

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.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to 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.
- 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program NOFO and the FY 2022 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2022 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/08/2022

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

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

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

c. Unique Entity Identifier: J9QRSRJ6K526

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: Housing & Family 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 Program Manager

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

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-6600-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: PHASE 1 (Permanent Housing And Support Expansion)

16. Congressional District(s):

16a. Applicant: WI-003

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

17. Proposed Project

a. Start Date: 12/01/2023

b. End Date: 10/31/2024

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: Chief Executive Officer

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: 09/08/2022

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: Chief Executive Officer

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

4a. Total Amount Requested for this project: \$234,622.00

(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
HUD/Western Dairyland	PSH	\$272,497.00	Leasing/supportive services/operations/admin/hmis
HUD/Western Dairyland	PSH	\$196,339.00	Leasing/supportive services/operations
HUD/Western Dairyland	PSH	\$237,636.00	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	\$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, Chief Executive Officer

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

Date Signed: 09/08/2022

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

2. Sites for Work Performance.

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

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

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

X

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: Mrs.

First Name: Anna

Middle Name:

Last Name: Cardarella

Suffix:

Title: Chief Executive Officer

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: 09/08/2022

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, Chief Executive Officer

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

Date Signed: 09/08/2022

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: Chief Executive Officer
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: 09/08/2022

IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: Western Dairyland Economic Opportunity Council, Inc.

Prefix: Mrs.

First Name: Anna

Middle Name:

Last Name: Cardarella

Suffix:

Title: Chief Executive Officer

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

Date Signed: 09/08/2022

1L. SF-424D

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Western Dairyland Economic Opportunity Council, Inc. (WD) is a private, not-for-profit, IRS designated 501(c)3, in continuous operation since 1966. The operation has over 110 diverse revenue streams, including federal, state, local and private grant funds and donations. Currently the agency manages 70 federal grants from different agencies, including Department of Energy, HUD, the USDA, Department of Labor, and other agencies. WD opened its first homeless shelter in 1990, providing shelter and supportive services to homeless clients.

In 2014, WD implemented its first permanent supportive housing (PSH) 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.

During the 2018 COC funding competition, Western Dairyland applied for and received funding to expand the PSH program further. We participated in the WI BOS application process and were awarded funds to expand 10 additional units starting on 11/01/18. In our most recent APRs from 2022, we had a combined unit utilization rate of 99%.

In total, we currently have two standalone programs, with funding for 25 units of PSH in Eau Claire. But, as recent data shows, there continues to be a high number of CH on the prioritization list. Data from 08/29/22 shows that there are currently 75 chronic individuals and 8 chronic families on the Dairyland Coordinated Entry (CE) prioritization lists. Compared to last year at this time, those numbers have increased dramatically. At that time, there were 45 CH singles (an increase of 67%) and 1 CH family (an increase in 700%), which shows us that there is much more PSH needed.

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

Western Dairyland has over 110 individual revenue streams. These diverse funding sources include program income, grants, and donations totaling over \$16 million. All of these are leveraged to fund 6 separate departments, several of which contain sub-programs within the agency. Currently Western Dairyland manages 70 federal grants from different agencies, including Department of Energy, HUD, the USDA, Department of Labor, and other agencies. In addition, 11 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 to maximize service funding for clients. By pooling these diverse resources, the agency can 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, Great Rivers United Way, CDBG, CSBG, Trempealeau County, volunteer hours, program income, and program donations.

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

The agency is governed by a 24-member Board of Directors comprised of equal numbers from local income-eligible constituents, County Board Supervisors from all 4 counties and members representing private groups and organizations. With management structure consisting of the CEO Anna Cardarella, 6 Directors, and Administration staff which includes the Planning and Development, Finance, and Communications departments. Western Dairyland's CEO, Anna Cardarella, has a Master of Business Administration, a Bachelor of Business Administration in Economics, and 18 years' experience at Western Dairyland in employment and training programs; the CFO, Marie Gernes, has a Bachelor of Arts degree in Accounting. She has over 29 years of experience in accounting with 25 of those years in a supervisory role.

