

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2024 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition). The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2024 CoC Program Competition NOFO.
- YHDP projects must state they were awarded under the YHDP program on screen 3A and answer the YHDP specific page that follows.

## 1A. SF-424 Application Type

- 1. Type of Submission: Application
- 2. Type of Application: YHDP Project Application

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

If "Other", specify:

3. Date Received: 09/25/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0261

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

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** The Salvation Army
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 36-2167910
- c. Unique Entity Identifier:** KQHRECN8FDK8

### d. Address

**Street 1:** 504 W. 8th St.  
**Street 2:**  
**City:** New Richmond  
**County:** St. Croix  
**State:** Wisconsin  
**Country:** United States  
**Zip / Postal Code:** 54016

### e. Organizational Unit (optional)

**Department Name:** Service Extension  
**Division Name:** Grace Place

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

**Prefix:** Ms.  
**First Name:** Stephena  
**Middle Name:**  
**Last Name:** Smith  
**Suffix:**  
**Title:** Contract administrator  
**Organizational Affiliation:** The Salvation Army  
**Telephone Number:** (715) 246-1222  
**Extension:**

**Fax Number:** (714) 246-7470

**Email:** [stephena.smith@usc.salvationarmy.org](mailto:stephena.smith@usc.salvationarmy.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-6800-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: YHDP Renewal Project Application FY2024

16. Congressional District(s):

16a. Applicant: WI-007

16b. Project: WI-007  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2025

b. End Date: 09/30/2026

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:** Mr.

**First Name:** Trevor

**Middle Name:**

**Last Name:** McClintock

**Suffix:**

**Title:** Divisional Commander

**Telephone Number:** (800) 264-6412  
(Format: 123-456-7890)

**Fax Number:** (414) 302-4314  
(Format: 123-456-7890)

**Email:** trevor.mcclintock@usc.salvationarmy.org

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

**Date Signed:** 09/25/2024

# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Number: 2501-0017 Expiration Date: 01/31/2026**

## Applicant/Recipient Information

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

**Agency Legal Name:** The Salvation Army

**Prefix:** Mr.

**First Name:** Trevor

**Middle Name:**

**Last Name:** McClintock

**Suffix:**

**Title:** Divisional Commander

**Organizational Affiliation:** The Salvation Army

**Telephone Number:** (800) 264-6412

**Extension:**

**Email:** trevor.mcclintock@usc.salvationarmy.org

**City:** New Richmond

**County:** St. Croix

**State:** Wisconsin

**Country:** United States

**Zip/Postal Code:** 54016

**2. Employer ID Number (EIN):** 36-2167910

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

**4. Amount of HUD Assistance Requested/Received: \$411,806.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	\$0.00	NA
The Salvation Army 505 W. 8th St. New Richmond WI 54017	ESG Grant	\$25,000.00	Shelter operations
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA
NA	NA	\$0.00	NA

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

**Part III Interested Parties**

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

**Certification**

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

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

X
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**Name / Title of Authorized Official:** Trevor McClintock, Divisional Commander

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

**Date Signed:** 09/25/2024

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** The Salvation Army  
**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:	
<p>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.</p>	<p>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;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

## 2. Sites for Work Performance.

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

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

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

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

**Authorized Representative**

**Prefix:** Mr.

**First Name:** Trevor

**Middle Name**

**Last Name:** McClintock

**Suffix:**

**Title:** Divisional Commander

**Telephone Number:** (800) 264-6412  
**(Format: 123-456-7890)**

**Fax Number:** (414) 302-4314  
**(Format: 123-456-7890)**

**Email:** trevor.mcclintock@usc.salvationarmy.org

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

**Date Signed:** 09/25/2024

## **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:** The Salvation Army

**Name / Title of Authorized Official:** Trevor McClintock, Divisional Commander

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

**Date Signed:** 09/25/2024

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.  
OMB Number: 2501-0017 Expiration Date: 01/31/2026**

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:** The Salvation Army

**Street 1:** 504 W. 8th St.

**Street 2:**

**City:** New Richmond

**County:** St. Croix

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54016

**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:** Mr.

**First Name:** Trevor

**Middle Name:**

**Last Name:** McClintock

**Suffix:**

**Title:** Divisional Commander

**Telephone Number:** (800) 264-6412  
**(Format: 123-456-7890)**

**Fax Number:** (414) 302-4314  
**(Format: 123-456-7890)**

**Email:** trevor.mcclintock@usc.salvationarmy.org

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

**Date Signed:** 09/25/2024

## IK. SF-424B

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

**OMB Number: 4040-0007**  
**Expiration Date: 02/28/2025**

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

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

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

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

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

**Authorized Representative for:** The Salvation Army

**Prefix:** Mr.

**First Name:** Trevor

**Middle Name:**

**Last Name:** McClintock

**Suffix:**

**Title:** Divisional Commander

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

**Date Signed:** 09/25/2024

## Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes
  
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
  
3. Do you draw funds quarterly for your current renewal project? Yes
  
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

## YHDP Renewal Grant Consolidation/Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC/YHDP projects.

1. YHDP Expansions and Consolidations will no longer be required to submit a combined version of the application.
  - a. YHDP Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.
  - b. YHDP Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)
2. Since no combined version will be submitted for either the YHDP Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



