

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program NOFO and the FY 2022 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 2022 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: 09/17/2022

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

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

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

c. Unique Entity Identifier: LBN1AU46U7L4

d. Address

Street 1: PO Box 272

Street 2:

City: Eau Claire

County: Eau Claire

State: Wisconsin

Country: United States

Zip / Postal Code: 54702

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Carrie

Middle Name:

Last Name: Poser

Suffix:

Title: CoC Director

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

Telephone Number: (715) 598-3301

Extension:

Fax Number: (715) 265-7031

Email: carrie.poser@wibos.org

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-6600-N-25
Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: WIBOSCOC RRH Project Expansion

16. Congressional District(s):

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

16b. Project: WI-007, WI-008, WI-003
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2023

b. End Date: 09/30/2024

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: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

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

Email: lhaen@khds.org

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

Date Signed: 09/17/2022

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

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

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$1,243,572.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

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

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

Part III Interested Parties

You must disclose:

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

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

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

Certification

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

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

I AGREE:

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

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

Date Signed: 09/17/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

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

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

Authorized Representative

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

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

Email: lhaen@khds.org

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

Date Signed: 09/17/2022

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

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

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

Date Signed: 09/17/2022

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046**

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

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

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

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

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

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

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

Email: lhaen@khds.org

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

Date Signed: 09/17/2022

IK. SF-424B

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

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

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

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

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

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

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

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

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

Date Signed: 09/17/2022

1L. SF-424D

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

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: \$1,186,899

Organization	Type	Sub-Award Amount
Embrace Services, Inc.	M. Nonprofit with 501C3 IRS Status	\$272,293
Family Support Center	M. Nonprofit with 501C3 IRS Status	\$282,319
Turningpoint for Victims of Domestic and Sexual...	M. Nonprofit with 501C3 IRS Status	\$384,206
Wise Women Gathering Place	M. Nonprofit with 501C3 IRS Status	\$248,081

2A. Project Subrecipients Detail

a. Organization Name: Embrace Services, Inc.

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

c. Employer or Tax Identification Number: 39-1372488

d. Unique Entity Identifier: JK5ENKSSGJ29

e. Physical Address

Street 1: 107 Lindoo Ave. East

Street 2:

City: Ladysmith

State: Wisconsin

Zip Code: 54848

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

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

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

i. Expected Sub-Award Amount: \$272,293

j. Contact Person

Prefix: Ms.

First Name: Katie
Middle Name:
Last Name: Bement
Suffix:
Title: Executive Director
E-mail Address: katie@embracewi.org
Confirm E-mail Address: katie@embracewi.org
Phone Number: 715-532-6976
Extension:
Fax Number:

2A. Project Subrecipients Detail

- a. Organization Name:** Family Support Center
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
If "Other" specify:
- c. Employer or Tax Identification Number:** 39-1403276
- d. Unique Entity Identifier:** CVAMT4GTVWR3
- e. Physical Address**
Street 1: 403 N. High St.
Street 2:
City: Chippewa Falls
State: Wisconsin
Zip Code: 54729
- f. Congressional District(s):** WI-007, WI-003
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$282,319

j. Contact Person

Prefix: Ms.

First Name: Geri

Middle Name:

Last Name: Segal

Suffix:

Title: Executive Director

E-mail Address: geri@fscf.org

Confirm E-mail Address: geri@fscf.org

Phone Number: 715-723-1138

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Turningpoint for Victims of Domestic and Sexual Violence

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

If "Other" specify:

c. Employer or Tax Identification Number: 39-1322995

d. Unique Entity Identifier: ME8NSV167LB9

e. Physical Address

Street 1: 117 North Main St.

Street 2:

City: River Falls

State: Wisconsin

Zip Code: 54022

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

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

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

i. Expected Sub-Award Amount: \$384,206

j. Contact Person

Prefix: Ms.

First Name: Alena

Middle Name:

Last Name: Taylor

Suffix:

Title: Executive Director

E-mail Address: alenat@turningpoint-wi.org

Confirm E-mail Address: alenat@turningpoint-wi.org

Phone Number: 715-425-6751

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Wise Women Gathering Place

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

c. Employer or Tax Identification Number: 39-1939352

d. Unique Entity Identifier: SGULKFMXELL3

e. Physical Address

Street 1: 1641 Commanche Ave

Street 2: Suite H

City: Green Bay

State: Wisconsin

Zip Code: 54313

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

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

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

i. Expected Sub-Award Amount: \$248,081

j. Contact Person

Prefix: Ms.
First Name: Beverly
Middle Name:
Last Name: Scow
Suffix:
Title: Interim Executive Director
E-mail Address: bscow@wisewomengp.org
Confirm E-mail Address: bscow@wisewomengp.org
Phone Number: 920-371-0022
Extension:
Fax Number:

