

## 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 and the FY 2023 General Section 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.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/24/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

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

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

**c. Unique Entity Identifier:** LBN1AU46U7L4

### d. Address

**Street 1:** PO Box 272

**Street 2:**

**City:** Eau Claire

**County:** Eau Claire

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54702

### e. Organizational Unit (optional)

**Department Name:**

**Division Name:**

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

**Prefix:** Ms.

**First Name:** Carrie

**Middle Name:**

**Last Name:** Poser

**Suffix:**

**Title:** CoC Director

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

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

**Extension:**

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

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

## 1C. SF-424 Application Details

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

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

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

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

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

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

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

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

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

**16a. Applicant:** WI-005, WI-006, WI-007, WI-008, WI-001, WI-002, WI-003

**16b. 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:** 09/24/2023



# 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:** \$121,644.00

(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:** 09/24/2023

# 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.	<p>Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.</p>
b.	<p>Establishing an on-going drug-free awareness program to inform employees —</p> <ul style="list-style-type: none"> <li>(1) The dangers of drug abuse in the workplace</li> <li>(2) The Applicant's policy of maintaining a drug-free workplace;</li> <li>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</li> <li>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.</li> </ul>
c.	<p>Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;</p>
d.	<p>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —</p> <ul style="list-style-type: none"> <li>(1) Abide by the terms of the statement; and</li> <li>(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;</li> </ul>
e.	<p>Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p>
f.	<p>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 —</p> <ul style="list-style-type: none"> <li>(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</li> <li>(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;</li> </ul>
g.	<p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>

## 2. Sites for Work Performance.

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

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

I 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.

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:** 09/24/2023

## **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:** 09/24/2023

# 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 Representative:** Considered signed upon submission in e-snaps.  
**Date Signed:** 09/24/2023

## 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:** 09/24/2023

## 1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

## 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: \$110,200**

Organization	Type	Sub-Award Amount
Newcap Inc.	M. Nonprofit with 501C3 IRS Status	\$11,020
Renewal Unlimited	M. Nonprofit with 501C3 IRS Status	\$5,510
Couleecap, Inc.	M. Nonprofit with 501C3 IRS Status	\$5,510
Western Dairyland EOC	M. Nonprofit with 501C3 IRS Status	\$5,510
Community Action Coalition of South Central WI	M. Nonprofit with 501C3 IRS Status	\$5,510
Kenosha Human Development Services, Inc.	M. Nonprofit with 501C3 IRS Status	\$5,510
Lakeshore CAP Inc. of Wisconsin	M. Nonprofit with 501C3 IRS Status	\$5,510
North Central Community Action Program	M. Nonprofit with 501C3 IRS Status	\$5,510
Northwest Wisconsin Community Services Agency, ...	M. Nonprofit with 501C3 IRS Status	\$5,510
Family Promise of Ozaukee County	M. Nonprofit with 501C3 IRS Status	\$5,510
Community Action Inc. of Rock and Walworth Coun...	M. Nonprofit with 501C3 IRS Status	\$5,510
The Salvation Army	M. Nonprofit with 501C3 IRS Status	\$5,510
Southwestern Wisconsin Community Action Program...	M. Nonprofit with 501C3 IRS Status	\$5,510
Family Promise of Washington County	M. Nonprofit with 501C3 IRS Status	\$5,510
Hebron House of Hospitality, Inc.	M. Nonprofit with 501C3 IRS Status	\$5,510
West Central Wisconsin Community Action Agency	M. Nonprofit with 501C3 IRS Status	\$5,510
ADVOCAP, Inc.	M. Nonprofit with 501C3 IRS Status	\$5,510
House of Hope Green Bay, Inc	M. Nonprofit with 501C3 IRS Status	\$5,510
City of Appleton	C. City or Township Government	\$5,510

## 2A. Project Subrecipients Detail

**a. Organization Name:** Newcap Inc.

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

**c. Employer or Tax Identification Number:** 39-1050492

**d. 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:** \$11,020

**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:**

## 2A. Project Subrecipients Detail

- a. Organization Name:** Renewal Unlimited
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
**If "Other" specify:**
- 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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

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

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

**If "Other" specify:**

**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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

**a. Organization Name:** Western Dairyland EOC

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

**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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

- a. Organization Name:** Community Action Coalition of South Central WI
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
If "Other" specify:
- 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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

**a. Organization Name:** Kenosha Human Development Services, Inc.

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

**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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

**a. Organization Name:** Lakeshore CAP Inc. of Wisconsin

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

**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:** \$5,510

**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:**

**2A. Project Subrecipients Detail**

- a. Organization Name:** North Central Community Action Program
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
If "Other" specify:
- 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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

