

State: Wisconsin

Zip Code: 54911

f. Congressional District(s): WI-006, WI-008
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$32,177

j. Contact Person

Prefix: Mr.

First Name: Joe

Middle Name:

Last Name: Mauthe

Suffix:

Title: Executive Director

E-mail Address: jmauthe@pillarsinc.org

Confirm E-mail Address: jmauthe@pillarsinc.org

Phone Number: 920-734-9192

Extension: 116

Fax Number:

3A. Project Detail

**1. Project Identification Number (PIN) of
expiring grant:** WI0197

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

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

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

3. Project Name: WIBOSCOC Supportive Services for Coordinated
Entry

4. Project Status: Standard

5. Component Type: SSO

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

3B. Project Description

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

The BOS CE covers 69 counties w/the purpose of creating 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. BOS CE policies are implemented across entire geography w/20 local CE systems (LCES) ensuring the needs of homeless are met in the area in which they live. The project funds 19 LCES, including 64/69 counties in BOS. The 19 staff funded through this grant support the development & implementation of CE by ensuring: (1) full participation by all CoC & ESG providers in LCES (2) all marketing materials & outreach strategies used create fair & equal access to CE regardless of location or method of access (3) outreach activities occur minimum of twice/year to known locations & identify those least likely to access CE (4) clients have meaningful input in & understanding of the CE system (5) implementation of prevention process & assessment (6) use of the after hour plan. The grant supports enhancing current system requirements all predicated on client choice & use of TIC skills including: prescreen-the collection of basic info req. to generate a referral & provide client opportunity to consent to process; assessment-using a standardized tool to objectively measure a client's vulnerability as one component of prioritization; referrals-done through HMIS or non-HMIS PL. Each list is specifically programmed to reflect CoC approved order of priority by project type. Each uses elements such as: assessment score, length of time homeless, homeless category, presence of a disability &/or chronic status. Finally, follow up-contacting those remaining on the list at minimum every 90 days to ensure the need remains, assist w/referrals or info & maintain established rapport. The CoC wants to expand CE beyond the req. & create a system & process that streamlines services without creating additional hoops for clients to jump through. The CE System Specialist works closely with the 19 people and directly assist the 2 remaining non-funded LCES to use lessons learned under this grant & apply to those communities. Currently much of this work is being absorbed through various agency discretionary funds, CoC & ESG grant BLI & some in-kind leverage. By creating a larger defined system that the community identifies as being the way to connect people w/the services they need, additional funding can be secured to continue to enhance the process & make improvements.

2. Does your project have a specific population focus? No

3. Housing First

3a. Does the project quickly move Yes

participants into permanent housing

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

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

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

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

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

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 in part by this grant be easily accessible? Yes

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 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. 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 including those in the local homeless coalition, 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 policies 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 Yes
comprehensive, standardized assessment
process?**

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. The CE system is broken down 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 information from each adult in the household separately, if appropriate. The BOS uses 3 tools for assessment: VISPDAT, Family, and TAY. Every staff person completing a VI-SPDAT 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 Yes

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differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four groups: Individuals, Families, DV, and Youth?

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Structures | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$147,913
Total Value of In-Kind Commitments:	\$12,205
Total Value of All Commitments:	\$160,118

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

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

Match	Type	Source	Contributor ▲	Date of Commitment	Value of Commitments
Yes	Cash	Government	ADVOCAP - CSBG	08/22/2019	\$4,045
Yes	Cash	Private	ADVOCAP - Private...	08/22/2019	\$4,000
Yes	Cash	Private	Couleecap Corpora...	08/21/2019	\$8,045
Yes	Cash	Private	ECHO - donations ...	08/15/2019	\$8,045
Yes	In-Kind	Private	FP Ozaukee - MOU ...	08/20/2019	\$8,045
Yes	Cash	Private	FP Washington - U...	08/21/2019	\$8,045
Yes	Cash	Private	HAC - Cash Donations	08/26/2019	\$8,045
Yes	Cash	Private	KHDS - private do...	08/14/2019	\$8,045
Yes	Cash	Private	LCAP - Donations	08/15/2019	\$6,045
Yes	Cash	Private	LCAP - United Way...	08/15/2019	\$2,000
Yes	Cash	Private	NCCAP - United Wa...	08/15/2019	\$8,045
Yes	Cash	Government	Newcap - Brown CSBG	08/21/2019	\$8,045
Yes	Cash	Government	Newcap - NE CSBG	08/21/2019	\$8,045