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

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

The BOS is a 501c3 org that covers 69 counties across 21 local homeless coalitions that create the CoC. CoC staff includes a Director, Monitoring & Compliance Coord, CE System Specialist, Proj Coord & Grant Admin. A vol exec committee oversees the Director, who directly supervises the staff. The BOS is the collaborative applicant & CE lead for the CoC. The BOS has exp effectively utilizing fed funds as we have been & continue to be the lead for 4 CoC grants: DV RRH (10 subs), SSO-CE (19 subs), SSO-CE DV (20 subs) & the planning grant. BOS is starting YHDP w/SSO-CE (16 subs), SSO (16 subs) & planning grant. The BOS receives state housing funds (7 subs). The Grant Admin ensures subs are performing activities as req & compliant w/lead & HUD. BOS staff create & execute contracts, review source doc, monitor perf, eval data & review CE compliance. BOS staff created standardize CM forms & training, updated written standards, provide TA, facilitate community of practice for RRH & PSH CM staff & review SPM & HUD req. w/coalitions. BOS staff did onboarding training re: CE, data, client files, source doc & operating a CoC funded RRH prog w/5 new VSP subs. The CoC includes both DV & non-DV providers at all levels-board, committee & membership. Ensuring all voices are at the table when developing & implementing systems, applying for grants, id & securing match. The BOS & statewide DV coalition have an MOU for TA & training to support this grant's subs. Each sub applied, demo fiscal & org capacity, exp mtg housing needs unique to DV & developed the structure needed to execute this grant given funding & time limits. All 4 are 501c3 org, VSP, use a comparable database & are new applicants. 1 rec'd ESG/CV funding for shelter & CM; 1 operates the DV Housing 1st pilot proj funded by the state; all provide mobile advocacy; several operate flexibility funding prog for survivors; 3 run shelters, 1 operate TLP & 3 provide CM for TBRA prgs. They are active in their local coalitions, use housing 1st & TI services. All provide comprehensive survivors driven services w/an emphasis on addressing unique needs of those marginalized & use client strengths, cultural & life exp to create a safe env to build stability & self suff. Prgs include support groups, skill dev, 1:1 mtgs. Topics include emotional & physical safety planning, legal & family advocacy, crisis line access, safe exchange, family resource center & understanding trauma. All provide culturally relevant programming, emphasis on DEI, & one VSP works closely w/the Oneida Nation to provide specific education around historical trauma & healing. The BOS secures match from discretionary, state funds & in-kind volunteer time. The subs receive funding from DOJ & DCF. They secure match from United Way, foundations, fundraisers & donations of money, services & goods. Letters are attached. The BOS has an exec committee of officers & contract for fiscal admin to ensure segregation of funds & compliance. The subs have sufficient years of mgt, supervisory & fiscal experience. Each sub has diff exp developing & implementing prgs & services to meet the needs of the DV population including housing, CM, prev & shelter. The BOS, fiscal agent & subs have all been monitored by the HUD, State &/or BOS. All have personnel policies & procedures that include accounting & financial mgt. Each had ext annual successful audits w/compliance w/2 CFR 200 & shared results w/BOS.

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

The BOS administers 4 CoC grants-planning, SSO CE, SSO CE DV, DV RRH; & 3 YHDP grants-planning, SSO, & SSO CE. All req 25% match. The BOS meets this req w/discretionary & state funds, in-kind donation of time & space. Discretionary funds come from BOS local homeless coalition annual dues to the org & income generated from hosting virtual trainings. There is a lot of work done on behalf of the BOS by volunteer efforts including system planning, governance, gaps & needs analysis, developing & reviewing strategies to improve SPM, CE, PIT counts & evaluation. In-kind match is tracked quarterly & documented. Forms are submitted to the Director from board & committee members. Twice a year the BOS conducts a full PIT count across the 69 counties. The BOS uses PIT volunteer time & mileage as match. This contribution is also documented & submitted to the Director. For this grant, the BOS will use discretionary funds to support the Grant Specialist & CE System Specialist's work in providing TA & monitoring. Each sub is required to meet a 25% match req. & has extensive exp leveraging a variety of fed, state, local & private funds. Each agency is required to secure match & leverage other resources often exceeding the req amount in order to support the programs, provide the most services & meet the needs in their communities. These include but are not limited to: DOJ, OVW, FVPSA (Family Violence Prevention Services Act), State DV Coalition, local community foundations, United Way, WI DCF, private donors, faith based & service groups, fundraising/annual campaign, local or county grants, & donation of volunteer time & items. 3 provided survivors w/flx funding support; 3 operate shelters w/1 receiving ESG & ESG CV funds. The BOS & sub-recipients recognize the importance of non-federal match; diversifying support enhances programmatic stability & sustainability & avoids over-reliance on a single source of revenue.