Western Dairyland's finance department currently accounts for more than 110 different federal, state, local and private foundation funding streams, with an annual budget of 11 million dollars. The agency maintains a thorough fiscal management process that includes detailed financial policies, internal control structures, and independent and internal auditing procedures. The agency has remained in good standing with all funding sources. An independent, certified public accounting firm, Wipfli, conducts yearly audits in accordance with provisions of OMB Uniform Guidance 2 CFR part 200. Western Dairyland certifies that the agency maintains an established organizational structure, financial policies/procedures and an internal financial management system that meets the standards prescribed in the Uniform Guidance. An accounting system is in place that separates sources and uses of funds (i.e., federal, state, local, cash, in-kind, etc.). Western Dairyland follows extensive written financial policies which contain methods to determine the reasonableness, allowability, and direct allocation of costs. The agency has incorporated technology into its trusted practices, utilizing computerized double-entry accounting software for tracking financial information. These qualifications as well as the bevy of experience brought to the table by Western Dairyland's finance team and track record to prudent financial management, demonstrate the agency's ample capacity to manage federal grants.

Western Dairyland previously has and will continue to coordinate internally with other programs administered by the agency to provide needs assessment, transportation assistance, case management, employment services, education services, housing search assistance, and life skills training for Continuum of Care projects. Additionally, WD staff will provide homeless clients with access to other agency programming, including Head Start, financial counseling, childcare referrals, and energy assistance.

**4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?** Yes

4a. Describe the unresolved monitoring or audit findings.

One of our subrecipients provided financial assistance to ineligible households under the ESG-CV prevention program. They are working with DEHCR to determine the next steps and will be issuing reimbursement for all the disallowed costs.

3A. Project Detail

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

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

3. Project Name: PHASE 1 (Permanent Housing And Support Expansion)

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: PSH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

9. Will this project include replacement reserves in the Operating budget? No

3B. Project Description

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

Western Dairyland EOC, Inc. proposes an expansion to its permanent supportive housing program to include funding for 8 additional units in our four-county service area of Buffalo, Eau Claire, Jackson, and Trempealeau Counties. For the purposes of this application, and data from our Dairyland CE lists, we will provide FMR data from Eau Claire County. The agency plans to rent 8 one-bedroom apartments in a scattered site setting. The units will house 8 more of Eau Claire’s most chronically homeless individuals. According to recent data from the Dairyland CE prioritization list, there are 75 chronically homeless individuals and 8 families on the lists.

The agency will prioritize assistance to those who are identified as the most vulnerable on the Dairyland Coordinated Entry Prioritization List, non-HMIS list, and Order of Priority developed by the Balance of State Continuum of Care (BOS COC). The expansion of this program would be modeled after the Housing First approach, with a focus on helping individuals and family's access and sustain permanent housing as quickly as possible without time limits and offering services to promote housing stability. At present, we provide 25 units of PSH in the City of Eau Claire. The expansion would allow us to increase to 32 units. Housing First will be offered to qualifying individuals without pre-conditions or service participation requirements. The primary goal will be to provide rapid placement into permanent housing. Once housed, we will offer a vast range of supportive services to address their individual barriers. However, in following with the Housing First model, in no way will those services be mandated. Similarly, their housing status will not be affected by their participation or lack thereof.

With this in mind, we are requesting funding for a one-year PSH project to encompass leasing, case management, outreach, operations, supportive services, and administrative costs. Chronically homeless individuals and families in the Eau Claire area often have barriers to obtaining and/or maintaining permanent housing, including substance abuse problems, mental health issues, unstable employment histories, and a lack of financial competency. Consistent with the “Housing First” model, our PSH program will place its highest priority on housing these individuals in stable and permanent housing after which residents will be given access to an array of supportive services to address their individual barriers. These services will include transportation and transit assistance, case management, employment, and education services, all of which will address unstable employment histories; further, financial counseling (part of life skills training) from WD staff will address the lack of financial competency.

