

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov).
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO and the FY 2023 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2023 CoC Program Competition NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/13/2023

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. SF-424 Legal Applicant

### 8. Applicant

- a. Legal Name:** ADVOCAP, Inc.  
**b. Employer/Taxpayer Identification Number (EIN/TIN):** 39-1053365  
**c. Unique Entity Identifier:** SCLANJCNMH86

### d. Address

**Street 1:** 19 West First Street  
**Street 2:**  
**City:** Fond du Lac  
**County:** Fond du Lac  
**State:** Wisconsin  
**Country:** United States  
**Zip / Postal Code:** 54936

### e. Organizational Unit (optional)

**Department Name:** Homeless Prevention  
**Division Name:**

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

**Prefix:** Mrs.  
**First Name:** Becky  
**Middle Name:**  
**Last Name:** Heldt  
**Suffix:**  
**Title:** Homeless Prevention Director  
**Organizational Affiliation:** ADVOCAP, Inc.  
**Telephone Number:** (920) 426-0150  
**Extension:** 3581

**Applicant:** ADVOCAP, Inc.

078934148

**Project:** Winnebagoland Rapid Rehousing Expansion

213797

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**Fax Number:** (920) 426-3671

**Email:** [becky.heldt@advocap.org](mailto:becky.heldt@advocap.org)

## 1C. SF-424 Application Details

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

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

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

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

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

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

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

15. Descriptive Title of Applicant's Project: WinnebagoLand Rapid Rehousing Expansion

16. Congressional District(s):

16a. Applicant: WI-006

16b. Project: WI-006  
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 01/01/2024

b. End Date: 12/31/2024

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:** Mrs.

**First Name:** Tanya

**Middle Name:**

**Last Name:** Marcoe

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (920) 922-7760  
(Format: 123-456-7890)

**Fax Number:** (920) 922-7214  
(Format: 123-456-7890)

**Email:** tanya.marcoe@advocap.org

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

**Date Signed:** 09/13/2023



# 1G. HUD 2880

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

## Applicant/Recipient Information

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

**Agency Legal Name:** ADVOCAP, Inc.

**Prefix:** Mrs.

**First Name:** Tanya

**Middle Name:**

**Last Name:** Marcoe

**Suffix:**

**Title:** Executive Director

**Organizational Affiliation:** ADVOCAP, Inc.

**Telephone Number:** (920) 922-7760

**Extension:** 3531

**Email:** tanya.marcoe@advocap.org

**City:** Fond du Lac

**County:** Fond du Lac

**State:** Wisconsin

**Country:** United States

**Zip/Postal Code:** 54936

**2. Employer ID Number (EIN):** 39-1053365

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

**4. Amount of HUD Assistance Requested/Received: \$318,885.00**

(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   |
|---|--------------------|-----------------------------|--|
| Department of Housing and Urban Development | Grant              | \$612,006.00                | 4 different grants for Housing operations and supportive services. |
| NA  | NA                 | \$0.00                      | NA   |
| NA  | NA                 | \$0.00                      | NA   |
| NA  | NA                 | \$0.00                      | NA   |
| NA  | NA                 | \$0.00                      | NA   |

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

**Part III Interested Parties**

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

**Certification**

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

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

|   |
|---|
| X |
|---|

**Name / Title of Authorized Official:** Tanya Marcoe, Executive Director

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

**Date Signed:** 09/13/2023

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** ADVOCAP, 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 —<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 —<br>(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<br>(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 —<br>(1) Abide by the terms of the statement; and<br>(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.**

|   |
|---|
| X |
|---|

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:** Mrs.

**First Name:** Tanya

**Middle Name**

**Last Name:** Marcoe

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (920) 922-7760  
**(Format: 123-456-7890)**

**Fax Number:** (920) 922-7214  
**(Format: 123-456-7890)**

**Email:** tanya.marcoe@advocap.org

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

**Date Signed:** 09/13/2023

## **CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

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

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

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

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

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

**Applicant's Organization:** ADVOCAP, Inc.

**Name / Title of Authorized Official:** Tanya Marcoe, Executive Director

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

**Date Signed:** 09/13/2023

# 1J. SF-LLL

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

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

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

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

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

**Legal Name:** ADVOCAP, Inc.

**Street 1:** 19 West First Street

**Street 2:**

**City:** Fond du Lac

**County:** Fond du Lac

**State:** Wisconsin

**Country:** United States

**Zip / Postal Code:** 54936

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:** Mrs.

**First Name:** Tanya

**Middle Name:**

**Last Name:** Marcoe

**Suffix:**

**Title:** Executive Director

**Telephone Number:** (920) 922-7760  
**(Format: 123-456-7890)**

**Fax Number:** (920) 922-7214  
**(Format: 123-456-7890)**

**Email:** tanya.marcoe@advocap.org

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

**Date Signed:** 09/13/2023

## IK. SF-424B

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

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

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

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

- |    |   |
|----|---|
| 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: ADVOCAP, Inc.

Prefix: Mrs.

First Name: Tanya

**Middle Name:**

**Last Name:** Marcoe

**Suffix:**

**Title:** Executive Director

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

**Date Signed:** 09/13/2023

## 1L. SF-424D

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

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

## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

### Total Expected Sub-Awards:

| Organization                | Type | Sub-Award Amount |
|-----------------------------|------|------------------|
| This list contains no items |      |                  |

## **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.**

ADVOCAP's financial management system includes 150 contracts with a \$12 million budget. Nearly 80% of these contracts are from federal sources. Each contract is governed by different rules and regulations. Finance and program staff are familiar with the code of federal regulations and the OMB circulars. Staff are also trained in the various federal reporting requirements. ADVOCAP has program and financial policies and procedures in place to ensure funds are used effectively and within the time frame of the grant agreement.

ADVOCAP has operated programs for those who are experiencing homelessness since 1996, including supportive services only (SSO) programs for many of those years. Throughout the years, ADVOCAP has managed permanent supportive housing, domestic violence and regular rapid rehousing, and transitional housing through the Department of Justice. We also manage emergency housing vouchers in our rural area because a temporary shelter does not exist. Due to years of experience, ADVOCAP staff are well versed in the rules and regulations regarding rapid rehousing.

In addition to operating housing programs, ADVOCAP has a long history in providing adult basic education and employment and training services.

