

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 Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- 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 onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2018 CoC Program Competition NOFA.

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: 08/31/2018

4. Applicant Identifier:

5a. Federal Entity 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. Organizational DUNS:	967328399	PLUS 4:	
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d. Address

Street 1: PO Box 272

Street 2:

City: Eau Claire

County:

State: Wisconsin

Country: United States

Zip / Postal Code: 54702

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Carrie

Middle Name:

Last Name: Poser

Suffix:

Title: CoC Director

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

Telephone Number: (715) 598-3301

Extension:

Fax Number: (715) 265-7031

Email: carrie.poser@wibos.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-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 Expansion

16. Congressional District(s):

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

17. Proposed Project

a. Start Date: 07/01/2019
b. End Date: 06/30/2020

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: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: President, WIBOSCOC Board of Directors

Telephone Number: (920) 262-9667
(Format: 123-456-7890)

Fax Number: (920) 262-9559
(Format: 123-456-7890)

Email: jeanettep@cacscw.org

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

Date Signed: 08/31/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

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: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: President, WIBOSCOG Board of Directors

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

Telephone Number: (920) 262-9667

Extension:

Email: jeanettep@cacscw.org

City: Eau Claire

County:

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: \$235,963.00

(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	\$20,000.00	Support monitoring and compliance of COC Funded agencies
WIBOSCOC PO Box 272 Eau Claire, WI 54702	Discretionary funds	\$49,000.00	Support planning costs

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

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
na	na	na	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

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

I certify that this information is true and complete.

I AGREE: ☒

Name / Title of Authorized Official: Jeanette Petts, President, WIBOSCOC Board of Directors

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

Date Signed: 06/28/2018

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;	

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 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)

Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name

Last Name: Petts

Suffix:

Title: President, WIBOSCOC Board of Directors

Telephone Number: (920) 262-9667
(Format: 123-456-7890)

Fax Number: (920) 262-9559
(Format: 123-456-7890)

Email: jeanettep@cacscw.org

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

Date Signed: 08/31/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

X

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

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

Name / Title of Authorized Official: Jeanette Petts, President, WIBOSCOC Board of Directors

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

Date Signed: 08/31/2018

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:

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

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complete. ☐

Authorized Representative

Prefix: Ms.

First Name: Jeanette

Middle Name:

Last Name: Petts

Suffix:

Title: President, WIBOSCOC Board of Directors

Telephone Number: (920) 262-9667
(Format: 123-456-7890)

Fax Number: (920) 262-9559
(Format: 123-456-7890)

Email: jeanettep@cacscw.org

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

Date Signed: 08/31/2018

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: \$214,515

Organization	Type	Sub-Award Amount
Lakeshore CAP Inc. of Wisconsin	M. Nonprofit with 501C3 IRS Status	\$30,645
North Central Community Action Program	M. Nonprofit with 501C3 IRS Status	\$30,645
Northwest Wisconsin Community Services Agency, ...	M. Nonprofit with 501C3 IRS Status	\$30,645
Southwestern Wisconsin Community Action Program...	M. Nonprofit with 501C3 IRS Status	\$30,645
Housing Action of Waukesha County, Inc.	M. Nonprofit with 501C3 IRS Status	\$30,645
ADVOCAP, Inc.	M. Nonprofit with 501C3 IRS Status	\$30,645
Newcap Inc.	M. Nonprofit with 501C3 IRS Status	\$30,645

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. Organizational DUNS:	611777327	PLUS 4:	
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e. Physical Address

Street 1: 702 State St.

Street 2: PO Box 2315

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: \$30,645

j. Contact Person

Prefix: Ms.

