

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a 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) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2019 Project Application will be imported into the FY 2021 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2021 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/19/2021

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0214

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

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: 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

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-6500-N25

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: WIBOSCOG RRH Project

16. Congressional District(s):

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

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: 10/01/2022

b. End Date: 09/30/2023

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: 10/19/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: 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

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4a. Total Amount Requested for this project: \$1,065,123

5. State the name and location (street address, city and state) of the project or activity: WIBOSCOC RRH Project PO Box 272 Eau Claire Wisconsin

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

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%

Certification

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

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

I AGREE:

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

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

Date Signed: 10/11/2021

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;	

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

X

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



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

Authorized Representative

Prefix: Ms.

First Name: Lisa

Middle Name

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOG 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: 10/19/2021

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: Lisa Haen, Chair, WIBOSCOC Board of Directors

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

Date Signed: 10/19/2021

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: 10/19/2021

IK. SF-424B

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

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

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

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

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

- 8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

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

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

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

Date Signed: 10/19/2021

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:

- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:

- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6C. Rental Assistance	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

Need to update contact information and the description.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

Unfortunately we were unable to spent out a minimal amount of funds because of rental assistance. We will be monitoring spending levels closely in this next grant year.

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
 - a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
 - b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? Yes - Stand-Alone Renewal Application in a New Grant Expansion

If "No" click on "Next" or "Save & Next" below to move to the next screen.

As part of the FY 2021 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 renewal project application and 2 new expansion project applications. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2021, as confirmed on the FY 2021 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

2. In the fields below, enter the Project Name, PIN and Total Amount Requested of the Stand-Alone Renewal project application and the Project Name and Total Amount requested for the Stand-Alone New project application as entered in e-snaps for the FY 2021 CoC Competition. There is no PIN for the Stand-Alone New, which is why the field will automatically fill as "NA". The Total Requested Amount for the Stand-Alone Renewal will automatically pull from the summary budget.

Renewal Grant Expansion Table

Stand-Alone Renewal or Stand-Alone New	Project Name	Total Requested Amount	PIN Number
Stand-Alone Renewal	WIBOSCOC RRH Project	\$1,065,123	WI0214
Stand-Alone New	WIBOSCOC RRH Project Expansion	\$1,773,359	NA

Renewal Expansion Summary

Total Number of Grants in the Expansion	2
Total Requested Amount in the Expansion	\$2,838,482

I acknowledge that I have informed my Collaborative Applicant of this expansion request to be included in the CoCs Project Listing and listed on a special attachment identifying this expansion request.

I acknowledge that I have reviewed the accuracy and submitted all new expansion project applications related to this expansion request into esnaps. NOTE: DO NOT SUMBIT A FULLY COMBINED NEW OR RENEWAL PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2021 COC COMPETITION.

Click on “Save & Next” to continue completing the remainder of this stand-alone renewal project application

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: \$958,419

Organization	Type	Sub-Award Amount
ADVOCAP Inc.	M. Nonprofit with 501C3 IRS Status	\$129,199
Women and Children's Horizons, Inc.	M. Nonprofit with 501C3 IRS Status	\$239,101
Golden House, Inc.	M. Nonprofit with 501C3 IRS Status	\$295,059
Newcap Inc.	M. Nonprofit with 501C3 IRS Status	\$164,574
Northwest Community Services Agency, Inc.	M. Nonprofit with 501C3 IRS Status	\$130,486

2A. Project Subrecipients Detail

a. Organization Name: ADVOCAP Inc.

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

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: \$129,199

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:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

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

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

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: \$239,101

j. Contact Person

Prefix: Mr.

First Name: Byron

Middle Name:

Last Name: Wright

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:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Golden House, Inc.

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

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: \$295,059

j. Contact Person

Prefix: Ms.

First Name: Holli

Middle Name:

Last Name: Fisher

Suffix:

Title: Program Director

E-mail Address: holli@goldenhousegb.org

Confirm E-mail Address: holli@goldenhousegb.org

Phone Number: 920-435-0100

Extension:

Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Newcap Inc.