ADVOCAP's adult education employee has been providing basic education services for the last 30 years. He holds a master's degree in reading education and is a certified reading specialist. ADVOCAP offers a student driven, flexible education program that meets the needs of students at any level.

ADVOCAP has managed a variety of employment and training programs throughout the years. Our experience includes working with refugees, persons with disabilities and those affected by domestic violence to develop soft skills and professional credentials to improve their employability and retention. We managed a Workforce Innovation and Opportunity Act (WIOA) program which is designed to help job seekers to access employment, training, education, and support services as well as a WISE program that helped older adults to find meaningful employment.

ADVOCAP also manages a Skills Enhancement program which allows us to provide career planning and financial assistance for continued education for individuals who enter a two- or four-year program.

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

ADVOCAP is a community action agency funded in part by a Community Services Block Grant (CSBG). This funding allows us to provide the needed match for our homeless grants. ADVOCAP also utilizes other internal programs to provide match. An example, our Skills Enhancement Program provides funding for individuals to further their education. Funds provided to a homeless program participant would be considered match for this grant. If more match is needed, ADVOCAP employs a planner/grant writer to assist with identifying and securing matching funds. This employee uses Grant Watch, grants.gov, local foundation web sites and a variety of other grant sites to search for match opportunities.

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

ADVOCAP uses a fully integrated, computerized accounting system which allows for separation of funding sources. Financial reports are prepared monthly and presented to the Board of Directors for review and approval. Each of the numerous internal controls ADVOCAP uses is reviewed and accepted by an outside auditor. The Finance Director monitors spending for the project and submits the financial reports to funding agencies. An independent CPA also audits financial records annually. ADVOCAP has always met required federal audit standards without deficiency or negative findings. ADVOCAP’s Financial Procedures Manual details all our financial policies and procedures. These policies and procedures help to ensure ADVOCAP is compliant with funding requirements and resources are used efficiently and effectively. The department Director manages program budgets. Staff time sheets are maintained daily by all staff members based on actual time spent working for each specific grant or program. At the end of a pay period, all employee's time sheets are approved by their supervisor and submitted to the Payroll Specialist. Our administrative policies and employee guidelines are documented in the written manuals: "Taking Care of ADVOCAP" and "ADVOCAP and You".

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



### 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:** Winnebagoland Rapid Rehousing Expansion
  
- 4. **Project Status:** Standard
  
- 5. **Component Type:** PH
  - 5a. **Select the type of PH project:** RRH
  
- 6. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
  
- 7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No
  
- 8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No
  
- 10. **Is this project applying for Rural costs on screen 6A?** Yes
  
- 10a. **Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)** Wisconsin

**10b. Area(s) affected by the project (rural geo-code(s) only):** 559047 Green Lake County  
(for multiple selections hold CTRL key)

**10c. Area(s) affected by the project (tribal geo-code(s) only).** Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections:  
(for multiple selections hold CTRL key)

### 3B. Project Description

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

Rapid re-housing is designed to assist those who are in an immediate housing crisis. Individuals and their families who qualify as homeless, including those with no income, with disabilities or with poor rental history, are good candidates for this project.

The primary need in our service area is more affordable housing options. To meet this need ADVOCAP will hire a Housing Navigator to help increase housing options in our service area through communication and relationship building with area landlords.

The Housing Navigator will assist with housing identification by contacting and recruiting landlords to provide housing opportunities for project participants and addressing potential barriers to landlord participation such as concerns about the short-term rental assistance and tenant qualifications. Being responsive to the landlords’ concerns will increase their confidence in our programs and our participants. Due to the work of the Housing Navigator, individuals who are experiencing homelessness should be able to identify and secure permanent housing faster.

Additional needs identified in ADVOCAP’s community needs assessment will be addressed through the Employment and Training Coordinator, the Adult Education Specialist and an expansion in the support services provided by the Homeless Prevention Specialists. These include life skills training, assistance for dental care, mental health care and substance abuse training. COC funding will be used to support these activities.

All these services provided together will assist individuals who are experiencing homelessness to quickly identify and secure safe and affordable housing and develop a plan for housing stability and self-sufficiency.

Along with expanding the supportive services for the 22 households we will have enrolled using the original funds provided with the WinnebagoLand RRH 23 grant; we anticipate serving an additional 8 households with this expansion. With this expansion funding, eight households will secure permanent housing within the next year.

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

| Project Milestones  | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|---|--|--|--|--|
|   | A                                      | B                                      | C                                      | D                                      |
| Begin hiring staff or expending funds   | 1                                      |  |  |  |
| Begin program participant enrollment  | 1                                      |  |  |  |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 90                                     |  |  |  |

|  |     |  |  |  |
|--|-----|--|--|--|
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 270 |  |  |  |
| 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 checked="" 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<br>(Click 'Save' to update) | <input type="checkbox"/> |

**4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?** Yes

**5. Housing First**

**5a. Will the project quickly move participants into permanent housing?** Yes

**5b. Will the project enroll program participants who have the following barriers? Select all that apply.**

|  |                                     |
|--|-------------------------------------|
| Having too little or little income                                       | <input checked="" type="checkbox"/> |
| Active or history of substance use                                       | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |

|  |                                     |
|--|-------------------------------------|
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above  | <input type="checkbox"/>            |

**5c. Will the project prevent program participant termination for the following reasons? Select all that apply.**

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

**5d. Will the project follow a "Housing First" approach?** Yes  
 (Click 'Save' to update)

**6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** No

**7. Will more than 16 persons live in a single structure?** No

### 3C. Project Expansion Information

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

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

1a. Eligible Renewal Grant PIN: WI0147

1b. Eligible Renewal Grant Project Name: Winnebagoland Rapid Rehousing (WI0147L51002208)

2. Will this expansion project increase the number of program participants? Yes

|     |   |    |
|-----|---|----|
| 2a. | Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application) |    |
|     | Number of persons (From renewal application Screen 5A)                              | 22 |
|     | Number of units (From renewal application Screen 4B)                                | 10 |
|     | Number of beds (From renewal application Screen 4B)                                 | 22 |
| 2b. | New Requested Numbers to Add (from this "Stand-alone New" project application)      |    |
|     | Number of additional persons (From this new application Screen 5A)                  | 12 |
|     | Number of additional units (From this new application Screen 4B)                    | 8  |
|     | Number of additional beds (From this new application Screen 4B)                     | 12 |

3. Will this expansion project provide additional supportive services to program participants? Yes

3a. Indicate how the project will provide additional supportive services to program participants.  
 (Check one or both boxes)

|   |                          |
|---|--------------------------|
| Increase number of or expand supportive services provided | <input type="checkbox"/> |
| Increase frequency or intensity of supportive services    | <input type="checkbox"/> |

**4. Will this expansion project bring existing facilities up to government health or safety standards?** No

## 4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.



After the participant is enrolled, the Homeless Prevention Specialist (HPS) and participant work with the Navigator to compile a list of landlords with available rental units, taking into account the needs of the household as it pertains to accessibility, proximity to school, work, public transportation, grocery shopping, etc.