First Name: Colleen

Middle Name:

Last Name: Homb
Suffix:
Title: Interim 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. Organizational DUNS:	096826086	PLUS 4:	
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e. Physical Address

Street 1: 2111 8th St. South
Street 2: Suite 102
City: Wisconsin Rapids
State: Wisconsin
Zip Code: 54494

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: \$30,645

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. Organizational DUNS:	153452248	PLUS 4:	
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e. Physical Address

Street 1: 1118 TOWER AVE

Street 2:

City: SUPERIOR
State: Wisconsin
Zip Code: 54880

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

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

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

i. Expected Sub-Award Amount: \$30,645

j. Contact Person

Prefix: Ms.
First Name: Millie
Middle Name:
Last Name: Rounsville
Suffix:
Title: CEO
E-mail Address: mrrounsville@northwest-csa.org
Confirm E-mail Address: mrrounsville@northwest-csa.org
Phone Number: 715-392-5127
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. Organizational DUNS:	080507437	PLUS 4:	
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e. Physical Address

Street 1: 149 North Iowa St.

Street 2:

City: Dodgeville

State: Wisconsin

Zip Code: 53533

f. Congressional District(s): 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: \$30,645

j. Contact Person

Prefix: Mr.

First Name: Wally

Middle Name:

Last Name: Orzechowski

Suffix:

Title: Executive Director

E-mail Address: w.orzechowski@swcap.org

Confirm E-mail Address: w.orzechowski@swcap.org

Phone Number: 608-935-2326

Extension: 201
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Housing Action of Waukesha County, Inc.

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

c. Employer or Tax Identification Number: 26-4291024

	* d. Organizational DUNS:	006959488	PLUS 4:	
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e. Physical Address

Street 1: 505 N. East Ave.

Street 2: PO Box 605

City: Waukesha

State: Wisconsin

Zip Code: 53186

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: \$30,645

j. Contact Person

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Prefix: Ms.
First Name: Johneisha
Middle Name:
Last Name: Prescott
Suffix:
Title: Program Coordinator
E-mail Address: cocwaukesha@gmail.com
Confirm E-mail Address: cocwaukesha@gmail.com
Phone Number: 262-522-3185
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. Organizational DUNS:	078934148	PLUS 4:	
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e. Physical Address

Street 1: PO Box 1108
Street 2:
City: Fond du Lac
State: Wisconsin
Zip Code: 54936-1108

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

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

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

i. Expected Sub-Award Amount: \$30,645

j. Contact Person

Prefix: Ms.

First Name: Lu

Middle Name:

Last Name: Scheer

Suffix:

Title: Affordable Housing Director

E-mail Address: luanns@advocap.org

Confirm E-mail Address: luanns@advocap.org

Phone Number: 920-922-7760

Extension: 3,581

Fax Number:

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. Organizational DUNS:	136478786	PLUS 4:	
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e. Physical Address

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Street 1: 1201 Main St.

Street 2:

City: Oconto

State: Wisconsin

Zip Code: 54153

f. Congressional District(s): WI-008
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$30,645

j. Contact Person

Prefix: Ms.

First Name: Debbie

Middle Name:

Last Name: Bushman

Suffix:

Title: Housing Director

E-mail Address: debbiebushman@newcap.org

Confirm E-mail Address: debbiebushman@newcap.org

Phone Number: 920-834-4621

Extension: 1,110

Fax Number:

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The BOS covers 69 counties & is responsible for ensuring implementation & compliance of CE. Geography is broken down into 21 local homeless coalitions & 20 LCES. CoC Staff include a Director, MC Coordinator & CE System Specialist. The volunteer executive committee oversees the Director, who directly supervises the Coordinator & Specialist. The Specialist provides leadership across the CoC, training & tech assistance, ensures HUD req. are followed, monitors consistency, works directly with the LCES addressing concerns & local issues, actively participates in the CE committee when addressing policy decisions & is responsible for overall implementation & evaluation of CE. The BOS administers state funds w/7-9 sub agencies, receives the CoC Planning grant & is the lead for a SSO-CE with 11 sub-recipient orgs. Implemented in 2016 w/membership approved policies & procedures, CE is required for all CoC & ESG proj & open to non-funded. There are 2 PL: HMIS & Non-HMIS. Each LCE area designates a lead. 12 are current sub-recipients of the SSO-CE & responsible for local implementation of the CoC approved CE system. In this grant, the BOS seeks to expand the SSO to fund an addt'l 7 subs/LCES. Each applied, demonstrated fiscal & org. capacity & developed the structure req. to execute this grant given funding & time limits. All use HMIS. They represent rural (2), urban (1), mixed (4) & cover 22 counties. Between the 2 grants, 64/69 counties will receive funding to support CE. All hold the role of local coalition lead, PIT lead &/or LCE lead. 3 agencies currently have rep on Board. All 7 are non-profit homeless service providers & members of the CoC, leaders in their community, 5 receive CoC funding for RRH, PSH &/or TH & all receive ESG funding for shelter &/or RRH. Other grants include HOME-TBRA, Section 8, SOAR, SSVF, HOME, CDBG & CSBG. Programs include Birth-3, head start, weatherization, CHDO, thrift store, health clinic, adult daycare, senior center & thrift stores. All receive a mix of fed, state & private funding for addt'l programming. This funding will provide enhanced communication, opportunity for collaboration outside of those req. to use CE, expand marketing efforts & increase outreach activities-especially in the rural areas. The BOS secures match from discretionary & state funds & in-kind volunteer time. The sub-recipients secured match from sources such as gov't, county, United Way & private foundations. Letters are attached to this application. The BOS has an exec committee of officers & contract for fiscal admin to ensure segregation of funds & compliance. The BOS has been monitored w/out findings by the State. The sub-recipients in this grant have personnel policies & procedures that include accounting & financial management. All have 10+ yrs of mgt & supervisory experience, been monitored by HUD, State &/or the BOS & have annual successful audits w/compliance of OMB Uniform Guidance & Generally Accepted Accounting Practice standards.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

The BOS matches the CoC planning grant & current SSO w/discretionary & state funds & in-kind donation of time. Discretionary funds come from BOS quarterly mtg registration revenue & local homeless coalition dues to the org. The mtgs provide training, leadership & tech assistance to all members. There is a lot of work done on behalf of the BOS by volunteer efforts including governance, committees, PIT counts & planning. In-kind match is tracked quarterly & documented. Each sub-recipient has extensive experience leveraging a variety of federal, state, local & private funds. As recipients of CoC &/or ESG funds, each agency is required to secure match & leverage other resources often exceeding the req amount in order to support the programs, provide the most services & meet the needs in their communities. These include but are not limited to: CSBG, CDBG, HOME, local community foundations (such as Meijer's, Greater Milwaukee, Greater Green Bay), United Way, private donors, Lions & Kiwanis Club, local or county grants, state govt' grants, donation of volunteer time & items (furniture, hygiene & household goods). 1 agency receives HOME-TBRA funds from the State to provide rental assistance. It requires collaboration w/partners to provide case mgt & match. 1 agency has MOUs to provide services for UW-Extension (life skills), Workforce Inv. Board (edu & training) & the County (prenatal & early childhood). Another operates programs fed funded through USDA, ED, Energy, HHS, DOJ, DOT, US Corp for Nat'l Service, FEMA & US Small Bus Admin & state funded through DOA, DCF, DHHS, DPI, DOT, DVR, DWD & WI Head Start. Another provides rep payee & corporate guardianship services for SSI. Another operates a transportation assistance program & no interest loans for cars. Programs require non-federal match, diversifying support enhances programmatic stability & sustainability, avoiding over-reliance on a single source of revenue.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