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

The BOS has 5 full-time staff: Director, Monitoring & Compliance Coord, CE System Specialist, Proj Coord & Grant Admin. As a 501c3 org, the Director's activities are overseen by the volunteer Board executive committee of officers & has board approved financial policies & procedures that assure proper dispersal of and accounting for fed funds in accordance w/2 CFR part 200 req. The BOS has a fiscal & audit committee that reviews the work of the contractor as well as the fiscal agent. The BOS has been monitored by the State, had successful audits & has a fiscal & audit committee to oversee compliance w/financial policies & procedures. The BOS maintains a fiscal agent for federal CoC funds and contracts for financial services for organizational & state funds. The fiscal agent has accounting procedures consistent with GAAP, uses Quickbooks & has also been monitored by the CoC & HUD, as well as annual external audits & shares results w/the BOS. Each sub-recipient varies in size & org structure but are 501c3, have a board of directors, executive director, fiscal admin, program director(s) & direct service staff. Some use full-time accountants, others work w/an external accounting firm and a board-level finance committee. Most have managed federal &/or state funds for over 20 years several with 100s of diff grant accounts. All 4 are VPS w/3 operating shelters. 1 receives ESG & ESG CV. Each sub-recipient is an active member & leader in their local coalition. All subs maintain a financial account system & mgt in accordance with Generally Accepted Accounting Principles including checks & balances, chart of accounts, segregation of funds & duties, & source documentation. Each use electronic time keeping systems. Accounting systems vary amongst subs, but all have independent annual audits & share results w/the BOS.

**4. Are there any unresolved HUD monitoring or
OIG audit findings for any HUD grants (including
ESG) under your organization?** Yes

4a. Describe the unresolved monitoring or audit findings.

The WIBOSCOC was desk monitored by the Milwaukee HUD Field Office in June 2022, received our monitoring letter in mid-August 2022, and we are currently finishing up the corrective actions. At the conclusion of the CoC Competition, the letter & supporting documentation will be submitted. However at this time, there are unresolved HUD monitoring findings for the DV RRH CoC grant.

3A. Project Detail

- 1. **CoC Number and Name:** WI-500 - Wisconsin Balance of State CoC
- 2. **CoC Collaborative Applicant Name:** Wisconsin Balance of State Continuum of Care, Inc.

- 3. **Project Name:** WIBOSCOC RRH Project 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?** Yes

- 7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** No

- 8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No

3B. Project Description

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

This RRH project will provide rental assistance, case management & supportive services (outreach, transp, educ & employ help, food) HH w/ & w/out kids who are fleeing or attempting to flee DV, sexual assault & human trafficking. The grant seeks to expand the # of units & services w/4 new victim service providers (VSP) in 9 counties w/in 5 coalitions. ¾ subs operate in very rural areas & the other has a close relationship w/the Oneida Nation. Given the vast geography of BOS, this proj provides specific housing & services in communities w/demo need, capacity & ability to meet unique needs of this population who have experience in housing & rental assistance. Clients are offered the program through the CoC’s CE process & subs will follow the order of priority & written standards for CoC RRH. Clients struggle w/low income, lack of employment history, poor credit or housing history & phy & emotional safety concerns. Needs include housing & job training, healthcare, transp, food, HH furnishings, cx, life skill training, education & legal help. Each sub has demo ability listen to unmet needs, take action to allocate resources & adjust prog to address the survivor’s reality including roots of gender-based violence & oppression. While supporting their journey to heal from trauma, work to establish trust & build a safety net, CM will identify & secure housing; connect to resources including education, skill dev, employment, financial literacy; help client apply for mainstream benefits; & support clients while seeking outcomes of housing stability, self-sufficiency, increase sense of safety & independence. Subs demo active coordination w/in their communities, formal & informal partnerships in education, health care, legal action, law enf, transportation, employment, substance use tx, counseling & crisis services. Each agency uses housing 1st in enrolling clients w/out preconditions or barriers & works to mitigate LL/T issues to avoid evictions. CM will use a strengths-based approach to focus on survivor choice & client-driven decision making. CM connect, refer & support while helping to create a support network, use MI & TIC approaches to meet clients where they are at, work at their pace & support their goals. All 4 subs are VSP w/specific knowledge & experience providing DV related counseling, support groups, legal assistance & crisis intervention. Subs will match client needs w/available programming, funding & resources. Subs will use developed network & relationship w/landlords to help secure the right fit for each client & support their decisions about housing, negotiate leases & conduct HQS. The BOS signed an MOU w/the statewide DV coalition to provide ongoing TA & CoC staff provide onboarding training to ensure grant compliance. CoC funding is imperative to fill a gap in housing specific support services for victims of DV. These agencies are best suited to provide not only the housing & rental assistance, supportive services & referrals as needed but also work specifically w/unique needs, safety & security concerns & support increased housing stability, income & self-sufficiency for survivors of DV.