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

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: \$164,574

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:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

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

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

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: \$130,486

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:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): WI0214

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

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

4. Project Name: WIBOSCOG RRH Project

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. RRH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? 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 and households w/out children that are victims of DV, sexual assault & human traff across 19 counties in 6 coalitions. 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. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>

Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other(Click 'Save' to update)	<input type="checkbox"/>

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

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

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

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

3d. Does the project follow a "Housing First" approach? Yes

4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	As needed
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	As needed
Child Care	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

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

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

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes

this project, subrecipient, or partner agency?

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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 program 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 multiple selections hold CTRL Key)**

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

4B. Housing Type and Location Detail

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

2. Indicate the maximum number of units and beds available

for program participants at the selected housing site.

- a. Units:** 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 multiple selections hold CTRL Key)**

559059 Kenosha County, 553316 Kenosha

4B. Housing Type and Location Detail

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

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

- a. Units:** 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 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 program 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 multiple selections hold CTRL Key)**

559003 Ashland County, 556492 Superior,
559031 Douglas County

4B. Housing Type and Location Detail

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

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

a. Units: 10

b. Beds: 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 multiple selections hold CTRL Key)**

559085 Oneida County, 559083 Oconto County,
559067 Langlade County, 559115 Shawano
County, 559041 Forest County, 559037 Florence
County, 559078 Menominee County, 559075
Marinette County, 559125 Vilas County

5A. Program Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
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
Persons over age 24	20	10		30
Persons 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. Program Participants - Subpopulations

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24				1	0	3	20	1	0	0
Persons 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24			1	2	0	2	10	1	0	0
Persons 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	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										

Total Persons	0			0	0	0	0	0	0	0
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6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

- 1. Do any of the properties in this project have an active restrictive covenant?** No
- 2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?** No
- 3. Does this project propose to allocate funds according to an indirect cost rate?** No
- 4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:** 1 Year
- 5. Select the costs for which funding is requested:**
- | | |
|----------------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input checked="" type="checkbox"/> |

6C. Rental Assistance Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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:			\$621,972
Total Units:			60
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Fond du Lac, WI MSA (5503999999)	7	\$59,628
TRA	WI - Green Lake County, WI (5504799999)	1	\$7,080
TRA	WI - Oshkosh-Neenah, WI MSA (5513999999)	2	\$16,200
TRA	WI - Kenosha County, WI HUD Metro FMR...	14	\$168,300
TRA	WI - Green Bay, WI HUD Metro FMR Area...	16	\$203,988
TRA	WI - Ashland County, WI (5500399999)	4	\$31,056
TRA	MN - Duluth, MN-WI MSA (2701799999)	6	\$55,980
TRA	WI - Langlade County, WI (5506799999)	1	\$8,808
TRA	WI - Oconto County, WI HUD Metro FMR ...	1	\$8,880
TRA	WI - Vilas County, WI (5512599999)	1	\$6,696
TRA	WI - Menominee County, WI (5507899999)	1	\$7,464
TRA	WI - Shawano County, WI (5511599999)	2	\$15,516
TRA	WI - Marinette County, WI (5507599999)	1	\$8,808
TRA	WI - Oneida County, WI (5508599999)	1	\$8,076
TRA	WI - Forest County, WI (5504199999)	1	\$8,808
TRA	WI - Florence County, WI (5503799999)	1	\$6,684

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Fond du Lac, WI MSA (5503999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$437	\$437	x	12	=	\$0
0 Bedroom		x	\$582	\$582	x	12	=	\$0
1 Bedroom	5	x	\$619	\$619	x	12	=	\$37,140
2 Bedrooms	1	x	\$801	\$801	x	12	=	\$9,612
3 Bedrooms	1	x	\$1,073	\$1,073	x	12	=	\$12,876
4 Bedrooms		x	\$1,086	\$1,086	x	12	=	\$0
5 Bedrooms		x	\$1,249	\$1,249	x	12	=	\$0
6 Bedrooms		x	\$1,412	\$1,412	x	12	=	\$0
7 Bedrooms		x	\$1,575	\$1,575	x	12	=	\$0
8 Bedrooms		x	\$1,738	\$1,738	x	12	=	\$0
9 Bedrooms		x	\$1,901	\$1,901	x	12	=	\$0
Total Units and Annual Assistance Requested	7							\$59,628
Grant Term								1 Year
Total Request for Grant Term								\$59,628