The BOS has 3 full-time staff-Director, Monitoring & Compliance Coordinator & CE System Specialist. The Director's activities are overseen by the volunteer Board executive committee of officers. Internally, the Director supervises & collaborates with the Coordinator to ensure monitoring, follow-up & evaluation is done on a timely basis for CoC projects. There is a joint MOU between the BOS & State of WI to monitor ESG proj, share resources, findings & evaluate performance. The Director supervises the Specialist who is responsible for the overall implementation & evaluation of CE across the CoC. Externally, the staff work w/org to enhance service delivery w/training & tech assistance, advocacy efforts & data driven solution to community based issues. Staff work w/CoC & ESG agencies, PIT leads & local coalition lead to carry out the business of the BOS. The Specialist works with LCE leads & non-HMIS list holders to ensure compliance w/CE policies & procedures & implementation of CoC approved CE in their local communities. The BOS contracts w/a fiscal admin to ensure proper financial accounting policies & procedures are in place. The BOS has been monitored by the State & had audits w/no findings. Each sub-recipient varies in size & org structure. They all have a board of directors, executive director, fiscal admin, program director(s) & direct service staff. Most have managed federal

&/or state funds for over 10 years. 6 subs are Community Action Agencies (CAA). Most operate other CoC housing programs &/or ESG RRH. Several provide weatherization, energy assistance, operate self-sufficiency programs, head start, thrift shops, health clinic, Section 8 & WIC. Given the breadth of services provided by many, the diversity provides multiple opportunities for cross-referrals, inter-dept. support & maximizing efforts to avoid duplication. Coordination of client services is accomplished by a case mgt team, supervision & regular staffings. Each sub-recipient is an active member & leader in their local coalition. Local coalitions include homeless service providers, PHA, county staff, LEA/SEA, DV providers, RHY staff, formerly homeless, mental health, law enf & any other entity committed to ending homelessness in their community. Collaboration occurs through CE, case teams, project dev, 2x/year PIT process, leveraging support & community planning. With CE, the community must come together to develop response strategies, after hour plans, identify housing solutions & ensure rapid placement when possible. Each sub-recipient is a nonprofit 501c3 org & maintains a financial accounting system & mgt in accordance with Generally Accepted Accounting Principles including checks & balances, chart of accounts, segregation of funds & source documentation. In addition to internal controls, all agencies must have annual external audits & share w/the BOS the results.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: WI-500 - Wisconsin Balance of State CoC

1b. CoC Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

2. Project Name: WIBOSCOC Supportive Services for Coordinated Entry Expansion

3. Project Status: Standard

4. Component Type: SSO

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The BOS CE covers the 69 county CoC with 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 & people will be referred to the most appropriate resource(s) for their specific situation. 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. This project will expand the current SSO-CE grant to include an addtl 7 LCE areas. Then 64/69 counties will be covered. This project will fund 7 people to support the development & implementation of CE by ensuring: (1) full participation by all CoC & ESG providers in LCES (2) all marketing materials & outreach strategies used create fair & equal access to CE regardless of location or method of access (3) outreach activities occur minimum of twice/year to known locations & identify those least likely to access CE (4) clients have meaningful input in & understanding of the CE system (5) implementation of prevention process & assessment (6) use of the after hour plan. CE requires 4 steps: prescreen, assessment, referral & follow up-all predicated on client choice & use of TIC skills. (6) Provide education to non-traditional service providers to create a network expanding beyond those required & (7) explore alternative communication methods & use social media to enhance the message. The grant will support enhancing current system requirements including: prescreen-the collection of basic info req. to generate a referral & provide client opportunity to consent to process; assessment-using a standardized tool to objectively measure a client's vulnerability as one component of prioritization; referrals-done through HMIS or non-HMIS PL. Each list is specifically programmed to reflect CoC approved order of priority by project type. Each uses elements such as: assessment score, length of time homeless, homeless category, presence of a disability &/or chronic status. Finally, follow up-contacting those remaining on the list at minimum every 90 days to ensure the need remains, assist w/referrals or info & maintain established rapport. The CoC wants to expand CE beyond the req. & create a system & process that streamlines services without creating additional hoops for clients to jump through. The CE System Specialist will work closely with the 19 people to navigate the current (12) & expansion (7). The CoC will directly assist the 2 remaining non-funded LCES to use lessons learned under this grant & apply to those communities. Currently much of this work is being absorbed through various agency discretionary funds, CoC & ESG grant BLI & some in-kind leverage. By creating a larger defined system that the community identifies as being the way to connect people w/the services they need, additional funding can be secured to continue to enhance the process & make improvements.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave

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the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

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
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	30			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	60			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

*** 3. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. Please select the type of SSO project: Coordinated Entry

4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? Yes

**4b. Will the coordinated entry process funded Yes
in part by this grant be easily accessible?**

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 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. 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 including those in the local homeless coalition, 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 policies 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 Yes
comprehensive, standardized assessment
process?**

4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or 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. The CE system is broken down into 20 LCES across 69 counties. Each LCES is req. to maintain a list of all available resources, follow CoC policies & procedures & support client choice. LCES 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 information from each adult in the household separately, if appropriate. The BOS uses 3 tools for assessment: VISPDAT, Family, and TAY. Every staff person completing a VI-SPDAT 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 the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness? Yes

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? Yes

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? Yes

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: WI0197

Eligible Renewal Grant Project Name: WIBOSCOG Supportive Services for Coordinated Entry

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Coordinated entry

Additional supportive services to homeless persons

Indicate how the project is proposing to "provide additional supportive services to the homeless persons served." Coordinated entry

Describe the reason for the supportive service increase indicated above.

The BOS is requesting that CE be increased from the current SSO grant to full operationalize the project across the vast geography included in our CoC. The original SSO funded 12 people covering 11 of the 20 LCES & 42 counties. That grant started 7/1/18. With available reallocated funds, the CoC wished to expand funding to 7 add'l LCES & 22 counties. This would create a total of 19 positions to provide leadership & implement CoC approved CE policies & procedures in their local coalition. Each person will be responsible for evaluating effectiveness & work with the CoC Specialist to all parts of the CE process are followed including the prescreen, assessment, referral & follow-up are conducted, expanding outreach & marketing efforts & ensuring people are

connected to the resources they need. Through the original & expansion, 674 of the 69 counties in the BOS would be covered. The remaining 5 counties (2 LCES) are small w/limited resources. The Specialist will continue to work w/them directly to ensure CE coverage occurs.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Reallocation

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 being requested:**

Supportive Services ☒

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

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	1.295 FTE case manager salary + benefits, CM supplies	\$71,865
2. Assistance with Moving Costs		
3. Case Management	1.545 FTE case manager salary + benefits, CM supplies	\$62,382
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	1.385 FTE case manager salary + benefits, CM supplies	\$47,059
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	.645 FTE case manager salary + benefits, CM supplies	\$30,609

14. Substance Abuse Treatment Services		
15. Transportation	.40/mile x 250 miles/month - case manager mileage	\$1,200
16. Utility Deposits		
17. Operating Costs	1 CM office and supplies	\$1,400
Total Annual Assistance Requested		\$214,515
Grant Term		1 Year
Total Request for Grant Term		\$214,515

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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$58,991
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$58,991

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	United Way of Man...	08/01/2018	\$2,000
Yes	Cash	Private	Lakeshore CAP Fun...	08/15/2018	\$525
Yes	Cash	Government	ESG	08/15/2018	\$5,520
Yes	Cash	Private	United Way of Mar...	08/13/2018	\$8,045
Yes	Cash	Private	CSBG	08/16/2018	\$8,045
Yes	Cash	Government	Waukesha County D...	08/17/2018	\$8,045
Yes	Cash	Private	ADVOCAP discretio...	08/16/2018	\$8,045
Yes	Cash	Private	WIBOSCOG discreti...	08/20/2018	\$2,676
Yes	Cash	Private	Greater Green Bay...	08/23/2018	\$8,045
Yes	Cash	Private	Hope Cooperation	08/28/2018	\$3,500
Yes	Cash	Private	Grace Lutheran Ch...	08/28/2018	\$600
Yes	Cash	Private	Homeless Needs Fund	08/28/2018	\$1,700
Yes	Cash	Government	ESG - HMIS	08/28/2018	\$245
Yes	Cash	Private	Lions Club	08/28/2018	\$1,000
Yes	Cash	Private	Kiwanis Club	08/28/2018	\$1,000