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	30			
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	120			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. 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 2022 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: WI0214

1b. Eligible Renewal Grant Project Name: WIBOSCOC RRH Project

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)	317
	Number of units (From renewal application Screen 4B)	158
	Number of beds (From renewal application Screen 4B)	317
2b.	New Requested Numbers to Add (from this "Stand-alone New" project application)	
	Number of additional persons (From this new application Screen 5A)	127
	Number of additional units (From this new application Screen 4B)	41
	Number of additional beds (From this new application Screen 4B)	127

3. Will this expansion project provide additional supportive services to program participants? No

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.

CM work w/clients to identify the right type of housing that fits each survivor's needs to ensure they can obtain & maintain the unit after RRH. Needs can include neighborhood, size, proximity to work/school, safety concerns, access to support networks & transportation. CM utilize TI, survivor approaches to build trust, help survivor regain sense of control over their lives & create a plan for self-sufficiency. CM will provide education to LL on DV confidentiality, security & safety concerns; education to survivor on tenant rights & resp including VAWA; negotiate lease terms; & conduct HQS. CM serve as an ongoing resource for LL & survivor to help mitigate issues while working to avoid evictions or remedy concerns. CM help develop comprehensive emotional & physical safety plans, survivor-led personal goal & housing stability plans, ensure survivors are connected to agency-specific available services & community providers. Once housed, CM identify barriers to housing stability such as income, legal, transportation, & resources (such as technology). CM provide referrals, advocacy, support & work to address each possible issue or challenge. CM work w/clients to set goals toward successful retention of PH. This includes pursuing education opportunities, accessing employment, receiving training or other skill development. CM help locate reliable & affordable childcare or other child-specific services, apply for mainstream benefits, & find ways to support transportation needs such as bus passes, taxi vouchers & rideshare. Finally, CM help survivors develop a sense of community & connection in order to increase their sense of safety, independence & stability. This in turn will help survivors remain in PH after rental assistance ends.

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.

CM work w/clients to identify goals for housing stability including obtain/increase cash & non-cash income, community-based resources, & access to healthcare benefits. Increasing income is critical to maintaining housing after financial support ends. CM assist w/development of an employment plan including id & solutions to barriers. This can include consistent access to childcare, transportation, food, clothing & supplies. CM partners w/job programs & workforce resource or job center staff to support the client's job search, application & resume development & interview prep. CM facilitate referrals for job training, skill development, coaching, supported employment needs & DVR services. CM provides support for educational advancement including GED, literacy, trade school, technical college, financial aid & higher education applications. CM will help clients obtain non-employment income including SSI/SSDI, child support, Vet benefits & food stamps. This includes addressing barriers to access, helping w/applications & paperwork, ensuring clients have key documents (i.e. driver license or photo id, occupational license or certification, SSN card, birth certificate, State ID) & tools (cell phone, laptop & access to the internet). CM will work w/community-based services such as ADRC to help complete applications & review current benefits or have other agency staff that can provide direct help applying for federal benefits through SOAR. CM will provide support & assist clients obtain reliable & consistent childcare, apply for childcare assistance, TANF, WIC, apply for early childhood education (birth to 3, head start, early-head start, 4K) & access any other social-based service needed for the HH. Priority is placed on healthcare for physical & emotional safety for survivors of DV. CM provide medical advocacy to help ensure client is connected to a primary physician & knows all the resources available to the HH. CM can provide information & referrals to address substance abuse disorders, mental health concerns & HIV/AIDS prevention & education. CM will review the client's current healthcare eligibility, options for benefits & any limitations to ensure the HH knows what options are available for coverage, how to access providers & make appointments, enroll in online portals to track health-related goals & issues. CM work w/clients to utilize health care advocates or navigators, enroll in eligible programs offered through the local hospital/clinic & connecting w/the local federally qualified health center. CM advocate, education & support clients throughout the process of obtaining & maintaining employment, addressing educational-related goals, enrolling in benefits, applying for services & establishing consistent healthcare for everyone in the household.