The HPS will help identify and address barriers that prevent access to housing. When barriers have been addressed, the HPS will help to determine housing options that meet their needs and preferences, complete applications and prepare for interviews with landlords. The HPS will set up the financial assistance to cover move-in costs, deposits and rental or utility assistance necessary to allow individuals to move in immediately. Once a family is stabilized, the HPS will provide connection to resources regarding income and health care benefits and discuss a plan to sustain rent payments when rental assistance ends. Although case management is not required to receive assistance, staff will encourage individuals to participate. To address needs, ADVOCAP staff work with other ADVOCAP programs or outside entities to provide the resources to meet their goals. ADVOCAP allows each person to take the lead when developing an action plan and understands that not every person starts out in the same place so they will need different levels of assistance to reach the same goal. Staff provides the amount of support, guidance, and encouragement each participant needs to be successful. If employment is needed, the HPS and participant will work with the Employment and Training Coordinator (ETC) to help identify current employment openings in the area and the training needed to be successful. The ETC is responsible for contacting employers to determine what job openings they have and what training/education is needed. The ETC will also be able to identify where and how an individual can receive the training or education that is needed. The HPS will then help the individual develop a plan to obtain the training. This could include completing applications and setting up financial assistance. If the person identifies life skills as a goal, HPS will assist. Life skills are the skills that are essential for living independently. Some people experiencing homelessness do not have all the skills, either because they never learned them or because they lost them through extended periods of homelessness. Life skills training can include employment skills such as building a resume, completing job applications, or practicing interview skills. It can include personal skills such as money management, meal planning and cooking, filing taxes, filing for benefits or time management. Life skills training can also include social skills such as effective communication, building healthy relationships and teamwork. Learning the essential life skills can assist individuals to track appointments, pay bills and find services by themselves. They can learn to handle conflict so they can successfully deal with neighbor disputes. Life skills can help individuals to move on from homelessness and settle successfully into the community. This grant will also help to support the Adult Education Specialist. The Adult Education Specialist provides one to one support and tutoring helping individuals who are homeless to increase their basic knowledge and obtain their GED or HSED.

**2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

This expansion will allow ADVOCAP to hire an Employment and Training Coordinator. This Coordinator will provide the employment and training resources needed to assist the participants to increase their income and successfully exit from homelessness.

ADVOCAP provides referrals to all mainstream resources. We coordinate with community agencies and individuals for the provision of those services as needed and requested by the individual or family. ADVOCAP uses a referral tracking form that makes note of which agencies/services the participant is currently connected to, which services they are being referred to/for, the dates of referral and any outcomes.

Our RRH policy manual clearly defines expectations for all Homeless Prevention Specialists. Included on the list of expectations is: Assistance in accessing mainstream benefits, including food stamps, childcare assistance and health insurance etc..

The Homeless Prevention Specialist (HPS) will ensure that all household members have been enrolled in a health insurance option. This may be state or federal benefits, Indian tribal insurance, Medicare, Medicaid, Marketplace insurance, etc. This may include referrals to Partnership Health, utilizing the online ACCESS system, ADRC, etc

The HPS will assist the household in using their benefits, making appointments, choosing a healthcare provider, etc. The Wisconsin Department of Health Services has information on their website on programs, healthy living & prevention, childhood communicable diseases, choosing a healthcare provider and much more.

Transportation assistance for medical purposes may be available through county programs for households that qualify.

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

| Supportive Services                    |  | Provider    | Frequency |
|--|--|-------------|-----------|
| Assessment of Service Needs            |  | Applicant   | As needed |
| Assistance with Moving Costs           |  | Applicant   | As needed |
| Case Management                        |  | Applicant   | As needed |
| Child Care                             |  | Non-Partner | As needed |
| Education Services                     |  | Applicant   | As needed |
| Employment Assistance and Job Training |  | Applicant   | As needed |
| Food                                   |  | Non-Partner | As needed |
| Housing Search and Counseling Services |  | Applicant   | As needed |
| Legal Services                         |  |             |           |
| Life Skills Training                   |  | Applicant   | As needed |
| Mental Health Services                 |  | Non-Partner | As needed |
| Outpatient Health Services             |  | Non-Partner | As needed |
| Outreach Services                      |  | Applicant   | As needed |
| Substance Abuse Treatment Services     |  | Non-Partner | As needed |
| Transportation                         |  | Non-Partner | As needed |

|                  |
|------------------|
| Utility Deposits |
|------------------|

|           |           |
|-----------|-----------|
| Applicant | As needed |
|-----------|-----------|

**Identify whether the project will include the following activities:**

**4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** No

**5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** Yes

**6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?** Yes

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 8

Total Beds: 12

| Housing Type                    | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | ---                  | 8     | 12   | 0                 |

## 4B. Housing Type and Location Detail

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

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

a. **Units:** 8

b. **Beds:** 12

### 3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 19 W 1st Street

**Street 2:**

**City:** Fond du Lac

**State:** Wisconsin

**ZIP Code:** 54935

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

559039 Fond du Lac County, 554588 Neenah,  
559139 Winnebago County, 554960 Oshkosh,  
559047 Green Lake County, 552264 Fond Du  
Lac

