

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/06/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

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

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

	c. Organizational DUNS:	967328399	PLUS 4:	
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d. Address

Street 1: PO Box 272

Street 2:

City: Eau Claire

County:

State: Wisconsin

Country: United States

Zip / Postal Code: 54702

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Carrie

Middle Name:

Last Name: Poser

Suffix:

Title: CoC Director

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

Telephone Number: (715) 598-3301

Extension:

Fax Number: (715) 265-7031

Email: carrie.poser@wibos.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-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

16. Congressional District(s):

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

17. Proposed Project

a. Start Date: 07/01/2019
b. End Date: 06/30/2020

18. Estimated Funding (\$)

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

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: President, WIBOSCOC Board of Directors

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

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

Email: jeanettep@cacscw.org

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

Date Signed: 09/06/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

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

Prefix: Ms.

First Name: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: President, WIBOSCOC Board of Directors

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

Telephone Number: (920) 262-9667

Extension: 1330

Email: jeanettep@cacscw.org

City: Eau Claire

County:

State: Wisconsin

Country: United States

Zip/Postal Code: 54702

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$982,335.00

(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	\$20,000.00	Support monitoring and compliance of COC Funded agencies
WIBOSCOC PO Box 272 Eau Claire, WI 54702	Discretionary funds	\$49,000.00	Support planning costs

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

Part III Interested Parties

You must disclose:

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

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

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

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Jeanette Petts, President, WIBOSCOG Board of Directors

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

Date Signed: 06/28/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

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 hereby certify that all the information stated

X

**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)

Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name

Last Name: Petts

Suffix:

Title: President, WIBOSCOC Board of Directors

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

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

Email: jeanettep@cacscw.org

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

Date Signed: 09/06/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

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

Name / Title of Authorized Official: Jeanette Petts, President, WIBOSCOG Board of Directors

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

Date Signed: 09/06/2018

1J. SF-LLL

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

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

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

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

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

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

Street 1: PO Box 272

Street 2:

City: Eau Claire

County: Eau Claire

State: Wisconsin

Country: United States

Zip / Postal Code: 54702

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

I certify that this information is true and

☒

complete. ☐

Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: President, WIBOSCOC Board of Directors

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

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

Email: jeanettep@cacscw.org

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

Date Signed: 09/06/2018

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: \$893,032

Organization	Type	Sub-Award Amount
ADVOCAP Inc.	M. Nonprofit with 501C3 IRS Status	\$121,767
Women and Children's Horizons, Inc.	M. Nonprofit with 501C3 IRS Status	\$226,676
Golden House, Inc.	M. Nonprofit with 501C3 IRS Status	\$269,489
Newcap Inc.	M. Nonprofit with 501C3 IRS Status	\$155,810
Northwest Community Services Agency, Inc.	M. Nonprofit with 501C3 IRS Status	\$119,290

2A. Project Subrecipients Detail

a. Organization Name: ADVOCAP Inc.

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

c. Employer or Tax Identification Number: 39-1053365

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

Street 1: PO Box 1108

Street 2:

City: Fond du Lac

State: Wisconsin

Zip Code: 54936-1108

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

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

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

i. Expected Sub-Award Amount: \$121,767

j. Contact Person

Prefix: Ms.

First Name: Lu

Middle Name:

Last Name: Scheer
Suffix:
Title: Affordable Housing Director
E-mail Address: luanns@advocap.org
Confirm E-mail Address: luanns@advocap.org
Phone Number: 920-922-7760
Extension: 3,581
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Women and Children's Horizons, Inc.

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

c. Employer or Tax Identification Number: 39-1278299

	* d. Organizational DUNS:	115887945	PLUS 4:	
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e. Physical Address

Street 1: 2525 63rd St.

Street 2:

City: Kenosha

State: Wisconsin

Zip Code: 53143

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

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

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

i. Expected Sub-Award Amount: \$226,676

j. Contact Person

Prefix: Ms.

First Name: Diana

Middle Name:

Last Name: Newton

Suffix:

Title: Executive Director

E-mail Address: executivedirector@wchkenosha.org

Confirm E-mail Address: executivedirector@wchkenosha.org

Phone Number: 262-656-3500

Extension: 110

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Golden House, Inc.

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

c. Employer or Tax Identification Number: 39-1342659

	* d. Organizational DUNS:	617570965	PLUS 4:	
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e. Physical Address

Street 1: PO Box 727

Street 2:

City: Green Bay
State: Wisconsin
Zip Code: 54305

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

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

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

i. Expected Sub-Award Amount: \$269,489

j. Contact Person

Prefix: Ms.
First Name: Karen
Middle Name:
Last Name: Michaels
Suffix:
Title: Executive Director
E-mail Address: karen@goldenhousegb.org
Confirm E-mail Address: karen@goldenhousegb.org
Phone Number: 920-435-0100
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Newcap Inc.

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

If "Other" specify:

c. Employer or Tax Identification Number: 39-1050492

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

Street 1: 1201 Main St.

Street 2:

City: Oconto

State: Wisconsin

Zip Code: 54153

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

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

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

i. Expected Sub-Award Amount: \$155,810

j. Contact Person

Prefix: Ms.

First Name: Debbie

Middle Name:

Last Name: Bushman

Suffix:

Title: Housing Director

E-mail Address: debbiebushman@newcap.org

Confirm E-mail Address: debbiebushman@newcap.org

Phone Number: 920-834-4621

Extension: 1,110

Fax Number:

2A. Project Subrecipients Detail

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

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

c. Employer or Tax Identification Number: 39-1091469

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

Street 1: 1118 TOWER AVE

Street 2:

City: Superior

State: Wisconsin

Zip Code: 54880

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

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

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

i. Expected Sub-Award Amount: \$119,290

j. Contact Person

Prefix: Ms.

