

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- 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 2022 Project Application will be imported into the FY 2023 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 2023 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: 09/12/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0228

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. Unique Entity Identifier:** LBN1AU46U7L4

### d. Address

**Street 1:** PO Box 272

**Street 2:**

**City:** Eau Claire

**County:** Eau Claire

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54702

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Carrie

**Middle Name:**

**Last Name:** Poser

**Suffix:**

**Title:** CoC Director

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

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

**Extension:**

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

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

## 1C. SF-424 Application Details

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

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

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

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

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

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

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

**15. Descriptive Title of Applicant's Project:** WIBOSCOC Supportive Services for Coordinated Entry DV

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

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

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

**17. Proposed Project**

**a. Start Date:** 09/01/2024

**b. End Date:** 08/31/2025

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

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** Ms.

**First Name:** Lisa

**Middle Name:**

**Last Name:** Haen

**Suffix:**

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

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

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

**Email:** lhaen@khds.org

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

**Date Signed:** 09/12/2023



# 1G. HUD 2880

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

## Applicant/Recipient Information

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

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

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

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

**4. Amount of HUD Assistance Requested/Received:** \$176,000.00

(Requested amounts will be automatically entered within applications)

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

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

**Part I Threshold Determinations**

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

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

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

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

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

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

**Part III Interested Parties**

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

**Certification**

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

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

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

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

**Date Signed:** 09/12/2023

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

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

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

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
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 documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.**

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

**Authorized Representative**

**Prefix:** Ms.

**First Name:** Lisa

**Middle Name**

**Last Name:** Haen

**Suffix:**

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

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

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

**Email:** lhaen@khds.org

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

**Date Signed:** 09/12/2023

## **CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Date Signed:** 09/12/2023

# 1J. SF-LLL

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

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

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

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

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

**Legal Name:** Wisconsin Balance of State Continuum of Care, Inc.  
**Street 1:** PO Box 272  
**Street 2:**  
**City:** Eau Claire  
**County:** Eau Claire  
**State:** Wisconsin  
**Country:** United States  
**Zip / Postal Code:** 54702

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

I certify that this information is true and complete.



**Authorized Representative**

**Prefix:** Ms.

**First Name:** Lisa

**Middle Name:**

**Last Name:** Haen

**Suffix:**

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

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

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

**Email:** lhaen@khds.org

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

**Date Signed:** 09/12/2023

## IK. SF-424B

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

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

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

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

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

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

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

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

**First Name:** Lisa

**Middle Name:**

**Last Name:** Haen

**Suffix:**

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

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

**Date Signed:** 09/12/2023

## 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.

The data from previously submitted new and renewal project applications can be imported into a FY 2023 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2022 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

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 6A. Funding Request
- Screen 6D. Sources of Match
- Screen 6E. Summary Budget - 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 2021 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 and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2023 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.

<b>Part 2 - Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
<b>Part 5 - Participants and Outreach Information</b>	
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" 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 sub-recipients

**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? No



## Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

**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 2023 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) 2024, as confirmed on the FY 2023 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 2023 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	PIN Number
Stand-Alone Renewal	WIBOSCOC Supportive Services for Coordinated Entry DV	WI0228
Stand-Alone New	WIBOSCOC Supportive Services for Coordinated Entry DV Expansion	NA

### Renewal Expansion Summary



Total Number of Grants in the Expansion	2
---	---

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 SUBMIT A FULLY COMBINED NEW OR RENEWAL PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2022 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: \$118,000**