## 5A. Project Participants - Households

**Households Table**

|                                     | Households with at Least One Adult and One Child            | Adult Households without Children            | Households with Only Children            | Total     |
|-------------------------------------|---|--|--|-----------|
| Number of Households                | 4   | 4  |  | 8         |
|                                     |   |  |  |           |
| Characteristics                     | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total     |
| Persons over age 24                 | 4   | 4  |  | 8         |
| Persons ages 18-24                  |   |  |  | 0         |
| Accompanied Children under age 18   | 4   |  |  | 4         |
| Unaccompanied Children under age 18 |   |  |  | 0         |
| <b>Total Persons</b>                | <b>8</b>  | <b>4</b>                                     | <b>0</b>                                 | <b>12</b> |

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

| Characteristics       | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24   |                   |             |                   | 1                       |          | 1                     |    |                     |                          | 2   |
| Persons ages 18-24    |                   |             |                   |                         |          |                       |    |                     |                          |   |
| Children under age 18 |                   |             |                   |                         |          |                       |    |                     |                          | 4   |
| <b>Total Persons</b>  | 0                 | 0           | 0                 | 1                       | 0        | 1                     | 0  | 0                   | 0                        | 6   |

Click Save to automatically calculate totals

### Persons in Households without Children

| Characteristics      | CH (Not Veterans) | CH Veterans | Veterans- (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|--------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Persons over age 24  |                   |             |                    | 1                       |          | 1                     |    |                     |                          | 2   |
| Persons ages 18-24   |                   |             |                    |                         |          |                       |    |                     |                          |   |
| <b>Total Persons</b> | 0                 | 0           | 0                  | 1                       | 0        | 1                     | 0  | 0                   | 0                        | 2   |

Click Save to automatically calculate totals

### Persons in Households with Only Children

| Characteristics                     | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-------------------------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|----|---------------------|--------------------------|---|
| Accompanied Children under age 18   |                   |             |                   |                         |          |                       |    |                     |                          |   |
| Unaccompanied Children under age 18 |                   |             |                   |                         |          |                       |    |                     |                          |   |
| <b>Total Persons</b>                | 0                 |             |                   | 0                       | 0        | 0                     | 0  | 0                   | 0                        | 0   |

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

This represents those who are identified and qualify as homeless according to HUD definition.



## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025? Yes
2. What type of CoC funding is this project applying for in this CoC Program Competition? CoC Bonus
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Select a grant term: 1 Year

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

|                     |                                     |
|---------------------|-------------------------------------|
| Rental Assistance   | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS                | <input type="checkbox"/>            |
| VAWA                | <input checked="" type="checkbox"/> |
| Rural               | <input type="checkbox"/>            |

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

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

## 6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

|                                  |          |
|----------------------------------|----------|
| Total Annual Assistance Request: | \$72,660 |
| Grant Term:                      | 1 Year   |
| Total Request for Grant Term:    | \$72,660 |
| Total Units:                     | 8        |

The number of beds for which funding has been requested in the Rental Assistance budget is 12.

| Type of Rental Assistance | FMR Area                                 | Total Units Requested | Total Request |
|---------------------------|--|-----------------------|---------------|
| TRA                       | WI - Oshkosh-Neenah, WI MSA (5513999999) | 3                     | \$30,900      |
| TRA                       | WI - Fond du Lac, WI MSA (5503999999)    | 3                     | \$25,332      |
| TRA                       | WI - Green Lake County, WI (5504799999)  | 2                     | \$16,428      |

## Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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 annual assistance requested 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>

**Type of Rental Assistance: TRA**

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

| Size of Units | # of Units (Applicant) |   | FMR Area (Applicant) |   | 12 Months |  |   | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|--|---|---------------------------|
| SRO           |                        | x | \$479                | x | 12        |  | = | \$0                       |
| 0 Bedroom     |                        | x | \$639                | x | 12        |  | = | \$0                       |
| 1 Bedroom     | 2                      | x | \$689                | x | 12        |  | = | \$16,536                  |

|  |   |   |         |   |    |   |          |
|--|---|---|---------|---|----|---|----------|
| 2 Bedrooms   |   | x | \$889   | x | 12 | = | \$0      |
| 3 Bedrooms   | 1 | x | \$1,197 | x | 12 | = | \$14,364 |
| 4 Bedrooms   |   | x | \$1,419 | x | 12 | = | \$0      |
| 5 Bedrooms   |   | x | \$1,632 | x | 12 | = | \$0      |
| 6 Bedrooms   |   | x | \$1,845 | x | 12 | = | \$0      |
| 7 Bedrooms   |   | x | \$2,058 | x | 12 | = | \$0      |
| 8 Bedrooms   |   | x | \$2,270 | x | 12 | = | \$0      |
| 9 Bedrooms   |   | x | \$2,483 | x | 12 | = | \$0      |
| <b>Total Units and Annual Assistance Requested</b> | 3 |   |         |   |    |   | \$30,900 |
| <b>Grant Term</b>                                  |   |   |         |   |    |   | 1 Year   |
| <b>Total Request for Grant Term</b>                |   |   |         |   |    |   | \$30,900 |

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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 annual assistance requested 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>

**Type of Rental Assistance:** TRA

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

| Size of Units | # of Units (Applicant) |   | FMR Area (Applicant) |   | 12 Months |   | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|---|---------------------------|
| SRO           |                        | x | \$455                | x | 12        | = | \$0                       |
| 0 Bedroom     |                        | x | \$607                | x | 12        | = | \$0                       |
| 1 Bedroom     | 2                      | x | \$639                | x | 12        | = | \$15,336                  |
| 2 Bedrooms    | 1                      | x | \$833                | x | 12        | = | \$9,996                   |
| 3 Bedrooms    |                        | x | \$1,113              | x | 12        | = | \$0                       |
| 4 Bedrooms    |                        | x | \$1,130              | x | 12        | = | \$0                       |
| 5 Bedrooms    |                        | x | \$1,300              | x | 12        | = | \$0                       |
| 6 Bedrooms    |                        | x | \$1,469              | x | 12        | = | \$0                       |
| 7 Bedrooms    |                        | x | \$1,639              | x | 12        | = | \$0                       |

|  |   |   |         |   |    |   |          |
|--|---|---|---------|---|----|---|----------|
| 8 Bedrooms   |   | x | \$1,808 | x | 12 | = | \$0      |
| 9 Bedrooms   |   | x | \$1,978 | x | 12 | = | \$0      |
| <b>Total Units and Annual Assistance Requested</b> | 3 |   |         |   |    |   | \$25,332 |
| <b>Grant Term</b>                                  |   |   |         |   |    |   | 1 Year   |
| <b>Total Request for Grant Term</b>                |   |   |         |   |    |   | \$25,332 |

Click the 'Save' button to automatically calculate totals.

