

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

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

**If "Other", specify:**

**3. Date Received:** 09/13/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** Western Dairyland Economic Opportunity Council, Inc.

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 39-1076993

	<b>c. Organizational DUNS:</b>	084490762	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 23122 Whitehall Road

**Street 2:** P. O. Box 125

**City:** Independence

**County:** Trempealeau

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54747

### e. Organizational Unit (optional)

**Department Name:** Western Dairyland EOC

**Division Name:** Homeless Services

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

**Prefix:** Mrs.

**First Name:** Jeanne

**Middle Name:**

**Last Name:** Semb

**Suffix:**

**Title:** Housing Services Coordinator

**Organizational Affiliation:** Western Dairyland Economic Opportunity Council, Inc.

**Telephone Number:** (715) 985-2391

**Extension:** 1215

**Fax Number:** (715) 985-3239

**Email:** [jeanne.semb@wdeoc.org](mailto:jeanne.semb@wdeoc.org)

## 1C. SF-424 Application Details

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

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

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

**CFDA Number:** 14.267

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

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

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

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

**15. Descriptive Title of Applicant's Project:** Western Dairyland PSH 2 Expansion

**16. Congressional District(s):**

**a. Applicant:** WI-003  
**b. Project:** WI-003  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 08/01/2020  
**b. End Date:** 07/31/2021

**18. Estimated Funding (\$)**

**a. Federal:**  
**b. Applicant:**  
**c. State:**  
**d. Local:**  
**e. Other:**  
**f. Program Income:**  
**g. Total:**

## 1E. SF-424 Compliance

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

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

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Mrs.

**First Name:** Anna

**Middle Name:**

**Last Name:** Cardarella

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (715) 985-2391  
**(Format: 123-456-7890)**

**Fax Number:** (715) 985-3239  
**(Format: 123-456-7890)**

**Email:** anna.cardarella@wdeoc.org

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

**Date Signed:** 09/13/2019



# 1G. HUD 2880

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

## Applicant/Recipient Information

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

**Agency Legal Name:** Western Dairyland Economic Opportunity Council, Inc.

**Prefix:** Mrs.

**First Name:** Anna

**Middle Name:**

**Last Name:** Cardarella

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** Western Dairyland Economic Opportunity Council, Inc.

**Telephone Number:** (715) 985-2391

**Extension:** 1202

**Email:** anna.cardarella@wdeoc.org

**City:** Independence

**County:** Trempealeau

**State:** Wisconsin

**Country:** United States

**Zip/Postal Code:** 54747

**2. Employer ID Number (EIN):** 39-1076993

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

**4. Amount of HUD Assistance Requested/Received: \$212,522.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD/Western Dairyland	PSH	\$257,674.00	Leasing/supportive services/operations/admin/hmis
HUD/Western Dairyland	PSH	\$125,054.00	Leasing/supportive services/operations/administration
HUD/Western Dairyland	PSH	\$188,060.00	Leasing/supportive services/operations

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

**Part III Interested Parties**

You must disclose:

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

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

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

**Certification**

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

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

**I AGREE:**

**Name / Title of Authorized Official:** Anna Cardarella, Executive Director

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

**Date Signed:** 09/13/2019

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** Western Dairyland Economic Opportunity Council, Inc.

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

## 2. Sites for Work Performance.

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

I certify that the information provided on this

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

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

### **Authorized Representative**

**Prefix:** Mrs.

**First Name:** Anna

**Middle Name**

**Last Name:** Cardarella

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (715) 985-2391  
**(Format: 123-456-7890)**