For YHDP projects, the Stand-Alone Renewal will be submitted through the YHDP Renewal Application. The Stand-Alone New will be submitted through the YHDP Reallocation Application. YHDP Reallocations can ONLY expand upon YHDP Renewals.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**1. Is this YHDP renewal project application No requesting to consolidate or expand?**

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:

Organization	Type	Type	Sub-Award Amount
This list contains no items			

### 3A. Project Detail

- 1. **Expiring Grant Project Identification Number (PIN):** WI0261  
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
  
- 2. **CoC Number and Name:** WI-500 - Wisconsin Balance of State CoC
- 3. **CoC Collaborative Applicant Name:** Wisconsin Balance of State Continuum of Care, Inc.
  
- 4. **Project Name:** YHDP Renewal Project Application FY2024
  
- 5. **Project Status:** Standard
  
- 6. **Component Type:** JOINT TH-RRH
  
- 7. **Is your agency or expected subrecipient a victim service provider, as defined in 24 CFR 578.3?** No
  
- 8. **Was this project funded under the Youth Homeless Demonstration Program (YHDP)?** Yes
  
- 9. **Will this project include replacement reserves in the Operating budget?** No
  
- 10. **Is this project applying for Rural costs on screen 6A?** Yes
  
- 10a. **Area(s) affected by the project (state(s) only):** Wisconsin  
(for multiple selections hold CTRL key)

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

559107 Rusk County, 559013 Burnett County,  
559091 Pepin County, 559119 Taylor County,  
559019 Clark County, 559005 Barron County,  
559093 Pierce, 559129 Washburn County,  
559033 Dunn County, 559095 Polk County,  
559113 Sawyer County

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

## 3B. Project Description

1. Provide a description of the project. This **MUST** include the following: Entire scope, who the project will serve, activities offered and staffing.

Our purpose is to provide comprehensive Solutions for youth by creating a range of supportive services tailored to the specific needs of homeless and at-risk youth in our community. Services may include housing, education, and employment opportunities. We work with our community partners including government agencies, non-profits, and community organizations to leverage resources and expertise effectively. Through youth involvement (YAB) the planning and implementation is based on their experiences.

Our program consists of 5 staff members. 2 FT Housing Navigators, 2 FT case managers, and one PT administrator. Each case manager works with 15 clients meeting weekly or more often if needed. The navigators have a client ratio of 12. Our service area consists of serving youth in 2 coalitions, West Central and Rural North. We have 3 transitional units and 17 Rapid-Re-Housing units. We want to ensure that the four major goals (Stable Housing, Permanent Connections, Education and Employment and Social Emotional Well-being) and objectives identified in the Coordinated Community Plan (CCP) are being implemented.

Navigators are the first point of contact. There are several ways to reach us; homeless youth contact us, are referred by another agency or school, or through our direct outreach. The Housing Navigator completes an intake application including an assessment. The individual is entered into Coordinated Entry. Clients are ranked based on their vulnerability.

Participants are given a choice to select transitional housing as they stabilize or move directly into the Rapid Re-Housing. This is based on their CE ranking and unit availability. The Navigator will continue to work with the youth addressing housing barriers and connect them to mainstream services prior to entering housing. We will also connect the youth to other services offered in the community.

When the program participant moves into one of the Rapid-Rehousing or transitional units one of our trained case managers will begin meeting with the client. Each individual will determine goals and begin their plan towards self-sufficiency. They may reside in a transitional unit until they are ready to move on. Individuals can move from transitional housing into our Rapid Re-Housing program offering case management and financial support for 2 years.

Through our partnership with other organizations in the community we are able to offer a wide range of programs. Workforce Resources will assist with employment readiness. UW Extension offers budget literacy and Family Resource center provides parent education. Working with County and non-profit providers programs participants can address AODA, mental health, dental and medical needs. We will assist program participants to enroll in all mainstream programs they qualify for.

In our transitional program we have shown the following outcomes. 24 adults and 12 children were served. 84.62% of this population moved into a positive destination. 34 individuals (including children) now have medical insurance. Non cash benefits did not change from program start to end.

The Rapid Re-Housing program served 81 youth during the contract period. 59.33% moved into a positive destination. 44% did exit the program with income. 72% of participants have some source of medical insurance. Our most positive outcome has been the 2 individuals that enrolled and were accepted into collage.