## Rental Assistance Budget Detail

### Instructions:

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

**Size of Units:** These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

**FMR:** These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**Total Units and Annual Assistance Requested:** The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

**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 annual assistance requested 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>

Type of Rental Assistance: TRA

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

| Size of Units                                      | # of Units (Applicant) |   | FMR Area (Applicant) |   | 12 Months |   | Total Request (Applicant) |
|--|------------------------|---|----------------------|---|-----------|---|---------------------------|
| SRO  |                        | x | \$386                | x | 12        | = | \$0                       |
| 0 Bedroom  |                        | x | \$514                | x | 12        | = | \$0                       |
| 1 Bedroom  | 1                      | x | \$596                | x | 12        | = | \$7,152                   |
| 2 Bedrooms   | 1                      | x | \$773                | x | 12        | = | \$9,276                   |
| 3 Bedrooms   |                        | x | \$983                | x | 12        | = | \$0                       |
| 4 Bedrooms   |                        | x | \$1,323              | x | 12        | = | \$0                       |
| 5 Bedrooms   |                        | x | \$1,521              | x | 12        | = | \$0                       |
| 6 Bedrooms   |                        | x | \$1,720              | x | 12        | = | \$0                       |
| 7 Bedrooms   |                        | x | \$1,918              | x | 12        | = | \$0                       |
| 8 Bedrooms   |                        | x | \$2,117              | x | 12        | = | \$0                       |
| 9 Bedrooms   |                        | x | \$2,315              | x | 12        | = | \$0                       |
| <b>Total Units and Annual Assistance Requested</b> | <b>2</b>               |   |                      |   |           |   | <b>\$16,428</b>           |
| <b>Grant Term</b>                                  |                        |   |                      |   |           |   | <b>1 Year</b>             |
| <b>Total Request for Grant Term</b>                |                        |   |                      |   |           |   | <b>\$16,428</b>           |

Click the 'Save' button to automatically calculate totals.

## 6F. Supportive Services Budget

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

| Eligible Costs                           | Quantity AND Description<br>(max 400 characters)        | Annual Assistance<br>Requested |
|--|---|--------------------------------|
| 1. Assessment of Service Needs           | .25 FTE Homeless Prevention Specialist (HPS)            | \$24,000                       |
| 2. Assistance with Moving Costs          |   |                                |
| 3. Case Management                       | .8 FTE HPS wage & fringe;                               | \$67,000                       |
| 4. Child Care                            | Childcare services 14 households \$150 each             | \$2,100                        |
| 5. Education Services                    | .25 FTE Adult Education Specialist wage & fringe        | \$22,000                       |
| 6. Employment Assistance                 | .25 FTE Employment & Training Coordinator wage & fringe | \$24,000                       |
| 7. Food                                  | Food for participants 18 households @\$250 each         | \$4,500                        |
| 8. Housing/Counseling Services           | .5 FTE Housing Navigator wage & fringe                  | \$41,000                       |
| 9. Legal Services                        |   |                                |
| 10. Life Skills                          | Life skills training 18 households @ \$250 each         | \$4,500                        |
| 11. Mental Health Services               | Mental health counseling 18 households @200 each        | \$3,600                        |
| 12. Outpatient Health Services           | Dental care 8 individuals @ \$1,000 each                | \$8,000                        |
| 13. Outreach Services                    | Marketing materials \$100 per month                     | \$1,200                        |
| 14. Substance Abuse Treatment Services   | Substance abuse counseling 5 households @150 each       | \$750                          |
| 15. Transportation                       | Mileage for staff 100 miles per month @.655 per mile.   | \$786                          |
| 16. Utility Deposits                     | Utility deposits for 18 households @100 each            | \$1,800                        |
| 17. Operating Costs                      | 1,000 per month x 12 months                             | \$12,000                       |
| <b>Total Annual Assistance Requested</b> |   | <b>\$217,236</b>               |
| <b>Grant Term</b>                        |   | <b>1 Year</b>                  |
| <b>Total Request for Grant Term</b>      |   | <b>\$217,236</b>               |

Click the 'Save' button to automatically calculate totals.



# VAWA Budget

## VAWA Budget

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

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

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

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

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

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

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

**Applicant:** ADVOCAP, Inc.

078934148



**Project:** Winnebagoland Rapid Rehousing Expansion

213797

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

Click the 'Save' button to automatically calculate totals.

## 6I. Sources of Match

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

### Summary for Match

|                                      |          |
|--------------------------------------|----------|
| Total Amount of Cash Commitments:    | \$62,500 |
| Total Amount of In-Kind Commitments: | \$17,222 |
| Total Amount of All Commitments:     | \$79,722 |

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

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

| Type    | Source     | Name of Source       | Amount of Commitments |
|---------|------------|----------------------|-----------------------|
| Cash    | Government | Head Start           | \$15,000              |
| Cash    | Private    | Associated Bank      | \$7,500               |
| Cash    | Private    | National Exchange... | \$40,000              |
| In-Kind | Private    | Vivent Health        | \$17,222              |

## Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Government
- 3. Name of Source: Head Start  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$15,000

## Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: Associated Bank  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$7,500

## Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: National Exchange Bank  
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$40,000

## Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Private

**3. Name of Source:** Vivent Health  
**(Be as specific as possible and include the office or grant program as applicable)**

