

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 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 2023 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: 09/24/2023

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:** Wisconsin Balance of State Continuum of Care, Inc.

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

**c. Unique Entity Identifier:** LBN1AU46U7L4

### d. Address

**Street 1:** PO Box 272

**Street 2:**

**City:** Eau Claire

**County:** Eau Claire

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54702

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Carrie

**Middle Name:**

**Last Name:** Poser

**Suffix:**

**Title:** CoC Director

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

**Telephone Number:** (715) 598-3301

**Extension:**

**Fax Number:** (715) 265-7031

**Email:** [carrie.poser@wibos.org](mailto:carrie.poser@wibos.org)

## 1C. SF-424 Application Details

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

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

**11. Catalog of Federal Domestic Assistance Title:** CoC Program  
**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6700-N-25  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

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

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

**15. Descriptive Title of Applicant's Project:** WIBOSCOC RRH Project Expansion

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

**16a. Applicant:** WI-005, WI-006, WI-007, WI-008, WI-001, WI-002, WI-003

**16b. Project:** WI-005, WI-006, WI-007, WI-008, WI-001, WI-002, WI-003  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 10/01/2024

**b. End Date:** 09/30/2025

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

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Lisa

**Middle Name:**

**Last Name:** Haen

**Suffix:**

**Title:** Chair, WIBOSCOC Board of Directors

**Telephone Number:** (262) 764-8555  
(Format: 123-456-7890)

**Fax Number:** (262) 653-2080  
(Format: 123-456-7890)

**Email:** lhaen@khds.org

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

**Date Signed:** 09/24/2023



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2501-0017 (exp. 1/31/2026)**

## Applicant/Recipient Information

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

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

**Prefix:** Ms.

**First Name:** Lisa

**Middle Name:**

**Last Name:** Haen

**Suffix:**

**Title:** Chair, WIBOSCOC Board of Directors

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

**Telephone Number:** (262) 764-8555

**Extension:**

**Email:** lhaen@khds.org

**City:** Eau Claire

**County:** Eau Claire

**State:** Wisconsin

**Country:** United States

**Zip/Postal Code:** 54702

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

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

**4. Amount of HUD Assistance Requested/Received:** \$1,218,609.00

(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
State of Wisconsin DEHCR PO Box 7970 Madison, WI 53707-7970	Administrative costs	\$17,500.00	Support monitoring and compliance of COC Funded agencies

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

**Part III Interested Parties**

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

**Certification**

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

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

X
---

**Name / Title of Authorized Official:** Lisa Haen, Chair, WIBOSCOC Board of Directors

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

**Date Signed:** 09/24/2023

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

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

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

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

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

### 2. Sites for Work Performance.

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

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

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

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:** Ms.

**First Name:** Lisa

**Middle Name:**

**Last Name:** Haen

**Suffix:**

**Title:** Chair, WIBOSCOC Board of Directors

**Telephone Number:** (262) 764-8555  
**(Format: 123-456-7890)**

**Fax Number:** (262) 653-2080  
**(Format: 123-456-7890)**

**Email:** lhaen@khds.org

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

**Date Signed:** 09/24/2023

## **CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

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

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

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

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

**Name / Title of Authorized Official:** Lisa Haen, Chair, WIBOSCOC Board of Directors

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

**Date Signed:** 09/24/2023

# 1J. SF-LLL

## DISCLOSURE OF LOBBYING ACTIVITIES

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

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

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

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

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

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

**Street 1:** PO Box 272

**Street 2:**

**City:** Eau Claire

**County:** Eau Claire

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54702

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

I certify that this information is true and complete.



### Authorized Representative

**Prefix:** Ms.

**First Name:** Lisa

**Middle Name:**

**Last Name:** Haen

**Suffix:**

**Title:** Chair, WIBOSCOC Board of Directors

**Telephone Number:** (262) 764-8555  
**(Format: 123-456-7890)**

**Fax Number:** (262) 653-2080  
**(Format: 123-456-7890)**

**Email:** lhaen@khds.org

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

**Date Signed:** 09/24/2023

## 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:** Wisconsin Balance of State Continuum of Care, Inc.  
**Prefix:** Ms.

**First Name:** Lisa

**Middle Name:**

**Last Name:** Haen

**Suffix:**

**Title:** Chair, WIBOSCOC Board of Directors

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

**Date Signed:** 09/24/2023

## 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: \$1,163,219**

Organization	Type	Sub-Award Amount
Embrace Services, Inc.	M. Nonprofit with 501C3 IRS Status	\$375,142
Family Advocates	M. Nonprofit with 501C3 IRS Status	\$325,147
Community Referral Agency	M. Nonprofit with 501C3 IRS Status	\$308,662
The Women Center	M. Nonprofit with 501C3 IRS Status	\$154,268

## 2A. Project Subrecipients Detail

**a. Organization Name:** Embrace Services, Inc.

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

**c. Employer or Tax Identification Number:** 39-1372488

**d. Unique Entity Identifier:** JK5ENKSSGJ29

**e. Physical Address**

**Street 1:** 107 Lindoo Ave. East

**Street 2:**

**City:** Ladysmith

**State:** Wisconsin

**Zip Code:** 54848

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

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

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

**i. Expected Sub-Award Amount:** \$375,142

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Katie  
**Middle Name:**  
**Last Name:** Bement  
**Suffix:**  
**Title:** Executive Director  
**E-mail Address:** katie@embracewi.org  
**Confirm E-mail Address:** katie@embracewi.org  
**Phone Number:** 715-532-6976  
**Extension:**  
**Fax Number:**