**1a. Specify how this project will incorporate the principles of Positive Youth Development?**

Positive youth development (PYD) is a comprehensive framework outlining the supports all young people need to be successful. Program staff, who will be trained in PYD will understand the importance of creating a caring and supportive environment. The staff will work with clients to develop soft skills through skill building activities. We will link youth to positive adult role models. In addition, we will foster activities that will make the youth feel included regardless of gender, sexual orientation, disability, or other factors. A safe space will be tailored to fit the needs of each youth.

**1b. Specify how this project will incorporate the principles of Trauma Informed Care?**

Staff will be trained in Trauma Informed Care which will require that YHDP staff realize the widespread impact of trauma and understand paths for recovery. As a case manager we will need to have a complete picture of the youths life situation, past and present, to provide effective care services. We will actively avoid re-traumatization by working with five key areas.

1. Patient empowerment: Using the individual strength of each youth to empower them in the development of their own plan.
2. Informing clients: Provide options so they can choose the option they prefer.
3. Collaboration: Maximizing collaboration between patients, community resources, mentors and other programs that fit the need of each youth.
4. Safety: We will Develop safe settings and activities that ensure the physical and emotional safety of each youth.
5. Trustworthiness: Creating clear expectations with the youth addressing how services will be provided.

**1c. How does this project help the community meet the shared vision, goals and objectives of the coordinated community plan?**

This project helps the community meet the shared vision, goals and objectives of the CCP through raising critical consciousness awareness in the larger community of the needs of homeless Y/YA's. Our program model is Transitional Housing /Rapid Re-Housing. The goal of this program is to stabilize the youth during their stay in a transitional housing unit. During this period, the caseworker will address the immediate needs of the client. This may include AODA or mental health services, Counseling to deal with past trauma or preparing the youth for employment. One of our goals during this period is just transitional housing unit, they will transition into the Rapid Re-housing program. During this period, they will receive less support from their case manager. Case manager services will continue to decline based on the needs of the client. There will be some back and forth during this time, youth will push back not requiring much case management or will request additional help. The youth they will determine how much or how little support they will need from the case manager. As we reduce the need for case management and other supportive services, the youth will begin to move into independent living. Keeping in mind the major goal of this program is to eliminate youth homelessness in our community.

**2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)**

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

**2a. Please identify the specific populations addressed in this project**

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

**Abiding by state law in serving Minors:** yes

**3. Housing First**

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

**3b. Does the project items enroll program participants who have the following barriers? Select all that apply.**

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

**3c. Will the project prevent program participant termination for the following reasons? Select all that apply.**

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

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

**5. Effectively serving youth populations:**

**5a. Describe the racial composition of the persons or households who are expected to benefit from your proposed grant activities, including a description of how you analysed the local population to determine this.**

Rural Wisconsin, like many rural areas in the United States, can have a predominantly white population. According to historical data, individuals of European descent has often populated Wisconsin's rural areas. Based on the current censuses data our service area consists of 91.7 % white, .8% Black, 4.6% American Indian (Source: US Census quick facts). We have provided services to 42.58% white, 30.4% black and 8.3 % Native American (source: Clarity). We continue to provide training on cultural competency to meet the needs of this vulnerable population.

**5b. Identify at least one barrier to persons or communities of color equitably benefiting from your proposed grant activities.**

In any grant activity, ensuring equitable distribution of benefits our fundamental goal. Many things come into play including historical injustices and systemic racism. Negative stereotypes or stigmas associated with certain racial or ethnic groups can also be an issue. Another issue may include a lack of diverse representation in the planning and implementation of grant activities. Rural areas can sometimes be isolated, making it challenging for individuals to access grant activities. Persons or communities of color might lack access to information about available grant opportunities due to language barriers.

**5c. Detail the steps you will take to prevent, reduce or eliminate these barriers.**

To prevent, reduce, or eliminate the barriers that may hinder persons or communities of color from benefiting equitably from proposed grant activities in rural Wisconsin, a comprehensive approach is necessary. The first step is to ensure that the planning and decision-making processes involve a diverse group of stakeholders, including individuals from different racial and ethnic backgrounds. We will provide cultural competency training to all staff and volunteers involved in the grant activities. Materials will be available to ensure that all materials, information, and communication related focus on understanding cultural differences, addressing biases, and fostering an inclusive environment. We recognize geographical challenges and provide virtual participation options for those who cannot attend in person.

**5d. Describe the measures in place to track progress and evaluate the effectiveness of efforts to advance racial equity through the grant activities.**

First, we developed specific quantitative metrics tied to our equity goal. We regularly analyze demographic data to assess whether there is an equitable distribution of opportunities, resources, and benefits among different racial and ethnic groups. We collect data using the Clarity HMIS system. We generate regular progress reports detailing achievements, challenges, and action plans.

