

## 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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2023 CoC Program grant competition.
  - Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program Competition NOFO.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2023 CoC Program NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/13/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** Wisconsin Balance of State Continuum of Care, Inc.
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 27-5491167
- c. Unique Entity Identifier:** LBN1AU46U7L4

### d. Address

**Street 1:** PO Box 272  
**Street 2:**  
**City:** Eau Claire  
**County:** Eau Claire  
**State:** Wisconsin  
**Country:** United States  
**Zip / Postal Code:** 54702

### e. Organizational Unit (optional)

**Department Name:**  
**Division Name:**

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

**Prefix:** Ms.  
**First Name:** Carrie  
**Middle Name:**  
**Last Name:** Poser  
**Suffix:**  
**Title:** CoC Director  
**Organizational Affiliation:** Wisconsin Balance of State Continuum of Care, Inc.  
**Telephone Number:** (715) 598-3301

**Extension:**

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

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

## 1C. SF-424 Application Details

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

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

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

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6700-N-25

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

**13. Competition Identification Number:**

**Title:**

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

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

**15. Descriptive Title of Applicant's Project:** WIBOSCOC Planning Grant FY2023

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

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

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

**17. Proposed Project**

**a. Start Date:** 01/01/2025

**b. End Date:** 12/31/2025

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

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Lisa

**Middle Name:**

**Last Name:** Haen

**Suffix:**

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

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

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

**Email:** lhaen@khds.org

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

**Date Signed:** 09/13/2023



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.1/31/2026)**

## Applicant/Recipient Information

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

**Agency Legal Name:** Wisconsin Balance of State Continuum of Care, Inc.  
**Prefix:** Ms.  
**First Name:** Lisa  
**Middle Name:**  
**Last Name:** Haen  
**Suffix:**  
**Title:** Chair, WIBOSCOC Board of Directors  
**Organizational Affiliation:** Wisconsin Balance of State Continuum of Care, Inc.  
**Telephone Number:** (262) 764-8555  
**Extension:**  
**Email:** lhaen@khds.org  
**City:** Eau Claire  
**County:** Eau Claire  
**State:** Wisconsin  
**Country:** United States  
**Zip/Postal Code:** 54702

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

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

**4. Amount of HUD Assistance Requested/Received: \$888,795.00**

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
State of Wisconsin DEHCR PO Box 7970 Madison, WI 53707-7970	Administrative costs	\$17,500.00	Support monitoring and compliance of COC Funded agencies

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

**Part III Interested Parties**

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

**Certification**

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

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

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

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

**Date Signed:** 09/13/2023

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

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

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

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

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

### Sites for Work Performance.

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

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

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

X
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WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Lisa

**Middle Name**

**Last Name:** Haen

**Suffix:**

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

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

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

**Email:** lhaen@khds.org

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

**Date Signed:** 09/13/2023

## **CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Date Signed:** 09/13/2023

# 1J. SF-LLL

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

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

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

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

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

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

**Street 1:** PO Box 272

**Street 2:**

**City:** Eau Claire

**County:** Eau Claire

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54702

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

I certify that this information is true and complete.



**Authorized Representative**

**Prefix:** Ms.

**First Name:** Lisa

**Middle Name:**

**Last Name:** Haen

**Suffix:**

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

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

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

**Email:** lhaen@khds.org

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

**Date Signed:** 09/13/2023

## IK. SF-424B

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

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

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

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

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

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

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

**Authorized Representative for:** Wisconsin Balance of State Continuum of Care, Inc.

**Prefix:** Ms.

**First Name:** Lisa

**Middle Name:**

**Last Name:** Haen

**Suffix:**

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

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

**Date Signed:** 09/13/2023

## 2A. Project Detail

1. **CoC Number and Name:** WI-500 - Wisconsin Balance of State CoC
2. **Collaborative Applicant Name:** Wisconsin Balance of State Continuum of Care, Inc.
3. **Project Name:** WIBOSCOC Planning Grant FY2023
4. **Component Type:** CoC Planning Project Application