Organization	Type	Sub-Award Amount
Newcap Inc.	M. Nonprofit with 501C3 IRS Status	\$11,800
Renewal Unlimited	M. Nonprofit with 501C3 IRS Status	\$5,900
Couleecap, Inc.	M. Nonprofit with 501C3 IRS Status	\$5,900
Western Dairyland EOC	M. Nonprofit with 501C3 IRS Status	\$5,900
The Salvation Army	M. Nonprofit with 501C3 IRS Status	\$5,900
Community Action Coalition of South Central WI	M. Nonprofit with 501C3 IRS Status	\$5,900
Kenosha Human Development Services, Inc.	M. Nonprofit with 501C3 IRS Status	\$5,900
Lakeshore CAP Inc. of Wisconsin	M. Nonprofit with 501C3 IRS Status	\$5,900
North Central Community Action Program	M. Nonprofit with 501C3 IRS Status	\$5,900
Northwest Wisconsin Community Services Agency, ...	M. Nonprofit with 501C3 IRS Status	\$5,900
Family Promise of Ozaukee County	M. Nonprofit with 501C3 IRS Status	\$5,900
Community Action Inc. of Rock and Walworth Coun...	M. Nonprofit with 501C3 IRS Status	\$5,900
The Salvation Army	M. Nonprofit with 501C3 IRS Status	\$5,900
Southwestern Wisconsin Community Action Program...	M. Nonprofit with 501C3 IRS Status	\$5,900
Family Promise of Washington County	M. Nonprofit with 501C3 IRS Status	\$5,900
Hebron House of Hospitality, Inc.	M. Nonprofit with 501C3 IRS Status	\$5,900
West Central Wisconsin Community Action Agency	M. Nonprofit with 501C3 IRS Status	\$5,900
ADVOCAP, Inc.	M. Nonprofit with 501C3 IRS Status	\$5,900
House of Hope Green Bay, Inc	M. Nonprofit with 501C3 IRS Status	\$5,900

## 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. Unique Entity Identifier:** W4FRGRKMJX21

**e. Physical Address**

**Street 1:** 1201 Main St.

**Street 2:**

**City:** Oconto

**State:** Wisconsin

**Zip Code:** 54153

**f. Congressional District(s):** WI-007, 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:** \$11,800

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Erin

**Middle Name:**  
**Last Name:** Evosevich  
**Suffix:**  
**Title:** VP Of Housing  
**E-mail Address:** erinevosevich@newcap.org  
**Confirm E-mail Address:** erinevosevich@newcap.org  
**Phone Number:** 920-834-4621  
**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:** Renewal Unlimited
- b. **Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. **Employer or Tax Identification Number:** 39-1270955
- d. **Unique Entity Identifier:** GRMCMTDM1EL8
- e. **Physical Address**  
**Street 1:** 2900 Red Fox Run  
**Street 2:**  
**City:** Portage  
**State:** Wisconsin  
**Zip Code:** 53901

**f. Congressional District(s):** WI-005, WI-006, WI-007, WI-002, WI-003  
(for multiple selections hold CTRL key)

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

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

**i. Expected Sub-Award Amount:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Suzanne

**Middle Name:**

**Last Name:** Hoppe

**Suffix:**

**Title:** Executive Director

**E-mail Address:** shoppe@renewalunlimited.net

**Confirm E-mail Address:** shoppe@renewalunlimited.net

**Phone Number:** 608-742-5329

**Extension:** 216

**Fax Number:**

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

## 2A. Project Subrecipients Detail

**a. Organization Name:** Couleecap, Inc.

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

**c. Employer or Tax Identification Number:** 39-1077614

**d. Unique Entity Identifier:** UN21A8KDK5F8

**e. Physical Address**

**Street 1:** 201 Melby St.

**Street 2:**

**City:** Westby

**State:** Wisconsin

**Zip Code:** 54667

**f. Congressional District(s):** WI-003  
(for multiple selections hold CTRL key)

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

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

**i. Expected Sub-Award Amount:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Becky

**Middle Name:**

**Last Name:** Koske

**Suffix:**

**Title:** Housing & Community Services Director

**E-mail Address:** becky.koske@couleecap.org

**Confirm E-mail Address:** becky.koske@couleecap.org  
**Phone Number:** 608-796-2926  
**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:** Western Dairyland EOC
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 39-1076993
- d. Unique Entity Identifier:** J9QRSRJ6K526
- e. Physical Address**  
**Street 1:** PO Box 125  
**Street 2:**  
**City:** Independence  
**State:** Wisconsin  
**Zip Code:** 54747
- f. Congressional District(s):** WI-003  
(for multiple selections hold CTRL key)
- g. Is the subrecipient a Faith-Based Organization?** No



