**WI Balance of State COC**

**Application for EHH Certification 2019-2020**

*To be completed by the applicant.*

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| Legal Name of Applicant agency |  |
| Mailing Address |  |
| Applicant Lead Contact Name  \*Who is the primary contact for this application? |  |
| Lead Contact Email Address |  |
| Lead Contact Phone Number |  |

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| Local Coalition Name |  |
| Local Coalition  Lead Contact Name |  |

1. Did you apply and receive EHH funds during the FY2018 grant year (7.1.18-6.30.19)? ❒ Yes ❒ No

2. Check one: Are you applying as the lead agency ❒ **OR** a sub-recipient? ❒

**CoC Requirements**

1. Is the applicant agency an active member of the local coalition? ❒ Yes ❒ No

2. Did the applicant agency participate in the July 2018 PIT count? ❒ Yes ❒ No

Did the applicant agency participate in the January 2019 PIT count? ❒ Yes ❒ No

3. Did the applicant agency attend any Balance of State CoC meetings between May 2018 – Feb. 2019?

❒ Yes ❒ No

Which Balance of State CoC meetings did a member of the applicant agency attend? *(check all that apply)*

❒ May 2018 ❒ August 2018 ❒ Nov. 2018 ❒ February 2019

4. Is the applicant agency in good standing with the WI Balance of State CoC? ❒ Yes ❒ No

Does the applicant agency have any monitoring or coordinated entry-related findings that have not yet been resolved? ❒ Yes ❒ No

5. Is the applicant agency in good standing with WI DEHCR? ❒ Yes ❒ No

Does the applicant agency have any monitoring-related findings that have not yet been resolved?

❒ Yes ❒ No

6. Is the applicant agency in good standing with HUD? ❒ Yes ❒ No

Does the applicant agency have any monitoring-related findings that have not yet been resolved?

❒ Yes ❒ No

7. Is the applicant agency in compliance with coordinated entry policies & procedures? ❒ Yes ❒ No

8. Is a member of the applicant agency currently on the Balance of State CoC Board of Directors?

❒ Yes ❒ No

9. Is a member of the applicant agency involved with a CoC committee? ❒ Yes ❒ No

Is the member an active participant in the committee? ❒ Yes ❒ No

**CoC Assurances**

Each applicant must complete this section indicating compliance as of 7/1/19. By agreeing to the assurances, the agency agrees that each can be subject to monitoring by CoC staff. If an agency fails to comply with the requirements, certification will be revoked.

Write the word “YES” if the applicant performs the function or has the policy or document described and required. Write the word “NO” if the applicant does not perform the function or does not have the policy or document described. There are no questions that are not applicable under this Agreement.

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| **Financial Management** | | |
| A | Does the applicant agree to have accounting records that identify the source and use of all funds, including information on: all grant awards received; authorizations or obligations of awards received; de-obligated balances; assets & liabilities; program income; and total actual outlays or expenditures to date? |  |
| B | Does the applicant agree to have accounting records that are supported by adequate source documentation such that the combination of source documentation and accounting records provides a complete audit trail? This includes, but is not limited to: documenting when a purchase was requested and by whom, how it was formally approved, what funds were used to pay for it, when it was paid, and for how much. |  |
| C | Does the applicant agree to use employee timesheets that allow employees to track grant funded time spent on EHH related activities separately from time spent and funded from other resources? |  |
| D | Does the applicant agree to have a system in place for maintaining its financial resources for five (5) years or until any litigation, claim, audit, or other action involving the records has been resolved, whichever comes later? |  |
| E | Does the applicant agree to have a current financial policy and procedure manual that covers basic accounting procedures such as those for recording financial transactions, for maintaining accounting records, and for approving grant funded expenditures? |  |
| F | Does the applicant agree to have a policy manual covering basic account procedures and specifying approval authority for financial transactions (in which no one person has control over an entire financial transaction)? |  |
| G | Does the applicant agree to have an organization chart showing titles and lines of authority? |  |
| H | Does the applicant agree to have written position descriptions describing the responsibilities of key employees and all employees paid with EHH funds? |  |
| I | Does the applicant agree to have hiring policies to ensure that staff qualifications are equal to job responsibilities and the individual hired are competent to do the job? |  |

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| **Consumer Participation** | | |
| A | Does the applicant agree to have representation of a person who is homeless or formerly homeless on the board of directors or a policymaking entity directly responsible for making policy for the project(s) for which funding is being requested? |  |
| B | Does the applicant, to the maximum extent practicable and allowable, agree to encourage the participation of individuals and families who are homeless in maintaining, and operating the facilities and programs for which funding is requested? |  |