First Name: Millie
Middle Name:
Last Name: Rounsville
Suffix:
Title: CEO
E-mail Address: mrounsville@northwest-csa.org
Confirm E-mail Address: mrounsville@northwest-csa.org
Phone Number: 715-392-5127
Extension:
Fax Number:

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

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

The BOS covers 69 counties & geography is broken down into 21 local homeless coalitions. 20/21 coalitions currently receive ESG funding to provide RRH. 8/21 have agencies providing CoC-RRH. The BOS has approved written standards & order of priority for all RRH. CoC Staff include a Director, Coordinator & CE Specialist. The vol. exec committee oversees the Director, who supervises the staff. The Coordinator is responsible for monitoring all CoC proj & jointly w/the State on ESG monitoring & evaluation. The Specialist is responsible for overall implementation & evaluation of the CE system. The BOS has experience admin funds & managing subs. The BOS has admin state funds w/7-9 sub agencies & CoC funded SSO-CE w/11 subs. The BOS also receives the CoC Planning grant. In this grant, the BOS seeks to fund 5 agencies to provide RRH for victims of DV. The BOS entered into a MOU w/the state DV coalition (End Abuse WI) for TA associated w/this grant. Each sub applied, demo fiscal & org. capacity, experience working w/& providing housing services to DV pop & developed the structure needed to execute this grant given funding & time limits. 3 use HMIS, 2 use Osnum. They represent 2 rural, 2 urban, 1 mixed & cover 19 counties. All are involved with coordinated entry & hold the role of local coalition lead, PIT lead &/or LCE lead. 3 agencies currently have rep on Board. Each are non-profit service providers & members of the CoC & leaders in their community. 4/5 receive CoC funding & all receive ESG funding for shelter &/or RRH. 2/5 run ESG &/or CoC funded RRH having direct experience of the process. 2/5 currently run TH w/dedicated beds for DV & are prepared to change from a leasing model to TRA. 2 are TIC trained victim service & emergency shelter providers w/24/7 access to comprehensive victim centered services such as advocacy, support groups & referral. Other grants include HOME-TBRA, CSBG, CDBG, Section 8, SSVF, SOAR & funding from DOJ for DV specific transitional housing. Programs include safe exchange, legal & family advocacy, immigration help, Birth-3, head start, weatherization, health clinic, adult daycare, senior center & thrift stores. All receive a mix of fed, state & private funding for addtl programming. The BOS secures match from discretionary & state funds & in-kind volunteer time. The sub-recipients secured match from sources such as gov't, county, fundraising, United Way & private foundations. Letters are attached to this application. The BOS has an exec committee of officers & contract for fiscal admin to ensure segregation of funds & compliance. The BOS has been monitored w/out findings by the State. The sub-recipients in this grant have personnel policies & procedures that include accounting & financial management. All have 20+ yrs of mgt & supervisory experience, been monitored by HUD, State &/or the BOS & have annual successful audits w/compliance of OMB Uniform Guidance & Generally Accepted Accounting Practice standards.

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

The BOS matches the CoC planning grant & current SSO w/discretionary & state funds & in-kind donation of time. Discretionary funds come from BOS quarterly mtg registration revenue & local homeless coalition dues to the org. The mtgs provide training, leadership & tech assistance to all members. There is a lot of work done on behalf of the BOS by volunteer efforts including governance, committees, PIT counts & planning. In-kind match is tracked quarterly & documented. Each sub-recipient has extensive experience leveraging a variety of federal, state, local & private funds. As recipients of CoC &/or ESG funds, each agency is required to secure match & leverage other resources often exceeding the req amount in order to support the programs, provide the most services & meet the needs in their communities. These include but are not limited to: CSBG, CDBG, HOME, local community foundations, United Way, private donors, fundraising/annual campaign, local or county grants, state gov't grants & donation of volunteer time & items (furniture, hygiene & households goods). 1 agency receives HOME-TBRA funds from the State to provide rental assistance. It requires collaboration w/partners to provide case mgt & match. 1 agency has MOUs to provide services for UW-Extension (life skills), Workforce Inv. Board (edu & training) & the County (prenatal & early childhood). Another operates programs fed funded through USDA, ED, Energy, HHS, DOJ, DOT, US Corp for Nat'l Service, FEMA & US Small Bus Admin & state funded through DOA, DCF, DHHS, DPI, DOT, DVR, DWD & WI Head Start. 2 receive VOCA funds from DOJ as well as FEMA, DCF & county DHS for DV services. Programs require non-federal match, diversifying support enhances programmatic stability & sustainability, avoiding over-reliance on a single source of revenue.

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

The BOS has 3 full-time staff-Director, Monitoring & Compliance Coordinator & CE System Specialist. The Director's activities are overseen by the volunteer Board executive committee of officers. Internally, the Director supervises & collaborates with the Coordinator to ensure monitoring, follow-up & evaluation is done on a timely basis for CoC projects. There is a joint MOU between the BOS & State of WI to monitor ESG proj, share resources, findings & evaluate performance. The Director supervises the Specialist who is responsible for the overall implementation & evaluation of CE across the CoC. Externally, the staff work w/org to enhance service delivery w/training & tech assistance, advocacy efforts & data driven solution to community based issues. Staff work w/CoC & ESG agencies, PIT leads & local coalition lead to carry out the business of the BOS. The Specialist works with LCE leads & non-HMIS list holders to ensure compliance w/CE policies & procedures. The BOS contracts w/a fiscal admin to ensure proper financial accounting policies & procedures are in place. The BOS has been monitored by the State & had audits w/no findings. Each sub-recipient varies in size & org structure. They all have a board of directors, executive director, fiscal admin, program director(s) & direct service staff. Most have managed federal &/or state funds for over 20 years several with 100s of diff grant accounts. 3 subs are Community Action Agencies (CAA). 2 are DV agencies w/24-7 emergency shelter & VOCA funding. Most operate other CoC, ESG, or other housing programs including a DOJ funded TH project. Several

provide weatherization, energy assistance, operate self-sufficiency programs, head start, thrift shops, Section 8 & WIC. Given the breadth of services provided by many, the diversity provides multiple opportunities for cross-referrals, inter-dept. support & maximizing efforts to avoid duplication. Coordination of client services is accomplished by a case mgt team, supervision & regular staffings. Each sub-recipient is an active member & leader in their local coalition. Local coalitions include homeless service providers, PHA, county staff, LEA/SEA, DV providers, RHY staff, formerly homeless, mental health, law enf & any other entity committed to ending homelessness in their community. Collaboration occurs through CE, case teams, project dev, 2x/year PIT process, leveraging support & community planning. Several have formal relationships & MOU with Children Advocacy Center, Legal Action & college/universities. Each sub-recipient is a nonprofit 501c3 org & maintains a financial accounting system & mgt in accordance with Generally Accepted Accounting Principles including checks & balances, chart of accounts, segregation of funds & source documentation. In addition to internal controls & safeguards, all agencies must have annual external audits & share w/the BOS the results.