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

**i. Expected Sub-Award Amount:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Jeanne

**Middle Name:**

**Last Name:** Semb

**Suffix:**

**Title:** Housing Services Program Manager

**E-mail Address:** jeanne.semb@wdeoc.org

**Confirm E-mail Address:** jeanne.semb@wdeoc.org

**Phone Number:** 715-836-7511

**Extension:** 1,141

**Fax Number:**

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

## 2A. Project Subrecipients Detail

**a. Organization Name:** The Salvation Army

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

**c. Employer or Tax Identification Number:** 36-2167910

**d. Unique Entity Identifier:** NDM9CJA8ZSH8

**e. Physical Address**

**Street 1:** 1600 Briggs St.

**Street 2:**

**City:** Stevens Point

**State:** Wisconsin

**Zip Code:** 54481

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

**g. Is the subrecipient a Faith-Based Organization?** Yes

**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:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Leigh Ann

**Middle Name:**

**Last Name:** Trzinski

**Suffix:**

**Title:** Shelter Director

**E-mail Address:** LeighAnn.Trzinski@usc.salvationarmy.org

**Confirm E-mail Address:** LeighAnn.Trzinski@usc.salvationarmy.org

**Phone Number:** 715-341-2437

**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:** Community Action Coalition of South Central WI

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

**c. Employer or Tax Identification Number:** 39-1053827

**d. Unique Entity Identifier:** LYVNZAMFDSG5

**e. Physical Address**

**Street 1:** 4101 East Towne Blvd

**Street 2:**

**City:** Madison

**State:** Wisconsin

**Zip Code:** 53704

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

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

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

**i. Expected Sub-Award Amount:** \$5,900

**j. Contact Person**

**Prefix:** Ms.  
**First Name:** Meghan  
**Middle Name:**  
**Last Name:** Mietchen  
**Suffix:**  
**Title:** Associate Director  
**E-mail Address:** meghanm@cacscw.org  
**Confirm E-mail Address:** meghanm@cacscw.org  
**Phone Number:** 608-230-7058  
**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:** Kenosha Human Development Services, Inc.
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 39-1200678
- d. Unique Entity Identifier:** HDF1HFBKELX2
- e. Physical Address**
  - Street 1:** 5407 8th Ave.
  - Street 2:**
  - City:** Kenosha

**State:** Wisconsin

**Zip Code:** 53140

**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:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Lisa

**Middle Name:**

**Last Name:** Haen

**Suffix:**

**Title:** Associate Director

**E-mail Address:** lhaen@khds.org

**Confirm E-mail Address:** lhaen@khds.org

**Phone Number:** 262-764-8544

**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:** Lakeshore CAP Inc. of Wisconsin

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

**c. Employer or Tax Identification Number:** 39-1214392

**d. Unique Entity Identifier:** N3AZAX4B63S5

**e. Physical Address**

**Street 1:** 702 State St. PO Box 2315

**Street 2:**

**City:** Manitowoc

**State:** Wisconsin

**Zip Code:** 54221

**f. Congressional District(s):** WI-006, 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:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Colleen

**Middle Name:**

**Last Name:** Homb

**Suffix:**

**Title:** Executive Director  
**E-mail Address:** colleenh@lakeshorecap.org  
**Confirm E-mail Address:** colleenh@lakeshorecap.org  
**Phone Number:** 920-682-3737  
**Extension:** 8,705  
**Fax Number:**