## 2A. Project Subrecipients Detail

- a. Organization Name:** Family Advocates
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
If "Other" specify:
- c. Employer or Tax Identification Number:** 39-1403784
- d. Unique Entity Identifier:** LG8SNLGUD629
- e. Physical Address**  
**Street 1:** 250 N. Court St.  
**Street 2:**  
**City:** Platteville  
**State:** Wisconsin  
**Zip Code:** 53818
- f. Congressional District(s):** WI-002, WI-003  
(for multiple selections hold CTRL key)



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

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

**i. Expected Sub-Award Amount:** \$325,147

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Darlene

**Middle Name:**

**Last Name:** Masters

**Suffix:**

**Title:** Executive Director

**E-mail Address:** director@familyadv.org

**Confirm E-mail Address:** director@familyadv.org

**Phone Number:** 608-348-5995

**Extension:**

**Fax Number:**

## 2A. Project Subrecipients Detail

**a. Organization Name:** Community Referral Agency

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

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 39-1368945

**d. Unique Entity Identifier:** XUASKFLJZLT8

**e. Physical Address**

**Street 1:** 403 Gandy View Ave.

**Street 2:**

**City:** Milltown

**State:** Wisconsin

**Zip Code:** 54858

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

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

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

**i. Expected Sub-Award Amount:** \$308,662

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Cheri

**Middle Name:**

**Last Name:** Moats

**Suffix:**

**Title:** Executive Director

**E-mail Address:** cheri@crashelter.org

**Confirm E-mail Address:** cheri@crashelter.org

**Phone Number:** 715-825-4414

**Extension:**

**Fax Number:**

## 2A. Project Subrecipients Detail

**a. Organization Name:** The Women Center

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

**c. Employer or Tax Identification Number:** 39-1269698

**d. Unique Entity Identifier:** EWUYD5VLJ945

**e. Physical Address**

**Street 1:** 505 N. East Ave.

**Street 2:**

**City:** Waukesha

**State:** Wisconsin

**Zip Code:** 53186

**f. Congressional District(s):** WI-005  
(for multiple selections hold CTRL key)

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

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

**i. Expected Sub-Award Amount:** \$154,268

**j. Contact Person**

**Prefix:** Ms.  
**First Name:** Angela  
**Middle Name:**  
**Last Name:** Mancuso  
**Suffix:**  
**Title:** Executive Director  
**E-mail Address:** angelam@twcwaukesha.org  
**Confirm E-mail Address:** angelam@twcwaukesha.org  
**Phone Number:** 262-522-3809  
**Extension:**  
**Fax Number:**

---

## **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.**

The BOS is a 501c3 org that covers 69 counties across 21 local homeless coalitions that create the CoC. CoC staff includes a Director; 2 managers responsible for monitoring & compliance and Homeless System/CE; & 2 specialists focused on grants & CE. A vol exec committee oversees the Director, who directly supervises the staff. The BOS is the collaborative applicant & CE lead for the CoC. The BOS has exp effectively utilizing fed funds as we have been & continue to be the lead for 4 CoC grants: DV RRH (13 subs), SSO-CE (20 subs), SSO-CE DV (19 subs) & the planning grant; & 2 YHDP grants: SSO-CE (14 subs) & SSO (13 subs). The BOS receives state housing funds (7 subs). The Grant Admin ensures subs are performing activities as req & compliant w/lead & HUD. BOS staff create & execute contracts, review source doc, monitor perf, eval data & review CE compliance. BOS staff created standardize CM forms & training, updated written standards, provide TA, facilitate community of practice for RRH & PSH CM staff & review SPM & HUD req. w/coalitions. BOS staff did onboarding training re: CE, data, client files, source doc & operating a CoC funded RRH prog w/4 new VSP subs. The CoC includes both DV & non-DV providers at all levels-board, committee & membership. Ensuring all voices are at the table when developing & implementing systems, applying for grants, id & securing match. The BOS & statewide DV coalition have an MOU for TA & training to support this grant's subs. Each sub applied, demo fiscal & org capacity, exp mtg housing needs unique to DV & developed the structure needed to execute this grant given funding & time limits. All 4 are 501c3 org, VSP, use a comparable database & 3 new applicants w/1 expanding their current project. All have rec'd ESG/CV funding, DOJ-VOCA, DCF, ARPA, operate shelters & do community outreach/education, 1 operates TLP & 3 operate flexibility funding for survivors. They are active in their local coalitions, use housing 1st & TI services. All provide comprehensive survivors driven services w/an emphasis on addressing unique needs of those marginalized & use client strengths, cultural & life exp to create a safe env to build stability & self suff. Prgs include support groups, skill dev, 1:1 mtgs. Topics include emotional & physical safety planning; legal, medical & family advocacy; crisis line access; & understanding trauma & violence. All provide culturally relevant programming w/ an emphasis on DEI. The BOS secures match from discretionary, state funds & in-kind volunteer time. The subs receive funding from DOJ & DCF. They secure match from federal & state funds, fundraisers & donations of money, services & goods. Letters are attached. The BOS has an exec committee of officers & contract for fiscal admin to ensure segregation of funds & compliance. The subs have sufficient years of mgt, supervisory & fiscal experience. Each sub has diff exp developing & implementing prgs & services to meet the needs of the DV population including crisis intervention, housing, CM, prev & shelter. The BOS, fiscal agent & subs have all been monitored by the HUD, State &/or BOS. All have personnel policies & procedures that include accounting & financial mgt. Each have had annual successful audits w/compliance w/2 CFR 200 & will share results w/BOS.