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Green Lake County, WI (5504799999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$363	\$363	x 12	= \$0
0 Bedroom	x	\$484	\$484	x 12	= \$0
1 Bedroom	1 x	\$590	\$590	x 12	= \$7,080
2 Bedrooms	x	\$734	\$734	x 12	= \$0
3 Bedrooms	x	\$949	\$949	x 12	= \$0
4 Bedrooms	x	\$1,271	\$1,271	x 12	= \$0
5 Bedrooms	x	\$1,462	\$1,462	x 12	= \$0
6 Bedrooms	x	\$1,652	\$1,652	x 12	= \$0
7 Bedrooms	x	\$1,843	\$1,843	x 12	= \$0
8 Bedrooms	x	\$2,034	\$2,034	x 12	= \$0
9 Bedrooms	x	\$2,224	\$2,224	x 12	= \$0
Total Units and Annual Assistance Requested	1				\$7,080
Grant Term					1 Year
Total Request for Grant Term					\$7,080

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Oshkosh-Neenah, WI MSA (5513999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$397	\$397	x 12	= \$0
0 Bedroom	x	\$529	\$529	x 12	= \$0
1 Bedroom	1 x	\$591	\$591	x 12	= \$7,092

2 Bedrooms	1	x	\$759	\$759	x	12	=	\$9,108
3 Bedrooms		x	\$1,025	\$1,025	x	12	=	\$0
4 Bedrooms		x	\$1,246	\$1,246	x	12	=	\$0
5 Bedrooms		x	\$1,433	\$1,433	x	12	=	\$0
6 Bedrooms		x	\$1,620	\$1,620	x	12	=	\$0
7 Bedrooms		x	\$1,807	\$1,807	x	12	=	\$0
8 Bedrooms		x	\$1,994	\$1,994	x	12	=	\$0
9 Bedrooms		x	\$2,181	\$2,181	x	12	=	\$0
Total Units and Annual Assistance Requested	2							\$16,200
Grant Term								1 Year
Total Request for Grant Term								\$16,200

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Kenosha County, WI HUD Metro FMR Area (5505999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$521	\$521	x 12	= \$0
0 Bedroom	x	\$694	\$694	x 12	= \$0
1 Bedroom	4 x	\$798	\$798	x 12	= \$38,304
2 Bedrooms	9 x	\$1,052	\$1,052	x 12	= \$113,616
3 Bedrooms	1 x	\$1,365	\$1,365	x 12	= \$16,380
4 Bedrooms	x	\$1,547	\$1,547	x 12	= \$0
5 Bedrooms	x	\$1,779	\$1,779	x 12	= \$0
6 Bedrooms	x	\$2,011	\$2,011	x 12	= \$0
7 Bedrooms	x	\$2,243	\$2,243	x 12	= \$0
8 Bedrooms	x	\$2,475	\$2,475	x 12	= \$0
9 Bedrooms	x	\$2,707	\$2,707	x 12	= \$0
Total Units and Annual Assistance Requested	14				\$168,300

Grant Term	1 Year
Total Request for Grant Term	\$168,300

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Green Bay, WI HUD Metro FMR Area (5500999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$473	\$473	x 12	= \$0
0 Bedroom	x	\$630	\$630	x 12	= \$0
1 Bedroom	3 x	\$680	\$680	x 12	= \$24,480
2 Bedrooms	4 x	\$892	\$892	x 12	= \$42,816
3 Bedrooms	6 x	\$1,261	\$1,261	x 12	= \$90,792
4 Bedrooms	3 x	\$1,275	\$1,275	x 12	= \$45,900
5 Bedrooms	x	\$1,466	\$1,466	x 12	= \$0
6 Bedrooms	x	\$1,658	\$1,658	x 12	= \$0
7 Bedrooms	x	\$1,849	\$1,849	x 12	= \$0
8 Bedrooms	x	\$2,040	\$2,040	x 12	= \$0
9 Bedrooms	x	\$2,231	\$2,231	x 12	= \$0
Total Units and Annual Assistance Requested	16				\$203,988
Grant Term					1 Year
Total Request for Grant Term					\$203,988