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

3A. Project Detail

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

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

2. Project Name: WIBOSCOG RRH Project

3. Project Status: Standard

4. Component Type: PH

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

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

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

This RRH project will provide 60 units of RRH for families (40) and households w/out children (20) that are victims of DV, sexual assault & human traff across 19 counties in 6 coalitions w/26 in east, 14 in south & 20 in north. Clients can be fleeing or attempting to flee, in emergency shelter or in places not meant for HH. Given vast geography of BOS, this project provides specific housing & services in communities with 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 approved coordinated entry 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 & safety concerns. Needs include housing & job training, healthcare, transportation, food, HH furnishings, counseling, life skill training, education & legal assistance. The BOS will sub out to 5 agencies w/demo ability to identify & secure housing, connect to resources & support clients while seeking outcomes of housing stability, self-sufficiency, increase sense of safety, income & connection to mainstream benefits. Each agency uses housing first in enrolling clients without preconditions or barriers & works to mitigate LL/T issues to avoid evictions. CM will use a strengths based approach to focus on client choice & support client-driven decision making. CM connect, refer & support while helping to create a support network, use motivational interviewing & trauma informed care approaches to meet clients where they are at, work at their pace & support their goals. CM will assess safety concerns, access & availability of resources, ongoing risk assessment, divert from homelessness if possible, connect to emergency services when necessary & support overall goal development towards housing stability. Subs demonstrate active coordination w/in their communities, formal & informal partnerships in education, health care, legal action, law enf, transportation, employment, counseling & crisis services. Subs partner w/providers for DV related counseling, support groups, legal assistance & immigration when necessary. Subs will match client needs with 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 HQS inspections. The BOS signed an MOU with the statewide DV coalition to provide ongoing tech assistance to the subs & specifically work on the needs of those experiencing or fleeing DV situations. 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 related concerns shared by victims of DV.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or

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structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	1	15	0	30
Participant enrollment in project begins?	30	30	0	30
Participants begin to occupy leased units or structure(s), and supportive services begin?	45	60	60	45
Leased or rental assistance units or structure, and supportive services near 100% capacity?	120	180	120	60
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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

*** 4. Please identify the project's specific population focus.**
(Select ALL that apply)

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

5. Housing First

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

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

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

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

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

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

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

NA

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

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

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

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

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

X

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

CM work w/clients to identify housing needs during the search to obtain a unit that the HH can maintain upon completion of the program. CM will address neighborhood, size, proximity to work/school, safety concerns & access to support networks. CM will provide LL/T education on rights & resp, negotiate lease terms & conduct HQS. CM will serve as a resource for client & LL, mediate issues & work to avoid evictions. CM will develop comprehensive safety plans, personalized goal plans identifying agency-specific available services & w/community providers. After housing is secured, CM will identify barriers to stability such as income, legal or rental history. By using a flexible client-led approach, CM will address client specific needs & barriers w/the supportive assistance, services & CM necessary. CM will help secure education, job, training, child care, benefits & other identified needs in order to help the client be self-sufficient, increase sense of safety, independence & stability.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

CM use client needs & identified barriers to develop a coordinated approach to ensure consistent child care, transportation, food, clothing & other basic needs are met. CM will then assess the client's strengths & needs, help develop an employment plan & identify addt'l barriers to work. CM will provide transportation, gas vouchers, bus passes while referring to partners for employment supports such as job search, application & resume development &

interview prep. CM will connect clients to mainstream resources including access & application. CM will help obtain documents (DL, occup license, SSN card, birth certificate, ID), cell phone & internet. CM will provide the service or connect to partners in the community to address training needs, skill development or education. This can include GED, literacy & continuing ed. Increasing income is imperative to maintaining housing after the project ends. This can include applying for SSI, addressing mental health or AODA issues as well.

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

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

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

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



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

6. Will project participants have access to Yes

**SSI/SSDI technical assistance
provided by the applicant, a subrecipient, or
partner agency?**

**6a. Has the staff person providing the
technical assistance completed SOAR
training in the past 24 months.** Yes

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: 60

Total Beds: 110

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	10	14
Scattered-site apartments (...)	---	14	25
Scattered-site apartments (...)	---	16	41
Scattered-site apartments (...)	---	10	15
Scattered-site apartments (...)	---	10	15

4B. Housing Type and Location Detail

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

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

a. Units: 10

b. Beds: 14

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 1108

Street 2:

City: Fond du Lac

State: Wisconsin

ZIP Code: 54936-1108

***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)**

554960 Oshkosh, 559139 Winnebago County,
559039 Fond du Lac County, 559047 Green
Lake County, 552264 Fond Du Lac

4B. Housing Type and Location Detail

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

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

a. Units: 14

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: 2525 63rd St.

Street 2:

City: Kenosha

State: Wisconsin

ZIP Code: 53143

***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)**

553316 Kenosha, 559059 Kenosha 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 project participants at the selected housing site.

a. Units: 16

b. Beds: 41

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 727

Street 2:

City: Green Bay

State: Wisconsin

ZIP Code: 54305

- *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)**

552664 Green Bay, 559009 Brown 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 project participants at the selected housing site.

a. Units: 10

b. Beds: 15

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: 1118 TOWER AVE

Street 2:

City: Superior

State: Wisconsin

ZIP Code: 54880

- *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)**

559003 Ashland County, 559031 Douglas
County, 556492 Superior

4B. Housing Type and Location Detail

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

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

a. Units: 10

b. Beds: 15

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: 1201 Main St.