## 2B. Project Description

### 1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with 24 CFR 578.7:

Organized in 1992, the Balance of State CoC is a 501c3 & covers 69 WI counties. Within the area, there are 21 local homeless coalitions. Because of COVID, the BOS switched from in person mtgs 4 times a year to a virtual platform. Business mtgs include committee reports, updates by the HMIS lead & Board, presentations related to strategic goals & system performance measures. The CoC has provided additional training opportunities including motivational interviewing, diversity-equity-inclusion, trauma & resilience, fair housing & ADA. The planning grant supports the CoC's ability to carry out the provisions of Subpart B, specifically allowing the CoC to hire & maintain the 6.0 FTE (and soon an add'l one) who collectively ensure compliance with the provisions of 24 CFR 578.7, implementation of a housing & service system to prevent & end homelessness at the CoC level & provide direct support to the 21 local coalitions in executing the same. These positions are funded all or part by the CoC planning grant. The CoC Director is responsible for planning & organizing regular meetings of the full membership & open invites; compliance w/gov charter; assist Board w/committee & workgroup tasks; collaborate w/HMIS lead to ensure participation, review & approve privacy, security & data quality plans; develop performance targets for CoC & ESG funded projects; overall coordination of the homeless crisis response system; the HDX submission for the semi-annual unsheltered & sheltered PIT count; providing info for Con Plan development including data sharing; consult w/ESG admin on allocation, reporting, monitoring & evaluation; ensuring policy compliance & the completion of an annual gaps analysis & evaluation of results; the preparation & submission of the Collaborative Application with the approval of the Board. The Monitoring & Compliance Manager is responsible for conducting monitorings of all CoC funded projects, making recommendations on performance issues, providing assistance & tech support to ensure compliance, evaluating progress toward CoC-specific goals & facilitating best practices such as housing first. Staff offer to support DEHCR with ESG project specific compliance, monitoring & evaluation. The CE System Specialist is responsible for ensuring CE system compliance & consistency over the entire geographic area, training & tech assistance, monitoring & evaluation. This includes adherence to the policies & procedures, marketing, written standards & order of priority approved by the CoC. The two Grant Specialists provide support to the staff related to monitoring, compliance & best practices. They also help w/the planning, training & data collection for the PIT. The System Manager is responsible for proj evaluation; YHDP; & system of care collaboration. Collectively, the 6 current staff support the implementation & operation of the homeless crisis response system designed to prevent and end homelessness in the CoC. The CoC will subgrant some planning funds to each coalition lead agency to support local coordination & planning activities at the local level. The CoC's newly hired System Specialist will oversee this expansion of planning grant funds to build capacity & ensure compliance of 24 CFR 578.7.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

The activities are already underway in the CoC. The current planning grant pays for all or part of the 6.0 FTE positions required to comply with the requirements of 24 CFR 578.7. In 2025 with the additional planning grant funds, the CoC will hire a System Specialist to help & support the expansion & operation of the homeless crisis response system across the CoC. This position will provide oversight to the planning activities within the 21 local homeless coalitions within the CoC. The process of implementing & reviewing the established housing & service system to prevent & end homelessness at the CoC-level & local homeless coalition level is an ongoing task. Following the completion of the CoC Competition, the CoC Board & CoC Director will review the current activities, make changes & identify areas of improvement. The achievement of goals & objectives and the development of the work plan is monitored by the Board's executive committee and the CoC Director. Progress is reported monthly to the Board by the CoC Director & discussed quarterly with the CoC members at the full membership meetings. The Board & executive committee meet separately monthly. The strategic plan continues to be updated annually to ensure alignment with the overall needs & HUD policy directives & requirements. The CoC Board is ultimately responsible for assuring the effective & timely completion of all work. The CoC Board members are required to chair standing & ad hoc committees & workgroups, ensuring progress on all committee tasks. The CoC Director reports to the Executive Committee. Performance reviews are completed annually by the Executive Committee. The CoC Director directly supervises the Monitoring & Compliance Manager & System Manager. Each manager then directly supervises two specialists – grant, coordinated entry & system. All staff have a job description & job expectation. Teams meet weekly to identify goals & report on progress w/full staff coming together monthly.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

The requested funds will be used to support 7.0 full-time CoC staff positions. Each staff plays a key role in evaluating CoC & ESG projects. The funds are imperative to increase the CoC's capacity to evaluate performance & provide ongoing technical assistance to improve outcomes. Prior to the planning grant, the volunteer Board struggled w/dedicating time to evaluate outcomes. This necessitated the investment of paying dedicated staff. The CoC Director's activities include consultation with the ESG administrator regarding allocation of ESG funds & attempted consultation on compliance activities, best practices, & project operations. The CoC Director is responsible for providing the Board info & data to establish goals, standards & benchmarks that are in line with the CoC's strategic plan to end homelessness. The CoC Director provides monthly updates to the Board on system performance measures & quarterly updates to the full membership. The CE System Specialist is responsible for CoC & ESG-funded project compliance with the CoC's approved CE policies & procedures, written standards & order of priority. The CE Specialist reviews & assesses the use of the CE system to ensure people's needs are matched with the appropriate interventions. The two Grant Specialists will provide support for monitoring, compliance, evaluation & coordination activities. The Monitoring & Compliance Manager is responsible for project evaluation & best practices around SPM & oversees the Grant Specialist positions. The System Manager is responsible for overall operation of the homeless crisis response system across the CoC w/help from the new System Specialist position. Each staff supports 3-4 of the 21 local homeless coalitions including attending planning mtgs & support to CoC committees.