**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	Subrecipient	As needed
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	As needed
Child Care	Non-Partner	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Subrecipient	As needed
Food	Subrecipient	As needed

Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

Subrecipient	As needed
Non-Partner	As needed
Subrecipient	As needed
Subrecipient	As needed
Non-Partner	As needed
Subrecipient	As needed
Non-Partner	As needed
Subrecipient	As needed
Subrecipient	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? Yes

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. No

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: 41

Total Beds: 127

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...)	---	10	27	
Scattered-site apartments (...)	---	10	30	
Scattered-site apartments (...)	---	12	50	
Scattered-site apartments (...)	---	9	20	

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.

2a. Units: 10

2b. Beds: 27

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: 107 Lindoo Ave. East

Street 2:

City: Ladysmith

State: Wisconsin

ZIP Code: 54848

***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)**

559005 Barron County, 559099 Price County,
559129 Washburn County

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.

2a. Units: 10

2b. Beds: 30

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: 403 N. High St.

Street 2:

City: Chippewa Falls

State: Wisconsin

ZIP Code: 54729

***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)**

559017 Chippewa County

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.

2a. Units: 12

2b. Beds: 50

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: 117 North Main St.

Street 2:

City: River Falls

State: Wisconsin

ZIP Code: 54022

***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)**

559109 St. Croix County, 559093 Pierce County

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.

2a. Units: 9

2b. Beds: 20

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: 1641 Commanche Ave.

Street 2: Suite H

City: Green Bay

State: Wisconsin

ZIP Code: 54313

- *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)**

552664 Green Bay, 559009 Brown County,
550216 Appleton, 559087 Outagamie County

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	35	6		41

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	24	5		29
Persons ages 18-24	12	1		13
Accompanied Children under age 18	85			85
Unaccompanied Children under age 18				0
Total Persons	121	6	0	127

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				8		3	24	4	5	
Persons ages 18-24				5		2	12		2	
Children under age 18							85	2	1	
Total Persons	0	0	0	13	0	5	121	6	8	0

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				5		1	5		4	
Persons ages 18-24							1			
Total Persons	0	0	0	5	0	1	6	0	4	0

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										
Total Persons	0				0	0	0	0	0	0

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2024? Yes

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

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

4. Select a grant term: 1 Year

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

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

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 Request for Grant Term:			\$569,460
Total Units:			41
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Rusk County, WI (5510799999)	1	\$11,580
TRA	WI - Washburn County, WI (5512999999)	3	\$36,000
TRA	WI - Barron County, WI (5500599999)	5	\$58,488
TRA	WI - Price County, WI (5509999999)	1	\$12,276
TRA	WI - Eau Claire, WI MSA (5501799999)	10	\$135,720
TRA	MN - Minneapolis-St. Paul-Bloomington...	12	\$209,928
TRA	WI - Green Bay, WI HUD Metro FMR Area...	8	\$94,896
TRA	WI - Appleton, WI MSA (5501599999)	1	\$10,572

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 - Rusk County, WI (5510799999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$392	x	12		=	\$0
0 Bedroom		x	\$522	x	12		=	\$0
1 Bedroom		x	\$575	x	12		=	\$0

2 Bedrooms		x	\$757	x	12	=	\$0
3 Bedrooms	1	x	\$965	x	12	=	\$11,580
4 Bedrooms		x	\$1,099	x	12	=	\$0
5 Bedrooms		x	\$1,264	x	12	=	\$0
6 Bedrooms		x	\$1,429	x	12	=	\$0
7 Bedrooms		x	\$1,594	x	12	=	\$0
8 Bedrooms		x	\$1,758	x	12	=	\$0
9 Bedrooms		x	\$1,923	x	12	=	\$0
Total Units and Annual Assistance Requested	1						\$11,580
Grant Term							1 Year
Total Request for Grant Term							\$11,580

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 - Washburn County, WI (5512999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$418	x	12	=	\$0
0 Bedroom		x	\$557	x	12	=	\$0
1 Bedroom		x	\$613	x	12	=	\$0
2 Bedrooms		x	\$807	x	12	=	\$0
3 Bedrooms	3	x	\$1,000	x	12	=	\$36,000
4 Bedrooms		x	\$1,094	x	12	=	\$0
5 Bedrooms		x	\$1,258	x	12	=	\$0
6 Bedrooms		x	\$1,422	x	12	=	\$0
7 Bedrooms		x	\$1,586	x	12	=	\$0