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Ashland County, WI (5500399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$392	\$392	x 12	= \$0
0 Bedroom	x	\$522	\$522	x 12	= \$0
1 Bedroom	2 x	\$560	\$560	x 12	= \$13,440
2 Bedrooms	2 x	\$734	\$734	x 12	= \$17,616
3 Bedrooms	x	\$913	\$913	x 12	= \$0
4 Bedrooms	x	\$1,229	\$1,229	x 12	= \$0
5 Bedrooms	x	\$1,413	\$1,413	x 12	= \$0
6 Bedrooms	x	\$1,598	\$1,598	x 12	= \$0
7 Bedrooms	x	\$1,782	\$1,782	x 12	= \$0
8 Bedrooms	x	\$1,966	\$1,966	x 12	= \$0
9 Bedrooms	x	\$2,151	\$2,151	x 12	= \$0
Total Units and Annual Assistance Requested	4				\$31,056
Grant Term					1 Year
Total Request for Grant Term					\$31,056

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MN - Duluth, MN-WI MSA (2701799999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$491	\$491	x 12	= \$0
0 Bedroom	x	\$654	\$654	x 12	= \$0
1 Bedroom	3 x	\$671	\$671	x 12	= \$24,156
2 Bedrooms	3 x	\$884	\$884	x 12	= \$31,824
3 Bedrooms	x	\$1,141	\$1,141	x 12	= \$0
4 Bedrooms	x	\$1,394	\$1,394	x 12	= \$0
5 Bedrooms	x	\$1,603	\$1,603	x 12	= \$0
6 Bedrooms	x	\$1,812	\$1,812	x 12	= \$0
7 Bedrooms	x	\$2,021	\$2,021	x 12	= \$0
8 Bedrooms	x	\$2,230	\$2,230	x 12	= \$0
9 Bedrooms	x	\$2,440	\$2,440	x 12	= \$0
Total Units and Annual Assistance Requested	6				\$55,980
Grant Term					1 Year
Total Request for Grant Term					\$55,980

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$375	\$375	x 12	= \$0
0 Bedroom	x	\$500	\$500	x 12	= \$0
1 Bedroom	x	\$557	\$557	x 12	= \$0
2 Bedrooms	1 x	\$734	\$734	x 12	= \$8,808
3 Bedrooms	x	\$974	\$974	x 12	= \$0
4 Bedrooms	x	\$1,036	\$1,036	x 12	= \$0

5 Bedrooms		x	\$1,191	\$1,191	x	12	=	\$0
6 Bedrooms		x	\$1,347	\$1,347	x	12	=	\$0
7 Bedrooms		x	\$1,502	\$1,502	x	12	=	\$0
8 Bedrooms		x	\$1,658	\$1,658	x	12	=	\$0
9 Bedrooms		x	\$1,813	\$1,813	x	12	=	\$0
Total Units and Annual Assistance Requested		1						\$8,808
Grant Term								1 Year
Total Request for Grant Term								\$8,808

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Oconto County, WI HUD Metro FMR Area (5508399999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)			
SRO		x	\$397	\$397	x	12	=	\$0
0 Bedroom		x	\$529	\$529	x	12	=	\$0
1 Bedroom		x	\$587	\$587	x	12	=	\$0
2 Bedrooms	1	x	\$740	\$740	x	12	=	\$8,880
3 Bedrooms		x	\$986	\$986	x	12	=	\$0
4 Bedrooms		x	\$1,090	\$1,090	x	12	=	\$0
5 Bedrooms		x	\$1,254	\$1,254	x	12	=	\$0
6 Bedrooms		x	\$1,417	\$1,417	x	12	=	\$0
7 Bedrooms		x	\$1,581	\$1,581	x	12	=	\$0
8 Bedrooms		x	\$1,744	\$1,744	x	12	=	\$0
9 Bedrooms		x	\$1,908	\$1,908	x	12	=	\$0
Total Units and Annual Assistance Requested	1							\$8,880
Grant Term								1 Year
Total Request for Grant Term								\$8,880