**Fax Number:** (715) 985-3239  
**(Format: 123-456-7890)**

**Email:** anna.cardarella@wdeoc.org

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

**Date Signed:** 09/13/2019

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

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

**Applicant's Organization:** Western Dairyland Economic Opportunity Council, Inc.

**Name / Title of Authorized Official:** Anna Cardarella, Executive Director

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

**Date Signed:** 09/13/2019

# 1J. SF-LLL

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

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

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

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

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

**Legal Name:** Western Dairyland Economic Opportunity Council, Inc.  
**Street 1:** 23122 Whitehall Road  
**Street 2:** P. O. Box 125  
**City:** Independence  
**County:** Trempealeau  
**State:** Wisconsin  
**Country:** United States  
**Zip / Postal Code:** 54747

**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:** Mrs.

**First Name:** Anna

**Middle Name:**

**Last Name:** Cardarella

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (715) 985-2391  
**(Format: 123-456-7890)**

**Fax Number:** (715) 985-3239  
**(Format: 123-456-7890)**

**Email:** anna.cardarella@wdeoc.org

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

**Date Signed:** 09/13/2019

## 2A. Project Subrecipients

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

### Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Western Dairyland Economic Opportunity Council, Inc. (WDEOC) is a private, not-for-profit, IRS designated 501(c)3, in continuous operation since 1966. The operation has over 130 diverse revenue streams, including federal, state, local and private grant funds and donations. Currently the agency manages 76 federal grants from different agencies, including Department of Energy, HUD, the USDA, Department of Labor, and other agencies. WDEOC opened its first homeless shelter in 1990, providing shelter and supportive services to homeless clients.

In 2014, WDEOC implemented its first Housing First, permanent supportive housing program. This program was developed under CoC funding, and addressed the community's growing problem with chronic homelessness. The agency applied for and received funding to lease 15 PSH units. A case manager was hired to manage the program's daily operations and work with clients, providing supportive services as requested. Given that these funds were a special allocation, notification and implementation were rapid. Within the first two months of receiving funding, we had housed one individual, and within ten months, we had leased up all 15 apartments, and housed all clients. We continue to be full and are presently serving 15 households, consisting of 24 individuals. Fifteen are singles and 9 are in families.

In August of 2017, WDEOC was awarded a bonus PSH project to expand our services. The numbers of chronically homeless continued to be high, even after implementation of the first project. Funding was approved to lease an additional 5 units of housing for chronically homeless individuals and families and to hire another case manager to implement and expand this new program.

During the 2018 COC funding competition, Western Dairyland applied for and received funding to expand the PSH program even further. Mercy Health had determined they would forfeit their COC allocation. Upon hearing the news, we went to our local coalition who wholeheartedly supported another expansion. We participated in the WI BOS application process, and were awarded funds to expand 10 additional units starting on 11/01/18. Those units are full. In total, we currently have funding for 30 units of PSH in Eau Claire. But, as recent data shows, there continues to be a high number of CH on the prioritization list.

At the WI Balance of State August quarterly meeting, Director Carrie Poser shared this information in a power point showing that Dairyland ranks in the top 5 for numbers of chronically homeless:

Data from our Dairyland CE prioritization list shows that the current wait time from referral to the list to entry into PSH has decreased from 204.5 days in

August of 2018 to 107 days in August of 2019. This decrease is likely due to expanding our programming of PSH.

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

Western Dairyland has over 130 individual revenue streams. These diverse funding sources include program income, grants, and donations totaling over \$11 million. All of these are leveraged to fund 6 separate departments, several of which contain sub-programs within the agency. Currently Western Dairyland manages over 70 federal grants from different agencies, including Department of Energy, HUD, the USDA, Department of Labor, and other agencies. In addition, 14 separate state revenue sources include the Wisconsin Department of Administration, and Department of Children and Families.

Programs needing non-federal match have utilized private donations, local and state grants, foundation funds, program income and in-kind contributions in order to maximize service funding for clients. By pooling these diverse resources, the agency is able to effectively serve clients without an over-reliance on a single source of revenue. This enhances programmatic stability and sustainability. Current sources of leveraging for the homeless program alone include: State Shelter Subsidy Grant, Great Rivers United Way, United Way of the Greater Chippewa Valley, CDBG, CSBG, HOME, Trempealeau County, volunteer hours, program income, and program donations.