**4. Amount of Written Commitment:** \$17,222

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

## 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<br>(Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation) | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Applicant CoC Program Costs Requested |
|--|---|------------------------|---------------------------------------|
| 1a. Acquisition (Screen 6B)  |   |                        | \$0                                   |
| 1b. Rehabilitation (Screen 6B)   |   |                        | \$0                                   |
| 1c. New Construction (Screen 6B)   |   |                        | \$0                                   |
| 2a. Leased Units (Screen 6C)   | \$0                                     | 1 Year                 | \$0                                   |
| 2b. Leased Structures (Screen 6D)  | \$0                                     | 1 Year                 | \$0                                   |
| 3. Rental Assistance (Screen 6E)   | \$72,660                                | 1 Year                 | \$72,660                              |
| 4. Supportive Services (Screen 6F)   | \$217,236                               | 1 Year                 | \$217,236                             |
| 5. Operating (Screen 6G)   | \$0                                     | 1 Year                 | \$0                                   |
| 6. HMIS (Screen 6H)  | \$0                                     | 1 Year                 | \$0                                   |
| &nbsp;7. VAWA  | \$0                                     | 1 Year                 | \$0                                   |
| 8. Rural<br>(Only for HUD CoC Program approved rural areas)  | \$0                                     | 1 Year                 | \$0                                   |
| 9. Sub-total of CoC Program Costs Requested  |   |                        | \$289,896                             |
| 10. Admin<br>(Up to 10% of Sub-total in #9)  |   |                        | \$28,989                              |
| 11. HUD funded Sub-total + Admin. Requested  |   |                        | \$318,885                             |
| 12. Cash Match (From Screen 6I)  |   |                        | \$62,500                              |
| 13. In-Kind Match (From Screen 6I)   |   |                        | \$17,222                              |
| 14. Total Match (From Screen 6I)   |   |                        | \$79,722                              |
| 15. Total Project Budget for this grant, including Match   |   |                        | \$398,607                             |

**The minimum required Total Match amount for the Grant Term is \$79,721.**

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

| Document Type                           | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No        |                      |               |
| 2) Other Attachment(s)                  | No        | 501 C 3 letter an... | 09/11/2023    |
| 3) Other Attachment(s)                  | No        | Cash match letter    | 09/11/2023    |

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:** 501 C 3 letter and site locations and deed

## Attachment Details

**Document Description:** Cash match letter



## 7A. In-Kind MOU Attachment

| Document Type     | Required? | Document Description | Date Attached |
|-------------------|-----------|----------------------|---------------|
| In-Kind Match MOU | No        | in-kind match letter | 09/11/2023    |

## Attachment Details

**Document Description:** in-kind match letter

## 7D. Certification

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

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

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

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

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

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

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

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

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

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

**Name of Authorized Certifying Official:** Tanya Marcoe

**Date:** 09/13/2023

**Title:** Executive Director

**Applicant Organization:** ADVOCAP, Inc.

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

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

X

## 8B. Submission Summary

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

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

| Page                                 | Last Updated      |
|--------------------------------------|-------------------|
| 1A. SF-424 Application Type          | No Input Required |
| 1B. SF-424 Legal Applicant           | 09/07/2023        |
| 1C. SF-424 Application Details       | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/09/2023        |
| 1E. SF-424 Compliance                | 09/07/2023        |
| 1F. SF-424 Declaration               | 09/08/2023        |
| 1G. HUD 2880                         | 09/08/2023        |
| 1H. HUD 50070                        | 09/08/2023        |
| 1I. Cert. Lobbying                   | 09/08/2023        |
| 1J. SF-LLL                           | 09/07/2023        |
| 1K. SF-424B                          | 09/08/2023        |
| 1L. SF-424D                          | 09/07/2023        |
| 2A. Subrecipients                    | No Input Required |
| 2B. Experience                       | 09/08/2023        |
| 3A. Project Detail                   | 09/11/2023        |
| 3B. Description                      | 09/11/2023        |
| 3C. Expansion                        | 09/12/2023        |
| 4A. Services                         | 09/11/2023        |
| 4B. Housing Type                     | 09/12/2023        |
| 5A. Households                       | 09/12/2023        |
| 5B. Subpopulations                   | 09/11/2023        |
| 6A. Funding Request                  | 09/11/2023        |
| 6E. Rental Assistance                | 09/11/2023        |
| 6F. Supp Srvcs Budget                | 09/12/2023        |
| VAWA Budget                          | No Input Required |
| 6I. Match                            | 09/12/2023        |

|                                   |                   |
|-----------------------------------|-------------------|
| <b>6J. Summary Budget</b>         | No Input Required |
| <b>7A. Attachment(s)</b>          | 09/11/2023        |
| <b>7A. In-Kind MOU Attachment</b> | 09/11/2023        |
| <b>7D. Certification</b>          | 09/11/2023        |

QUICFREZ, INC., a Wisconsin corporation

conveys and warrants to ADVOCAP, INC.

COPY

RETURN TO  
ADVOCAP INC.  
P.O. BOX 1108  
FOND DU LAC, WI 54936-1108

the following described real estate in Fond du Lac County,  
State of Wisconsin:

Tax Parcel No: .....

Lots Six (6), Seven (7) and Eight (8) in  
Block T of Darlings Addition to the City  
of Fond du Lac, Wisconsin.

This is not homestead property.  
(is) (is not)

Exception to warranties: Easements and restrictions of record, if any.

Dated this 28th day of September, 1990

QUICFREZ, INC.

(SEAL) By: *Allan L. Edgerton* (SEAL)

\* Allan L. Edgerton, President

Attest:

(SEAL) *William Bechaud* (SEAL)

\* William Bechaud, Secretary

AUTHENTICATION

ACKNOWLEDGMENT

Signature(s) .....

STATE OF WISCONSIN

Fond du Lac County. } ss.

authenticated this ..... day of ....., 19.....

Personally came before me this 28th day of  
September, 1990 the above named  
Allan L. Edgerton and William Bechaud

TITLE: MEMBER STATE BAR OF WISCONSIN

(If not, .....  
authorized by § 706.06, Wis. Stats.)

to me known to be the person s..... who executed the  
foregoing instrument and acknowledge the same.

THIS INSTRUMENT WAS DRAFTED BY

Allan L. Edgerton

*Barbara Hanisch*

\* Barbara Hanisch

(Signatures may be authenticated or acknowledged. Both  
are not necessary.)

Notary Public Fond du Lac County, Wis.  
My Commission is permanent. (If not, state expiration  
date: 3/10, 1991)

\*Names of persons signing in any capacity should be typed or printed below their signatures.