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Vilas County, WI (5512599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$416	\$416	x 12	= \$0
0 Bedroom	x	\$555	\$555	x 12	= \$0
1 Bedroom	1 x	\$558	\$558	x 12	= \$6,696
2 Bedrooms	x	\$736	\$736	x 12	= \$0
3 Bedrooms	x	\$915	\$915	x 12	= \$0
4 Bedrooms	x	\$998	\$998	x 12	= \$0
5 Bedrooms	x	\$1,148	\$1,148	x 12	= \$0
6 Bedrooms	x	\$1,297	\$1,297	x 12	= \$0
7 Bedrooms	x	\$1,447	\$1,447	x 12	= \$0
8 Bedrooms	x	\$1,597	\$1,597	x 12	= \$0
9 Bedrooms	x	\$1,747	\$1,747	x 12	= \$0
Total Units and Annual Assistance Requested	1				\$6,696
Grant Term					1 Year
Total Request for Grant Term					\$6,696

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Menominee County, WI (5507899999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
SRO	x	\$375	\$375	x 12	= \$0
0 Bedroom	x	\$500	\$500	x 12	= \$0
1 Bedroom	1 x	\$622	\$622	x 12	= \$7,464
2 Bedrooms	0 x	\$734	\$734	x 12	= \$0
3 Bedrooms	x	\$913	\$913	x 12	= \$0
4 Bedrooms	x	\$995	\$995	x 12	= \$0
5 Bedrooms	x	\$1,144	\$1,144	x 12	= \$0
6 Bedrooms	x	\$1,294	\$1,294	x 12	= \$0
7 Bedrooms	x	\$1,443	\$1,443	x 12	= \$0
8 Bedrooms	x	\$1,592	\$1,592	x 12	= \$0
9 Bedrooms	x	\$1,741	\$1,741	x 12	= \$0
Total Units and Annual Assistance Requested	1				\$7,464
Grant Term					1 Year
Total Request for Grant Term					\$7,464

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Shawano County, WI (5511599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)
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SRO		x	\$417	\$417	x	12	=	\$0
0 Bedroom		x	\$556	\$556	x	12	=	\$0
1 Bedroom	1	x	\$559	\$559	x	12	=	\$6,708
2 Bedrooms	1	x	\$734	\$734	x	12	=	\$8,808
3 Bedrooms		x	\$961	\$961	x	12	=	\$0
4 Bedrooms		x	\$1,062	\$1,062	x	12	=	\$0
5 Bedrooms		x	\$1,221	\$1,221	x	12	=	\$0
6 Bedrooms		x	\$1,381	\$1,381	x	12	=	\$0
7 Bedrooms		x	\$1,540	\$1,540	x	12	=	\$0
8 Bedrooms		x	\$1,699	\$1,699	x	12	=	\$0
9 Bedrooms		x	\$1,859	\$1,859	x	12	=	\$0
Total Units and Annual Assistance Requested	2							\$15,516
Grant Term								1 Year
Total Request for Grant Term								\$15,516

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Marinette County, WI (5507599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)			
SRO		x	\$414	\$414	x	12	=	\$0
0 Bedroom		x	\$552	\$552	x	12	=	\$0
1 Bedroom		x	\$557	\$557	x	12	=	\$0
2 Bedrooms	1	x	\$734	\$734	x	12	=	\$8,808
3 Bedrooms		x	\$913	\$913	x	12	=	\$0
4 Bedrooms		x	\$1,006	\$1,006	x	12	=	\$0
5 Bedrooms		x	\$1,157	\$1,157	x	12	=	\$0
6 Bedrooms		x	\$1,308	\$1,308	x	12	=	\$0
7 Bedrooms		x	\$1,459	\$1,459	x	12	=	\$0

8 Bedrooms		x	\$1,610	\$1,610	x	12	=	\$0
9 Bedrooms		x	\$1,761	\$1,761	x	12	=	\$0
Total Units and Annual Assistance Requested		1						\$8,808
Grant Term								1 Year
Total Request for Grant Term								\$8,808