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: United Way of Manitowoc County
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/01/2018
6. Value of Written Commitment: \$2,000

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: Lakeshore CAP Fundraising Donations
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2018
6. Value of Written Commitment: \$525

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: ESG
(Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 08/15/2018

6. Value of Written Commitment: \$5,520

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Private

4. Name the source of the commitment: United Way of Marathon County
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/13/2018

6. Value of Written Commitment: \$8,045

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Private

4. Name the source of the commitment: CSBG
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/16/2018

6. Value of Written Commitment: \$8,045

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: Waukesha County Department of Health & Human Services
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/17/2018
6. Value of Written Commitment: \$8,045

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: ADVOCAP discretionary funds
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/16/2018
6. Value of Written Commitment: \$8,045

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: WIBOSCOG discretionary funds
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/20/2018
6. Value of Written Commitment: \$2,676

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: Greater Green Bay Foundation - Basic Needs
(Be as specific as possible and include the office or grant program as applicable) (BCHHC)
5. Date of Written Commitment: 08/23/2018
6. Value of Written Commitment: \$8,045

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: Hope Cooperation
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2018
6. Value of Written Commitment: \$3,500

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private

- 4. Name the source of the commitment:** Grace Lutheran Church
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/28/2018
- 6. Value of Written Commitment:** \$600

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Homeless Needs Fund
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/28/2018
- 6. Value of Written Commitment:** \$1,700

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** ESG - HMIS
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/28/2018
- 6. Value of Written Commitment:** \$245

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: Lions Club
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2018
6. Value of Written Commitment: \$1,000

Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: Kiwanis Club
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/28/2018
6. Value of Written Commitment: \$1,000

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	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$214,515	1 Year	\$214,515
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$214,515
8. Admin (Up to 10%)			\$21,448
9. Total Assistance Plus Admin Requested			\$235,963
10. Cash Match			\$58,991
11. In-Kind Match			\$0
12. Total Match			\$58,991
13. Total Budget			\$294,954

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	08/30/2018
3) Other Attachment(s)	No	WIBOSCOC 501c3	08/30/2018
2) Other Attachment(s)	No	WIBOSCOC & Sub-Re...	08/31/2018

Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description: WIBOSCOC 501c3

Attachment Details

Document Description: WIBOSCOC & Sub-Recipient Match Letters

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Jeanette Petts

Date: 08/31/2018

Title: President, WIBOSCOG Board of Directors

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

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am

X

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).

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	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/15/2018
1E. SF-424 Compliance	08/13/2018
1F. SF-424 Declaration	08/13/2018

1G. HUD 2880	08/13/2018
1H. HUD 50070	08/13/2018
1I. Cert. Lobbying	08/13/2018
1J. SF-LLL	08/13/2018
2A. Subrecipients	08/30/2018
2B. Experience	08/31/2018
3A. Project Detail	08/13/2018
3B. Description	08/31/2018
3C. Expansion	08/30/2018
6A. Funding Request	08/13/2018
6F. Supp Srvcs Budget	08/31/2018
6I. Match	08/31/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/30/2018
7D. Certification	08/31/2018

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

MAR 18 2013

THE WISCONSIN BALANCE OF STATE
CONTINUUM OF CARE INC
PO BOX 545
LAKE DELTON, WI 53940-0545

Employer Identification Number:

27-5491167

DLN:

17053109307042

Contact Person:

ROXANNE M HAYTHORN

ID# 52416

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990 Required:

Yes

Effective Date of Exemption:

February 14, 2011

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

THE WISCONSIN BALANCE OF STATE

Sincerely,

A handwritten signature in cursive script that reads "Holly O. Paz".

Holly O. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)