Yes	Cash	Government	Newcap - NWISH CSBG	08/21/2019	\$8,045
Yes	Cash	Private	NWCSA - CSBG	08/15/2019	\$8,045
Yes	Cash	Private	Pillars - Private...	08/21/2019	\$8,045
Yes	Cash	Private	Renewal Unlimited...	08/21/2019	\$1,000
Yes	In-Kind	Private	Renewal Unlimited...	08/21/2019	\$4,160
Yes	Cash	Private	Renewal Unlimited...	08/21/2019	\$2,885
Yes	Cash	Private	SWCAP - community...	08/16/2019	\$3,500
Yes	Cash	Government	SWCAP - ESG HMIS	08/16/2019	\$245
Yes	Cash	Private	SWCAP - Grace Lut...	08/16/2019	\$600
Yes	Cash	Private	SWCAP - homeless ...	08/16/2019	\$1,700
Yes	Cash	Private	SWCAP - Kiwanis Club	08/16/2019	\$1,000
Yes	Cash	Private	SWCAP - Lions Club	08/16/2019	\$1,000
Yes	Cash	Private	TSA Burnett - pri...	08/11/2019	\$8,045
Yes	Cash	Government	West CAP - ESG	08/22/2019	\$4,300
Yes	Cash	Private	West CAP - UW of ...	08/22/2019	\$3,745
Yes	Cash	Government	Western Dairyland...	08/14/2019	\$8,045
Yes	Cash	Private	WIBOSCOC discreti...	08/19/2019	\$7,263

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: ADVOCAP - CSBG
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/22/2019
6. Value of Written Commitment: \$4,045

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: ADVOCAP - Private Foundation
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/22/2019
6. Value of Written Commitment: \$4,000

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Couleecap Corporate funds
(Be as specific as possible and include the

office or grant program as applicable)

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

6. Value of Written Commitment: \$8,045

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: ECHO - donations ECHO funds
(Be as specific as possible and include the office or grant program as applicable)

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

6. Value of Written Commitment: \$8,045

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: FP Ozaukee - MOU with Advocates of Ozaukee
(Be as specific as possible and include the office or grant program as applicable)

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

6. Value of Written Commitment: \$8,045

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: FP Washington - United Way
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: \$8,045

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: HAC - Cash Donations
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/26/2019
6. Value of Written Commitment: \$8,045

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: KHDS - private donations
(Be as specific as possible and include the office or grant program as applicable)

- 5. Date of Written Commitment:** 08/14/2019
6. Value of Written Commitment: \$8,045

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: LCAP - Donations
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: \$6,045

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: LCAP - United Way of Manitowoc County
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: \$2,000

Sources of Match Detail

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

- 2. Type of Commitment:** Cash
3. Type of Source: Private
4. Name the Source of the Commitment: NCCAP - United Way of Marathon County
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: \$8,045

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Newcap - Brown CSBG
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: \$8,045

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: Newcap - NE CSBG
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: \$8,045

Sources of Match Detail

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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:
(Be as specific as possible and include the office or grant program as applicable) Newcap - NWISH CSBG
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: \$8,045

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:
(Be as specific as possible and include the office or grant program as applicable) NWCSA - CSBG
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: \$8,045

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:
(Be as specific as possible and include the office or grant program as applicable) Pillars - Private Donations

- 5. Date of Written Commitment:** 08/21/2019
6. Value of Written Commitment: \$8,045

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: Renewal Unlimited - Portage United Way
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: \$1,000

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: Renewal Unlimited - River Haven MOU
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: \$4,160