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

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

If "Other" specify:

c. Employer or Tax Identification Number: 39-1091469

d. 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: \$5,510

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:**

## 2A. Project Subrecipients Detail

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

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

**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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

**a. Organization Name:** Community Action Inc. of Rock and Walworth Counties

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

**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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

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

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

**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?** 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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

**a. Organization Name:** Southwestern Wisconsin Community Action Program Inc.

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

**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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

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

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

**If "Other" specify:**

**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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

**a. Organization Name:** Hebron House of Hospitality, Inc.

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

**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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

- a. Organization Name:** West Central Wisconsin Community Action Agency
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status  
If "Other" specify:
- 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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

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

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

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

**d. 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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

**a. Organization Name:** House of Hope Green Bay, Inc

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

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

**d. Unique Entity Identifier:** XDYSJJ1J2BB9

**e. Physical Address**

**Street 1:** 1660 Christina 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:** \$5,510

**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:**

## 2A. Project Subrecipients Detail

**a. Organization Name:** City of Appleton

**b. Organization Type:** C. City or Township Government  
If "Other" specify:

**c. Employer or Tax Identification Number:** 39-6005381

**d. Unique Entity Identifier:** DKKLKT1RJG26

**e. Physical Address**

**Street 1:** 100 N. Appleton St.

**Street 2:**

**City:** Appleton

**State:** Wisconsin

**Zip Code:** 54911

**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:** \$5,510

**j. Contact Person**

**Prefix:** Mr.

**First Name:** David

**Middle Name:**

**Last Name:** Kress

**Suffix:**

**Title:** Deputy Director

**E-mail Address:** david.kress@appleton.org

**Confirm E-mail Address:** david.kress@appleton.org

**Phone Number:** 920-832-6428

**Extension:**

**Fax Number:**



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

### **1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.**

The BOS is a 501c3 org that covers 69 counties across 21 local homeless coalitions that create the CoC. CoC staff includes a Director; 2 managers responsible for monitoring & compliance and Homeless System/CE; & 2 specialists focused on grants & CE. A vol exec committee oversees the Director, who directly supervises the staff. The BOS is the collaborative applicant & CE lead for the CoC. The BOS has experience effectively utilizing fed funds as we have been & continue to be the lead for 4 CoC grants: DV RRH (13 subs), SSO-CE (20 subs), SSO-CE DV (19 subs) & the planning grant; & 2 YHDP grants: SSO-CE (14 subs) & SSO (13 subs). The BOS receives state housing funds (7 subs). The Grant Admin ensures subs are performing activities as req & compliant w/lead & HUD. BOS staff create & execute contracts, review source doc, monitor perf, eval data & review CE compliance. The CoC includes both DV & non-DV providers at all levels-board, committee & membership. Ensuring all voices are at the table when developing & implementing systems, applying for grants, id & securing match. Implemented in 2016 w/CoC approved policies & procedures, CE is req for all CoC & ESG projects & open to referring & housing orgs. There are 2 prioritization lists: HMIS & Non-HMIS. Each coalition designates a lead & is responsible for local implementation of the CoC approved CE system. All BOS subs must demo fiscal & org capacity & develop the structure required to execute grants given funding & time limits. In this grant, the BOS seeks to enhance CE access for those fleeing/attempting to flee violence or experience trauma, remove barriers, enhance VSP engagement & support for CE. All subs are the CE lead for their coalition, active participants, have completed training req & meet with CoC staff on a regular basis. The BOS secures match from discretionary & in-kind volunteer time. The subs receive funding from CSBG, United Way & discretionary funds. They also secure match from fundraisers & donations of money, services & goods. The BOS has an exec committee of officers & contract for fiscal admin to ensure segregation of funds & compliance. The subs have sufficient years of mgt, supervisory & fiscal experience.

The BOS, fiscal agent & subs have all been monitored by the HUD, State &/or BOS. All have personnel policies & procedures that include accounting & financial mgt. Each have had annual, external successful audits w/compliance w/2 CFR 200 & will share results w/BOS. This funding will further enhance communication, opportunity for collaboration outside of those req to use CE, expand marketing efforts & increase outreach activities for those homeless because of DV.