Street 2:

City: Oconto

State: Wisconsin

ZIP Code: 54153

***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)**

559041 Forest County, 559115 Shawano County, 559037 Florence County, 559075 Marinette County, 559078 Menominee County, 559125 Vilas County, 559083 Oconto County, 559067 Langlade County, 559085 Oneida 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	40	20	0	60
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
Adults over age 24	20	10		30
Adults ages 18-24	20	10		30
Accompanied Children under age 18	50		0	50
Unaccompanied Children under age 18			0	0
Total Persons	90	20	0	110

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24				1	0	3	20	1	0	0
Adults ages 18-24				0	0	2	20	1	0	0
Children under age 18				0	0	0	50	0	0	0
Total Persons	0	0	0	1	0	5	90	2	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24			1	2	0	2	10	1	0	0
Adults ages 18-24				1	0	2	10	0	0	0
Total Persons	0	0	1	3	0	4	20	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

8%	Directly from the street or other locations not meant for human habitation.
74%	Directly from emergency shelters.
	Directly from safe havens.
18%	Persons fleeing domestic violence.
	Directly from transitional housing eliminated in a previous CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

Each of the 5 subs participate in the CoC approved coordinated entry system by both referring people experiencing homelessness & accepting referrals from the HMIS & non-HMIS Prioritization lists. Outreach & access for this project is provided through the CE system. 2/5 currently operate in coalitions funded with CoC SSO money to support the system. 3/5 coalitions are applying to receive expansion CoC SSO money. 3/5 agencies are the CE lead & 2/5 are not the lead, but manage the non-HMIS PL for the coalition. Each agency is compliant with CE including forms, process & trainings. Each work with the BOS CE System Specialist as needed for TA. The subs will follow the written standards & order of priority for CoC-funded RRH by accepting referrals from the PL when there is a program opening, assist with eligibility paperwork & provide housing search & placement services. Subs are responsible for working with emergency shelters to connect with people on the PL & assist them with the document ready process.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

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 being requested:**

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

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 Request for Grant Term:			\$539,184
Total Units:			60
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Fond du Lac, WI MSA (5503999999)	7	\$55,272
TRA	WI - Green Lake County, WI (5504799999)	1	\$6,144
TRA	WI - Oshkosh-Neenah, WI MSA (5513999999)	2	\$16,128
TRA	WI - Kenosha County, WI HUD Metro FMR...	14	\$142,956
TRA	WI - Green Bay, WI HUD Metro FMR Area...	16	\$167,400
TRA	WI - Ashland County, WI (5500399999)	4	\$28,632
TRA	MN - Duluth, MN-WI MSA (2701799999)	6	\$49,464
TRA	WI - Langlade County, WI (5506799999)	1	\$8,172
TRA	WI - Oconto County, WI HUD Metro FMR ...	1	\$8,172
TRA	WI - Vilas County, WI (5512599999)	1	\$6,504
TRA	WI - Menominee County, WI (5507899999)	1	\$6,144
TRA	WI - Shawano County, WI (5511599999)	2	\$14,508
TRA	WI - Marinette County, WI (5507599999)	1	\$8,172
TRA	WI - Oneida County, WI (5508599999)	1	\$6,984
TRA	WI - Forest County, WI (5504199999)	1	\$8,172
TRA	WI - Florence County, WI (5503799999)	1	\$6,360

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 - Fond du Lac, WI MSA (5503999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$389	x	12		=	\$0
0 Bedroom		x	\$519	x	12		=	\$0
1 Bedroom	5	x	\$575	x	12		=	\$34,500

2 Bedrooms	1	x	\$751	x	12	=	\$9,012
3 Bedrooms	1	x	\$980	x	12	=	\$11,760
4 Bedrooms		x	\$1,121	x	12	=	\$0
5 Bedrooms		x	\$1,289	x	12	=	\$0
6 Bedrooms		x	\$1,457	x	12	=	\$0
7 Bedrooms		x	\$1,625	x	12	=	\$0
8 Bedrooms		x	\$1,794	x	12	=	\$0
9 Bedrooms		x	\$1,962	x	12	=	\$0
Total Units and Annual Assistance Requested	7						\$55,272
Grant Term							1 Year
Total Request for Grant Term							\$55,272

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 - Green Lake County, WI (5504799999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$351	x	12	=	\$0
0 Bedroom		x	\$468	x	12	=	\$0
1 Bedroom	1	x	\$512	x	12	=	\$6,144
2 Bedrooms		x	\$681	x	12	=	\$0
3 Bedrooms		x	\$872	x	12	=	\$0
4 Bedrooms		x	\$1,060	x	12	=	\$0
5 Bedrooms		x	\$1,219	x	12	=	\$0
6 Bedrooms		x	\$1,378	x	12	=	\$0
7 Bedrooms		x	\$1,537	x	12	=	\$0
8 Bedrooms		x	\$1,696	x	12	=	\$0
9 Bedrooms		x	\$1,855	x	12	=	\$0
Total Units and Annual Assistance Requested	1						\$6,144
Grant Term							1 Year
Total Request for Grant Term							\$6,144

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.

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<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 - Oshkosh-Neenah, WI MSA (5513999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$420	x	12	=	\$0
0 Bedroom		x	\$560	x	12	=	\$0
1 Bedroom	1	x	\$592	x	12	=	\$7,104
2 Bedrooms	1	x	\$752	x	12	=	\$9,024
3 Bedrooms		x	\$998	x	12	=	\$0
4 Bedrooms		x	\$1,294	x	12	=	\$0
5 Bedrooms		x	\$1,488	x	12	=	\$0
6 Bedrooms		x	\$1,682	x	12	=	\$0
7 Bedrooms		x	\$1,876	x	12	=	\$0
8 Bedrooms		x	\$2,070	x	12	=	\$0
9 Bedrooms		x	\$2,265	x	12	=	\$0
Total Units and Annual Assistance Requested	2						\$16,128
Grant Term							1 Year

Total Request for Grant Term		\$16,128
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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 - Kenosha County, WI HUD Metro FMR Area (5505999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$424	x	12	=	\$0
0 Bedroom		x	\$565	x	12	=	\$0
1 Bedroom	4	x	\$670	x	12	=	\$32,160
2 Bedrooms	9	x	\$890	x	12	=	\$96,120
3 Bedrooms	1	x	\$1,223	x	12	=	\$14,676
4 Bedrooms		x	\$1,437	x	12	=	\$0
5 Bedrooms		x	\$1,653	x	12	=	\$0
6 Bedrooms		x	\$1,868	x	12	=	\$0
7 Bedrooms		x	\$2,084	x	12	=	\$0
8 Bedrooms		x	\$2,299	x	12	=	\$0
9 Bedrooms		x	\$2,515	x	12	=	\$0
Total Units and Annual Assistance Requested	14						\$142,956
Grant Term							1 Year
Total Request for Grant Term							\$142,956

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.