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

## 2A. Project Subrecipients Detail

- a. Organization Name:** North Central Community Action Program
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 39-1080179
- d. Unique Entity Identifier:** VSKTRF2JVWB3
- e. Physical Address**
- Street 1:** 2111 8th St. South, Suite 102  
**Street 2:**  
**City:** Wisconsin Rapids  
**State:** Wisconsin  
**Zip Code:** 54494
- f. Congressional District(s):** WI-007, WI-003  
(for multiple selections hold CTRL key)

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

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

**i. Expected Sub-Award Amount:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Diane

**Middle Name:**

**Last Name:** Sennholz

**Suffix:**

**Title:** Executive Director

**E-mail Address:** dsennholz@nccapinc.com

**Confirm E-mail Address:** dsennholz@nccapinc.com

**Phone Number:** 715-301-1863

**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:** Northwest Wisconsin Community Services Agency, Inc.

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



**c. Employer or Tax Identification Number:** 39-1091469

**d. Unique Entity Identifier:** L7ARJQZZPF58

**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:** \$5,900

**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.

## 2A. Project Subrecipients Detail

**a. Organization Name:** Family Promise of Ozaukee County

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

**c. Employer or Tax Identification Number:** 46-4227704

**d. Unique Entity Identifier:** LWKVLJYXEJL7

**e. Physical Address**

**Street 1:** 124 E. Van Buren

**Street 2:**

**City:** Port Washington

**State:** Wisconsin

**Zip Code:** 53074

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

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

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

**i. Expected Sub-Award Amount:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Cori

**Middle Name:**

**Last Name:** Guerin

**Suffix:**

**Title:** Director

**E-mail Address:** CoriFPOZ@gmail.com

**Confirm E-mail Address:** CoriFPOZ@gmail.com

**Phone Number:** 262-268-2723

**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:** Community Action Inc. of Rock and Walworth Counties

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

**c. Employer or Tax Identification Number:** 39-1052077

**d. Unique Entity Identifier:** TKJCKNKAK2P7

**e. Physical Address**

**Street 1:** 20 Eclipse Center

**Street 2:**

**City:** Beloit

**State:** Wisconsin

**Zip Code:** 53511

**f. Congressional District(s):** WI-001, WI-002  
(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:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Elizabeth

**Middle Name:**

**Last Name:** Knapp-Spooner

**Suffix:**

**Title:** Community Program Director

**E-mail Address:** eknapp@community-action.org

**Confirm E-mail Address:** eknapp@community-action.org

**Phone Number:** 608-313-1337

**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:** The Salvation Army

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

**c. Employer or Tax Identification Number:** 36-2167910

**d. Unique Entity Identifier:** NDM9CJA8ZSH8

**e. Physical Address**

**Street 1:** 505 W. 8th St.

**Street 2:**

**City:** New Richmond

**State:** Wisconsin

**Zip Code:** 54017

**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:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Stacey  
**Middle Name:**  
**Last Name:** Feidt  
**Suffix:**  
**Title:** SSO Coordinator  
**E-mail Address:** stacey.feidt@usc.salvationarmy.org  
**Confirm E-mail Address:** stacey.feidt@usc.salvationarmy.org  
**Phone Number:** 715-529-0981  
**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:** Southwestern Wisconsin Community Action Program Inc.
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 39-1053511
- d. Unique Entity Identifier:** KYGSRGLM89J4
- e. Physical Address**
- Street 1:** 149 North Iowa St.  
**Street 2:**  
**City:** Dodgeville  
**State:** Wisconsin