**2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

The BOS administers 4 CoC grants-planning, SSO CE, SSO CE DV, DV RRH; & 2 YHDP grants-SSO & SSO CE. All req 25% match. The BOS meets this req w/discretionary & state funds, in-kind donation of time & space. Discretionary funds come from BOS local homeless coalition annual dues to the org & income generated from hosting virtual trainings. There is a lot of work done on behalf of the BOS by volunteer efforts including system planning, governance, gaps & needs analysis, developing & reviewing strategies to improve SPM, CE, PIT counts & evaluation. In-kind matches are tracked quarterly & documented. Forms are submitted to the Director from board & committee members. Twice a year the BOS conducts a full PIT count across the 69 counties. The BOS uses PIT volunteer time & mileage as match to the planning grant. This contribution is also documented & submitted to the Director. For this grant, the BOS will use discretionary funds to support the Grant Specialist & CE System Specialist’s work in providing TA & monitoring. Each sub is required to meet a 25% match req. & has extensive exp leveraging a variety of fed, state, local & private funds. Each agency is required to secure match & leverage other resources often exceeding the req amount to support the programs, provide the most services & meet the needs in their communities. These include but not limited to CSBG, local community foundations, United Way, fundraising/annual campaign, private donors, faith based & service groups, estate gifts, local or county grants, & volunteer service/goods donations. The BOS & subrecipients recognize the importance of non-federal match; diversifying support enhances programmatic stability & sustainability & avoids over-reliance on a single source of revenue.

**3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.**

The BOS has 5 full-time staff: Director, 2 Managers - Monitoring & Compliance and Systems, 2 Specialist – CE & Grant Admin. As a 501c3 org, the Director’s activities are overseen by the volunteer Board executive committee of officers & has board approved financial policies & procedures that assure proper dispersal of and accounting for fed funds in accordance w/2 CFR part 200 req. The BOS has a fiscal & audit committee that reviews the work of the contractor as well as the fiscal agent. The BOS has been monitored by HUD & the State, had successful audits & has a fiscal & audit committee to oversee compliance w/financial policies & procedures. The BOS maintains a fiscal agent for federal CoC funds and contracts for financial services for organizational & state funds. The fiscal agent has accounting procedures consistent with GAAP, uses Quickbooks & has also been monitored by the CoC & HUD, as well as annual external audits & shares results w/the BOS. Each sub-recipient (except the City of Appleton) varies in size & org structure but are 501c3, have a board of directors, executive director, fiscal admin, program director(s) & direct service staff. Some use in-house staff (certified public accountants), external accountants &/or an external accounting firm and a board-level finance committee. All use payroll systems. All have managed federal &/or state funds for over 10 years several with 100s of diff grant accounts. Most receive ESG, CSBG, CDBG, EFSP, and other state &/or federal funds. Each sub-recipient is an active member & leader in their local coalition. All subs maintain a financial account system & mgt in accordance with Generally Accepted Accounting Principles including checks & balances, chart of accounts, segregation of funds & duties, & source documentation. Each use electronic time keeping systems. Accounting systems vary amongst subs, but all have independent annual audits & share results w/the BOS.

**4. Are there any unresolved HUD monitoring or  
OIG audit findings for any HUD grants (including  
ESG) under your organization?** No

### 3A. Project Detail

1. **CoC Number and Name:** WI-500 - Wisconsin Balance of State CoC
2. **CoC Collaborative Applicant Name:** Wisconsin Balance of State Continuum of Care, Inc.
3. **Project Name:** WIBOSCOC Supportive Services for Coordinated Entry DV Expansion
4. **Project Status:** Standard
5. **Component Type:** SSO
- 5a. **Select the type of SSO Project:** Coordinated Entry
6. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No
8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No
10. **Is this project applying for Rural costs on screen 6A?** 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 those fleeing/attempting to flee violence. BOS CE policies are implemented in 20 local CE systems 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 & removing barriers across the CoC. This project will enhance 3 main 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 sub-recipient agencies also receive SSO CE, SSO CE DV & YHDP CE funding. As a sub, they provide training, TA, evaluate & support the agencies within the coalition. In partnership w/the State DV Coalition, CE staff receive training on victim centered services, safety planning, confidentiality & TIC. The sub-recipients ensure widespread marketing and outreach to survivors of DV and coalition partner agencies. This expanded funding will provide more funds to ensure consistency across the CoC & add the City of Appleton as a sub. (2) This project supports a DV specific referral process developed as a Non-HMIS PL maintained by each LCES. Tech support is provided through a services contract that incl troubleshooting, training, evaluation, reporting & maintenance of the 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. This expanded funding would support the development of enhanced reporting & on-demand outcome reports. outcomes. (3) Expanded funding will support the purchase of more marketing & outreach materials to reach addtl communities w/in our CoC, encourage more partnerships & ensure agencies working w/survivors of human trafficking have access to CE info.

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment	1			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	14			

Leased or rental assistance units or structure, and supportive services near 100% capacity	90			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

**3. 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	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**4. As an SSO-Coodinated Entry project answer 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 program participants 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 coalition CE system 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 coalition 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 local CE 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 coalition 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 CoC. Each coalition 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 coalition 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 coalition who are least likely to access homeless assistance.