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

The BOS administers 4 CoC grants-planning, SSO CE, SSO CE DV, DV RRH; & 2 YHDP grants-SSO & SSO CE. All req 25% match. The BOS meets this req w/discretionary & state funds, in-kind donation of time & space. Discretionary funds come from BOS local homeless coalition annual dues to the org & income generated from hosting virtual trainings. There is a lot of work done on behalf of the BOS by volunteer efforts including system planning, governance, gaps & needs analysis, developing & reviewing strategies to improve SPM, CE, PIT counts & evaluation. In-kind matches are tracked quarterly & documented. Forms are submitted to the Director from board & committee members. Twice a year the BOS conducts a full PIT count across the 69 counties. The BOS uses PIT volunteer time & mileage as match. This contribution is also documented & submitted to the Director. For this grant, the BOS will use discretionary funds to support the Grant Specialist & CE System Specialist's work in providing TA & monitoring. Each sub is required to meet a 25% match req. & has extensive exp leveraging a variety of fed, state, local & private funds. Each agency is required to secure match & leverage other resources often exceeding the req amount to support the programs, provide the most services & meet the needs in their communities. These include but not limited: DOJ-VOCA & SAVS, DCF-FVPSA (Family Violence Prevention Services Act), ESG/CV, ARPA, CDBG, FEMA. Add'l funding comes from local community foundations, United Way, fundraising/annual campaign, private donors, faith based & service groups, estate gifts, local or county grants, & volunteer service/goods donations. 2 provide survivors w/flex funding support & all operate shelters. The BOS & sub-recipients recognize the importance of non-federal match; diversifying support enhances programmatic stability & sustainability & avoids over-reliance on a single source of revenue.

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

The BOS has 5 full-time staff: Director, 2 Managers - Monitoring & Compliance and Systems, 2 Specialist – CE & Grant Admin. As a 501c3 org, the Director’s activities are overseen by the volunteer Board executive committee of officers & has board approved financial policies & procedures that assure proper dispersal of and accounting for fed funds in accordance w/2 CFR part 200 req. The BOS has a fiscal & audit committee that reviews the work of the contractor as well as the fiscal agent. The BOS has been monitored by HUD & the State, had successful audits & has a fiscal & audit committee to oversee compliance w/financial policies & procedures. The BOS maintains a fiscal agent for federal CoC funds and contracts for financial services for organizational & state funds. The fiscal agent has accounting procedures consistent with GAAP, uses Quickbooks & has also been monitored by the CoC & HUD, as well as annual external audits & shares results w/the BOS. Each sub-recipient varies in size & org structure but are 501c3, have a board of directors, executive director, fiscal admin, program director(s) & direct service staff. Some use in-house staff (certified public accountants), external accountants &/or an external accounting firm and a board-level finance committee. All use payroll systems. All have managed federal &/or state funds for over 10 years several with 100s of diff grant accounts. All 4 are VPS & operate shelters, 3 receive ESG/CV, all receive federal DOJ & state DCF for DV. Each sub-recipient is an active member & leader in their local coalition. All subs maintain a financial account system & mgt in accordance with Generally Accepted Accounting Principles including checks & balances, chart of accounts, segregation of funds & duties, & source documentation. Each use electronic time keeping systems. Accounting systems vary amongst subs, but all have independent annual audits & share results w/the BOS.

**4. Are there any unresolved HUD monitoring or No  
OIG audit findings for any HUD grants (including  
ESG) under your organization?**



### 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:** WIBOSCOC RRH Project Expansion
  
- 4. **Project Status:** Standard
  
- 5. **Component Type:** PH
  - 5a. **Select the type of PH project:** RRH
  
- 6. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** Yes
  
- 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
  
- 10. **Is this project applying for Rural costs on screen 6A?** Yes
  
- 10a. **Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)** Wisconsin

**10b. Area(s) affected by the project (rural geo-code(s) only):**  
**(for multiple selections hold CTRL key)** 559107 Rusk County, 559099 Price County, 559043 Grant County, 559013 Burnett County, 559065 Lafayette County, 559005 Barron County, 559129 Washburn County, 559049 Iowa, 559095 Polk County