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

WDEOC is governed by a 24-member Board of Directors including income-eligible constituents, County Board Supervisors and members of private groups/organizations. Management consists of an Executive Director, 6 Directors, and Admin staff including Planning & Development, Finance, and Communications departments. WDEOC's Executive Director, Anna Cardarella, has an MBA, a BA in Business Administration in Economics, and 11 years' experience at the agency; Finance Director, Dan Klidzejs, is a CPA and has a BS in Accounting with over 8 years' experience in accounting/finance.

WDEOC's finance department has over 130 federal, state, local and private funding streams, with an annual budget of \$11 million. WDEOC maintains a fiscal management process including detailed financial policies, internal control structures, and independent, internal auditing procedures. The agency remains in good standing with all funding sources.

An independent, certified public accounting firm, Wipfli, conducts yearly audits in accordance with OMB Uniform Guidance 2 CFR part 200. WDEOC maintains an established organizational structure, financial policies/procedures and internal financial management system that meets standards in the Uniform Guidance. Our account system separates sources and uses of funds (i.e. federal, state, local, cash, in-kind, etc.). WDEOC follows written financial policies which contain reasonableness, allowability, and direct allocation of costs. The agency uses computerized double-entry accounting software for tracking. These qualifications as well as the experience of the finance team and track record to prudent financial management, demonstrate our capacity to

manage federal grants.

WDEOC coordinates internally with other programs within to provide needs assessment, transportation assistance, case management, employment services, education services, housing search assistance, and life skills training. Additionally, staff provide homeless with access to other agency programming, including Head Start, child care referrals, and energy assistance.

WDEOC is the lead in the local Dairyland CE system. Our local CE system provides single entry process for clients at local shelters and homeless service providers, including Beacon House shelter, Sojourner House, Catholic Charities, and LSS. WD has a full-time CE Lead on staff, who manages the prioritization lists. Our goal is to ensure all people experiencing homelessness are able to access CE regardless of which agency they connect with.

Our CE process follows WIBOSCOC guidelines, including completion of a consent and pre-screen tool, client rights and responsibilities, and if allowed, the WI Service Point Release of Information, and a standardized assessment (VI-SPDAT) by trained workers at points of entry throughout the CoC. Scores are entered into the lists, (WISP/non-WISP), where they are ranked by priority including length of homelessness and service needs.

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

### 3A. Project Detail

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

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

**2. Project Name:** Western Dairyland PSH 2 Expansion

**3. Project Status:** Standard

**4. Component Type:** PH

**4a. Will the PH project provide PSH or RRH?** PSH

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

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

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

**8. Does this project include Replacement Reserves?** No

### **3B. Project Description**

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

WDEOC proposes expanding our PSH program by 5 units in Eau Claire County, WI. We will rent 5 1-bedroom scattered site units to house 5 of the most vulnerable CH. Recent data from the Dairyland CE list shows 41 CH individuals on the list.

WDEOC prioritizes the most vulnerable on the Dairyland CE List and non-WISP lists. Expansion is modeled after Housing First, with focus on helping individuals access/sustain PH quickly and without time limits and offering services to promote housing stability. We currently have 30 units of PSH in Eau Claire. Services will be offered to individuals without pre-conditions/participation requirements. Once housed, we offer supportive services to address barriers. When following the Housing First model, services are not mandated and housing status will not be affected by participation/lack thereof.

We request funds for a 1 year renewal project for leasing, case management, outreach, operations, supportive services and admin. CH individuals have barriers to obtaining/maintaining PH, including: substance abuse problems, mental health issues, unstable employment histories, and lack of financial skills. Consistent with Housing First, our program places highest priority on housing these individuals in stable/permanent housing and then giving access to supportive services to address barriers. Services include transportation, case management, employment & education services, to address unstable employment histories; further, financial counseling from WD staff will address lack of financial skills.