8 Bedrooms		x	\$1,750	x	12	=	\$0
9 Bedrooms		x	\$1,915	x	12	=	\$0
Total Units and Annual Assistance Requested	3						\$36,000
Grant Term							1 Year
Total Request for Grant Term							\$36,000

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 - Barron County, WI (5500599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$431	x	12	=	\$0
0 Bedroom		x	\$574	x	12	=	\$0
1 Bedroom		x	\$616	x	12	=	\$0
2 Bedrooms	2	x	\$811	x	12	=	\$19,464
3 Bedrooms	3	x	\$1,084	x	12	=	\$39,024
4 Bedrooms		x	\$1,135	x	12	=	\$0
5 Bedrooms		x	\$1,305	x	12	=	\$0
6 Bedrooms		x	\$1,476	x	12	=	\$0
7 Bedrooms		x	\$1,646	x	12	=	\$0
8 Bedrooms		x	\$1,816	x	12	=	\$0
9 Bedrooms		x	\$1,986	x	12	=	\$0
Total Units and Annual Assistance Requested	5						\$58,488
Grant Term							1 Year
Total Request for Grant Term							\$58,488

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 - Price County, WI (5509999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$429	x	12	=	\$0
0 Bedroom		x	\$572	x	12	=	\$0
1 Bedroom		x	\$575	x	12	=	\$0
2 Bedrooms		x	\$757	x	12	=	\$0
3 Bedrooms	1	x	\$1,023	x	12	=	\$12,276
4 Bedrooms		x	\$1,027	x	12	=	\$0
5 Bedrooms		x	\$1,181	x	12	=	\$0
6 Bedrooms		x	\$1,335	x	12	=	\$0
7 Bedrooms		x	\$1,489	x	12	=	\$0

8 Bedrooms		x	\$1,643	x	12	=	\$0
9 Bedrooms		x	\$1,797	x	12	=	\$0
Total Units and Annual Assistance Requested	1						\$12,276
Grant Term							1 Year
Total Request for Grant Term							\$12,276

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 - Eau Claire, WI MSA (5501799999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$421	x	12	=	\$0
0 Bedroom		x	\$561	x	12	=	\$0
1 Bedroom		x	\$639	x	12	=	\$0
2 Bedrooms		x	\$836	x	12	=	\$0
3 Bedrooms	10	x	\$1,131	x	12	=	\$135,720
4 Bedrooms		x	\$1,295	x	12	=	\$0
5 Bedrooms		x	\$1,489	x	12	=	\$0
6 Bedrooms		x	\$1,684	x	12	=	\$0
7 Bedrooms		x	\$1,878	x	12	=	\$0
8 Bedrooms		x	\$2,072	x	12	=	\$0
9 Bedrooms		x	\$2,266	x	12	=	\$0
Total Units and Annual Assistance Requested	10						\$135,720
Grant Term							1 Year
Total Request for Grant Term							\$135,720

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: MN - Minneapolis-St. Paul-Bloomington, MN-WI HUD Metro FMR Area (2700399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$699	x	12	=	\$0
0 Bedroom		x	\$932	x	12	=	\$0
1 Bedroom	2	x	\$1,078	x	12	=	\$25,872
2 Bedrooms	6	x	\$1,329	x	12	=	\$95,688
3 Bedrooms	4	x	\$1,841	x	12	=	\$88,368
4 Bedrooms		x	\$2,145	x	12	=	\$0
5 Bedrooms		x	\$2,467	x	12	=	\$0
6 Bedrooms		x	\$2,789	x	12	=	\$0
7 Bedrooms		x	\$3,110	x	12	=	\$0

8 Bedrooms		x	\$3,432	x	12	=	\$0
9 Bedrooms		x	\$3,754	x	12	=	\$0
Total Units and Annual Assistance Requested	12						\$209,928
Grant Term							1 Year
Total Request for Grant Term							\$209,928

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 Bay, WI HUD Metro FMR Area (5500999999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$477	x	12	=	\$0
0 Bedroom		x	\$636	x	12	=	\$0
1 Bedroom	2	x	\$679	x	12	=	\$16,296
2 Bedrooms	2	x	\$875	x	12	=	\$21,000
3 Bedrooms	4	x	\$1,200	x	12	=	\$57,600
4 Bedrooms		x	\$1,204	x	12	=	\$0
5 Bedrooms		x	\$1,385	x	12	=	\$0
6 Bedrooms		x	\$1,565	x	12	=	\$0
7 Bedrooms		x	\$1,746	x	12	=	\$0
8 Bedrooms		x	\$1,926	x	12	=	\$0
9 Bedrooms		x	\$2,107	x	12	=	\$0
Total Units and Annual Assistance Requested	8						\$94,896
Grant Term							1 Year
Total Request for Grant Term							\$94,896