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

### 3B. Project Description

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

This RRH project will provide rental assistance, case management & supportive services (outreach, transp, educ & employ help, food) HH w/ & w/out kids who are fleeing or attempting to flee DV, sexual assault & human trafficking. The grant seeks to expand the # of units & services w/3 new victim service providers (VSP) in 6 new counties w/in 2 new coalitions & expand 1 current VSP sub #units & services. 3 subs operate in very rural areas & the other is in an urban area close to Milwaukee. Given the vast geography of BOS, this proj provides specific housing & services in communities w/demo need, capacity & ability to meet unique needs of this population who have experience in housing & rental assistance. Clients are offered the program through the CoC's CE process & subs will follow the order of priority & written standards for CoC RRH. Clients struggle w/low income, lack of employment history, poor credit or housing history & phy & emotional safety concerns. Needs include housing & job training, healthcare, transp, food, HH furnishings, cx, life skill training, education & legal help. Each sub has demo ability listen to unmet needs, take action to allocate resources & adjust prog to address the survivor's reality including roots of gender-based violence & oppression. While supporting their journey to heal from trauma, work to establish trust & build a safety net, CM will identify & secure housing; connect to resources including education, skill dev, employment, financial literacy; help client apply for mainstream benefits; & support clients while seeking outcomes of housing stability, self-sufficiency, increase sense of safety & independence. Subs demo active coordination w/in their communities, formal & informal partnerships in education, health care, legal action, law enf, housing authority, employment, substance use tx, counseling & crisis services. Each agency uses housing 1st in enrolling clients w/out preconditions or barriers & works w/a housing nav to locate & secure housing while mitigating LL/T issues to avoid evictions. CM will use a strengths-based approach to focus on survivor choice & client-driven decision making. CM connect, refer & support while helping to create a support network, use MI & TIC approaches to meet clients where they are at, work at their pace & support their goals. All 4 subs are VSP w/specific knowledge & experience providing DV related counseling, support groups, legal assistance & crisis intervention. Subs will match client needs w/available programming, funding & resources. Subs will use developed network & relationship w/landlords to help secure the right fit for each client & support their decisions about housing, negotiate leases & conduct inspections. The BOS signed an MOU w/the statewide DV coalition to provide ongoing TA & CoC staff provide onboarding training to ensure grant compliance. CoC funding is imperative to fill a gap in housing specific support services for victims of DV. These agencies are best suited to provide not only the housing & rental assistance, supportive services & referrals as needed but also work specifically w/unique needs, safety & security concerns & support increased housing stability, income & self-sufficiency for survivors of DV.

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	1			
Begin program participant enrollment	30			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	90			
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				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

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

### 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 2023 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: WI0214

1b. Eligible Renewal Grant Project Name: WIBOSCOC RRH Project

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)	434
	Number of units (From renewal application Screen 4B)	199
	Number of beds (From renewal application Screen 4B)	434
2b.	New Requested Numbers to Add (from this "Stand-alone New" project application)	
	Number of additional persons (From this new application Screen 5A)	68
	Number of additional units (From this new application Screen 4B)	30
	Number of additional beds (From this new application Screen 4B)	68

3. Will this expansion project provide additional supportive services to program participants? Yes

3a. Indicate how the project will provide additional supportive services to program participants.  
 (Check one or both boxes)

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

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.**

CM work w/clients to identify the right type of housing that fits each survivor's needs to ensure they can obtain & maintain the unit after RRH. Needs can include neighborhood, size, proximity to work/school, safety concerns, access to support networks & transportation. CM utilize TI, survivor approaches to build trust, help survivor regain sense of control over their lives & create a plan for self-sufficiency. CM & Housing nav will provide education to LL on DV confidentiality, security & safety concerns; education to survivor on tenant rights & resp including VAWA; negotiate lease terms; & conduct inspections. Housing nav serve as an ongoing resource for LL & survivor to help mitigate issues while working to avoid evictions or remedy concerns. CM help develop comprehensive emotional & physical safety plans, survivor-led personal goal & housing stability plans, ensure survivors are connected to agency-specific available services & community providers. Once housed, CM identify barriers to housing stability such as income, legal, transportation, & resources (such as technology). CM provide referrals, advocacy, support & work to address each possible issue or challenge. CM work w/clients to set goals toward successful retention of PH. This includes pursuing education opportunities, accessing employment, receiving training or other skill development. CM help locate reliable & affordable childcare or other child-specific services, apply for mainstream benefits, & find ways to support transportation needs such as bus passes, taxi vouchers & rideshare. Finally, CM help survivors develop a sense of community & connection to increase their sense of safety, independence & stability. This in turn will help survivors remain in PH after rental assistance ends.

### **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.**

CM work w/clients to identify goals for housing stability including obtain/increase cash & non-cash income, community-based resources, & access to healthcare benefits. Increasing income is critical to maintaining housing after financial support ends. CM assist w/development of an employment plan including id & solutions to barriers. This can include consistent access to childcare, transportation, food, clothing & supplies. CM partners w/job programs & workforce resource or job center staff to support the client's job search, application & resume development & interview prep. CM facilitate referrals for job training, skill development, coaching, supported employment needs & DVR services. CM provides support for educational advancement including GED, literacy, trade school, technical college, financial aid & higher education applications. CM will help clients obtain non-employment income including SSI/SSDI, child support, Vet benefits & food stamps. This includes addressing barriers to access, helping w/applications & paperwork, ensuring clients have key documents (i.e. driver license or photo id, occupational license or certification, SSN card, birth certificate, State ID) & tools (cell phone, laptop & access to the internet). CM will work w/community-based services such as ADRC to help complete applications & review current benefits or have other agency staff that can provide direct help applying for federal benefits through SOAR (i.e NAMI). CM will provide support & assist clients obtain reliable & consistent childcare, apply for childcare assistance, TANF, WIC, apply for early childhood education (birth to 3, head start, early-head start, 4K) & access any other social-based service needed for the HH. Priority is placed on healthcare for physical & emotional safety for survivors of DV. CM provide medical advocacy to help ensure client is connected to a primary physician & knows all the resources available to the HH. CM can provide information & referrals to address substance abuse disorders, mental health concerns & HIV/AIDS prevention & education. CM will review the client's current healthcare eligibility, options for benefits & any limitations to ensure the HH knows what options are available for coverage, how to access providers & make appointments, enroll in online portals to track health-related goals & issues. CM work w/clients to utilize health care advocates or navigators, enroll in eligible programs offered through the local hospital/clinic & connecting w/the local federally qualified health center. CM advocate, education & support clients throughout the process of obtaining & maintaining employment, addressing educational-related goals, enrolling in benefits, applying for services & establishing consistent healthcare for everyone in the household.