Project outcomes include the following:

- i. 100% of beds will be dedicated to CH.
- ii. 80% of clients will remain in/exit to PH at year end.
- iii. 50% will maintain/increase total income from all sources.
- iv. 30% will maintain/increase earned income.

Referral to partners will address subsequent barriers:

- Comprehensive Community Services (CCS)-team approach for mental health/SA issues.
- Lutheran Social Services (LSS) – AODA/mental health case management, daytime place for activities and interaction. Since the inception of our first Housing First project, we have worked closely with LSS in both Positive Avenues and Women’s Way.
- Catholic Charities (CC)- budgeting and financial assistance.
- The Community Table (TCT)- one daily meal to the food insecure in Eau Claire.
- Wellness Shack (WS)-mental health group meetings/support for mentally ill.
- Vantage Point (VP)-mental health/AODA counseling services.
- LE Phillips-detox & outpatient AODA services.
- Career Development Center (CDC)-vocational services/employment for disabled/disadvantaged.
- New Journey Program at Mayo Clinic-AODA outpatient treatment.
- CSP (Community Support Program)-mental health case management.

- Mental health/drug treatment courts-address those issues/offer additional support.

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

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	60			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	120			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes

**\* 4. Please identify the project's specific population focus.**

**(Select ALL that apply)**

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>



Other (Click 'Save' to update)	<input type="checkbox"/>
-----------------------------------	--------------------------

**5. Housing First**

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

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

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

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

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

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

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

**7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** No

**8. Will more than 16 persons live in one structure? No**

**Dedicated and DedicatedPLUS**

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

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

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

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

**10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. 100% Dedicated**

### 3C. Project Expansion Information

**1. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?** Yes

**Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year's CoC Program Competition.**

**1a. Eligible Renewal Grant PIN Number:** WI0185

**1b. Eligible Renewal Grant Project Name:** Western Dairyland PSH 2

**2. Will this expansion project Increase the number of homeless persons served?** Yes

**2a. Indicate how the project is proposing to "increase the number of homeless persons served."**

Current level of effort	
# of persons served at a point-in-time	8
# of units	5
# of beds	5
New effort	
# of additional persons served at a point in time that this project will provide	5
# of additional units this project will provide	5
# of additional beds this project will provide	5

**3. Will this Expansion Project bring additional supportive services to homeless persons?** Yes

**3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."**

Increase number of and/or expand variety of supportive services provided	<input type="checkbox"/>
Increase frequency and/or intensity of supportive services	<input type="checkbox"/>

**4. Will this expansion project bring existing facilities up to government health and safety standards?** No

## 4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

X

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

WD will ensure that clients remain in permanent housing through proficient case management that addresses the underlying causes of chronic homelessness. The housing first model is a key component in that it allows residents to address these issues (mental illness, substance abuse or addiction, chronic unemployment, etc.) while stably housed. WD staff will offer services upon entry to determine what assistance is needed on a case-by-case basis. Staff look closely at each situation & assess problems as they arise. This assessment serves as a roadmap for future services to assist participants in obtaining/retaining permanent housing. Although services will be offered, there is no requirement to participate to remain housed.

Each client has unique circumstances. Some of the common needs/barriers include: case management, transportation, life skills training, work, mental/other health issues, legal, and education.

### 3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Upon entry into the program, WD staff will initiate a client meeting in order to assess the needs of the client. During this meeting, staff go through a mainstream resources checklist to determine what services the client has, and what they still need. Staff will offer to work with them in order to get them the most benefits possible, and therefore they will be more able to live

independently.