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Oneida County, WI (5508599999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	HUD Paid Rent (Applicant)	12 Months	Total Request (Applicant)			
SRO		x	\$396	\$396	x	12	=	\$0
0 Bedroom		x	\$528	\$528	x	12	=	\$0
1 Bedroom	1	x	\$673	\$673	x	12	=	\$8,076
2 Bedrooms		x	\$775	\$775	x	12	=	\$0
3 Bedrooms		x	\$1,032	\$1,032	x	12	=	\$0
4 Bedrooms		x	\$1,148	\$1,148	x	12	=	\$0
5 Bedrooms		x	\$1,320	\$1,320	x	12	=	\$0
6 Bedrooms		x	\$1,492	\$1,492	x	12	=	\$0
7 Bedrooms		x	\$1,665	\$1,665	x	12	=	\$0
8 Bedrooms		x	\$1,837	\$1,837	x	12	=	\$0
9 Bedrooms		x	\$2,009	\$2,009	x	12	=	\$0
Total Units and Annual Assistance Requested		1						\$8,076
Grant Term								1 Year
Total Request for Grant Term								\$8,076

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Forest County, WI (5504199999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$363	\$363	x	12	=	\$0
0 Bedroom		x	\$484	\$484	x	12	=	\$0
1 Bedroom		x	\$572	\$572	x	12	=	\$0
2 Bedrooms	1	x	\$734	\$734	x	12	=	\$8,808
3 Bedrooms		x	\$913	\$913	x	12	=	\$0
4 Bedrooms		x	\$995	\$995	x	12	=	\$0
5 Bedrooms		x	\$1,144	\$1,144	x	12	=	\$0
6 Bedrooms		x	\$1,294	\$1,294	x	12	=	\$0
7 Bedrooms		x	\$1,443	\$1,443	x	12	=	\$0
8 Bedrooms		x	\$1,592	\$1,592	x	12	=	\$0
9 Bedrooms		x	\$1,741	\$1,741	x	12	=	\$0
Total Units and Annual Assistance Requested	1							\$8,808
Grant Term								1 Year
Total Request for Grant Term								\$8,808

Click the 'Save' button to automatically calculate totals.

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Florence County, WI (5503799999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$375	\$375	x	12	=	\$0
0 Bedroom		x	\$500	\$500	x	12	=	\$0
1 Bedroom	1	x	\$557	\$557	x	12	=	\$6,684
2 Bedrooms		x	\$734	\$734	x	12	=	\$0
3 Bedrooms		x	\$913	\$913	x	12	=	\$0
4 Bedrooms		x	\$1,044	\$1,044	x	12	=	\$0
5 Bedrooms		x	\$1,201	\$1,201	x	12	=	\$0
6 Bedrooms		x	\$1,357	\$1,357	x	12	=	\$0
7 Bedrooms		x	\$1,514	\$1,514	x	12	=	\$0
8 Bedrooms		x	\$1,670	\$1,670	x	12	=	\$0
9 Bedrooms		x	\$1,827	\$1,827	x	12	=	\$0
Total Units and Annual Assistance Requested	1							\$6,684
Grant Term								1 Year
Total Request for Grant Term								\$6,684

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$179,497
Total Value of In-Kind Commitments:	\$88,344
Total Value of All Commitments:	\$267,841

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	Private	Golden House - Di...	\$80,346
In-Kind	Private	NWCSA in-kind - food	\$12,000
In-Kind	Private	NWCSA in-kind - h...	\$4,500
In-Kind	Government	NWCSA - WIC	\$600
Cash	Government	NWCSA CSBG	\$16,561
Cash	Government	Newcap - CSBG	\$22,090
In-Kind	Private	Newcap - donated ...	\$8,250
In-Kind	Government	Newcap - TEFAP food	\$7,000
In-Kind	Private	Newcap - donated ...	\$3,600
In-Kind	Private	Newcap - transpor...	\$2,240
In-Kind	Private	Newcap - voluntee...	\$1,000
Cash	Private	WIBOSCOC discreti...	\$10,126
Cash	Private	W & C - United Way	\$2,500
In-Kind	Private	W & C - food pantry	\$15,854
In-Kind	Private	W & C - thrift st...	\$10,000
Cash	Government	W & C - DCF	\$4,500
Cash	Private	W & C - private c...	\$33,302
Cash	Private	ADVOCAP - Private...	\$3,674
In-Kind	Private	ADVOCAP - differe...	\$23,300
Cash	Private	ADVOCAP - discret...	\$6,398