**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	Subrecipient	As needed
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	As needed
Child Care	Subrecipient	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	As needed



Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Subrecipient	As needed
Subrecipient	As needed
Subrecipient	As needed
Subrecipient	As needed
Non-Partner	As needed
Subrecipient	As needed
Subrecipient	As needed
Subrecipient	As needed
Subrecipient	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: 30

Total Beds: 68

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	11	22	
Scattered-site apartments (...)	---	10	25	
Scattered-site apartments (...)	---	4	10	
Scattered-site apartments (...)	---	5	11	

## 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.**

a. **Units:** 11

b. **Beds:** 22

### 3. 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:** 250 N. Court St.

**Street 2:**

**City:** Platteville

**State:** Wisconsin

**ZIP Code:** 53818

**\*4. 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)**

559049 Iowa County, 559043 Grant County,  
559065 Lafayette County

## 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.**

**a. Units:** 10

**b. Beds:** 25

**3. 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:** PO Box 365

**Street 2:**

**City:** Milltown

**State:** Wisconsin

**ZIP Code:** 54858

**\*4. 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)**

559095 Polk County, 559013 Burnett County

**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.**

**a. Units:** 4

**b. Beds: 10**

**3. 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:** 107 Lindoo Ave. East

**Street 2:**

**City:** Ladysmith

**State:** Wisconsin

**ZIP Code:** 54848

**\*4. 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)**

559129 Washburn County, 559099 Price County,  
559107 Rusk County, 559005 Barron County

**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.**

**a. Units:** 5

**b. Beds:** 11

**3. 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:** 505 North East Ave.

**Street 2:**

**City:** Waukesha

**State:** Wisconsin

**ZIP Code:** 53186

**\*4. 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)**

556948 Waukesha, 559133 Waukesha 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	24	6	0	30
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	19	3		22
Persons ages 18-24	5	3		8
Accompanied Children under age 18	38		0	38
Unaccompanied Children under age 18			0	0
<b>Total Persons</b>	<b>62</b>	<b>6</b>	<b>0</b>	<b>68</b>

**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				2		2	19	2		
Persons ages 18-24						1	5			
Children under age 18							38		2	
<b>Total Persons</b>	0	0	0	2	0	3	62	2	2	0

Click Save to automatically calculate totals

### 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				1		1	3			
Persons ages 18-24						1	3			
<b>Total Persons</b>	0	0	0	1	0	2	6	0	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										
<b>Total Persons</b>	0			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, 2025? Yes

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

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

4. Select a grant term: 1 Year



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

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

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

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

## 6E. Rental Assistance Budget

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

Total Annual Assistance Request:	\$327,300
Grant Term:	1 Year
Total Request for Grant Term:	\$327,300
Total Units:	30

The number of beds for which funding has been requested in the Rental Assistance budget is 68.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Grant County, WI (5504399999)	8	\$74,796
TRA	WI - Iowa County, WI HUD Metro FMR Ar...	2	\$18,456
TRA	WI - Lafayette County, WI (5506599999)	1	\$12,528
TRA	WI - Polk County, WI (5509599999)	6	\$71,892
TRA	WI - Burnett County, WI (5501399999)	4	\$44,280
TRA	WI - Price County, WI (5509999999)	1	\$9,084
TRA	WI - Barron County, WI (5500599999)	1	\$13,008
TRA	WI - Rusk County, WI (5510799999)	1	\$9,084
TRA	WI - Washburn County, WI (5512999999)	1	\$12,000
TRA	WI - Milwaukee-Waukesha-West Allis, W...	5	\$62,172

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

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 rents in the chart below.

Size of Units: These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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 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 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>

**Type of Rental Assistance: TRA**

**Metropolitan or non-metropolitan fair market rent area: WI - Grant County, WI (5504399999)**

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$437	x	12	=	\$0
0 Bedroom		x	\$583	x	12	=	\$0
1 Bedroom	3	x	\$587	x	12	=	\$21,132

2 Bedrooms	2	x	\$757	x	12	=	\$18,168
3 Bedrooms	3	x	\$986	x	12	=	\$35,496
4 Bedrooms		x	\$1,296	x	12	=	\$0
5 Bedrooms		x	\$1,490	x	12	=	\$0
6 Bedrooms		x	\$1,685	x	12	=	\$0
7 Bedrooms		x	\$1,879	x	12	=	\$0
8 Bedrooms		x	\$2,074	x	12	=	\$0
9 Bedrooms		x	\$2,268	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	8						\$74,796
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$74,796

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

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 rents in the chart below.