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

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

**5. Please identify whether the project will include the following activities:**



**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

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

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

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

## 4B. Housing Type and Location

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

**Total Units: 5**

**Total Beds: 5**

**Total Dedicated CH Beds: 5**

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

## 4B. Housing Type and Location Detail

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

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

**a. Units:** 5

**b. Beds:** 5

**3. How many beds of the total beds in “2b. 5 Beds” are dedicated to the chronically homeless?**

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

### 4. Address:

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

**Street 1:** 418 Wisconsin St

**Street 2:**

**City:** Eau Claire

**State:** Wisconsin

**ZIP Code:** 54703

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

559035 Eau Claire County

## 5A. Project Participants - Households

**Households Table**

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

**Click Save to automatically calculate totals**



## 5B. Project Participants - Subpopulations

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

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Persons ages 18-24										
Children under age 18										
<b>Total Persons</b>	0	0	0	0	0	0	0	0	0	0

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	4	0	0	2	0	2	0	3	1	0
Persons ages 18-24	1	0	0	1	0	1	0	0	0	0
<b>Total Persons</b>	5	0	0	3	0	3	0	3	1	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0				0	0	0	0	0	0

## 6A. Funding Request

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

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

**3. Does this project propose to allocate funds according to an indirect cost rate?** Yes

**Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.**

**Applicants with an approved indirect cost rate must submit a copy of the approval with this application.**

**a. Please complete the indirect cost rate schedule below**

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
Western Dairyland EOC, Inc.	10%	\$193202

**b. Has this rate been approved by your cognizant agency?** Yes

**c. Do you plan to use the 10% de minimis rate?** Yes

**4. Select a grant term:** 1 Year

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

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X

<b>Operating</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

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

## 6C. Leased Units

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

<b>Total Annual Assistance Requested:</b>		\$34,860	
<b>Grant Term:</b>		1 Year	
<b>Total Request for Grant Term:</b>		\$34,860	
<b>Total Units:</b>		5	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WI - Eau Claire, ...	5	\$34,860	\$34,860

## Leased Units Budget Detail

### Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

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

**Metropolitan or non-metropolitan fair market rent area:** WI - Eau Claire, WI MSA (5501799999)

### Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$370		x	12	=	\$0
0 Bedroom		x	\$493		x	12	=	\$0
1 Bedroom	5	x	\$581	\$581	x	12	=	\$34,860
2 Bedroom		x	\$773		x	12	=	\$0
3 Bedroom		x	\$1,052		x	12	=	\$0
4 Bedroom		x	\$1,244		x	12	=	\$0
5 Bedroom		x	\$1,431		x	12	=	\$0
6 Bedroom		x	\$1,617		x	12	=	\$0
7 Bedroom		x	\$1,804		x	12	=	\$0
8 Bedroom		x	\$1,990		x	12	=	\$0
9 Bedroom		x	\$2,177		x	12	=	\$0
<b>Total units and annual assistance requested:</b>	5							\$34,860
<b>Grant term:</b>								1 Year
<b>Total request for grant term:</b>								\$34,860

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

## 6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1 FTE CM (\$57,751), .15 FTE Coordinator (\$10,161), CM office space (\$3,100) CM IT costs (\$359), CM phone (\$300), CM laptop/hardware (\$1,860)	\$73,531
4. Child Care		
5. Education Services		
6. Employment Assistance	Employment-related costs/stipends including work clothing, haircuts, laundry tokens, etc. (3 households X \$250/household=\$750)	\$750
7. Food	Food/grocery stipends: 5 households X \$200/household/year (\$1,000), Food to stock internal food pantry through Feed My People (5 households X \$35/pallet=\$175), Food provided during outreach activities (50 households X \$5=\$250)	\$1,425
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	1.0 FTE Housing Outreach Worker (\$57,751), IT costs (\$360), phone (\$300), food: 50 X \$ 10 = \$500	\$58,911
14. Substance Abuse Treatment Services		
15. Transportation	Client bus passes: 5 households X \$50/mo X 12 mos=\$3000, Fuel costs for agency vehicle (\$100/month X 12 months=\$1,200), CM/OW mileage: 5000 mi X .48/mi=\$2400, insurance & maintenance of agency vehicle=\$2,500	\$9,100
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$143,717</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$143,717</b>