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: Renewal Unlimited - Stepping Stone Project
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/21/2019
6. Value of Written Commitment: \$2,885

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: SWCAP - community donations
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2019
6. Value of Written Commitment: \$3,500

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: SWCAP - ESG HMIS
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2019
6. Value of Written Commitment: \$245

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: SWCAP - Grace Lutheran Church
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2019
6. Value of Written Commitment: \$600

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: SWCAP - homeless need fund
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2019
6. Value of Written Commitment: \$1,700

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:** SWCAP - Kiwanis Club
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/16/2019
- 6. Value of Written Commitment:** \$1,000

Sources of Match Detail

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

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** TSA Burnett - private donations
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/11/2019
- 6. Value of Written Commitment:** \$8,045

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: West CAP - ESG
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/22/2019
6. Value of Written Commitment: \$4,300

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: West CAP - UW of Greater Chippewa Valley
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/22/2019
6. Value of Written Commitment: \$3,745

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: Western Dairyland ESG - Outreach
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/14/2019
6. Value of Written Commitment: \$8,045

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: WIBOSCOG discretionary funds
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/19/2019
6. Value of Written Commitment: \$7,263

6E. Summary Budget

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

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$582,255
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$582,255
7. Admin (Up to 10%)	\$58,214
8. Total Assistance plus Admin Requested	\$640,469
9. Cash Match	\$147,913
10. In-Kind Match	\$12,205
11. Total Match	\$160,118
12. Total Budget	\$800,587

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subgrantee 501c3 ...	08/15/2019
2) Other Attachmenbt	No	WIBOSCOC 501c3 le...	08/15/2019
3) Other Attachment	No	WIBOSCOC Match	08/26/2019

Attachment Details

Document Description: Subgrantee 501c3 Letters

Attachment Details

Document Description: WIBOSCOC 501c3 letter

Attachment Details

Document Description: WIBOSCOC Match

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	WIBOSCOC Match - MOU	08/26/2019

Attachment Details

Document Description: WIBOSCOC Match - MOU

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

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

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Jeanette Petts

Date: 08/26/2019

Title: Chair, WIBOSCOC Board of Directors

Applicant Organization: Wisconsin Balance of State Continuum of Care,

Inc.

PHA Number (For PHA Applicants Only):

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

X

Active SAM Status Requirement.

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

X

Submission Without Changes

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

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

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

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

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

2A-only the subgrantees for the expansion were populated, need to add the

original subgrantees as well.

3B-need to update the description to reflect entire grant (original plus expansion), fill in answers to 2 & 3a, b, c, d that appear to be missing

6A-need to fill in answer to question 1 & 2 as they appear to be missing

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2019
1E. SF-424 Compliance	08/14/2019
1F. SF-424 Declaration	08/14/2019
1G. HUD-2880	08/14/2019

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1H. HUD-50070	08/14/2019
1I. Cert. Lobbying	08/14/2019
1J. SF-LLL	08/15/2019
Recipient Performance	08/14/2019
Renewal Expansion	08/14/2019
Renewal Grant Consolidation	08/14/2019
2A. Subrecipients	08/19/2019
3A. Project Detail	08/14/2019
3B. Description	08/15/2019
6A. Funding Request	08/15/2019
6D. Match	08/26/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/26/2019
7A. In-Kind Match MOU Attachment	08/26/2019
7B. Certification	08/23/2019
Submission Without Changes	08/15/2019

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

DEPARTMENT OF THE TREASURY

Date:

MAR 18 2013

THE WISCONSIN BALANCE OF STATE
CONTINUUM OF CARE INC
PO BOX 545
LAKE DELTON, WI 53940-0545

Employer Identification Number:
27-5491167

DLN:

17053109307042

Contact Person:

ROXANNE M HAYTHORN

ID# 52416

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990 Required:

Yes

Effective Date of Exemption:

February 14, 2011

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

THE WISCONSIN BALANCE OF STATE

Sincerely,

A handwritten signature in cursive script that reads "Holly O. Paz". The signature is written in dark ink and is positioned above the typed name and title.

Holly O. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)