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Golden House - Discretionary Funds and Donations
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$80,346

Sources of Match Detail

- 1. Type of Match Commitment:** In-Kind
- 2. Source:** Private
- 3. Name of Source:** NWCSA in-kind - food
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$12,000
- Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

Sources of Match Detail

- 1. Type of Match Commitment:** In-Kind
- 2. Source:** Private
- 3. Name of Source:** NWCSA in-kind - household furnishing
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount 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. Type of Match Commitment: In-Kind

2. Source: Government

3. Name of Source: NWCSA - WIC

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

4. Amount 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. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source: NWCSA CSBG

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

4. Amount of Written Commitment: \$16,561

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source: Newcap - CSBG

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

4. Amount of Written Commitment: \$22,090

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: Newcap - donated HH goods

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

4. Amount of Written Commitment: \$8,250

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. Type of Match Commitment: In-Kind

2. Source: Government

3. Name of Source: Newcap - TEFAP food

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

4. Amount of Written Commitment: \$7,000

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

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: Newcap - donated hygiene products

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

4. Amount of Written Commitment: \$3,600

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. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: Newcap - transportation
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$2,240

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

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: Newcap - volunteer time
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$1,000

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

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: WIBOSCOC discretionary funds
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$10,126

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: W & C - United Way
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$2,500

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: W & C - food pantry

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

4. Amount of Written Commitment: \$15,854

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

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: W & C - thrift store donation

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

4. Amount 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. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source: W & C - DCF

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

4. Amount of Written Commitment: \$4,500

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** W & C - private contributions
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$33,302

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** ADVOCAP - Private Foundation
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$3,674

Sources of Match Detail

- 1. Type of Match Commitment:** In-Kind
- 2. Source:** Private
- 3. Name of Source:** ADVOCAP - difference between FMR and rent in agency owned units
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$23,300

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

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private

3. Name of Source: ADVOCAP - discretionary funds
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$6,398

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$621,972
3. Supportive Services	\$344,531
4. Operating	\$0
5. HMIS	\$9,317
6. Sub-total Costs Requested	\$975,820
7. Admin (Up to 10%)	\$89,303
8. Total Assistance plus Admin Requested	\$1,065,123
9. Cash Match	\$179,497
10. In-Kind Match	\$88,344
11. Total Match	\$267,841
12. Total Budget	\$1,332,964

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subgrantee 501c3 ...	08/15/2019
2) Other Attachment	No	WIBOSCOC DV RRH -...	10/19/2021
3) Other Attachment	No		

Attachment Details

Document Description: Subgrantee 501c3 Letters

Attachment Details

Document Description: WIBOSCOC DV RRH - Match

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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 Lisa Haen

Date: 10/19/2021

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

Active SAM Status Requirement.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	10/11/2021
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

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1D. SF-424 Congressional District(s)	10/11/2021
1E. SF-424 Compliance	10/11/2021
1F. SF-424 Declaration	10/11/2021
1G. HUD-2880	10/11/2021
1H. HUD-50070	10/11/2021
1I. Cert. Lobbying	10/11/2021
1J. SF-LLL	10/11/2021
IK. SF-424B	10/11/2021
Submission Without Changes	10/12/2021
Recipient Performance	10/11/2021
Renewal Grant Consolidation or Renewal Grant Expansion	10/11/2021
2A. Subrecipients	10/15/2021
3A. Project Detail	10/11/2021
3B. Description	10/12/2021
4A. Services	10/11/2021
4B. Housing Type	10/11/2021
5A. Households	10/11/2021
5B. Subpopulations	No Input Required
6A. Funding Request	10/11/2021
6C. Rental Assistance	10/11/2021
6D. Match	10/19/2021
6E. Summary Budget	No Input Required
7A. Attachment(s)	10/15/2021
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	10/15/2021