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 - Appleton, WI MSA (5501599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$482	x	12	=	\$0
0 Bedroom		x	\$643	x	12	=	\$0
1 Bedroom		x	\$686	x	12	=	\$0
2 Bedrooms	1	x	\$881	x	12	=	\$10,572
3 Bedrooms		x	\$1,190	x	12	=	\$0
4 Bedrooms		x	\$1,195	x	12	=	\$0
5 Bedrooms		x	\$1,374	x	12	=	\$0
6 Bedrooms		x	\$1,554	x	12	=	\$0
7 Bedrooms		x	\$1,733	x	12	=	\$0

8 Bedrooms		x	\$1,912	x	12	=	\$0
9 Bedrooms		x	\$2,091	x	12	=	\$0
Total Units and Annual Assistance Requested	1						\$10,572
Grant Term							1 Year
Total Request for Grant Term							\$10,572

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 (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	1.1 FTE salary & fringe; travel, training, per diem, office, phone, supplies	\$71,815
2. Assistance with Moving Costs	average cost of uhaul and supplies	\$8,200
3. Case Management	3.15 FTE salary & fringe; travel, training, per diem, office, phone, supplies	\$194,488
4. Child Care		
5. Education Services	average cost of supplies, books, testing & tutoring materials	\$4,465
6. Employment Assistance	work experience, supplies	\$7,280
7. Food	grocery assistance to supplement food pantry/stamps	\$6,196
8. Housing/Counseling Services	2.2 FTE salary & fringe; travel, training, per diem, office, phone, supplies	\$147,425
9. Legal Services		
10. Life Skills	.95 FTE salary & fringe; travel, training, per diem, office, phone, supplies	\$55,230
11. Mental Health Services	.25 FTE Salary & fringe; consultant \$150/hr x 4 sessions x 4 HH	\$20,633
12. Outpatient Health Services		
13. Outreach Services	.4 FTE salary & fringe; travel, training, per diem, office, phone, supplies	\$21,079
14. Substance Abuse Treatment Services		
15. Transportation	taxi vouchers (360), bus passes (3182), reimbursement staff travel (3900), car repairs (400), agency vehicle	\$12,042
16. Utility Deposits	average unit deposit for utilities	\$400
17. Operating Costs		
Total Annual Assistance Requested		\$549,253
Grant Term		1 Year
Total Request for Grant Term		\$549,253

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

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

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

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

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



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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel	.15 FTE salary & fringe, phone, office, supplies	\$11,826
5. Space & Operations		
Total Annual Assistance Requested:		\$11,826
Grant Term:		1 Year
Total Request for Grant Term:		\$11,826

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:	\$268,893
Total Amount of In-Kind Commitments:	\$42,000
Total Amount of All Commitments:	\$310,893

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	Private	Embrace - private...	\$68,074
Cash	Government	FSC - WI Dept. Ch...	\$15,000
Cash	Government	FSC - UW of Great...	\$15,000
In-Kind	Private	FSC - volunteer o...	\$42,000
Cash	Private	Turningpoint - Re...	\$48,019
Cash	Private	Turningpoint - in...	\$48,019
Cash	Government	WW - DOJ VOCA	\$20,140
Cash	Government	WW - OVAW	\$10,560
Cash	Government	WW - DCF	\$21,816
Cash	Private	WW - End Domestic...	\$9,529
Cash	Private	WIBOSCOC Discreti...	\$12,736

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: Embrace - private funds
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$68,074

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Government
- 3. Name of Source: FSC - WI Dept. Children & Family grant
(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: Government
- 3. Name of Source: FSC - UW of Greater Chippewa Valley grant
(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: In-Kind
- 2. Source: Private

3. Name of Source: FSC - volunteer on-call advocates
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$42,000

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

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Turningpoint - Retail sales revenue
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$48,019

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: Turningpoint - individual donors donations
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$48,019

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Government

3. Name of Source: WW - DOJ VOCA
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$20,140

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Government

3. Name of Source: WW - OVAW

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

4. Amount of Written Commitment: \$10,560

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Government

3. Name of Source: WW - DCF

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

4. Amount of Written Commitment: \$21,816

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Private

3. Name of Source: WW - End Domestic Abuse WI

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

4. Amount of Written Commitment: \$9,529

Sources of Match Detail

-
- 1. Type of Match commitment:** Cash
 - 2. Source:** Private
 - 3. Name of Source:** WIBOSCOC Discretionary Funds
(Be as specific as possible and include the office or grant program as applicable)
 - 4. Amount of Written Commitment:** \$12,736