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| **Client Rights** | | |
| A | Does the applicant agree to have published and accessible grievance and termination procedures that meet the requirements of *24 CFR 578.91*- Terminating assistance? |  |
| B | Does the applicant agree to release client-specific data only insofar as it is required for the client’s case plan or in the course of business and with the client’s written permission? |  |

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| **Client HMIS Data** | | |
| A | Does the applicant agree to fully participate in HMIS – Service Point, including but not limited to: signing the agency agreement, requiring each user to sign the user agreement, comply with training requirements, and follow the most recent HUD Data Standards? |  |
| B | If the answer to (A) is “NO” and the applicant is prohibited from utilizing Service Point, the applicant must use an HMIS comparative database. Does the applicant utilize an HMIS comparable database that is able to generate a CAPER report?  If the answer to (A) is “YES” type NA in this box. |  |

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| **Point-in-Time Count** | | |
| A | Does the applicant agree to actively participate in the overnight street count during the semi-annual Point-in-Time Count held on the 4th Wednesday in July and January? |  |

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| **Prohibition Against Involuntary Family Separation and Discrimination** | | |
| A | Does the applicant agree to refer clients to the appropriate services that exist outside of the Coordinated Entry system? This can include mainstream benefits as well as specific sub-population programming. |  |
| B | Does the applicant agree to refrain from engaging in inherently religious activities, such as worship, religious instruction, or proselytization as part of the programs or services funded under the CoC Program? |  |
| C | Does the applicant agree to serve clients regardless of gender identification or sexual orientation? |  |
| D | Does the applicant agree to provide services to an otherwise eligible individuals or families regardless of gender identification, sexual orientation, family status, marital status, or the age of anyone in the household? |  |
| E | Does the applicant agree to provide services and refrain from inquiring or requiring any documentation about family status, gender identification, or sexual orientation? Examples of prohibited inquiry and documentation include but are not limited to parentage, birth certificates, marriage, and marriage certificates. |  |

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| **Good Standing** | | |
| A | Is the applicant qualified for tax exemption under 501(c)(3) of the internal revenue code or a unit of government? |  |
| B | Is the applicant an equal opportunity employer in accordance with all federal regulations? |  |
| C | In the last two prior years, if applicable, was a financial audit conducted in compliance with OMB A-133 standards? |  |
| D | In the last two prior years, in that audit, were there any findings or unresolved questioned costs in the financial audit in which funds were requested to be returned because of misappropriation or ineligible expenses? *If you answer “yes” to this question, please attach an explanation*. |  |
| E | In the last two prior years, were there any fines or liens levied against the agency (paid or unpaid) from any source? Example: a fine for not paying payroll taxes. *If you answer “yes” to this question, please attach an explanation*. |  |
| F | In the last two prior years, were any funds from any other grantors for the purpose of serving individuals or families experiencing homelessness required to be returned? *If you answer “yes” to this question, please attach an explanation*. |  |
| G | In the last two prior years, has there been any HUD monitoring findings?  *If you answer “yes” to this question, please attach the findings and corrective action.* |  |

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| **Continuum of Care** | | |
| A | Does the applicant agree to fully participate and adhere to the Balance of State Coordinated Entry 2.0 policies and procedures and required appendices? |  |
| B | Does the applicant agree to complete the 4 parts of the coordinated entry process for every person experiencing homelessness that contacts your agency. These 4 parts are: pre-screen, assessment, referral, and follow-up. |  |
| C | Does the applicant agree to comply with all eligibility and prioritization standards established by the Balance of State CoC? This includes but is not limited to maintaining documentation that verifies compliance with prioritization and due diligence exercised. |  |
| D | Does the applicant agree to actively participate in the semi-annual overnight street count for the PIT in July 2019 and January 2020? |  |
| E | Does the applicant agree to actively participate in local coalition meetings? This includes attending meetings regularly, participating in local coalition planning, etc. |  |
| F | Does the applicant agree to comply with Balance of State CoC established policies, including but not limited to the Governance Charter and all applicable written program standards? |  |
| G | Is the applicant in good standing (no outstanding findings) with the Balance of State CoC, HUD, the State of Wisconsin, and other funders (i.e. United Way, private foundations, etc). |  |
| H | To the maximum extent possible, does the applicant agree to follow policies and protocols for the discharge of person from publicly funded institutions or system of care (such as health care facilities, mental health facilities, foster care, or other youth facilities, or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons? |  |
| I | The agency agrees to provide the Balance of State with HMIS-based and non-HMIS based reports as requested and/or required for the purpose of evaluation and monitoring of performance. |  |
| J | The agency acknowledges that performance standards will be used during the allocation process for EHH during the FY2019 and following grant years. These standards look at agency performance as well as local continua performance as a system. |  |
| K | The agency acknowledges there are different requirements for participation in the Balance of State Quarterly Meetings and Committees for a Lead Agency and Sub-recipient. |  |
| L | The agency acknowledges that if the requirements established above (including PIT and committee representation) are not met in 2019, they will not be certified or certification will be revoked and the agency will not be eligible for EHH funds. |  |
| M | The agency agrees to maintain data quality and data completeness as is required by DEHCR, HMIS/PIT committee, the Balance of State Board of Directors and Staff, and/or the Lead Agency. |  |
| N | The agency agrees to participate in the monitoring process conducted by the Lead Agency (if agency is sub-recipient), DEHCR, and the Balance of State Continuum of Care. |  |
| O | In the last two prior years, has there been any Balance of State CoC monitoring findings? |  |
| P | In the last two prior years, has there been any DEHCR monitoring findings? |  |