ADVOCAP, Inc.  
Winnebagoland Rapid Rehousing Expansion  
HUD50070 Form-Additional Page for Sites for Work Performance

Fond du Lac Main Office  
19 W. 1<sup>st</sup> Street  
Fond du Lac, WI 54935  
Fond du Lac County

Oshkosh Office  
2929 Harrison Street  
Oshkosh, WI 54901  
Winnebago County

Neenah Office  
181 E. North Water Street  
Suite 210  
Neenah, WI 54935  
Winnebago County

Berlin Office  
237 Broadway  
Berlin, WI 54923  
Green Lake County

Department of the Treasury

District Director  
Internal Revenue Service

Date: April 29, 1974 In reply refer to: Mr. Swanson  
612-725-7344  
A:F:211:RMS:af

Advocap, Inc.  
19 West First Street  
Fond du Lac, Wisconsin 54935

Gentlemen:

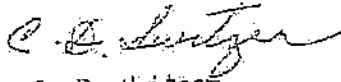
In a letter dated August 18, 1966, your organization was granted exempt status under Section 501(c)(3) of the Internal Revenue Code. In that letter we made no determination as to your foundation status.

Based on information available, we have now classified your organization as one that is not a private foundation as defined in Section 509(a) of the Internal Revenue Code because you are an organization described in Code Section 509(a)(1) and Section 170(b)(1)(A)(vi).

This classification is based on the assumption that your operations will continue as stated in your application.

All changes in your purposes, character or method of operation must be reported to your District Director so he can consider their effect on your status.

Very truly yours,

  
C. D. Switzer  
District Director

1 6th Ave. S.W., Aberdeen, S. Dak. 57401  
H. Dearborn St. Chicago, Ill. 60602  
3 1st St. Des Moines, Iowa 50309  
2 50 1/2nd Ave. N., Fargo, N. Dak. 58102

4 217 E. Wisconsin Ave.  
Milwaukee, Wis. 53202  
5 15th and Duane Sts., Omaha, Nebr. 68102  
7 1114 Market St., St. Louis, Mo. 63101

3 Federal Building and U. S. Courthouse  
316 Robert St., St. Paul, Minn. 55101  
9 325 W. Adams St., Springfield, Ill. 62704

## Department of the Treasury

### District Director Internal Revenue Service

Date:

March 8, 1974

In reply, refer to:

A-F:1211:DM



Advocap, Inc.  
19 West First Street  
Fond Du Lac, Wisconsin 54935

Date of Exemption August 18, 1966  
Internal Revenue Code Section 501(c)(3)

Gentlemen:

Thank you for submitting the information shown below. We have made it a part of your file.

The changes indicated do not adversely affect your exempt status and the exemption letter issued to you continues in effect.

Please let us know about any future change in the character, purpose, method of operation, name or address of your organization. This is a requirement for retaining your exempt status.

Thank you for your cooperation.

Sincerely yours,

*R. C. Yoshida*  
R. C. Yoshida  
District Director

Item Changed

From

To

Name

Fond Du Lac Area Economic  
Opportunity Committee, Inc.

Advocap, Inc.

**I. GRANTOR:**  
 1. Name Quicfrez, Inc.  
 2. Full Address - New address if property transferred was residence  
P.O. Box 1003  
Fond du Lac, WI 54935  
 3. Grantor is  Individual  Partnership  Corporation  Other

**II. GRANTEE:**  
 4. Name Advocap, Inc.  
 5. Full Address 19-W-12th St.  
FOND DU LAC, WIS.  
54935  
 6. Is grantor related to grantee?  Yes  No  
 If yes, explain how related \_\_\_\_\_  
 7. Name and address to which tax bills should be sent if different than grantee's address \_\_\_\_\_

**III. ENERGY** 8. Is this property subject to the Rental Weatherization Standards, ILHR677?  
 Yes  No Exclusion code W-7 explain \_\_\_\_\_

**IV. PROPERTY TRANSFERRED**  
 9.  City  Village  Town Fond du Lac  
 County Fond du Lac  
 10. Street address Oak St.  
 11. Tax parcel number \_\_\_\_\_  
 12. Lot no.(s) 6, 7 & 8 Blk. no.(s) T  
 Plat name Darling's Addition  
 13. Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
 14. Legal Description metes and bounds:  
 (attach 4 copies if necessary)

**V. PHYSICAL DESCRIPTION AND PRIMARY USE**  
 15. Kind of property  
 Land only  
 Land and buildings  
 Other (explain) \_\_\_\_\_  
 16. Primary use  
 a.  Residential  
 Single family/condominium  
 Multi-family - # units \_\_\_\_\_  
 Time share unit  
 b.  Commercial \_\_\_\_\_ business use  
 c.  Manufacturing  
 d.  Agricultural  
 Adjoining land?  Yes  No  
 e.  Other (explain) \_\_\_\_\_  
 17. Estimated land area and type  
 a. Lot size 180 x 120  
 b. Total acres \_\_\_\_\_  
 c. MFL/FC/WTL acres \_\_\_\_\_  
 d. Ft. of water frontage \_\_\_\_\_

**VI. TRANSFER**  
 18. Type of transfer:  Sale  Gift  Exchange  Other (explain) \_\_\_\_\_  
 19. Ownership interest transferred:  Full  Other (explain) \_\_\_\_\_  
 20. Does the grantor retain any of the following rights?  Life estate  Easement  
 21.  Deed in satisfaction of original land contract? Dated? \_\_\_\_\_  
 22. Points (prepaid interest) paid by seller \$ \_\_\_\_\_  
 23. Value of personal property transferred but excluded from (25) \$ \_\_\_\_\_  
 24. Value of property exempt from local property tax included on (25) \$ \_\_\_\_\_

**VII. COMPUTATION OF FEE OR STATEMENT OF EXEMPTION**  
 25. Total value of REAL ESTATE transferred \$ 27,000.00  
 26. Transfer fee due (line 25 times .003) \$ 81.00  
 27. TRANSFER EXEMPTION NUMBER, sec. 77.25 \_\_\_\_\_ or Orig. L.C.   
 28. Grantee's financing obtained from  
 If box a or b is checked, complete Part VIII - Financing Terms  
 a.  Seller  
 b.  Assumed existing financing  
 c.  Financial institution / Other 3rd party  
 d.  No financing involved