**Zip Code:** 53533

**f. Congressional District(s):** WI-002, WI-003  
(for multiple selections hold CTRL key)

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

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

**i. Expected Sub-Award Amount:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Michelle

**Middle Name:**

**Last Name:** Friedrich

**Suffix:**

**Title:** Family Service Coordinator

**E-mail Address:** m.friedrich@swcap.org

**Confirm E-mail Address:** m.friedrich@swcap.org

**Phone Number:** 608-935-2326

**Extension:** 203

**Fax Number:**

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

## 2A. Project Subrecipients Detail

**a. Organization Name:** Family Promise of Washington County

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

**c. Employer or Tax Identification Number:** 27-0740203

**d. Unique Entity Identifier:** YPHCRW84DLM8

**e. Physical Address**

**Street 1:** 724 Elm St. Suite 102

**Street 2:**

**City:** West Bend

**State:** Wisconsin

**Zip Code:** 53095

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

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

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

**i. Expected Sub-Award Amount:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Kayden

**Middle Name:**

**Last Name:** Rinzel

**Suffix:**



**Title:** Grants Program Specialist  
**E-mail Address:** kayden@familypromisewc.org  
**Confirm E-mail Address:** kayden@familypromisewc.org  
**Phone Number:** 262-346-1058  
**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:** Hebron House of Hospitality, Inc.
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 39-1414365
- d. Unique Entity Identifier:** ZXHJA42NZBB3
- e. Physical Address**
- Street 1:** 1166 Quail Ct Suite 400  
**Street 2:**  
**City:** Waukesha  
**State:** Wisconsin  
**Zip Code:** 53072
- f. Congressional District(s):** WI-005, 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:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Kathleen

**Middle Name:**

**Last Name:** Fisher

**Suffix:**

**Title:** Executive Director

**E-mail Address:** kfisher@hebronhouse.org

**Confirm E-mail Address:** kfisher@hebronhouse.org

**Phone Number:** 262-549-8720

**Extension:** 4

**Fax Number:**

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

## 2A. Project Subrecipients Detail

**a. Organization Name:** West Central Wisconsin Community Action Agency

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

**c. Employer or Tax Identification Number:** 39-1076125

**d. Unique Entity Identifier:** LH86X2GEQLM5

**e. Physical Address**

**Street 1:** PO Box 308

**Street 2:**

**City:** Glenwood City

**State:** Wisconsin

**Zip Code:** 54013

**f. Congressional District(s):** WI-007, WI-003  
(for multiple selections hold CTRL key)

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

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

**i. Expected Sub-Award Amount:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Erica

**Middle Name:**

**Last Name:** Schoch

**Suffix:**

**Title:** Homeless Intervention Program Manager

**E-mail Address:** eschoch@wcap.org

**Confirm E-mail Address:** eschoch@wcap.org

**Phone Number:** 715-781-0097

**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:** ADVOCAP, Inc.

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

**c. Employer or Tax Identification Number:** 39-1053365

**d. Unique Entity Identifier:** SCLANJCNMH86

**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:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Becky

**Middle Name:**

**Last Name:** Heldt

**Suffix:**

**Title:** Homeless Prevention Director

**E-mail Address:** becky.heldt@advocap.org

**Confirm E-mail Address:** becky.heldt@advocap.org

**Phone Number:** 920-426-0150

**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:** House of Hope Green Bay, Inc

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

**c. Employer or Tax Identification Number:** 39-1708805

**d. Unique Entity Identifier:** XDYSJJ1J2BB9

**e. Physical Address**

**Street 1:** 1660 Christiana St.

**Street 2:**

**City:** Green Bay

**State:** Wisconsin

**Zip Code:** 54303

**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:** \$5,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Beth

**Middle Name:**

**Last Name:** Hudak

**Suffix:**

**Title:** Director of Community Engagement

**E-mail Address:** bethh@houseofhopegb.org

**Confirm E-mail Address:** bethh@houseofhopegb.org

**Phone Number:** 920-884-6740

**Extension:** 204

**Fax Number:** 920-884-6742

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):** WI0228  
(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:** WIBOSCOC Supportive Services for Coordinated Entry DV
- 5. Project Status:** Standard
- 6. Component Type:** SSO
- 6a. Please select the type of SSO project:** Coordinated Entry
- 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.**