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

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

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

n/a

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

(Select ALL that apply)

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

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

5. Housing First

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

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

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

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

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

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

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

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

100% Dedicated or DedicatedPLUS

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

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

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

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

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

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2022 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: WI0143

1b. Eligible Renewal Grant Project Name: PSH 1

2. Will this expansion project increase the number of program participants? Yes

2a.	Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application)	
	Number of persons (From renewal application Screen 5A)	21
	Number of units (From renewal application Screen 4B)	15
	Number of beds (From renewal application Screen 4B)	21
2b.	New Requested Numbers to Add (from this "Stand-alone New" project application)	
	Number of additional persons (From this new application Screen 5A)	8
	Number of additional units (From this new application Screen 4B)	8
	Number of additional beds (From this new application Screen 4B)	8

3. Will this expansion project provide additional supportive services to program participants? No

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

4A. Supportive Services for Participants

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

WD will ensure that clients remain in permanent housing by addressing the underlying causes of chronic homelessness. The housing first model is key in that it allows residents (if they agree) to address issues (mental illness, substance abuse or addiction, chronic unemployment, etc.) while in stable housing. WD staff will meet with clients at entry to determine what supportive services may be needed on a case-by-case basis. We look at each unique situation and 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.

Because each client is unique, so are their circumstances. What may be necessary to help keep one person housed, may not be an issue at all for someone else. Our experience in running this program has shown us how diverse and exceptional each person is. Some of the common needs and barriers we see are listed below along with how we address those needs:

- Case management-Clients who are willing to participate in ongoing intensive case management services are more likely to remain housed. All case managers have social work-related degrees and have additional training in dealing with difficult people, human trafficking, hoarding, mental health and substance abuse recovery, motivational interviewing and connecting homeless people to SSI/SSDI. They are also NARCAN trained.
- Transportation to work/appointments-WD provides bus passes, and staff and volunteers transport them to appointments.
- Maintaining units-Many people who have been homeless for a long time have a hard time realizing the need to care for their home. Life skills training is provided as needed to assist in the transition to housing. Staff educate them in cleaning procedures, recycling, garbage removal, and the importance of not hoarding. To assist in this process, staff provide them with cleaning supplies, a schedule for garbage and recycling pick up, and donations of furniture and household goods.
- Evictions by the landlord-Although our team works hard to keep people housed, there are still problems with some. Their degree of mental illness or substance abuse issues is a contributing factor in evictions. Our staff will try to work with landlords to keep participants housed. When that isn't possible, staff continue to work with the clients to find alternative housing.
- Work-Many clients are unable to work due to their mental or physical limitations. However, some people can and want to work. One barrier that holds them back is not having appropriate clothing for a job. WD can help with clothing.
- Mental health-We encourage clients to treat their mental illness and participate in wrap around services that provide a benefit to them. WD works closely Includa, CSP, and mental health court, and refers to Marshfield Clinic, HSHS Sacred Heart, Mayo Health System, and the Chippewa Valley Free Clinic to address needs.
- Other health issues-Staff encourage clients to treat underlying medical conditions that cause them to remain homeless. Staff refer to Marshfield Clinic, Mayo, HSHS Sacred Heart and Chippewa Valley Free Clinic.
- Legal issues-WD refers clients to Judicare, but if not eligible we can provide financial assistance for legal fees.
- Lack of education-if clients are interested, staff assist with GED or post-secondary educational opportunities.