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

## 6G. Operating

**Instructions:**

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

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Maintenance/Repair</b>	Maintenance costs including snow removal, lawncare, garbage service, etc. for units with those costs not included in rent (5 units X \$100/mo X 12 mos=\$5,000)	\$5,000
<b>2. Property Taxes and Insurance</b>	Insurance costs for 5 rental units X \$125/year (\$625)	\$625
<b>3. Replacement Reserve</b>		
<b>4. Building Security</b>		
<b>5. Electricity, Gas, and Water</b>	Utility costs for those units where the cost is not included in rent: 5 units X \$150/month X 12 months=\$9,000	\$9,000
<b>6. Furniture</b>		
<b>7. Equipment (lease, buy)</b>		
<b>Total Annual Assistance Requested</b>		\$14,625
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$14,625



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

## 6I. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$26,963
Total Value of In-Kind Commitments:	\$17,453
Total Value of All Commitments:	\$44,416

**1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?** Yes

**1a. Briefly describe the source of the program income: (limit 1000 characters)**

Program income consists of rent payments. Program income earned during the grant term shall be retained by the recipient, and added to funds committed to the project by HUD and the recipient, used for eligible activities in accordance with the requirements of this part.

**1b. Estimate the amount of program income that will be used as Match for this project:** \$5,000

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City of Eau Clair...	08/22/2019	\$10,000
Yes	Cash	Government	CSBG	08/22/2019	\$10,000
Yes	Cash	Private	Program donations	08/22/2019	\$1,963
Yes	In-Kind	Private	Bombas Socks	08/22/2019	\$2,500
Yes	In-Kind	Private	Furniture and hou...	08/22/2019	\$11,453
Yes	In-Kind	Private	Outreach supplies	08/22/2019	\$2,000
Yes	In-Kind	Private	Volunteer hours	08/22/2019	\$1,500
Yes	Cash	Private	Rental program in...	08/22/2019	\$5,000

## Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Government
- 4. Name the source of the commitment: City of Eau Claire-landlord mitigation program  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/22/2019
- 6. Value of Written Commitment: \$10,000

## Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Government
- 4. Name the source of the commitment: CSBG  
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 08/22/2019
- 6. Value of Written Commitment: \$10,000

## Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Private
- 4. Name the source of the commitment: Program donations  
(Be as specific as possible and include the

**office or grant program as applicable)**

- 5. Date of Written Commitment:** 08/22/2019
- 6. Value of Written Commitment:** \$1,963

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Bombas Socks  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/22/2019
- 6. Value of Written Commitment:** \$2,500

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

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Furniture and household donations  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/22/2019
- 6. Value of Written Commitment:** \$11,453

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the**

**recipient or subrecipient and the third party that will provide the services.**

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Outreach supplies  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/22/2019
- 6. Value of Written Commitment:** \$2,000

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

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Volunteer hours  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/22/2019
- 6. Value of Written Commitment:** \$1,500

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

## Sources of Match Detail

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

## 6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$34,860	1 Year	\$34,860
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$143,717	1 Year	\$143,717
5. Operating	\$14,625	1 Year	\$14,625
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$193,202
8. Admin (Up to 10%)			\$19,320
9. Total Assistance Plus Admin Requested			\$212,522
10. Cash Match			\$26,963
11. In-Kind Match			\$17,453
12. Total Match			\$44,416
13. Total Budget			\$256,938

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

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	WDEOC 501c3	09/03/2019
2) Other Attachment(s)	No	WD Match Commitme...	09/04/2019
3) Other Attachment(s)	No		