## Youth Homeless Demonstration Projects

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

Family counseling	<input checked="" type="checkbox"/>
Conflict Resolution	<input checked="" type="checkbox"/>
Parenting Supports	<input checked="" type="checkbox"/>
Relative or kinship caregiver resources	<input type="checkbox"/>
Targeted substance abuse and mental health treatment	<input checked="" type="checkbox"/>
Housing Search Assistance	<input checked="" type="checkbox"/>
Landlord-Tenant mediation	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>
Utility or Security Deposits	<input checked="" type="checkbox"/>
One time moving assistance	<input checked="" type="checkbox"/>
Rental Application fees	<input checked="" type="checkbox"/>
Utility or Rental Arrears	<input checked="" type="checkbox"/>
Other (if other selected, use textbox to explain the potential service)	<input type="checkbox"/>

**2. Is this a Host Homes Project OR will this project dedicate funding under the Supportive Services budget to host homes?** No

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

**3a. Will this project use Rental Deposits?** Yes

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

**3c. Short Term Rental Assistance:** Yes

**3d. Medium Term Rental Assistance:** Yes

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

# Youth Action Board

## **1. How will your project work with the Youth Action Board during project implementation?**

We have clearly defined the roles and responsibilities of the YAB within the YHDP projects. We have make sure that the YAB members understand their role as advisors, advocates, and decis ion-makers in shaping the projects. We maintain open and transparent communication channels with the YAB. The YAB members are able to provide feedback, suggestions, and critiques on project strategies, activities, and outcomes. We offer training and skill-building opportunities for YAB members. YAB members are included in the evaluation process of YHDP projects. Seek their input on assessing the impact, outcomes, and effectiveness of the initiatives.

## **2. How will the project work with the Youth Action Board to develop and implement a Continuous Quality Improvement plan?**

From the start YAB members are included in the decision-making processes to ensure that their insights shape the project's goals, strategies, and activities. At our monthly meetings we gather feedback on project progress, challenges, and areas for improvement. In addition, we use surveys and focus groups to obtain input from YAB members on specific aspects of the project and gather suggestions for enhancement from the group. We have implemented a continuous feedback loop where YAB members provide input on the effectiveness of current strategies and suggest improvements. YAB is involved in reviewing data and outcomes to understand how well the project is meeting its goals and where adjustments may be needed. YAB members recognize that their input has affected project outcomes.

## Special YHDP Activities

1. Is the YHDP Renewal project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity? No

## 4A. Supportive Services for Participants

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

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

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

We start by conducting comprehensive assessments of each youth's individual needs, preferences, and goals. Youth are provided with clear and unbiased information about available service providers and interventions. We work collaboratively with the youth to develop customized service plans. We create a diverse network of service providers. Our program offers a variety of evidence based interventions that address different needs, such as housing support, mental health services, educational assistance, employment training, and life skills development. We offer advocacy support to youth who encounter challenges with their chosen providers.

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

We start by conducting thorough and individualized needs assessments for each youth. This assessment should cover a wide range of areas, including housing, mental health, education, employment, family dynamics, and personal goals. Based on the assessment, develop personalized service plans that align with each youth's unique needs, strengths, and goals. We offer a diverse menu of services and interventions that cater to different needs. We adjust the intensity of services based on the severity of the youth's needs. We adapt service plans and interventions as the youth's circumstances evolve. We empower youth to actively participate in planning the intensity and length of their supports. We collaborate closely with other service providers, agencies, and organizations that specialize in various areas of support. We have a crisis response plan in place to address urgent situations that may arise.

**4. If applicable, how will this project utilize non-HUD funded supportive services?**

We have established partnerships with local organizations, nonprofits, and community groups that offer services such as mental health support, job training, and educational programs. By coordinating with other funding sources, we have been able to enhance service delivery. This includes utilizing state or private sources that complement the HUD services offered. Utilizing non-HUD funds gives us the ability to offer a holistic service models, addressing various needs of youth, such as healthcare, life skills training, and substance abuse support. By strategically integrating non-HUD funded supportive services, we can create a more comprehensive support system for youth experiencing homelessness, ultimately leading to better outcomes.

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

**5. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs?** Yes

**5a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events?** Yes

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


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

**7a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2024 HMIS Data Standard Manual? Yes
2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.). Yes
3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS? Yes
4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Yes
5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.
6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?
7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis? Yes
8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

## 4B. Housing Type and Location

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

	TH	RRH	Total	
Total Units:	3	17	20	
Total Beds:	9	25	34	
Housing Type	Housing Type (JOINT)		Units	Beds
---	Shared housing		3	9
---	Scattered-site ap...		17	25

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

1. Is this housing type for the TH or RRH portion of the project? TH

1a. Does this TH portion of the project have private rooms per household? Yes

2. Housing Type: Shared housing

3. What is the funding source for these units and beds? CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

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

a. Units: 3

b. Beds: 9

5. If applicable, how will this project utilize non-HUD funded housing units/beds?

We will collaborate with local nonprofits, community organizations, and housing authorities that manage non-HUD funded units. This will enhance resource sharing and referrals. We will be able to offer a range of housing types, such as private rentals, market-rate apartments, or cooperative housing to accommodate different needs and preferences.