The BOS CE covers the entire CoC w/ the purpose to create an easier process for clients to navigate, quick & seamless entry into homeless services, prevent service duplication, reduce length of homelessness, improve communication w/in local coalitions & refer people to the most appropriate resources for their specific situation. This includes victims of DV. BOS CE policies are implemented in 20 local CE systems (LCES) ensuring the needs of homeless are met in the area in which they live. The grant is designed to enhance the relationship between DV & non-DV partners while ensuring access to CE, housing & services for victims of DV across the CoC. This project focuses on 3 things: training & assessment of current needs & barriers; enhance CE referral process & reporting outside of HMIS; & expand marketing & outreach efforts specifically for victims of DV. (1) All 19 sub-recipient agencies also receive SSO CE & YHDP CE funding. As a sub, they provide training, TA, evaluate & support the agencies within the coalition. End Domestic Abuse provides support including training and assessment on victim centered services, safety planning & TIC. The sub-recipients ensure widespread marketing and outreach to survivors of DV and coalition partner agencies. This increases access & ensures CE system consistency for all people homeless in BOS. (2) This project supports the DV-specific referral process developed as a Non-HMIS PL maintained by each LCES, including troubleshooting, training, evaluation, reporting & maintenance by funding a new SQL (structured query language)-based referral & prioritization system for DV providers to access CE. The system mimics data collection, policies & ranking criteria adopted by BOS. All DV providers have access & receive training & TA. CE staff have the ability to generate PL on-demand & reporting on outcomes. By focusing efforts on those non-required providers, the BOS seeks to enhance the CE system, ensure that DV survivors have the same access & priority as non-DV homeless seeking housing & services across all 69 counties in CoC, develop strategies for fair & equal access to CE regardless of location or method, identify those least likely to access CE & ensure survivors have meaningful input in & understanding of the CE system. The grant supports enhancing the overall CE system for survivors 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 checked="" 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

4. As a renewal SSO-Coordinated Entry project update the following questions.

4a. Will the coordinated entry process cover the CoC's entire geographic area? Yes

**4b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance?** Yes

**4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.**

All marketing materials & outreach strategies utilized by the local coordinated entry system (LCES) must ensure that all people in different pop & subpop have fair & equal access to the CE process, regardless of where or how they access the system. This includes DV. Each LCES is required to advertise, conduct outreach & provide appropriate accommodations to ensure the CE is available & accessible to all eligible persons including those with the highest barriers to assistance. Each agency must prominently post the “No Wrong Door” agency sign so it is visible. Marketing materials must be consistent across the BOS including flyers, postcards, brochures & other written materials. Each LCE lead is required to contact private & public agencies in the local coalition including victim services, 211, vet specific, social service, local gov’t to educate & provide information on accessing CE. Outreach must be done at least 2x/year. This can be linked with the PIT count. Each LCE area is required to coordinate with all existing street outreach programs & private/public agencies, social service org, for referrals, so people not seeking services can access CE. All outreach efforts must cover the entire geographic area of the LCE area. Each LCES is required to provide info about the CE system in areas such as 24-hour establishments, restaurants, hospitals, meal sites/programs, food pantries, churches, grocery stores, schools & check cashing locations. Each LCES must comply with polices including: advertising must be accessible by using large font, audio & Braille; CE materials must include auxiliary aids & services necessary to ensure effective comm, which includes ensuring that info is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices & sign language interpreters; Access points must be made accessible to individuals w/disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the LCES who are least likely to access homeless assistance.

