

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 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 2021 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: 10/22/2021

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. Organizational DUNS:	967328399	PLUS 4:	
--	--------------------------------	-----------	----------------	--

d. Address

Street 1: PO Box 272

Street 2:

City: Eau Claire

County: Eau Claire

State: Wisconsin

Country: United States

Zip / Postal Code: 54702

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Carrie

Middle Name:

Last Name: Poser

Suffix:

Title: CoC Director

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

Telephone Number: (715) 598-3301

Extension:

Fax Number: (715) 265-7031

Email: carrie.poser@wibos.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6500-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):**
- 16a. Applicant:** WI-005, WI-006, WI-007, WI-008, WI-003, WI-002, WI-001
 - 16b. Project:** WI-005, WI-006, WI-007, WI-008
(for multiple selections hold CTRL key)
- 17. Proposed Project**
- a. Start Date:** 07/01/2022
 - b. End Date:** 06/30/2023
- 18. Estimated Funding (\$)**
- a. Federal:**
 - b. Applicant:**
 - c. State:**
 - d. Local:**
 - e. Other:**
 - f. Program Income:**
 - g. Total:**

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOG Board of Directors

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

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

Email: lhaen@khds.org

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

Date Signed: 10/22/2021

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

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

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

Telephone Number: (262) 764-8555

Extension:

Email: lhaen@khds.org

City: Eau Claire

County: Eau Claire

State: Wisconsin

Country: United States

Zip/Postal Code: 54702

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$77,466.00

(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

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

I AGREE:

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

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

Date Signed: 10/22/2021

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

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, WIBOSCOG Board of Directors

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

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

Email: lhaen@khds.org

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

Date Signed: 10/22/2021

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

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

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

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

Date Signed: 10/22/2021

1J. SF-LLL

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

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

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

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

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

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

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

I certify that this information is true and

complete.

Authorized Representative

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

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

Email: lhaen@khds.org

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

Date Signed: 10/22/2021

IK. SF-424B

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

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

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

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

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

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

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

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

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

Date Signed: 10/22/2021

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: \$64,354

Organization	Type	Sub-Award Amount
The Salvation Army	M. Nonprofit with 501C3 IRS Status	\$32,177
Community Action Coalition of South Central WI	M. Nonprofit with 501C3 IRS Status	\$32,177

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. Organizational DUNS:	150777253	PLUS 4:	
--	----------------------------------	-----------	----------------	--

e. Physical Address

Street 1: 1600 Briggs St.

Street 2:

City: Stevens Point

State: Wisconsin

Zip Code: 54481

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

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

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

i. Expected Sub-Award Amount: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Stephanie

Middle Name:

Last Name: Ligman
Suffix:
Title: Housing Rental Coordinator
E-mail Address: stephanie.ligman@usc.salvationarmy.org
Confirm E-mail Address: stephanie.ligman@usc.salvationarmy.org
Phone Number: 715-341-2437
Extension:
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. Organizational DUNS:	078935681	PLUS 4:	
--	----------------------------------	-----------	----------------	--

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: \$32,177

j. Contact Person

Prefix: Ms.

First Name: Amber

Middle Name:

Last Name: Duddy

Suffix:

Title: Executive Director

E-mail Address: aduddy@cacscw.org

Confirm E-mail Address: aduddy@cacscw.org

Phone Number: 608-206-4333

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 & is responsible for ensuring implementation & compliance of CE across 21 local homeless coalitions that create the CoC. CoC staff include a Director, Monitoring & Compliance Coordinator, CE System Specialist & Grant Administrator. A volunteer executive committee oversees the Director, who directly supervises the staff. The CE Specialist provides leadership across the CoC, training & tech assistance, ensures HUD requirements are followed, monitors consistency, works w/each local CE lead to address concern, ensure fidelity, actively participates in the CE policy committee, works w/HMIS lead & the statewide DV coalition & is responsible for overall implementation & evaluation of CE. The BOS has experience effectively utilizing federal funds as we have been & continue to be the lead for a CoC DV RRH bonus grant (5 subs), the current CoC SSO-CE renewal grant (19 subs), a CoC SSO-CE DV bonus grant (20 subs) & the CoC planning grant. BOS was recently selected as YHDP community as well. The BOS also receives state housing funds (8 subs). The Grant Admin ensures subs are performing activities as required & compliant w/lead & HUD. BOS staff create & execute contracts, review source documentation, monitor performance, evaluate data & review CE compliance. BOS staff created standardize CM forms & training, updated written standards, provide TA, facilitate community of practice for RRH & PSH case management staff & review SPM & HUD req. w/coalitions. 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, identifying & securing match. The BOS is the collaborative applicant & CE lead for the entire CoC. Implemented in 2016 w/CoC approved policies & procedures, CE is required for all CoC & ESG projects & open to nonfunded agencies. There are 2 prioritization lists: HMIS & Non-HMIS. Each coalition designates a lead & is responsible for local implementation of the CoC approved CE system. Currently, 19 are funded w/the SSO with this application. All BOS subs must demonstrate fiscal & org capacity & developed the structure required to execute grants given funding & time limits. In this grant, the BOS seeks to expand the SSO to fund 2 more subs, increasing the CE grant to include all parts of the CoC. The 2 agencies are coalition, PIT & CE leads currently in their coalitions. CACSCW receives CoC funds for housing (TH & PSH) & is a current SSO CE DV sub. Salvation Army is a current SSO CE DV sub. Both receive ESG for motel vouchers/shelter & RRH. This funding will ensure compliance w/CoC policy, TA & increase outreach activities w/in these coalitions. The BOS secures match from discretionary, state funds & in-kind volunteer time. The sub-recipients secure match from cash donations, fundraising & CSBG. Letters are attached to this application. The BOS has an exec committee of officers & contract for fiscal administration to ensure segregation of funds & compliance. The subs have sufficient years of mgt,

supervisory & fiscal experience. Each sub has experience developing & implementing programs & services to meet the needs of this population including housing, case management, prevention, and shelter. The BOS, fiscal agent & subs have all been monitored by the HUD, State &/or BOS. All have personnel policies & procedures that include accounting & financial management. Each have had external annual successful audits w/compliance to requirements under 2 CFR 200.

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

The BOS administers the CoC planning grant, a CoC SSO-CE, SSO-CE DV & CoC DV RRH grant w/each requiring 25% match. The BOS meets this requirement w/discretionary & state funds, in-kind donation of time & space. Discretionary funds come from BOS local homeless coalition annual dues to the organization & 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 match is 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. This contribution is also documented and submitted to the Director. For this grant, the BOS will use discretionary funds to support the CE System Specialist’s work in providing TA & monitoring. Each subgrantee is required to meet a 25% match obligation as well. As a sub, CACSCW & Salvation Army have experience leveraging a variety of federal, state, local & private funds. For this grant, CACSCW will provide match through cash donations. Salvation Army will provide match through fundraising efforts. The BOS & both sub-recipients 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 4 full-time staff: Director, Monitoring & Compliance Coordinator, CE System Specialist & 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 federal funds in accordance with the requirements of 2 CFR part 200. 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 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. Both subs vary in size & org structure. They both are 501c3 w/a board of directors, director, fiscal admin, program director(s) & direct service staff. CACSCW is a Community Action Agency operating CoC TH & PSH, SSVF, and ESG RRH. Sal Army Stevens Pt

operates ESG shelter & RRH. Both are active members & leaders in their local coalitions. Both subs maintain a financial account 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 the 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 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

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 goal of creating an easier process for clients to navigate, quick & seamless entry into homeless services, preventing service duplication, reducing length of homelessness, improving communication w/in local coalitions & people referred to the most appropriate resource(s) for their specific situation. This includes victims of DV. BOS CE policies are implemented in 20 local CE systems (LCES) ensuring the needs of homeless are met in the area in which they live. This project will expand the current SSO-CE grant to include an addtl 2 LCE areas. Then, all 69 counties in the CoC will be covered. This project will fund 2 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 nontraditional 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 30 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 21 people to navigate the current (19) & expansion (2). 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. There is additional funding for the CoC to provide additional funding for outreach & marketing materials to enhance access to CE.

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	0			
Begin program participant enrollment				
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 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 (LCES) must ensure that all people in different pop & subpop have fair & equal access to the CE process, regardless of where or how they access the system.