6. Address:

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

**Street 1:** 309 W. Maple St.

**Street 2:**

**City:** Spooner

**State:** Wisconsin

**ZIP Code:** 54801

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

559107 Rusk County, 559109 St. Croix County,  
559129 Washburn County

## 4B. Housing Type and Location Detail

**Note:** These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funded and Non CoC-funded units and beds being provided under this project.

**1. Is this housing type for the TH or RRH portion of the project?** RRH

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

**3. What is the funding source for these units and beds?** CoC  
(If multiple sources, select "Mixed" from the dropdown menu)

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

- a. Units:** 17
- b. Beds:** 25

**5. If applicable, how will this project utilize non-HUD funded housing units/beds?**

We will collaborate with local nonprofits, community organizations, and housing authorities that manage non-HUD funded units. This will enhance resource sharing and referrals. We will be able to offer a range of housing types, such as private rentals, market-rate apartments, or cooperative housing to accommodate different needs and preferences.

**6. Address:**

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

**Street 1:** 505 W. 8th St.

**Street 2:**

**City:** New Richmond

**State:** Wisconsin

**ZIP Code:** 54017

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

559013 Burnett County, 559095 Polk County,  
559107 Rusk County, 559005 Barron County,  
559109 St. Croix County, 559093 Pierce County,  
559119 Taylor County, 559019 Clark County,  
559091 Pepin County, 559113 Sawyer County

## 5A. Program Participants - Households

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	5	15	0	20

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	0	0		0
Persons ages 18-24	9	16		25
Accompanied Children under age 18	8		0	8
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	17	16	0	33

**Click Save to automatically calculate totals**

## 5B. Program Participants - Subpopulations

**Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.**

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	0	0	0	0	0
Persons ages 18-24	1	0	2	4	0	5	0	0	0	0
Children under age 18	2			1	1	2	0	1	1	0
<b>Total Persons</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>5</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	0	0	0	0	0	0	0	0	0	0
Persons ages 18-24	1	1	1	6	1	5	1	2	1	0
<b>Total Persons</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	<b>0</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 6A. Funding Request

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

2. Renewal Grant Term: 1 Year  
This field is pre-populated with a one-year grant term and cannot be edited:

3. Select the costs for which funding is requested:

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

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

## 6B. Leased Units Budget

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

<b>Total Annual Assistance Requested:</b>	\$54,264
<b>Grant Term:</b>	1 Year
<b>Total Request for Grant Term:</b>	\$54,264
<b>Total Units:</b>	3

The number of beds for which funding has been requested in the Leased Units budget is 9.

FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WI - Washburn Cou...	1	\$13,848	\$13,848
MN - Minneapolis-...	1	\$26,928	\$26,928
WI - Rusk County,...	1	\$13,488	\$13,488

## Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Washburn County, WI (5512999999)

### Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	0	
0 Bedroom	0	
1 Bedroom	0	
2 Bedroom	0	
3 Bedroom	1	
4 Bedroom	0	
5 Bedroom	0	
6 Bedroom	0	
7 Bedroom	0	
8 Bedroom	0	
9 Bedroom	0	
<b>Total Units and Annual Assistance Requested</b>	<b>1</b>	<b>\$13,848</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$13,848</b>

Click the 'Save' button to automatically calculate totals.

## Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: MN - Minneapolis-St. Paul-Bloomington, MN-WI HUD Metro FMR Area (2700399999)

**Leased Units Annual Budget**

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	0	
0 Bedroom	0	
1 Bedroom	0	
2 Bedroom	0	
3 Bedroom	1	
4 Bedroom	0	
5 Bedroom	0	
6 Bedroom	0	
7 Bedroom	0	
8 Bedroom	0	
9 Bedroom	0	
<b>Total Units and Annual Assistance Requested</b>	<b>1</b>	<b>\$26,928</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$26,928</b>

Click the 'Save' button to automatically calculate totals.

**Leased Units Budget Detail**

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

**Metropolitan or non-metropolitan fair market rent area:** WI - Rusk County, WI (5510799999)



**Leased Units Annual Budget**

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	0	
0 Bedroom	0	
1 Bedroom	0	
2 Bedroom	0	

	<b>3 Bedroom</b>	1	
	<b>4 Bedroom</b>	0	
	<b>5 Bedroom</b>	0	
	<b>6 Bedroom</b>	0	
	<b>7 Bedroom</b>	0	
	<b>8 Bedroom</b>	0	
	<b>9 Bedroom</b>	0	
	<b>Total Units and Annual Assistance Requested</b>	1	\$13,488
	<b>Grant Term</b>		1 Year
	<b>Total Request for Grant Term</b>		\$13,488

Click the 'Save' button to automatically calculate totals.