**4d. Does the coordinated entry process use a comprehensive, standardized assessment process?** Yes

**4e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.**

Because of the diversity & size of the BOS, access to the CE system follows a “No Wrong Door” approach. All CoC & ESG providers are required to participate, including victim service providers. The CE system is divided into 20 CE areas across 69 counties. Each area is req. to maintain a list of all available resources, follow CoC policies & procedures & support client choice. They implement what the CoC approved. When a HH contacts a service provider for housing assistance, several documents are completed. A prescreen form gathers minimum amount of info necessary for a referral to the PL. At the bottom of the form is an ROI. Upon consent, the provider reviews the CE Client Rights & Resp. All staff are trained in using a trauma-informed approach when conducting assessments to reduce the risk of re-traumatization. The assessment space & manner must provide privacy to allow people to safely reveal sensitive information or safety issues. This includes gathering info from each adult in the household separately, if appropriate. The BOS currently uses 3 assessment tools: VISPDAT, Family, and TAY & are in the process of rolling out a new tool by end of 2023. Every staff person completing a VISPDAT must use the same introductory script. If the HH is not prioritized for any interventions, the provider should explain why & refer to other supports & resources. The CE system ensures that HH are referred to all of the available resources for which they are prioritized & eligible by using written program standards & a project type order of priority approved by the CoC. There are 2 lists: HH w/kids & w/out kids. A referral can be made through HMIS or Non-HMIS. A HH can be referred to more than one LCES PL. Prioritization is a separate process from determining project eligibility. Follow-up contact must occur at min. every 90 days. Staff should gather updated info including homeless situation, need & desire to remain on the list. If the HH is no longer in need of housing assistance, the agency can close the referral to remove the individual or family from the PL.

**4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups:** Yes

- (1) adults without children,
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness.

## 6A. Funding Request

### VAWA Budget

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

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

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

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

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

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

**1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor’s emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?** No

**2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?** 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:**

Leased Structures	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>

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

## 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:	\$39,575
Total Value of In-Kind Commitments:	\$4,425
Total Value of All Commitments:	\$44,000

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	WIBOSCOC Discreti...	\$14,500
Cash	Private	ADVOCAP - csbg	\$1,475
Cash	Government	CACSCW - CSBG	\$1,475
Cash	Government	CAI - CSBG	\$1,475
Cash	Government	Couleecap - city ...	\$1,475
In-Kind	Private	Family Promise Oz...	\$1,475
Cash	Private	Family Promise Wa...	\$1,475
Cash	Private	Hebron House - fo...	\$1,475
In-Kind	Private	Lakeshore CAP - v...	\$1,475
Cash	Private	KHDS - private funds	\$1,475
Cash	Private	NCCAP - United Wa...	\$1,475
Cash	Government	NWCSA - CSBG	\$1,475
In-Kind	Private	Renewal Unlimited...	\$737
In-Kind	Private	Renewal Unlimited...	\$738
Cash	Private	TSA Burnett - Red...	\$1,475
Cash	Private	TSA Stevens Point...	\$1,475
Cash	Private	Western Dairyland...	\$1,475
Cash	Government	Newcap - CSBG	\$2,950
Cash	Private	West CAP - Fred &...	\$1,475
Cash	Private	SWCAP - Homeless ...	\$1,475
Cash	Private	House of Hope - D...	\$1,475

## 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: \$14,500

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: ADVOCAP - csbg  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$1,475

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Government
- 3. Name of Source: CACSCW - CSBG  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$1,475

## Sources of Match Detail

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

- 3. Name of Source:** CAI - CSBG  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$1,475

### Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** Couleecap - city ARPA  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$1,475

### Sources of Match Detail

- 1. Type of Match Commitment:** In-Kind
- 2. Source:** Private
- 3. Name of Source:** Family Promise Ozaukee - outreach donation  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$1,475

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:** Family Promise Washington - United Way Washington Ctg  
(Be as specific as possible and include the office or grant program as applicable)



**4. Amount of Written Commitment:** \$1,475

### Sources of Match Detail

**1. Type of Match Commitment:** Cash

**2. Source:** Private

**3. Name of Source:** Hebron House - foundation

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

**4. Amount of Written Commitment:** \$1,475

### Sources of Match Detail

**1. Type of Match Commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:** Lakeshore CAP - volunteer donation

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

**4. Amount of Written Commitment:** \$1,475

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:** KHDS - private funds

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

**4. Amount of Written Commitment:** \$1,475

## Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: NCCAP - United Way South Wood & Adams Counties  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$1,475