Size of Units: These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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 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 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>

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WI - Iowa County, WI HUD Metro FMR Area (5504999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$497	x	12	=	\$0
0 Bedroom		x	\$663	x	12	=	\$0
1 Bedroom	1	x	\$664	x	12	=	\$7,968
2 Bedrooms	1	x	\$874	x	12	=	\$10,488
3 Bedrooms		x	\$1,144	x	12	=	\$0
4 Bedrooms		x	\$1,376	x	12	=	\$0
5 Bedrooms		x	\$1,582	x	12	=	\$0
6 Bedrooms		x	\$1,789	x	12	=	\$0
7 Bedrooms		x	\$1,995	x	12	=	\$0

8 Bedrooms		x	\$2,202	x	12	=	\$0
9 Bedrooms		x	\$2,408	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	2						\$18,456
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$18,456

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**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 rents in the chart below.

**Size of Units:** These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**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 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 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>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Lafayette County, WI (5506599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$392	x	12	=	\$0
0 Bedroom		x	\$522	x	12	=	\$0
1 Bedroom		x	\$615	x	12	=	\$0
2 Bedrooms		x	\$757	x	12	=	\$0
3 Bedrooms	1	x	\$1,044	x	12	=	\$12,528
4 Bedrooms		x	\$1,116	x	12	=	\$0
5 Bedrooms		x	\$1,283	x	12	=	\$0
6 Bedrooms		x	\$1,451	x	12	=	\$0
7 Bedrooms		x	\$1,618	x	12	=	\$0
8 Bedrooms		x	\$1,786	x	12	=	\$0
9 Bedrooms		x	\$1,953	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	1						\$12,528
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$12,528

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

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 rents in the chart below.

Size of Units: These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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 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 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>

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WI - Polk County, WI (5509599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$445	x	12	=	\$0
0 Bedroom		x	\$593	x	12	=	\$0
1 Bedroom		x	\$679	x	12	=	\$0
2 Bedrooms	3	x	\$893	x	12	=	\$32,148
3 Bedrooms	3	x	\$1,104	x	12	=	\$39,744
4 Bedrooms		x	\$1,211	x	12	=	\$0
5 Bedrooms		x	\$1,393	x	12	=	\$0
6 Bedrooms		x	\$1,574	x	12	=	\$0
7 Bedrooms		x	\$1,756	x	12	=	\$0



8 Bedrooms		x	\$1,938	x	12	=	\$0
9 Bedrooms		x	\$2,119	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	6						\$71,892
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$71,892

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**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 rents in the chart below.

**Size of Units:** These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**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 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 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>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Burnett County, WI (5501399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$411	x	12	=	\$0
0 Bedroom		x	\$548	x	12	=	\$0
1 Bedroom		x	\$627	x	12	=	\$0
2 Bedrooms	2	x	\$825	x	12	=	\$19,800
3 Bedrooms	2	x	\$1,020	x	12	=	\$24,480
4 Bedrooms		x	\$1,156	x	12	=	\$0
5 Bedrooms		x	\$1,329	x	12	=	\$0
6 Bedrooms		x	\$1,503	x	12	=	\$0
7 Bedrooms		x	\$1,676	x	12	=	\$0
8 Bedrooms		x	\$1,850	x	12	=	\$0
9 Bedrooms		x	\$2,023	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	4						\$44,280
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$44,280

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

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 rents in the chart below.

Size of Units: These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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 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 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>

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WI - Price County, WI (5509999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$429	x	12	=	\$0
0 Bedroom		x	\$572	x	12	=	\$0
1 Bedroom		x	\$575	x	12	=	\$0
2 Bedrooms	1	x	\$757	x	12	=	\$9,084
3 Bedrooms		x	\$1,023	x	12	=	\$0
4 Bedrooms		x	\$1,027	x	12	=	\$0
5 Bedrooms		x	\$1,181	x	12	=	\$0
6 Bedrooms		x	\$1,335	x	12	=	\$0
7 Bedrooms		x	\$1,489	x	12	=	\$0

8 Bedrooms		x	\$1,643	x	12	=	\$0
9 Bedrooms		x	\$1,797	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	1						\$9,084
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$9,084

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**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 rents in the chart below.

**Size of Units:** These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**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 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 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>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Barron County, WI (5500599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$431	x	12	=	\$0
0 Bedroom		x	\$574	x	12	=	\$0
1 Bedroom		x	\$616	x	12	=	\$0
2 Bedrooms		x	\$811	x	12	=	\$0
3 Bedrooms	1	x	\$1,084	x	12	=	\$13,008
4 Bedrooms		x	\$1,135	x	12	=	\$0
5 Bedrooms		x	\$1,305	x	12	=	\$0
6 Bedrooms		x	\$1,476	x	12	=	\$0
7 Bedrooms		x	\$1,646	x	12	=	\$0
8 Bedrooms		x	\$1,816	x	12	=	\$0
9 Bedrooms		x	\$1,986	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	<b>1</b>						<b>\$13,008</b>
<b>Grant Term</b>							<b>1 Year</b>
<b>Total Request for Grant Term</b>							<b>\$13,008</b>

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

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 rents in the chart below.