## 6D. Rental Assistance Budget

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

<b>Total Request for Grant Term:</b>	\$168,768
<b>Total Units:</b>	17

**The number of beds for which funding has been requested in the Rental Assistance budget is 24.**

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Washburn County, WI (5512999999)	6	\$52,104
TRA	WI - Rusk County, WI (5510799999)	6	\$49,380
TRA	MN - Minneapolis-St. Paul-Bloomington...	3	\$47,628
TRA	WI - Dunn County, WI (5503399999)	2	\$19,656

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Washburn County, WI (5512999999)

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO	0	x	\$459	\$459	x	12	=	\$0
0 Bedroom	1	x	\$612	\$612	x	12	=	\$7,344
1 Bedroom	3	x	\$662	\$662	x	12	=	\$23,832
2 Bedrooms	2	x	\$872	\$872	x	12	=	\$20,928
3 Bedrooms	0	x	\$1,061	\$1,061	x	12	=	\$0
4 Bedrooms	0	x	\$1,171	\$1,171	x	12	=	\$0
5 Bedrooms	0	x	\$1,347	\$1,347	x	12	=	\$0
6 Bedrooms	0	x	\$1,522	\$1,522	x	12	=	\$0
7 Bedrooms	0	x	\$1,698	\$1,698	x	12	=	\$0
8 Bedrooms	0	x	\$1,874	\$1,874	x	12	=	\$0
9 Bedrooms	0	x	\$2,049	\$2,049	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	<b>6</b>							<b>\$52,104</b>
<b>Grant Term</b>								<b>1 Year</b>
<b>Total Request for Grant Term</b>								<b>\$52,104</b>

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Rusk County, WI (5510799999)

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

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO		x \$434	\$434	x 12 =	\$0
0 Bedroom	1	x \$579	\$579	x 12 =	\$6,948
1 Bedroom	3	x \$628	\$628	x 12 =	\$22,608
2 Bedrooms	2	x \$826	\$826	x 12 =	\$19,824
3 Bedrooms	0	x \$1,031	\$1,031	x 12 =	\$0
4 Bedrooms	0	x \$1,169	\$1,169	x 12 =	\$0
5 Bedrooms	0	x \$1,344	\$1,344	x 12 =	\$0
6 Bedrooms	0	x \$1,520	\$1,520	x 12 =	\$0
7 Bedrooms	0	x \$1,695	\$1,695	x 12 =	\$0
8 Bedrooms	0	x \$1,870	\$1,870	x 12 =	\$0
9 Bedrooms	0	x \$2,046	\$2,046	x 12 =	\$0
<b>Total Units and Annual Assistance Requested</b>		6			\$49,380
<b>Grant Term</b>					1 Year
<b>Total Request for Grant Term</b>					\$49,380

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MN - Minneapolis-St. Paul-Bloomington, MN-WI HUD Metro FMR Area (2700399999)

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

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	0	x \$755	\$755	x 12 =	\$0
0 Bedroom	0	x \$1,007	\$1,007	x 12 =	\$0

1 Bedroom	1	x	\$1,149	\$1,149	x	12	=	\$13,788
2 Bedrooms	2	x	\$1,410	\$1,410	x	12	=	\$33,840
3 Bedrooms	0	x	\$1,916	\$1,916	x	12	=	\$0
4 Bedrooms	0	x	\$2,209	\$2,209	x	12	=	\$0
5 Bedrooms	0	x	\$2,540	\$2,540	x	12	=	\$0
6 Bedrooms	0	x	\$2,872	\$2,872	x	12	=	\$0
7 Bedrooms	0	x	\$3,203	\$3,203	x	12	=	\$0
8 Bedrooms	0	x	\$3,534	\$3,534	x	12	=	\$0
9 Bedrooms	0	x	\$3,866	\$3,866	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	<b>3</b>							<b>\$47,628</b>
<b>Grant Term</b>								<b>1 Year</b>
<b>Total Request for Grant Term</b>								<b>\$47,628</b>

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Dunn County, WI (5503399999)

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

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	0	x \$503	\$503	x 12	= \$0
0 Bedroom	0	x \$670	\$670	x 12	= \$0
1 Bedroom	1	x \$717	\$717	x 12	= \$8,604
2 Bedrooms	1	x \$921	\$921	x 12	= \$11,052
3 Bedrooms	0	x \$1,250	\$1,250	x 12	= \$0
4 Bedrooms	0	x \$1,478	\$1,478	x 12	= \$0
5 Bedrooms	0	x \$1,700	\$1,700	x 12	= \$0
6 Bedrooms	0	x \$1,921	\$1,921	x 12	= \$0
7 Bedrooms	0	x \$2,143	\$2,143	x 12	= \$0
8 Bedrooms	0	x \$2,365	\$2,365	x 12	= \$0
9 Bedrooms	0	x \$2,587	\$2,587	x 12	= \$0
<b>Total Units and Annual Assistance Requested</b>	<b>2</b>				<b>\$19,656</b>