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

WD staff will assess needs of the participants and if the client is willing, assist with creating a plan for employment and/or training opportunities. Depending on the needs of each client, staff will address them individually. In some cases, our team will assist with employment opportunities, job seeking, and provide interview preparation. However, sometimes the needs of the client are much greater. In those cases, staff make referrals to agencies for assistance. Some are appropriate for DVR (Division of Vocational Rehabilitation) or the CDC (Career Development Center) for an assessment and exploration of training and/or employment opportunities. The Eau Claire Job Center is another helpful resource to our clients. They provide workshops to better prepare our clients for employment opportunities.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	As needed
Child Care	Non-Partner	As needed
Education Services	Applicant	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	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	Partner	As needed

Identify whether the project will include the following activities:


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

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

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

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

4B. Housing Type and Location

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

Total Units: 8

Total Beds: 8

Total Dedicated CH Beds: 8

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

4B. Housing Type and Location Detail

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

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

2a. **Units:** 8

2b. **Beds:** 8

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

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

4. Address:

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

Street 1: 418 Wisconsin Street

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)**

551920 Eau Claire, 559011 Buffalo County,
559053 Jackson County, 559121 Trempealeau
County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	0	8	0	8
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	6		6
Persons ages 18-24	0	2		2
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	8	0	8

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

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

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24				3	0	3	0	1	0	0
Persons ages 18-24				2	0	1	1	0	0	0
Total Persons	0	0	0	5	0	4	1	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	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, 2024? **Yes**

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

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

3a. Complete the indirect cost rate table below

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
Western Dairyland EOC, Inc.			Will use 10% de minimis rate

The applicant must complete the row in the indirect cost rate schedule.

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

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

Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	

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

6C. Leased Units

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

Total Annual Assistance Requested:		\$61,344	
Grant Term:		1 Year	
Total Request for Grant Term:		\$61,344	
Total Units:		8	
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WI - Eau Claire, ...	8	\$61,344	\$61,344

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

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$421		x	12	=	\$0
0 Bedroom		x	\$561		x	12	=	\$0
1 Bedroom	8	x	\$639	\$639	x	12	=	\$61,344
2 Bedroom		x	\$836		x	12	=	\$0
3 Bedroom		x	\$1,131		x	12	=	\$0
4 Bedroom		x	\$1,295		x	12	=	\$0
5 Bedroom		x	\$1,489		x	12	=	\$0
6 Bedroom		x	\$1,684		x	12	=	\$0
7 Bedroom		x	\$1,878		x	12	=	\$0
8 Bedroom		x	\$2,072		x	12	=	\$0
9 Bedroom		x	\$2,266		x	12	=	\$0
Total units and annual assistance requested:	8							\$61,344
Grant term:								1 Year
Total request for grant term:								\$61,344

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	\$750/move, 1 move per client, x 8 clients = \$6000	\$6,000
3. Case Management	1.0 FTE CM \$44,000 + 30% fringe \$13,200 .10 FTE Coordinator \$7,617 + 30% fringe \$2,285 .10 FTE Director \$8,190 + 30% fringe \$2,457 Copy Costs: \$1740 Staff Office Supplies: \$2000 Office Space Costs: \$150 x 12 months = \$1800 Computer Services: \$50 x 12 months = \$600 CM laptop, docking station, monitor, & set up: \$2500, Cell Phone: \$60/month x 12 months = \$720	\$87,109
4. Child Care		
5. Education Services		
6. Employment Assistance	Employment related costs/stipends including work clothing, haircuts, laundry tokens, etc.: 8 households x \$500/household = \$4,000	\$4,000
7. Food	Food/Grocery Stipends: 8 households x \$500 household/year = \$4,000 Food for internal pantry through Feed My People= 8 households x \$40/pallet of food = \$320 Food provided for outreach activities = 50 households x \$8 = \$400	\$4,720
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Staff travel \$0.62/mile x 2000 miles/year = \$1,240 Fuel Costs: \$40/month for 12 months = \$480 Client Bus passes: 8 households x \$50/month x 12 months = \$4,800	\$6,520
16. Utility Deposits		
17. Operating Costs	Household Supplies, \$500/unit per year = \$4,000	\$4,000
Total Annual Assistance Requested		\$112,349
Grant Term		1 Year
Total Request for Grant Term		\$112,349