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<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 - Green Bay, WI HUD Metro FMR Area (5500999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$356	x	12	=	\$0
0 Bedroom		x	\$474	x	12	=	\$0
1 Bedroom	3	x	\$557	x	12	=	\$20,052
2 Bedrooms	4	x	\$738	x	12	=	\$35,424
3 Bedrooms	6	x	\$1,035	x	12	=	\$74,520
4 Bedrooms	3	x	\$1,039	x	12	=	\$37,404
5 Bedrooms		x	\$1,195	x	12	=	\$0
6 Bedrooms		x	\$1,351	x	12	=	\$0
7 Bedrooms		x	\$1,507	x	12	=	\$0
8 Bedrooms		x	\$1,662	x	12	=	\$0
9 Bedrooms		x	\$1,818	x	12	=	\$0
Total Units and Annual Assistance Requested	16						\$167,400
Grant Term							1 Year
Total Request for Grant Term							\$167,400

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.

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<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 - Ashland County, WI (5500399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$382	x	12	=	\$0
0 Bedroom		x	\$509	x	12	=	\$0
1 Bedroom	2	x	\$512	x	12	=	\$12,288
2 Bedrooms	2	x	\$681	x	12	=	\$16,344
3 Bedrooms		x	\$879	x	12	=	\$0
4 Bedrooms		x	\$939	x	12	=	\$0
5 Bedrooms		x	\$1,080	x	12	=	\$0

6 Bedrooms		x	\$1,221	x	12	=	\$0
7 Bedrooms		x	\$1,362	x	12	=	\$0
8 Bedrooms		x	\$1,502	x	12	=	\$0
9 Bedrooms		x	\$1,643	x	12	=	\$0
Total Units and Annual Assistance Requested	4						\$28,632
Grant Term							1 Year
Total Request for Grant Term							\$28,632

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: MN - Duluth, MN-WI MSA (2701799999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$390	x	12	=		\$0
0 Bedroom		x	\$520	x	12	=		\$0
1 Bedroom	3	x	\$603	x	12	=		\$21,708
2 Bedrooms	3	x	\$771	x	12	=		\$27,756
3 Bedrooms		x	\$1,001	x	12	=		\$0
4 Bedrooms		x	\$1,201	x	12	=		\$0
5 Bedrooms		x	\$1,381	x	12	=		\$0
6 Bedrooms		x	\$1,561	x	12	=		\$0
7 Bedrooms		x	\$1,741	x	12	=		\$0
8 Bedrooms		x	\$1,922	x	12	=		\$0
9 Bedrooms		x	\$2,102	x	12	=		\$0
Total Units and Annual Assistance Requested	6							\$49,464
Grant Term								1 Year
Total Request for Grant Term								\$49,464

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:
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Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Langlade County, WI (5506799999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$382	x	12	=	\$0
0 Bedroom		x	\$509	x	12	=	\$0
1 Bedroom		x	\$512	x	12	=	\$0
2 Bedrooms	1	x	\$681	x	12	=	\$8,172
3 Bedrooms		x	\$899	x	12	=	\$0
4 Bedrooms		x	\$939	x	12	=	\$0
5 Bedrooms		x	\$1,080	x	12	=	\$0
6 Bedrooms		x	\$1,221	x	12	=	\$0
7 Bedrooms		x	\$1,362	x	12	=	\$0
8 Bedrooms		x	\$1,502	x	12	=	\$0
9 Bedrooms		x	\$1,643	x	12	=	\$0
Total Units and Annual Assistance Requested	1						\$8,172
Grant Term							1 Year
Total Request for Grant Term							\$8,172

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 - Oconto County, WI HUD Metro FMR Area (5508399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$404	x	12	=	\$0

0 Bedroom		x	\$539	x	12	=	\$0
1 Bedroom		x	\$581	x	12	=	\$0
2 Bedrooms	1	x	\$681	x	12	=	\$8,172
3 Bedrooms		x	\$972	x	12	=	\$0
4 Bedrooms		x	\$980	x	12	=	\$0
5 Bedrooms		x	\$1,127	x	12	=	\$0
6 Bedrooms		x	\$1,274	x	12	=	\$0
7 Bedrooms		x	\$1,421	x	12	=	\$0
8 Bedrooms		x	\$1,568	x	12	=	\$0
9 Bedrooms		x	\$1,715	x	12	=	\$0
Total Units and Annual Assistance Requested	1						\$8,172
Grant Term							1 Year
Total Request for Grant Term							\$8,172

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.

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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 WI - Vilas County, WI (5512599999)
fair market rent area:

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$359	x	12	=	\$0
0 Bedroom		x	\$479	x	12	=	\$0
1 Bedroom	1	x	\$542	x	12	=	\$6,504
2 Bedrooms		x	\$696	x	12	=	\$0
3 Bedrooms		x	\$871	x	12	=	\$0
4 Bedrooms		x	\$959	x	12	=	\$0
5 Bedrooms		x	\$1,103	x	12	=	\$0
6 Bedrooms		x	\$1,247	x	12	=	\$0
7 Bedrooms		x	\$1,391	x	12	=	\$0
8 Bedrooms		x	\$1,534	x	12	=	\$0
9 Bedrooms		x	\$1,678	x	12	=	\$0
Total Units and Annual Assistance Requested	1						\$6,504
Grant Term							1 Year
Total Request for Grant Term							\$6,504

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 - Menominee County, WI (5507899999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$351	x	12	=		\$0
0 Bedroom		x	\$468	x	12	=		\$0
1 Bedroom	1	x	\$512	x	12	=		\$6,144
2 Bedrooms	0	x	\$681	x	12	=		\$0
3 Bedrooms		x	\$852	x	12	=		\$0
4 Bedrooms		x	\$939	x	12	=		\$0
5 Bedrooms		x	\$1,080	x	12	=		\$0
6 Bedrooms		x	\$1,221	x	12	=		\$0
7 Bedrooms		x	\$1,362	x	12	=		\$0
8 Bedrooms		x	\$1,502	x	12	=		\$0
9 Bedrooms		x	\$1,643	x	12	=		\$0