I certify that all of the information provided in this application for EHH certification is correct, accurate, and complete to the best of my knowledge. I understand that my signing this document, I agree the agency shall be held accountable for the information provided in this application and the assurances I have provided above.

By:

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Signature Date

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Print Name Title

**2019-2020 EHH Certification Application Verification Signature Page**

**1. Local Coalition Involvement – Verification (must be signed by coalition lead\*)**

By signing this form, I hereby verify that the applicant has been an active member of our local coalition during the 2018 - present time period. Activities can include attendance in meetings, participation in workgroups or planning sessions, and the point-in-time process.

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Signature Date

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Print Name Agency

*\*if the applicant is the coalition lead, the signature must come from a different active member of the local coalition.*

**2. Board of Directors or CoC Committee Involvement – Verification\*\***

By signing this form, I hereby verify that the applicant has been an active member of the Balance of State Board of Directors ❒ or an active participant on a CoC committee ❒. Committee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Active participation** is defined as attending meetings, no more than 1 unexcused absence, no more than 3 excused absences without pre-approval by committee chair (i.e. maternity/paternity leave), and completion of tasks as assigned by the committee chair. The committee chair also reserves the right to add to this definition and will include it in the minutes prior to implementation.

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Signature Date

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Print Name Agency

*\*\*Must be signed by the BOS Board President (Board involvement) or BOS Committee Chair (Committee involvement). If the applicant is the Board President, the signature must come from the Vice President of the Board.*

**End of Application**

**2019-2020 EHH Certification Application – CoC Staff Confirmation Page**

This section will be completed by the CoC Staff following the submission of the EHH Certification Application.

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monitoring & Compliance Coordinator - Verification**

1. In the last two prior years, has there been any Balance of State CoC monitoring findings? ❒ Yes ❒ No

2. If there have been findings, have the findings been resolved? ❒ Yes ❒ No ❒ NA

3. If there are current findings, is the applicant actively working on a resolution? ❒ Yes ❒ No ❒ NA

4. Is there any unresolved issues related to a DEHCR monitoring? ❒ Yes ❒ No ❒ NA

5. Is there any unresolved issues related to a HUD monitoring? ❒ Yes ❒ No ❒ NA

**GOOD STANDING:** ❒ Yes ❒ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Coordinated Entry System Specialist - Verification**

1. In the last two prior years, has there been any Balance of State CoC – Coordinated entry related monitoring findings? ❒ Yes ❒ No

2. If there have been findings, have the findings been resolved? ❒ Yes ❒ No ❒ NA

3. If there are current findings, is the applicant actively working on a resolution? ❒ Yes ❒ No ❒ NA

4. Are there any issues or concerns regarding compliance with the Balance of State Coordinated Entry 2.0 policies & procedures? ❒ Yes ❒ No

5. Does the agency have an agency agreement on file with the Balance of State? ❒ Yes ❒ No

6. Does the agency have staff agreements signed? ❒ Yes ❒ No

7. Have the agency staff completed the necessary and required coordinated entry-related trainings?

❒ Yes ❒ No

**GOOD STANDING:** ❒ Yes ❒ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**CoC Director – Verification**

1. Based on the post-PIT count survey, did the applicant agency staff participate in the July 2018 PIT count? ❒ Yes ❒ No

2. Based on the post-PIT count survey, did the applicant agency staff participate in the Jan. 2019 PIT count? ❒ Yes ❒ No

3. Based on the 2018 & 2019 CoC Attendance form, did the applicant agency staff attend any Balance of State Meetings between 5.2018 – 2.2019? ❒ Yes ❒ No How many? \_\_\_\_\_\_\_\_\_\_\_\_\_

4. Based on the 2018 & 2019 CoC Attendance form, did the applicant agency staff actively participate on a CoC committee as required in the application (either as a chair or member)? ❒ Yes ❒ No

**GOOD STANDING:** ❒ Yes ❒ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date