### 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Quarterly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

3a. Written agendas of CoC meetings? Yes

3b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

3c. Process for monitoring outcomes of ESG recipients? Yes

3d. CoC policies and procedures? Yes

3e. Written process for board selection? Yes

3f. Code of Conduct for board members that includes a recusal process? Yes

3g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No



### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC’s geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
System Performance Network	The role is to measure progress toward the BOS goal of ending homelessness. Specifically, the committee (1) sets criteria, performance standards & benchmarks for CoC & ESG-funded projects; (2) reviews progress toward ending homelessness, including totals & sub-populations; (3) identifies training needs; (4) in collaboration with HMIS lead, review data quality, providing technical assistance; (5) works with local coalitions on system performance measures, assist with creating benchmarks at local & CoC level; (6) evaluate project, local coalition & CoC wide outcomes & (7) reports to the CoC Board & membership.	Bi-Monthly	Committee Chair: David Eberbach (HMIS Lead-ICA) & Meghan Mietchen (CACSCW). Org – emergency shelters, nonprofit housing providers, CoC & ESG funded, Salvation Army, youth agencies, Catholic Charities, DV providers & CoC staff
Discharge Planning	The role of this committee is to research and develop guidance for local coalitions on institutional discharges into homelessness. The 4 main institutions include: foster care system, mental health, hospital, and county jail system. Each of these systems of care have their own policies, procedures, and expectations for discharge planning. The committee is responsible for better understanding these systems of care, discharge planning process, issues and concerns faced by those exiting to homelessness, and create better awareness of local coalitions, coordinated entry, and resources. Committee members shall work with the other systems of care workgroup of the CE committee on expanding access to coordinated entry.	Monthly	Committee Chairs: Kristi Bechtel (Therapist) & Sherri Waid (NV Ind). Org—emergency shelters, nonprofit housing providers, CoC & ESG funded, Salvation Army, Hospital system, Mendota MH Institute, WI DHS, 211, Outreach staff, Lived exp & CoC staff
Youth Action Board	The CoC Youth Action Board is comprised of youth, under the age of 24, with lived homelessness experience. They meet weekly to address YHDP-related items, review CoC policies & processes (i.e. PIT and Coordinated Entry). The purpose is to provide a platform for authentic youth engagement & leadership w/in the CoC. The role is to: (1) review, propose changes, & approve CoC policies & procedures; (2) gather youth perspective & feedback; (3) use expertise to educate membership on the needs & issues faced by homeless youth; & (4) gain a comprehensive understanding on how to serve youth in the BOS.	Bi-Monthly	Committee Chair: Leigh Polodna (BOS staff). Each local YAB selects a member to represent them on CoC-wide YAB. Add'l members can participate as non-voting. Attendance varies. At least 3 members participate every other week.

Gaps & Needs	The role of this committee is to plan, organize & execute the CoC-wide annual gaps survey to both current & former clients, providers & community partners. The committee analyzes the results of the survey & report to the CoC Board & present findings at a full membership meeting annually. The committee looks at ways to increase involvement with the survey, enhance the questions & ensure broad dispersion. The committee is tasked with using the findings to gather additional information, problem solve & identify best practices. The committee makes recommendations to the Board regarding ways to fill the gaps that exist in our geographic area, assess for trends & commonalities among local coalitions, as well as identify unique needs.	Monthly	Committee Chairs: Michelle Friedrich (SWCAP) & Kayden Rinzel (FPW). Org.- CoC & ESG funded projects, non-profit housing providers, emergency shelter, PHA & DV providers.
Coordinated Entry	The role is to (1) evaluate & adjust CE process & procedures, make policy recommendations & changes; (2) collaborate w/CE System Specialist & (3) coordinate 8 workgroups: Implementation-address questions, issues & concerns, act as resource for CE Specialist & assist w/technical assistance; Marketing-ensure materials are accessible & available, identify gaps & enhance outreach strategies; Youth, Vets, & DV-identify & address specific subpopulation issues/concerns; Prevention-review policy & implementation, address concerns; Evaluation-evaluate the quality & effectiveness of the CE system; Other Systems of Care-develop policy & training for non-traditional partnerships to expand CE reach in communities & encourage participation.	Monthly	Committee Chairs: Wendy Schneider (CWCAC) & Marissa Heim (Golden House). Orgs-HMIS lead, legal action, WI DV Coalition, emergency shelters, non-profit housing & DV, CoC Staff, CoC & ESG projects, street outreach, YWCA, Vet & youth org