<b>Grant Term</b>
<b>Total Request for Grant Term</b>

1 Year
\$19,656

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

## 6E. Supportive Services Budget

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

STAFF ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1a. Assessment of Service Needs (STAFF COSTS ONLY)		
2a. Assistance with Moving Costs (STAFF COSTS ONLY)		
3a. Case Management (STAFF COSTS ONLY)	2 FT case managers 40 hours per week	\$143,960
4a. Child Care (STAFF COSTS ONLY)		
5a. Education Services (STAFF COSTS ONLY)		
6a. Employment Assistance (STAFF COSTS ONLY)		
7a. Food (STAFF COSTS ONLY)		
8a. Housing/Counseling Services (STAFF COSTS ONLY)		
9a. Legal Services (STAFF COSTS ONLY)		
10a. Life Skills (STAFF COSTS ONLY)		
11a. Mental Health Services (STAFF COSTS ONLY)		
12a. Outpatient Health Services (STAFF COSTS ONLY)		
13a. Outreach Services (STAFF COSTS ONLY)		
14a. Substance Abuse Treatment Services (STAFF COSTS ONLY)		
15a. Transportation (STAFF COSTS ONLY)		
16a. Utility Deposits (STAFF COSTS ONLY)		
17a. Operating Costs (STAFF COSTS ONLY)		
<b>Total Annual Assistance Requested</b>		\$143,960
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$143,960

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

ACTIVITY ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1b. Assessment of Service Needs (ACTIVITY COSTS ONLY)		
2b. Assistance with Moving Costs (ACTIVITY COSTS ONLY)		
3b. Case Management (ACTIVITY COSTS ONLY)		
4b. Child Care (ACTIVITY COSTS ONLY)		
5b. Education Services (ACTIVITY COSTS ONLY)		
6b. Employment Assistance (ACTIVITY COSTS ONLY)		
7b. Food (ACTIVITY COSTS ONLY)		
8b. Housing/Counseling Services (ACTIVITY COSTS ONLY)		
9b. Legal Services (ACTIVITY COSTS ONLY)		
10b. Life Skills (ACTIVITY COSTS ONLY)		
11b. Mental Health Services (ACTIVITY COSTS ONLY)		

12b. Outpatient Health Services (ACTIVITY COSTS ONLY)		
13b. Outreach Services (ACTIVITY COSTS ONLY)		
14b. Substance Abuse Treatment Services (ACTIVITY COSTS ONLY)		
15b. Transportation (ACTIVITY COSTS ONLY)		
16b. Utility Deposits (ACTIVITY COSTS ONLY)		
17b. Operating Costs (ACTIVITY COSTS ONLY)		
18. Security Deposits (Only use if no Rental Assistance Budget)		
<b>Total Annual Assistance Requested</b>		\$0
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$0
<b>Supportive Services BLI Total</b>		\$143,960

Click the 'Save' button to automatically calculate totals.

## 6F. Operating

**Instructions:**

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	17 units / repairs not covered by damage dep.	\$9,000
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
<b>Total Annual Assistance Requested</b>		\$9,000
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$9,000

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

## 6G. HMIS Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	purchase printer	\$150
2. Software		
3. Services		
4. Personnel		
5. Space & Operations		
<b>Total Annual Assistance Requested:</b>		\$150
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$150

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

# VAWA Budget

## VAWA Budget

In FY20234, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation.** Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
  - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
  - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
  - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
  - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
  - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
  - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
  - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements.** Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
  - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
  - Program evaluation of confidentiality policies, practices, and procedures.
  - Training on compliance with VAWA confidentiality requirements.
  - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
  - Costs for establishing methodology to protect survivor information.
  - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

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

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$0
Estimated budget amount for VAWA Confidentiality Requirements:	\$0

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

Click the 'Save' button to automatically calculate totals.