Total Units and Annual Assistance Requested	1		\$6,144
Grant Term			1 Year
Total Request for Grant Term			\$6,144

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 - Shawano County, WI (5511599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	12 Months		Total Request (Applicant)
SRO		x	\$395	x	12	\$0
0 Bedroom		x	\$526	x	12	\$0
1 Bedroom	1	x	\$528	x	12	\$6,336
2 Bedrooms	1	x	\$681	x	12	\$8,172
3 Bedrooms		x	\$862	x	12	\$0
4 Bedrooms		x	\$973	x	12	\$0
5 Bedrooms		x	\$1,119	x	12	\$0
6 Bedrooms		x	\$1,265	x	12	\$0
7 Bedrooms		x	\$1,411	x	12	\$0
8 Bedrooms		x	\$1,557	x	12	\$0
9 Bedrooms		x	\$1,703	x	12	\$0
Total Units and Annual Assistance Requested	2					\$14,508
Grant Term						1 Year
Total Request for Grant Term						\$14,508

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 - Marinette County, WI (5507599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$351	x	12	=	\$0
0 Bedroom		x	\$468	x	12	=	\$0
1 Bedroom		x	\$512	x	12	=	\$0
2 Bedrooms	1	x	\$681	x	12	=	\$8,172
3 Bedrooms		x	\$870	x	12	=	\$0
4 Bedrooms		x	\$1,198	x	12	=	\$0
5 Bedrooms		x	\$1,378	x	12	=	\$0
6 Bedrooms		x	\$1,557	x	12	=	\$0
7 Bedrooms		x	\$1,737	x	12	=	\$0
8 Bedrooms		x	\$1,917	x	12	=	\$0
9 Bedrooms		x	\$2,097	x	12	=	\$0
Total Units and Annual Assistance Requested	1						\$8,172
Grant Term							1 Year
Total Request for Grant Term							\$8,172

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 - Oneida County, WI (5508599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$361	x	12	=		\$0
0 Bedroom		x	\$481	x	12	=		\$0
1 Bedroom	1	x	\$582	x	12	=		\$6,984
2 Bedrooms		x	\$726	x	12	=		\$0
3 Bedrooms		x	\$945	x	12	=		\$0
4 Bedrooms		x	\$1,153	x	12	=		\$0

5 Bedrooms		x	\$1,326	x	12	=	\$0
6 Bedrooms		x	\$1,499	x	12	=	\$0
7 Bedrooms		x	\$1,672	x	12	=	\$0
8 Bedrooms		x	\$1,845	x	12	=	\$0
9 Bedrooms		x	\$2,018	x	12	=	\$0
Total Units and Annual Assistance Requested	1						\$6,984
Grant Term							1 Year
Total Request for Grant Term							\$6,984

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 - Forest County, WI (5504199999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$344	x	12	=	\$0
0 Bedroom		x	\$459	x	12	=	\$0
1 Bedroom		x	\$543	x	12	=	\$0
2 Bedrooms	1	x	\$681	x	12	=	\$8,172
3 Bedrooms		x	\$941	x	12	=	\$0
4 Bedrooms		x	\$945	x	12	=	\$0
5 Bedrooms		x	\$1,087	x	12	=	\$0
6 Bedrooms		x	\$1,229	x	12	=	\$0
7 Bedrooms		x	\$1,370	x	12	=	\$0
8 Bedrooms		x	\$1,512	x	12	=	\$0
9 Bedrooms		x	\$1,654	x	12	=	\$0
Total Units and Annual Assistance Requested	1						\$8,172
Grant Term							1 Year
Total Request for Grant Term							\$8,172

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 - Florence County, WI (5503799999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$364	x	12	=	\$0
0 Bedroom		x	\$485	x	12	=	\$0
1 Bedroom	1	x	\$530	x	12	=	\$6,360
2 Bedrooms		x	\$705	x	12	=	\$0
3 Bedrooms		x	\$906	x	12	=	\$0
4 Bedrooms		x	\$978	x	12	=	\$0
5 Bedrooms		x	\$1,125	x	12	=	\$0
6 Bedrooms		x	\$1,271	x	12	=	\$0
7 Bedrooms		x	\$1,418	x	12	=	\$0
8 Bedrooms		x	\$1,565	x	12	=	\$0
9 Bedrooms		x	\$1,712	x	12	=	\$0
Total Units and Annual Assistance Requested	1						\$6,360
Grant Term							1 Year
Total Request for Grant Term							\$6,360

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	\$750/cost x 4 HH; uhaul, boxes, moving costs	\$5,000
3. Case Management	6.0 FTE case manager salary + benefits, supplies	\$281,123
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	\$103 stipend at move in x 11 HH	\$1,142
8. Housing/Counseling Services	.5 FTE Coordinator + benefits, supplies	\$20,800
9. Legal Services		
10. Life Skills		
11. Mental Health Services	560 hours w/onsite therapist	\$12,337
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	CM mileage reimbursement, bus tokens, cab services, limited car repairs, leased vehicle cost	\$12,330
16. Utility Deposits	\$500/each x 4 HH, \$538/each x 8 HH	\$6,304
17. Operating Costs	office costs, phone, laptop, equipment, supplies	\$5,495
Total Annual Assistance Requested		\$344,531
Grant Term		1 Year
Total Request for Grant Term		\$344,531

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
1. Equipment		
2. Software	Osnum comparrable database, servie agreement, consult & TA	\$1,000
3. Services		
4. Personnel	.1 FTE specialist + benefits	\$6,517
5. Space & Operations	cost of office, phone, utilities, supplies	\$1,800
Total Annual Assistance Requested:		\$9,317
Grant Term:		1 Year
Total Request for Grant Term:		\$9,317

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$182,786
Total Value of In-Kind Commitments:	\$63,003
Total Value of All Commitments:	\$245,789