## 4A. 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:	\$122,199
Total Value of In-Kind Commitments:	\$100,000
Total Value of All Commitments:	\$222,199

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

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

Type	Source	Contributor	Value of Commitments
Cash	Government	DEHCR HAP Admin F...	\$12,500
Cash	Private	WIBOSCOC Discreti...	\$11,360
In-Kind	Private	WIBOSCOC Voluntee...	\$100,000
Cash	Private	WIBOSCOC Sub-reci...	\$98,339

## Sources of Match Details

- 1. Type of commitment: Cash
- 2. Source: Government
- 3. Name of source: DEHCR HAP Admin Funds  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Value of Written Commitment: \$12,500

## Sources of Match Details

- 1. Type of commitment: Cash
- 2. Source: Private
- 3. Name of source: WIBOSCOC Discretionary Funds  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Value of Written Commitment: \$11,360

## Sources of Match Details

- 1. Type of commitment: In-Kind
- 2. Source: Private
- 3. Name of source: WIBOSCOC Volunteer Hours  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Value of Written Commitment: \$100,000

**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 Details

- 1. Type of commitment:** Cash
- 2. Source:** Private
- 3. Name of source:** WIBOSCOC Sub-recipient Match  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Value of Written Commitment:** \$98,339

## 4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes

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

3. Select a grant term: 1 Year

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	4.15 FTE salary & benefits, travel, training, per diem, office, phone, supplies	\$298,492
2. Project Evaluation	.5 FTE salary & benefits, travel, training, per diem, office, phone, supplies	\$30,000
3. Project Monitoring Activities	1.5 FTE salary & benefits, travel, training, per diem, office, phone, supplies	\$200,000
4. Participation in the Consolidated Plan		
5. CoC Application Activities	.25 FTE salary & benefits, office, phone, office supplies	\$30,439
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System	4.15 FTE salary & benefits, travel, training, per diem, office, phone, supplies, tech & communication costs (goto webinar, survey monkey, website) &	\$269,864
8. HUD Compliance Activities	1.0 FTE salary & benefits, travel, training, per diem, office, phone, supplies	\$60,000
<b>Total Costs Requested</b>		<b>\$888,795</b>
<b>Cash Match</b>		<b>\$122,199</b>
<b>In-Kind Match</b>		<b>\$100,000</b>
<b>Total Match</b>		<b>\$222,199</b>
<b>Total Budget</b>		<b>\$1,110,994</b>

**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		



## Attachment Details

Document Description:

## Attachment Details

Document Description:

## 5A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	WIBOSCOC Planning...	08/21/2023

## Attachment Details

**Document Description:** WIBOSCOC Planning Grant Match Letter

## 5B. Certification

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

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

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

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

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

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

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

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

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

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

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

**Date:** 09/13/2023

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

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

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

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

X

## 6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/11/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/11/2023
1E. SF-424 Compliance	09/11/2023
1F. SF-424 Declaration	09/11/2023
1G. HUD 2880	09/11/2023
1H. HUD 50070	09/11/2023
1I. Cert. Lobbying	09/11/2023

<b>1J. SF-LLL</b>	09/11/2023
<b>IK. SF-424B</b>	09/11/2023
<b>2A. Project Detail</b>	09/11/2023
<b>2B. Description</b>	09/11/2023
<b>3A. Governance and Operations</b>	09/11/2023
<b>3B. Committees</b>	09/11/2023
<b>4A. Match</b>	09/13/2023
<b>4B. Funding Request</b>	09/13/2023
<b>5A. Attachment(s)</b>	No Input Required
<b>5A. In-Kind MOU Attachment</b>	09/11/2023
<b>5B. Certification</b>	09/11/2023



August 21, 2023

To: Milwaukee HUD Field Office  
RE: Documentation of Match

The Wisconsin Balance of State Continuum of Care, Inc. has sufficient match for the FY23 Planning Grant from the following sources:

<b>Amount</b>	<b>Type</b>	<b>Source</b>	<b>Description</b>
12,500	Cash	Gov't	DEHCR HAP Admin Funds
100,000	In Kind	Private	WIBOSCO volunteer time donation
11,360	Cash	Private	WIBOSCO discretionary funds
99,246	Cash	Private	WIBOSCO sub-recipient match funds

Volunteer hours are donated for activities such as CoC planning in the local coalitions, coordination activities, point-in-time, and CoC-wide committee work by members and the board.

This is a total of \$223,106 in match funds.

Respectfully,

Lisa Haen  
CoC Board Chair  
Wisconsin Balance of State Continuum of Care, Inc.