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
1. Maintenance/Repair	Maintenance cost including snow removal, lawncare, garbage service, etc. for units with those costs not included in rent. Repairs for damages to the unit. \$600/unit x 8 units= \$4,800 8 units x \$100/month x 12 months= \$9,600	\$14,400
2. Property Taxes and Insurance	Renter's insurance 8 rental units x \$125/year =\$1000	\$1,000
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Utility costs for units which costs are not included in the monthly rent. 8 units x \$200/month x 12 months = \$19,200	\$19,200
6. Furniture	Kitchen tables, beds, couches, etc. to furnish apartments: \$5000	\$5,000
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$39,600
Grant Term		1 Year
Total Request for Grant Term		\$39,600

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$26,606
Total Amount of In-Kind Commitments:	\$16,714
Total Amount of All Commitments:	\$43,320

1. Will this project generate program income Yes
 described in 24 CFR 578.97 to use as Match for
 this project?

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

Rent paid by PSH clients.

1b. Estimate the amount of program income that \$8,000
 will be used as Match for this project:

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

Type	Source	Name of Source	Amount of Commitments
In-Kind	Private	Community donatio...	\$16,714
Cash	Government	CSBG	\$8,606
Cash	Private	United Way of the...	\$10,000
Cash	Private	Client Rent Paid	\$8,000

Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Community donations-furniture & household items
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$16,714

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

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Government
- 3. Name of Source: CSBG
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$8,606

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: United Way of the Greater Chippewa Valley
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$10,000

Sources of Match Detail

- 1. **Type of Match commitment:** Cash
- 2. **Source:** Private
- 3. **Name of Source:** Client Rent Paid
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$8,000

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	\$61,344	1 Year	\$61,344
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$112,349	1 Year	\$112,349
5. Operating	\$39,600	1 Year	\$39,600
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$213,293
8. Admin (Up to 10%)			\$21,329
9. Total Assistance Plus Admin Requested			\$234,622
10. Cash Match			\$26,606
11. In-Kind Match			\$16,714
12. Total Match			\$43,320
13. Total Budget			\$277,942

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	WD Match Commitme...	09/08/2022

Attachment Details

Document Description: WD Match Commitment-PHASE 1

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: 09/08/2022

Title: Chief Executive Officer

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

Active SAM Status Requirement.

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

8B. Submission Summary

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/07/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/07/2022
1E. SF-424 Compliance	09/07/2022
1F. SF-424 Declaration	09/07/2022
1G. HUD 2880	09/07/2022
1H. HUD 50070	09/07/2022
1I. Cert. Lobbying	09/07/2022
1J. SF-LLL	09/07/2022
1K. SF-424B	09/07/2022
1L. SF-424D	09/07/2022
2A. Subrecipients	No Input Required
2B. Experience	09/07/2022
3A. Project Detail	09/07/2022
3B. Description	09/07/2022
3C. Expansion	09/08/2022
4A. Services	09/07/2022
4B. Housing Type	09/07/2022
5A. Households	09/07/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/07/2022
6C. Leased Units	09/07/2022
6F. Supp Srvcs Budget	09/07/2022
6G. Operating	09/07/2022
6I. Match	09/08/2022

6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7A. In-Kind MOU Attachment	09/08/2022
7D. Certification	09/07/2022

August 31, 2022

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:

Cash Match:

- | | |
|---|------------------------|
| • Community Services Block Grant (CSBG) | \$8,606 |
| • Program income from client rent | \$8,000 |
| • United Way of the Greater Chippewa Valley | \$10,000 |
| ○ TOTAL CASH MATCH | <u>\$26,606</u> |

In-Kind:

- | | |
|-------------------------------------|------------------------|
| • Household donations and furniture | \$16,714 |
| ○ TOTAL IN-KIND | <u>\$16,714</u> |

Please let me know if you have any questions.

Sincerely,



Anna Cardarella
Chief Executive Officer