## **Attachment Details**

**Document Description:** WDEOC 501c3

## **Attachment Details**

**Document Description:** WD Match Commitment Letter

## **Attachment Details**

**Document Description:**

## 7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

## Attachment Details

### Document Description:

## 7D. Certification

### **A. For all projects: Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

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

**Name of Authorized Certifying Official:** Anna Cardarella

**Date:** 09/13/2019

**Title:** Executive Director

**Applicant Organization:** Western Dairyland Economic Opportunity Council, Inc.

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

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

X

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

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

## **8B. Submission Summary**

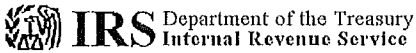
**Applicant must click the submit button once all forms have a status of Complete.**

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

Page	Last Updated
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/02/2019
<b>1E. SF-424 Compliance</b>	09/02/2019
<b>1F. SF-424 Declaration</b>	09/02/2019
<b>1G. HUD 2880</b>	09/02/2019
<b>1H. HUD 50070</b>	09/02/2019
<b>1I. Cert. Lobbying</b>	09/02/2019
<b>1J. SF-LLL</b>	09/02/2019
<b>2A. Subrecipients</b>	No Input Required
<b>2B. Experience</b>	09/02/2019
<b>3A. Project Detail</b>	09/07/2019
<b>3B. Description</b>	09/02/2019
<b>3C. Expansion</b>	09/11/2019
<b>4A. Services</b>	09/04/2019
<b>4B. Housing Type</b>	09/02/2019
<b>5A. Households</b>	09/02/2019
<b>5B. Subpopulations</b>	No Input Required
<b>6A. Funding Request</b>	09/11/2019
<b>6C. Leased Units</b>	09/02/2019
<b>6F. Supp Srvcs Budget</b>	09/03/2019
<b>6G. Operating</b>	09/03/2019
<b>6I. Match</b>	09/11/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/04/2019
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	09/04/2019



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Department of the Treasury  
Internal Revenue Service

P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077589886  
Sep. 29, 2015 LTR 4168C 0  
39-1076993 000000 00

00021371

BODC: TE

WESTERN DAIRYLAND ECONOMIC  
OPPORTUNITY COUNCIL INCORPORATED  
% ANNA CARDARELLA  
PO BOX 125  
INDEPENDENCE WI 54747-0125

Employer Identification Number: 39-1076993  
Person to Contact: Mr. Schatz  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 09, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in October 1966.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

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

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

17701

4077589886

Sep. 29, 2015 LTR 4168C 0

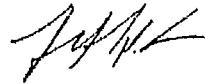
39-1076993 000000 00

00021372

WESTERN DAIRYLAND ECONOMIC  
OPPORTUNITY COUNCIL INCORPORATED  
% ANNA CARDARELLA  
PO BOX 125  
INDEPENDENCE WI 54747-0125

If you have any questions, please call us at the telephone number  
shown in the heading of this letter.

Sincerely yours,



Jeffrey I. Cooper  
Director, EO Rulings & Agreement

August 22, 2019

Carrie Poser  
CoC Director  
Wisconsin Balance of State Continuum of Care  
PO Box 272  
Eau Claire, WI 54702

Dear Carrie,

Western Dairyland Economic Opportunity Council, Inc. (WDEOC) has committed to the following amounts for the CoC-funded Permanent Supportive Housing Program (PSH 2 Expansion) beginning on 08/01/20:

Cash Match:

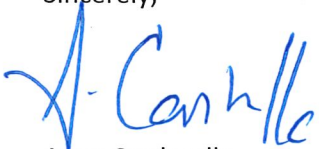
- Community Services Block Grant (CSBG) \$10,000
- Program income from client rent \$ 5,000
- City of Eau Claire-Landlord Mitigation \$10,000
- Program donations \$ 1,963
- **TOTAL CASH MATCH** **\$26,963**

In-Kind:

- Household donations and furniture \$11,453
- Bombas Socks \$ 2,500
- Outreach supplies \$ 2,000
- Volunteer hours \$ 1,500
- **TOTAL IN-KIND** **\$17,453**

Please let me know if you have any questions.

Sincerely,



Anna Cardarella  
Executive Director