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Golden House Disc...	08/29/2018	\$70,741
Yes	In-Kind	Private	NWCSA in-kind - food	08/16/2018	\$7,200
Yes	In-Kind	Private	NWCSA in-kind - h...	08/16/2018	\$5,000
Yes	In-Kind	Government	NWCSA - WIC	08/16/2018	\$600
Yes	Cash	Government	NWCSA CSBG	08/16/2018	\$18,514
Yes	Cash	Government	Newcap CSBG	08/28/2018	\$10,000
Yes	In-Kind	Private	Newcap - private ...	08/28/2018	\$5,500
Yes	In-Kind	Government	Newcap - TEFAP food	08/28/2018	\$4,500
Yes	In-Kind	Private	Newcap - donated ...	08/28/2018	\$1,250
Yes	In-Kind	Private	Safe Haven - HH d...	08/28/2018	\$3,000
Yes	In-Kind	Private	Safe Haven - food...	08/28/2018	\$2,080
Yes	In-Kind	Private	Newcap - weatheri...	08/28/2018	\$9,000

Yes	In-Kind	Private	Newcap - communit...	08/28/2018	\$5,000
Yes	In-Kind	Private	Newcap - Financia...	08/28/2018	\$673
Yes	Cash	Private	ADVOCAP - differe...	09/04/2018	\$17,500
Yes	Cash	Private	ADVOCAP discretio...	09/04/2018	\$14,464
Yes	Cash	Private	WIBOSCOC discreti...	08/20/2018	\$11,265
Yes	Cash	Private	W & C - United Way	08/28/2018	\$2,500
Yes	In-Kind	Private	W & C - food pantry	08/28/2018	\$9,200
Yes	In-Kind	Private	W & C - thrift st...	08/28/2018	\$10,000
Yes	Cash	Government	W & C - DCF	08/28/2018	\$4,500
Yes	Cash	Private	W & C - private c...	08/28/2018	\$33,302

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: Golden House Discretionary Funds
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/29/2018
6. Value of Written Commitment: \$70,741

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: NWCSA in-kind - food
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2018
6. Value of Written Commitment: \$7,200

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

- 2. Type of commitment:** In-Kind
3. Type of source: Private
4. Name the source of the commitment: NWCSA in-kind - household furnishing
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2018
6. Value of Written Commitment: \$5,000

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

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: NWCSA - WIC
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2018
6. Value of Written Commitment: \$600

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

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
2. Type of commitment: Cash
3. Type of source: Government

- 4. Name the source of the commitment:** NWCSA CSBG
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/16/2018
- 6. Value of Written Commitment:** \$18,514

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** Newcap CSBG
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/28/2018
- 6. Value of Written Commitment:** \$10,000

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Newcap - private donations
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/28/2018
- 6. Value of Written Commitment:** \$5,500

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Government
4. Name the source of the commitment: Newcap - TEFAP food
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2018
6. Value of Written Commitment: \$4,500

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: Newcap - donated hygiene products
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2018
6. Value of Written Commitment: \$1,250

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: Safe Haven - HH donation
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2018
6. Value of Written Commitment: \$3,000

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: Safe Haven - food donation
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2018
6. Value of Written Commitment: \$2,080

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: Newcap - weatherization
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2018
6. Value of Written Commitment: \$9,000

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind
3. Type of source: Private
4. Name the source of the commitment: Newcap - community health services
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2018
6. Value of Written Commitment: \$5,000

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

- 2. Type of commitment:** In-Kind
3. Type of source: Private
4. Name the source of the commitment: Newcap - Financial capabilities
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2018
6. Value of Written Commitment: \$673

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

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: ADVOCAP - difference FMR, tenant rent collected on own units
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/04/2018
6. Value of Written Commitment: \$17,500

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: ADVOCAP discretionary funds
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/04/2018

6. Value of Written Commitment: \$14,464

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: WIBOSCOG discretionary funds
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/20/2018
6. Value of Written Commitment: \$11,265

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: W & C - United Way
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2018
6. Value of Written Commitment: \$2,500

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: W & C - food pantry
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/28/2018

6. Value of Written Commitment: \$9,200

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: In-Kind

3. Type of source: Private

4. Name the source of the commitment: W & C - thrift store donation
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/28/2018

6. Value of Written Commitment: \$10,000

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

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Government

4. Name the source of the commitment: W & C - DCF

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

- 5. Date of Written Commitment:** 08/28/2018
6. Value of Written Commitment: \$4,500

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** W & C - private contributions
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/28/2018
6. Value of Written Commitment: \$33,302

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$539,184	1 Year	\$539,184
4. Supportive Services	\$344,531	1 Year	\$344,531
5. Operating	\$0	1 Year	\$0
6. HMIS	\$9,317	1 Year	\$9,317
7. Sub-total Costs Requested			\$893,032
8. Admin (Up to 10%)			\$89,303
9. Total Assistance Plus Admin Requested			\$982,335
10. Cash Match			\$182,786
11. In-Kind Match			\$63,003
12. Total Match			\$245,789
13. Total Budget			\$1,228,124

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	09/05/2018
3) Other Attachment(s)	No	HUD 50070 Work Si...	09/05/2018
2) Other Attachment(s)	No	Statewide DV Coal...	09/05/2018

Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description: HUD 50070 Work Site Form

Attachment Details

Document Description: Statewide DV Coalition & BOS MOU 2018

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	WIBOSCOC & Sub-Re...	09/05/2018

Attachment Details

Document Description: WIBOSCOC & Sub-Recipient Match Letters

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Jeanette Petts

Date: 09/06/2018

Title: President, WIBOSCOB Board of Directors

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

PHA Number (For PHA Applicants Only):

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

X

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

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	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/02/2018
1E. SF-424 Compliance	08/15/2018
1F. SF-424 Declaration	08/15/2018
1G. HUD 2880	08/15/2018
1H. HUD 50070	08/15/2018
1I. Cert. Lobbying	08/15/2018
1J. SF-LLL	08/15/2018
2A. Subrecipients	09/02/2018
2B. Experience	09/05/2018
3A. Project Detail	08/15/2018
3B. Description	09/05/2018
3C. Expansion	08/15/2018
4A. Services	09/05/2018
4B. Housing Type	09/05/2018
5A. Households	09/05/2018
5B. Subpopulations	No Input Required
5C. Outreach	09/05/2018
6A. Funding Request	08/15/2018
6E. Rental Assistance	09/05/2018
6F. Supp Srvcs Budget	09/06/2018
6H. HMIS Budget	09/02/2018
6I. Match	09/05/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/05/2018

7A. In-Kind MOU Attachment

09/05/2018

7D. Certification

09/05/2018



Wisconsin Balance of State Continuum of Care

WIBOSCOC RRH Project

HUD-50070 Form – Additional Page for Sites for Work Performance

ADVOCAP

PO Box 1108
Fond du Lac, WI 54936
Fond du Lac County

Golden House, Inc.