## 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: \$1,475

## Sources of Match Detail

- 1. Type of Match Commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Renewal Unlimited - Hope House MOU  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$737

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:** Renewal Unlimited - PAVE MOU  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$738

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:** TSA Burnett - Red Kettle Campaign  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$1,475

### Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Private
- 3. **Name of Source:** TSA Stevens Point - United Way  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$1,475

### Sources of Match Detail

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

- 3. Name of Source:** Western Dairyland - cash donations  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$1,475

### 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:** \$2,950

### Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** West CAP - Fred & Katherine Andersen Grant  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$1,475

### Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** SWCAP - Homeless Needs Account  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$1,475

## Sources of Match Detail

1. **Type of Match Commitment:** Cash
2. **Source:** Private
3. **Name of Source:** House of Hope - Donations  
(Be as specific as possible and include the office or grant program as applicable)
4. **Amount of Written Commitment:** \$1,475

## 6E. Summary Budget

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Enter)	\$0
2. Rental Assistance (Screen 6C)	\$0
3. Supportive Services (Enter)	\$160,000
4. Operating (Enter)	\$0
5. HMIS (Enter)	\$0
6. VAWA (Enter)	
7. Sub-total of CoC Program Costs Requested	\$160,000
8. Admin (Up to 10% of Sub-total in #7)	\$16,000
9. HUD funded Sub-total + Admin. Requested	\$176,000
10. Cash Match (From Screen 6D)	\$39,575
11. In-Kind Match (From Screen 6D)	\$4,425
12. Total Match (From Screen 6D)	\$44,000
13. Total Project Budget for this grant, including Match	\$220,000

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	WIBOSCOC SSO CE D...	08/19/2023
2) Other Attachment	No	WIBOSCOC SSO CE D...	09/09/2023
3) Other Attachment	No		

## Attachment Details

**Document Description:** WIBOSCOC SSO CE DV 501c3 letters

## Attachment Details

**Document Description:** WIBOSCOC SSO CE DV FY23 Match

## Attachment Details

**Document Description:**



## 7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	WIBOSCOC SSO CE D...	09/09/2023

## Attachment Details

**Document Description:** WIBOSCOC SSO CE DV FY23 In Kind Match

## 7B. Certification

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

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

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

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

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

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

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

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

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

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

**Name of Authorized Certifying Official:** Lisa Haen  
**Date:** 09/12/2023  
**Title:** Chair, WIBOSCOC Board of Directors  
**Applicant Organization:** Wisconsin Balance of State Continuum of Care, Inc.

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

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

X
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## 8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/19/2023
1B. SF-424 Legal Applicant	08/19/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/19/2023
1E. SF-424 Compliance	08/19/2023
1F. SF-424 Declaration	08/19/2023
1G. HUD 2880	08/19/2023

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<b>1H. HUD-50070</b>	08/19/2023
<b>1I. Cert. Lobbying</b>	08/19/2023
<b>1J. SF-LLL</b>	08/19/2023
<b>IK. SF-424B</b>	08/19/2023
<b>Submission Without Changes</b>	08/19/2023
<b>Recipient Performance</b>	08/19/2023
<b>Renewal Grant Consolidation or Renewal Grant Expansion</b>	09/12/2023
<b>2A. Subrecipients</b>	08/22/2023
<b>3A. Project Detail</b>	08/19/2023
<b>3B. Description</b>	09/11/2023
<b>6A. Funding Request</b>	08/24/2023
<b>6D. Match</b>	09/09/2023
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/09/2023
<b>7A. In-Kind Match MOU Attachment</b>	09/09/2023
<b>7B. Certification</b>	08/24/2023