Size of Units: These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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 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 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>

**Type of Rental Assistance:** TRA

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

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$392	x	12	=	\$0
0 Bedroom		x	\$522	x	12	=	\$0
1 Bedroom		x	\$575	x	12	=	\$0
2 Bedrooms	1	x	\$757	x	12	=	\$9,084
3 Bedrooms		x	\$965	x	12	=	\$0
4 Bedrooms		x	\$1,099	x	12	=	\$0
5 Bedrooms		x	\$1,264	x	12	=	\$0
6 Bedrooms		x	\$1,429	x	12	=	\$0
7 Bedrooms		x	\$1,594	x	12	=	\$0

8 Bedrooms		x	\$1,758	x	12	=	\$0
9 Bedrooms		x	\$1,923	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	1						\$9,084
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$9,084

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**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 rents in the chart below.

**Size of Units:** These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**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 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 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>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Washburn County, WI (551299999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$418	x	12	=	\$0
0 Bedroom		x	\$557	x	12	=	\$0
1 Bedroom		x	\$613	x	12	=	\$0
2 Bedrooms		x	\$807	x	12	=	\$0
3 Bedrooms	1	x	\$1,000	x	12	=	\$12,000
4 Bedrooms		x	\$1,094	x	12	=	\$0
5 Bedrooms		x	\$1,258	x	12	=	\$0
6 Bedrooms		x	\$1,422	x	12	=	\$0
7 Bedrooms		x	\$1,586	x	12	=	\$0
8 Bedrooms		x	\$1,750	x	12	=	\$0
9 Bedrooms		x	\$1,915	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	<b>1</b>						<b>\$12,000</b>
<b>Grant Term</b>							<b>1 Year</b>
<b>Total Request for Grant Term</b>							<b>\$12,000</b>

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

Instructions:



Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

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 rents in the chart below.

Size of Units: These options are system generated. 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 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

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 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 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>

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** WI - Milwaukee-Waukesha-West Allis, WI MSA (5507999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$515	x	12	=	\$0
0 Bedroom	2	x	\$687	x	12	=	\$16,488
1 Bedroom		x	\$827	x	12	=	\$0
2 Bedrooms		x	\$999	x	12	=	\$0
3 Bedrooms	3	x	\$1,269	x	12	=	\$45,684
4 Bedrooms		x	\$1,384	x	12	=	\$0
5 Bedrooms		x	\$1,592	x	12	=	\$0
6 Bedrooms		x	\$1,799	x	12	=	\$0
7 Bedrooms		x	\$2,007	x	12	=	\$0

8 Bedrooms		x	\$2,214	x	12	=	\$0
9 Bedrooms		x	\$2,422	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	5						\$62,172
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$62,172

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
<b>1. Assessment of Service Needs</b>	.3 FTE salary & benefits, travel, office, phone, per diem, supplies	\$15,245
<b>2. Assistance with Moving Costs</b>	uhaul & moving costs, \$50 for 10 HH (\$500); \$400 for 9 HH (\$3600); \$500 for 8 HH (\$4000)	\$8,100
<b>3. Case Management</b>	3.8 FTE salary & benefits, travel, office, phone, per diem, supplies	\$252,803
<b>4. Child Care</b>	\$400 for 9 HH (\$3600) + \$1000 for 4 HH (\$4000)	\$7,600
<b>5. Education Services</b>	\$200 for 9 HH (1800) + \$250 for 16 (\$4000)	\$5,800
<b>6. Employment Assistance</b>	\$400 for 9 HH (3600) + \$250 for 16 (\$4000)	\$7,600
<b>7. Food</b>	\$100 x 11 HH x 12 mo (\$13,200), \$250 for 16 (\$4000) \$300 for 9 (\$2700)	\$19,900
<b>8. Housing/Counseling Services</b>	2.3 FTE salary & benefits, travel, office, phone, per diem, supplies	\$156,117
<b>9. Legal Services</b>	\$500 for 5 HH	\$2,500
<b>10. Life Skills</b>	.6 FTE salary & benefits, travel, office, phone, per diem, supplies	\$37,756
<b>11. Mental Health Services</b>	1 session/week for 1 year for 2 HH	\$13,000
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>	.9 FTE salary & benefits, travel, office, phone, per diem, supplies, outreach materials	\$75,205
<b>14. Substance Abuse Treatment Services</b>	1 session/week for 1 year for 2 HH, \$2500 for 1 HH	\$15,500
<b>15. Transportation</b>	taxi vouchers \$50 x 20 (1000), car repairs (5000), purchase vehicle w/maintenance & gas (40,236), \$50 uber x 3 (150), \$1000 bus tickets	\$57,936
<b>16. Utility Deposits</b>	\$200 for 10 HH	\$2,000
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$677,062
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$677,062

Click the 'Save' button to automatically calculate totals.