PO Box 727
Green Bay, WI 54305
Brown County

Newcap, Inc.

1201 Main St.
Oconto, WI 54153
Oconto County

Northwest Community Services Agency, Inc.

1118 Tower Ave.
Superior, WI 54880
Douglas County

Women and Children's Horizons, Inc.

2525 63rd St.
Kenosha, WI 53143
Kenosha County

WI Balance of State COC

PO Box 272
Eau Claire, WI 54702
Eau Claire County

MEMORANDUM OF UNDERSTANDING BETWEEN
END DOMESTIC ABUSE WISCONSIN, THE WI COALITION AGAINST DOMESTIC VIOLENCE, INC.
(End Abuse)

AND

WISCONSIN BALANCE OF STATE CONTINUUM OF CARE (WI BOSCOC)

PURPOSE

This Memorandum of Understanding (MOU), while not a legally binding document does indicate a voluntary agreement and commitment to assist in partnership activities outlined in this Memorandum of Understanding (MOU). This MOU specifies the terms of a formal partnership between the WIBOSCOC and End Abuse to address the housing needs of domestic abuse survivors.

COMMON MISSIONS and VALUES

The WI BOSCOC's mission is to end homelessness by supporting local coalitions throughout Wisconsin.

End Abuse's mission is to promote social change that transforms societal attitudes, practices, and policies to prevent and eliminate domestic violence, abuse and oppression. Part of End Abuse's core work includes advocating for the needs of domestic violence survivors across systems and agencies.

The missions of End Abuse and the WI BOSCOC intersect at the provision of housing services for domestic violence victims experiencing homelessness or facing the threat of homelessness. The WI BOSCOC and End Abuse recognize and value each other's missions and agree to partner to address the unique needs of domestic violence victims experiencing, or in danger of experiencing, homelessness.

SUPPORTING AN ON-GOING COLLABORATIVE RELATIONSHIP

Recent studies have shown that most women experiencing homelessness have also experienced domestic violence, and more than half report that domestic violence was the cause of their homelessness.¹ These statistics highlight the need for intensive cross training between DV service-providers and housing providers.

End Abuse and the WI BOSCOC agree to support each other in the provision of annual training opportunities at statewide conferences, or regional conferences, when available. Training content may include, but is not limited to, the rules and laws governing housing providers and DV service providers, dynamics of domestic violence and dynamics of homelessness, DV Housing First, trauma-informed care and victim/survivor-centered practice, and serving marginalized and culturally specific populations, among other topics.

¹ [https://safehousingpartnerships.org/sites/default/files/2017-05/SHP-Homelessness%20and%20DV%20Infographic 1.pdf](https://safehousingpartnerships.org/sites/default/files/2017-05/SHP-Homelessness%20and%20DV%20Infographic%201.pdf)

Additionally, End Abuse and the WI BOSCOG agree to encourage their respective membership organizations to provide local cross-training opportunities to enhance relationships and understanding between local providers.

CONSULTATION

End Abuse will serve as a resource to the WI BOSCOG on best practices in response to DV survivors, national and state rules and laws that govern DV service provision, and systems collaboration, among other areas. The BOSCOG will serve as a resource on homelessness, housing service provision best practices, and Housing First and other HUD-related rules and priorities, among other areas. When requested, End Abuse and WI BOSCOG will provide resources and technical assistance to one another.

CONFIDENTIALITY

End Abuse and WI BOSCOG each appreciate the rules and laws that govern confidentiality. End Abuse agrees to provide technical assistance and expertise to the WI BOSCOG on the unique rules and laws regarding confidentiality for DV survivors. The WI BOSCOG agrees to respect and accommodate DV survivor confidentiality rules and privacy rights in compliance with state and federal law.

ENHANCING PARTNERSHIP AND IMPACT

End Abuse and WI BOSCOG agree to partner on policies and proposals where both organizations and/or their membership will mutually benefit. This includes state and federal policy advocacy, and local and state policy implementation and practice, among other areas. End Abuse encourages a member of the WI BOSCOG membership or Board of Directors to participate in its legislative agenda-setting process. End Abuse will prioritize service on the WI BOSCOG Board of Directors by recommending a representative to serve on the board from End Abuse or from the broader community of DV survivors and service providers.

End Abuse also agrees to provide assistance to local agencies to develop MOUs, similar to this one, in their communities, when possible.

WI BOSCOG agrees to identify and support ways to maintain and enhance DV survivor voices in decision-making, either through innovative strategies to include survivors' voices on the Board level, or with leadership at the local coalition level.

ADMINISTRATION OF THE MEMORANDUM OF UNDERSTANDING

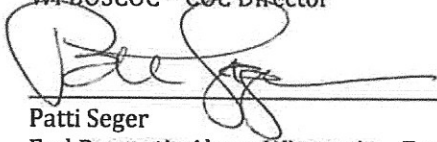
The term of this MOU is ongoing with regular reviews, when necessary. The MOU may be amended by agreement of the parties signing the MOU, or alternate parties designated by the Directors of both agencies.



Carrie Poser
WI-BOSCOC - COG Director

8/27/18

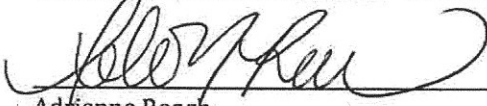
Date



Patti Seger
End Domestic Abuse Wisconsin - Executive Director

8/27/18

Date



Adrienne Roach
End Domestic Abuse Wisconsin - Policy and Systems Analyst

8/27/18

Date