**VIII. FINANCING TERMS (FOR SELLER/ASSUMED FINANCED TRANSACTIONS ONLY)**  
 29. Total down payment \$ \_\_\_\_\_  
 30. Amount of mortgage/land contract at purchase  
 31. Interest rate (stated) % \_\_\_\_\_  
 32. Principal and interest paid per payment \$ \_\_\_\_\_  
 33. Frequency of pymts \_\_\_\_\_  
 34. Length of contract \_\_\_\_\_  
 35. Date of any lump sum (balloon) payments \_\_\_\_\_  
 36. Amount of lump sum \$ \_\_\_\_\_  
 37. If the dollar amount paid per payment (32) is scheduled to change (not as a result of a change in the interest rate), fill in the line letter from above  
 Enter the date of change \_\_\_\_\_ and the amount it will change to \$ \_\_\_\_\_

**IX. CERTIFICATION** We declare under penalty of law, that this return has been examined by us and to the best of our knowledge and belief it is true, correct and complete.

|   |  |   |                        |   |
|---|--|---|------------------------|---|
| SIGN<br>HERE                              | Grantor or agent<br><u>Edward L. Egerton</u> | Grantor's social security number or FEIN<br><u>39-0587650</u> | Date<br><u>9/28/90</u> | Grantor's telephone number<br><u>(414) - 922-0470</u> |
|   | Grantee or agent<br><u>Kevin Brown</u>       | Grantee's social security number or FEIN<br><u>39-1053365</u> | Date<br><u>9/28/90</u> | Grantee's telephone number<br><u>(414) - 922-7760</u> |
| Print name and address of grantor's agent |  |   |                        | Agent's telephone number<br><u>( ) -</u>              |

|                             |   |                      |                    |                                 |                       |
|-----------------------------|---|----------------------|--------------------|---------------------------------|-----------------------|
| Document number             | Vol.  | Page                 | Date recorded      | Date and kind of conveyance     | Conv. code<br>1 2 3 4 |
| LEAVE<br>THIS AREA<br>BLANK | Parcel number   | Assmt. year 19 _____ | County _____       | <input type="checkbox"/> Field  | Sales number          |
|                             | Parcel classification<br>RES COM MFG AGR S/W FOR<br>1 2 3 4 5 6 | L _____              | Tax dist. _____    | <input type="checkbox"/> Use    |                       |
|                             |   | T _____              | Assmt. dist. _____ | <input type="checkbox"/> Reject |                       |



**OUR MISSION:**

To create opportunities  
for people & communities  
to reduce poverty &  
increase self-sufficiency.

**MAIN OFFICE**

PO Box 1108  
19 West 1<sup>st</sup> St  
Fond du Lac, WI  
54936-1108  
Tel: 920-922-7760  
Fax: 920-922-7214

**OSHKOSH**

2929 Harrison St  
Oshkosh, WI 54901  
Tel: 920-426-0150  
Fax: 920-426-3071

**NEENAH**

181 E North Water St  
Suite 210  
Neenah, WI 54956  
Tel: 920-725-2791  
Fax: 920-725-6337

**BERLIN**

237 Broadway  
Berlin, WI 54923  
Tel: 920-361-9880  
Fax: 920-361-2463

**PRAIRIE VIEW**

W911 State Hwy 44  
Markesan, WI 53946  
Tel: 920-398-3907  
Fax: 920-398-2103

September 11, 2023

**TO:** Carrie Poser  
COC Director, WI BOS COC

**FROM:** ADVOCAP, Inc.  
UEI # **SCLANJCNMH86**

**RE:** WinnebagoLand Rapid Rehousing Expansion  
Project #213797

We are respectfully submitting our commitment of \$62,500 of cash match. The funds will come from our agency CSBG allocation, our Headstart program, Associated Bank Foundation, and the National Exchange Bank Foundation. This cash will be available during the grant period 01/01/2025-12/31/2025.

We look forward to providing additional rapid rehousing services to the people in WinnebagoLand.

Sincerely,

*Tanya Marcoe*

Tanya Marcoe  
Executive Director

ADVOCAP contact:  
Becky Heldt [becky.heldt@advocap.org](mailto:becky.heldt@advocap.org)  
2929 N Harrison  
Oshkosh, WI 54901  
920-426-0150 x3581



September 11, 2023

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**TO:** Carrie Poser  
COC Director, WI BOS COC

**FROM:** ADVOCAP, Inc.  
UEI # **SCLANJCNMH86**

**RE:** Winnebagoland Rapid Rehousing Expansion  
Project #213797

ADVOCAP, Inc. will collaborate with Vivent Health and therefore is committed to provide the following resources for the Winnebagoland Rapid Rehousing Expansion project #213797 from 01/01/2025-12/31/2025:

- Vivent Health has agreed to provide us with in-kind services in the amount of \$150,000 from services provided for up to 10 eligible clients while housed with us during the timeframe of 01/01/2025-12/31/2025.

Eligibility for program participants in this new project will be based solely on COC Fair Housing requirements and will not be restricted by Vivent Health. We look forward to providing additional rapid rehousing services to the people in Winnebagoland.

Sincerely,

*Tanya Marcoe*

Tanya Marcoe  
Executive Director

ADVOCAP contact:  
Becky Heldt [becky.heldt@advocap.org](mailto:becky.heldt@advocap.org)  
2929 N Harrison  
Oshkosh, WI 54901  
920-426-0150 x3581



September 8, 2023

Tanya Marcoe  
Executive Director  
Advocap  
19 W 1st Street  
Fond du Lac, WI 54935

Dear Ms. Marcoe:

Vivent Health envisions a world without AIDS and strives to ensure everyone living with HIV lives a long and healthy life. It is in the spirit of this vision that we support Advocap's Rapid Rehousing Expansion. Based on the Winnebago Land Coordinated Entry Prioritization List and the needs of current Vivent Health clients, we estimate being able to provide services to 10 of your program participants in the 2024-2025 grant year. Vivent Health will provide services to individuals who are eligible and choose to utilize our services. These services include medical case management, food pantry, insurance cost sharing, prescription assistance, transportation assistance, mental health counseling, and AODA services. The average annual cost of services per Vivent Health client is \$15,000. These services are funded through federal, state, and local grants, private donations, and reimbursements for services and pharmacy. The total in-kind services provided to Rapid Rehousing participants is estimated at \$150,000.

Sincerely,

A handwritten signature in blue ink that reads "Jess Reese".

Jess Reese, MHS  
Director of Wisconsin Case Management

JR:ct