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

**4e. Describe the standardized assessment and referral process that directs individuals and families 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 local coalition CE systems across 69 counties. Each coalition is req. to maintain a list of all available resources, follow CoC policies & procedures & support client choice. Coalitions 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 should be trained in using a trauma-informed approach when conducting assessments to reduce the risk of re-traumatization. The assessment space & manner should 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. 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 coalition’s 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 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?



### 3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2023 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: WI0228

1b. Eligible Renewal Grant Project Name: WIBOSCOC Supportive Services for Coordinated Entry DV

2. Will this expansion project increase the Coordinated Entry process? Yes

## 6A. Funding Request

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

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

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

4. Select a grant term: 1 Year

\* 5. Select the costs for which funding is requested:

Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input 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.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? No  
(13 to 18 months)

## 6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	.68 FTE salary & benefits; SQL database training, evaluation & upgrades; office, supplies, travel, per diem	\$80,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	.2 FTE salary& benefits, office,travel & supplies, outreach materials	\$31,000
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		<b>\$111,000</b>
<b>Grant Term</b>		<b>1 Year</b>
<b>Total Request for Grant Term</b>		<b>\$111,000</b>

Click the 'Save' button to automatically calculate totals.

# VAWA Budget

## 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 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. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	
Estimated budget amount for VAWA Confidentiality Requirements:	

CoC VAWA BLI Total:	\$0
Grant Term	1 Year
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

## 6I. Sources of Match

The following list summarizes the funds that will be used as Match for 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 Amount of Cash Commitments:	\$30,411
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$30,411

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	WIBOSCOG - discre...	\$2,851
Cash	Private	WIBOSCOG - Subrec...	\$27,560

## 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: \$2,851

## Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: WIBOSCOC - Subrecipients  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$27,560

## 6J. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			\$0
1b. Rehabilitation (Screen 6B)			\$0
1c. New Construction (Screen 6B)			\$0
2a. Leased Units (Screen 6C)	\$0	1 Year	\$0
2b. Leased Structures (Screen 6D)	\$0	1 Year	\$0
3. Rental Assistance (Screen 6E)	\$0	1 Year	\$0
4. Supportive Services (Screen 6F)	\$111,000	1 Year	\$111,000
5. Operating (Screen 6G)	\$0	1 Year	\$0
6. HMIS (Screen 6H)	\$0	1 Year	\$0
&nbsp;7. VAWA	\$0	1 Year	\$0
8. Rural (Only for HUD CoC Program approved rural areas)	\$0	1 Year	\$0
9. Sub-total of CoC Program Costs Requested			\$111,000
10. Admin (Up to 10% of Sub-total in #9)			\$10,644
11. HUD funded Sub-total + Admin. Requested			\$121,644
12. Cash Match (From Screen 6I)			\$30,411
13. In-Kind Match (From Screen 6I)			\$0
14. Total Match (From Screen 6I)			\$30,411
15. Total Project Budget for this grant, including Match			\$152,055

Click the 'Save' button to automatically calculate totals.



## 7A. Attachment(s)

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

## **Attachment Details**

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

## **Attachment Details**

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

## **Attachment Details**

**Document Description:**

## 7D. 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:** 09/24/2023

**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

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/15/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/15/2023

<b>1E. SF-424 Compliance</b>	09/15/2023
<b>1F. SF-424 Declaration</b>	09/15/2023
<b>1G. HUD 2880</b>	09/15/2023
<b>1H. HUD 50070</b>	09/15/2023
<b>1I. Cert. Lobbying</b>	09/15/2023
<b>1J. SF-LLL</b>	09/15/2023
<b>IK. SF-424B</b>	09/15/2023
<b>1L. SF-424D</b>	09/15/2023
<b>2A. Subrecipients</b>	09/19/2023
<b>2B. Experience</b>	09/15/2023
<b>3A. Project Detail</b>	09/15/2023
<b>3B. Description</b>	09/19/2023
<b>3C. Expansion</b>	09/15/2023
<b>6A. Funding Request</b>	09/15/2023
<b>6F. Supp Srvcs Budget</b>	09/19/2023
<b>VAWA Budget</b>	No Input Required
<b>6I. Match</b>	09/19/2023
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/19/2023
<b>7D. Certification</b>	09/19/2023



August 21, 2023

HUD Field Office – Milwaukee  
310 W. Wisconsin Ave.  
Milwaukee, WI 53203

**Re: WIBOSCO SSO CE DV Expansion Project**

To Whom It May Concern:

The Wisconsin Balance of State Continuum of Care, Inc. has sufficient match for the WIBOSCO SSO CE DV Expansion application in the FY23 CoC Competition from the following sources:

- WIBOSCO discretionary funds (cash): \$2,851
- WIBOSCO Sub-recipient – discretionary funds, foundations, donations (cash): \$27,560

The total match obligation of \$30,411 will be met.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Haen", with a long horizontal flourish extending to the right.

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