## 6H. Sources of Match

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

### Summary for Match

Total Amount of Cash Commitments:	\$89,386
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$89,386

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

Type	Source	Contributor	Value of Commitments
Cash	Private	private donors	\$89,386

## Sources of Match Detail

1. **Type of Match Commitment:** Cash
2. **Source:** Private
3. **Name of Source:** private donors  
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$89,386

## 6I. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$54,264
1b. Leased Structures (Screen 6C)	\$0
2. Rental Assistance (Screen 6D)	\$168,768
3. Supportive Services (Screen 6E)	\$143,960
4. Operating (Screen 6F)	\$9,000
5. HMIS (Screen 6G)	\$150
6. VAWA	\$0
7. Rural	\$0
8. Sub-total of CoC Program Costs Requested	\$376,142
9. Admin (Up to 10% of Sub-total in #7)	\$35,664
10. HUD funded Sub-total + Admin. Requested	\$411,806
11. Cash Match (From Screen 6H)	\$89,386
12. In-Kind Match (From Screen 6H)	\$0
13. Total Match (From Screen 6H)	\$89,386
14. Total Project Budget for this grant, including Match	\$501,192

Breakout of BLI Costs	
1a. Leased Units	13%
1b. Leased Structures	0%
2. Rental Assistance	41%
3. Supportive Services	35%

4. Operating	2%
5. HMIS	0%
6. VAWA	0%
7. Rural	0%
8. Admin (Up to 10%)	9%
9.Total Assistance plus Admin Requested	\$411,806

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	Match Letter	09/25/2024
3) Other Attachment	No	YAB support letter	09/25/2024

## Attachment Details

Document Description:

## Attachment Details

Document Description: Match Letter

## Attachment Details

Document Description: YAB support letter

## 7B. Certification

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

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

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

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

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

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

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

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

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

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

**Name of Authorized Certifying Official:** Trevor McClintock  
**Date:** 09/25/2024  
**Title:** Divisional Commander  
**Applicant Organization:** The Salvation Army

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

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

X
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## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/16/2024
1B. SF-424 Legal Applicant	09/16/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/16/2024
1E. SF-424 Compliance	09/16/2024
1F. SF-424 Declaration	09/16/2024
1G. HUD 2880	09/16/2024
1H. HUD 50070	09/16/2024
1I. Cert. Lobbying	09/16/2024
1J. SF-LLL	09/16/2024
1K. SF-424B	09/16/2024
Recipient Performance	No Input Required
YHDP Renewal Grant Consolidation/Expansion	09/16/2024
2A. Subrecipients	No Input Required
3A. Project Detail	09/21/2024
3B. Description	09/25/2024
Youth Homeless Demonstration Projects	09/17/2024
Youth Action Board	09/17/2024
Special YHDP Activities	09/24/2024
4A. Services	09/20/2024
4A. HMIS Standards	No Input Required
4B. Housing Type	09/21/2024
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	09/20/2024

<b>6B. Leased Units</b>	09/21/2024
<b>6D. Rental Assistance</b>	09/25/2024
<b>6E. Supp Srvcs Budget</b>	09/24/2024
<b>6F. Operating</b>	09/21/2024
<b>6G. HMIS Budget</b>	09/25/2024
<b>VAWA Budget</b>	No Input Required
<b>6H. Match</b>	09/25/2024
<b>6I. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/25/2024
<b>7B. Certification</b>	09/21/2024

**THE SALVATION ARMY**



Grace Place Shelters

September 25, 2024

Match Letter for the Salvation Army YHDP Rural North and West Central Grant WI0261Y5I002301

Contact Information:

Duana Bremer

email: [duana.bremer@usc.salvationarmy.org](mailto:duana.bremer@usc.salvationarmy.org)

Address: 505 W. 8<sup>th</sup> St New Richmond, WI 54017

Direct: 715-338-9413

The Salvation Army of St. Croix County will provide \$89,386.00 cash match for this project. Fund will be secured from private donors.

Duana Bremer

Social Service Director

505 W. 8th Street New Richmond, WI 54017

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[www.sagraceplace.org](http://www.sagraceplace.org)

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9/25/24

To: WI BOS Staff



From: YAB of Northwest Wisconsin Youth Action Board

This letter is to inform you that the members of Rural North and West Central Youth Action Board/Group have voted and approve to support the changes to the Salvation Army YHDP project in the counties of Polk, Pepin, Pierce, St. Croix, Dunn, Barron, Taylor, Clark, Rusk, Sawyer, Burnett, and Washburn Counties. We believe that this project furthers the efforts to end youth homelessness in our community and is meeting the goals laid out in the WI BOS Coordinated Community Plan.

*Keagan Hoff*

\_\_\_\_\_  
YAB of Northwest Wisconsin Member Signature

09/25/2024

Date

Keagan Hoff

\_\_\_\_\_  
Printed Name

*Raina Bryan*

\_\_\_\_\_  
YAB of Northwest Wisconsin Member Signature

09/25/2024

Date

Raina Bryan

\_\_\_\_\_  
Printed Name

*Hollyann Grube*

\_\_\_\_\_  
YAB of Northwest Wisconsin Member Signature

09/25/2024

Date

Hollyann Grube

\_\_\_\_\_  
Printed Name

*Ella Moen*

\_\_\_\_\_  
YAB of Northwest Wisconsin Member Signature

09/25/2024

Date

Ella Moen

\_\_\_\_\_  
Printed Name