## 6H. HMIS Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Equipment</b>	laptop, supplies, IT support	\$3,700
<b>2. Software</b>	purchase osnium, upgrades, reports for 4 agencies	\$4,840
<b>3. Services</b>		
<b>4. Personnel</b>	.65 FTE salary & benefits, office, phone, supplies	\$51,835
<b>5. Space &amp; Operations</b>		
<b>Total Annual Assistance Requested:</b>		\$60,375
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$60,375

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

# VAWA Budget

## VAWA Budget

New in FY2023, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

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

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$7,000
Estimated budget amount for VAWA Confidentiality Requirements:	

CoC VAWA BLI Total:	\$7,000
Grant Term	1 Year
Total Request for Grant Term	\$7,000

Click the 'Save' button to automatically calculate totals.

## Rural Budget



### Rural Cost Budget

New in FY2023, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your new CoC Rural Cost BLI.

Eligible Costs	Annual Assistance Requested
Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.	\$19,092
Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation.	\$13,000
Staff Training to include professional development, skill development, and staff retention activities.	\$4,000
<b>CoC Rural BLI Total:</b>	<b>\$36,092</b>
<b>Grant Term</b>	<b>1 Year</b>
<b>Total Request for Grant Term</b>	<b>\$36,092</b>

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:	\$279,373
Total Amount of In-Kind Commitments:	\$25,280
Total Amount of All Commitments:	\$304,653

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

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

Type	Source	Name of Source	Amount of Commitments
Cash	Government	CRA - DCF	\$77,166
Cash	Private	TWC - cash donation	\$38,567
Cash	Government	Embrace - DCF	\$56,674
Cash	Government	Embrace - VOCA	\$37,112
Cash	Private	WIBOSCOC - discre...	\$13,847
Cash	Government	FA - DCF	\$56,007
In-Kind	Private	FA - donations	\$20,000
In-Kind	Private	FA - volunteer time	\$5,280



## Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Government
- 3. Name of Source: CRA - DCF  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$77,166

## Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: TWC - cash donation  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$38,567

## Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Government
- 3. Name of Source: Embrace - DCF  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$56,674

## Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Government

- 3. Name of Source:** Embrace - VOCA  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$37,112

### Sources of Match Detail

- 1. Type of Match commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** WIBOSCOC - discretionary funds  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$13,847

### Sources of Match Detail

- 1. Type of Match commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** FA - DCF  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$56,007

### Sources of Match Detail

- 1. Type of Match commitment:** In-Kind
- 2. Source:** Private
- 3. Name of Source:** FA - donations  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$20,000

**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. Type of Match commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:** FA - volunteer time

**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$5,280

**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.**

## 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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$327,300	1 Year	\$327,300
4. Supportive Services (Screen 6F)	\$677,062	1 Year	\$677,062
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$60,375	1 Year	\$60,375
&nbsp;7. VAWA	\$7,000	1 Year	\$7,000
8. Rural (Only for HUD CoC Program approved rural areas)	\$36,092	1 Year	\$36,092
9. Sub-total of CoC Program Costs Requested			\$1,107,829
10. Admin (Up to 10% of Sub-total in #9)			\$110,780
11. HUD funded Sub-total + Admin. Requested			\$1,218,609
12. Cash Match (From Screen 6I)			\$279,373
13. In-Kind Match (From Screen 6I)			\$25,280
14. Total Match (From Screen 6I)			\$304,653
15. Total Project Budget for this grant, including Match			\$1,523,262

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	WIBOSCOC DV RRH E...	09/11/2023
2) Other Attachment(s)	No	WIBOSCOC DV RRH E...	09/15/2023
3) Other Attachment(s)	No		

## Attachment Details

**Document Description:** WIBOSCOC DV RRH Expansion - 501c3 sub letters

## Attachment Details

**Document Description:** WIBOSCOC DV RRH Expansion FY 23 Match

## 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

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

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

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

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

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

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

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

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

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

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

**Name of Authorized Certifying Official:** Lisa Haen

**Date:** 09/24/2023

**Title:** Chair, WIBOSCOC Board of Directors

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

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

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

X
---

## 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	09/15/2023	
1C. SF-424 Application Details	No Input Required	
1D. SF-424 Congressional District(s)	09/18/2023	
1E. SF-424 Compliance	09/15/2023	
1F. SF-424 Declaration	09/15/2023	
1G. HUD 2880	09/15/2023	
1H. HUD 50070	09/15/2023	
1I. Cert. Lobbying	09/15/2023	
1J. SF-LLL	09/15/2023	
IK. SF-424B	09/15/2023	
1L. SF-424D	09/15/2023	
2A. Subrecipients	09/15/2023	
2B. Experience	09/15/2023	
3A. Project Detail	09/15/2023	
3B. Description	09/18/2023	
3C. Expansion	09/18/2023	
4A. Services	09/18/2023	
4B. Housing Type	09/15/2023	
5A. Households	09/18/2023	
5B. Subpopulations	No Input Required	
6A. Funding Request	09/15/2023	
6E. Rental Assistance	09/15/2023	
6F. Supp Srvcs Budget	09/18/2023	
6H. HMIS Budget	09/18/2023	
New Project Application FY2023	Page 84	09/26/2023

<b>VAWA Budget</b>	No Input Required
<b>Rural Budget</b>	09/18/2023
<b>6I. Match</b>	09/15/2023
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/15/2023
<b>7A. In-Kind MOU Attachment</b>	No Input Required
<b>7D. Certification</b>	09/24/2023