This includes DV. Each LCES is required to advertise, conduct outreach & provide appropriate accommodations to ensure the CE is available & accessible to all eligible persons including those with the highest barriers to assistance. Each agency must prominently post the “No Wrong Door” agency sign so it is visible. Marketing materials must be consistent across the BOS including flyers, postcards, brochures & other written materials. Each LCE lead is required to contact private & public agencies in the local coalition including victim services, 211, vet specific, social service, local gov’t to educate & provide information on accessing CE. Outreach must be done at least 2x/year. This can be linked with the PIT count. Each LCE area is required to coordinate with all existing street outreach programs & private/public agencies, social service org, for referrals, so people not seeking services can access CE. All outreach efforts must cover the entire geographic area of the LCE area. Each LCES is required to provide info about the CE system in areas such as 24-hour establishments, restaurants, hospitals, meal sites/programs, food pantries, churches, grocery stores, schools & check cashing locations.

Each LCES must comply with 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. 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 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 info from each adult in the household separately, if appropriate. The BOS 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 LCES PL. Prioritization is a separate process from determining project eligibility. Follow-up contact must occur at min. every 90 days. Staff should gather updated info including homeless situation, need & desire to remain on the list. If the HH is no longer in need of housing assistance, the agency can close the referral to remove the individual or family from the PL.

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

4g. Will this coordinated entry project refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible? Yes

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 2021 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: WI0197

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

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 15, 2023? Yes

1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.

2. What type of CoC funding is this project applying for in this CoC Program 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 requested:**

Supportive Services

HMIS

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



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	.6 FTE salary & benefits, office, phone, supplies	\$34,879
2. Assistance with Moving Costs		
3. Case Management	.23 FTE salary & benefits, office, phone, supplies	\$10,811
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services	.25 FTE salary & benefits, office, phone, supplies	\$9,234
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	.20 FTE salary & benefits, travel, per diem, office, phone, supplies, marketing materials	\$15,500
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$70,424
Grant Term		1 Year
Total Request for Grant Term		\$70,424

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:	\$19,367
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$19,367

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 Discreti...	\$3,277
Cash	Private	CACSCW - cash don...	\$8,045
Cash	Private	TSA Stevens Point...	\$8,045

Sources of Match Detail

- 1. Type of Match commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** WIBOSCOG Discretionary Funds
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$3,277

Sources of Match Detail

- 1. Type of Match commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** CACSCW - cash donations
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$8,045

Sources of Match Detail

- 1. Type of Match commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** TSA Stevens Point - Xmas Fundraising
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$8,045

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	\$70,424	1 Year	\$70,424
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$70,424
8. Admin (Up to 10%)			\$7,042
9. Total Assistance Plus Admin Requested			\$77,466
10. Cash Match			\$19,367
11. In-Kind Match			\$0
12. Total Match			\$19,367
13. Total Budget			\$96,833

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 N...	10/15/2021
2) Other Attachment(s)	No	WIBOSCOC SSO CE N...	10/15/2021
3) Other Attachment(s)	No		

Attachment Details

Document Description: WIBOSCOC SSO CE New 501c3

Attachment Details

Document Description: WIBOSCOC SSO CE New Match

Attachment Details

Document Description:

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: Lisa Haen
Date: 10/22/2021
Title: Chair, WIBOSCOC Board of Directors
Applicant Organization: Wisconsin Balance of State Continuum of Care, Inc.

PHA Number (For PHA Applicants Only):

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

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).

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

8B. Submission Summary

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)	10/13/2021
1E. SF-424 Compliance	10/13/2021
New Project Application FY2021	Page 45 10/22/2021

1F. SF-424 Declaration	10/13/2021
1G. HUD 2880	10/13/2021
1H. HUD 50070	10/13/2021
1I. Cert. Lobbying	10/13/2021
1J. SF-LLL	10/13/2021
IK. SF-424B	10/13/2021
1L. SF-424D	10/13/2021
2A. Subrecipients	10/15/2021
2B. Experience	10/15/2021
3A. Project Detail	10/13/2021
3B. Description	10/15/2021
3C. Expansion	10/13/2021
6A. Funding Request	10/13/2021
6F. Supp Srvcs Budget	10/22/2021
6I. Match	10/15/2021
6J. Summary Budget	No Input Required
7A. Attachment(s)	10/15/2021
7D. Certification	10/15/2021