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$569,460	1 Year	\$569,460
4. Supportive Services	\$549,253	1 Year	\$549,253
5. Operating	\$0	1 Year	\$0
6. HMIS	\$11,826	1 Year	\$11,826
7. Sub-total Costs Requested			\$1,130,539
8. Admin (Up to 10%)			\$113,033
9. Total Assistance Plus Admin Requested			\$1,243,572
10. Cash Match			\$268,893
11. In-Kind Match			\$42,000
12. Total Match			\$310,893
13. Total Budget			\$1,554,465

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	WIBOSCOC DV RRH N...	09/16/2022
3) Other Attachment(s)	No	WIBOSCOC DV Expan...	09/17/2022
2) Other Attachment(s)	No	WIBOSCOC DV RRH E...	09/17/2022

Attachment Details

Document Description: WIBOSCOC DV RRH New - 501c3

Attachment Details

Document Description: WIBOSCOC DV Expansion RRH - CoC Match Letter

Attachment Details

Document Description: WIBOSCOC DV RRH Expansion - Sub Match FY22

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Lisa Haen

Date: 09/17/2022

Title: Chair, WIBOSCOC Board of Directors

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

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.

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

8B. Submission Summary

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

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/15/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/15/2022
1E. SF-424 Compliance	09/15/2022
1F. SF-424 Declaration	09/15/2022
1G. HUD 2880	09/15/2022
1H. HUD 50070	09/15/2022
1I. Cert. Lobbying	09/15/2022
1J. SF-LLL	09/15/2022
1K. SF-424B	09/15/2022
1L. SF-424D	09/15/2022
2A. Subrecipients	09/17/2022
2B. Experience	09/16/2022
3A. Project Detail	09/15/2022
3B. Description	09/17/2022
3C. Expansion	09/17/2022
4A. Services	09/17/2022
4B. Housing Type	09/17/2022
5A. Households	09/17/2022
5B. Subpopulations	No Input Required
6A. Funding Request	09/15/2022
6E. Rental Assistance	09/17/2022
6F. Supp Srvcs Budget	09/17/2022
6H. HMIS Budget	09/17/2022
6I. Match	09/17/2022

6J. Summary Budget	No Input Required
7A. Attachment(s)	09/17/2022
7A. In-Kind MOU Attachment	No Input Required
7D. Certification	09/17/2022



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4051094588
Jan. 03, 2017 LTR 4168C 0
39-1372488 000000 00

00070420

BODC: TE

EMBRACE SERVICES INC
% PAT WHALLEY
107 LINDOO AVE E
LADYSMITH WI 54848-2217

039061

Employer ID Number: 39-1372488
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Dec. 09, 2016, regarding your tax-exempt status.

We issued you a determination letter in June 1981, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Jan. 03, 2017 LTR 4168C 0

39-1372488 000000 00

00070421

EMBRACE SERVICES INC
% PAT WHALLEY
107 LINDOO AVE E
LADYSMITH WI 54848-2217

Sincerely yours,



Jeffrey I. Cooper
Director, EO Rulings & Agreement

REC'D FEB 17 2000

Internal Revenue Service

Department of the Treasury

**P. O. Box 2508
Cincinnati, OH 45201**

Date: February 17, 2000

**Family Support Center Inc
PO Box 143
Chippewa Falls, WI 54729**

**Person to Contact:
Felicia Johnson #31-04013
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
39-1403276**

Dear Sir or Madam:

This letter is in response to your telephone request for an updated copy of your organization's determination letter.

Our records indicate that a determination letter issued in July 1983, granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Family Support Center Inc
39-1403276

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

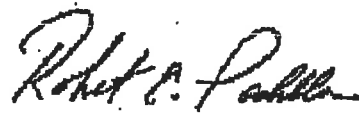
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,



Robert C. Padilla
Manager, Customer Service

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: DEC 13 2006

TURNINGPOINT FOR VICTIMS OF DOMESTIC AND
SEXUAL VIOLENCE INC
PO BOX 304
RIVER FALLS, WI 54022-0304

Person to Contact:

Roger Meyer
ID# 31-07707

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

39-1322995

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on December 1, 2000. We have updated our records to reflect the name change as indicated above.

Our records indicate that a determination letter was issued in July 1979 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Westcott
Manager, Exempt Organizations
Determinations

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

DEPARTMENT OF THE TREASURY

Date: JUL 11 2003

WISE WOMEN GATHERING PLACE INC
2488 BABCOCK RD
GREEN BAY, WI 54313

Employer Identification Number:
39-1939352

DLN:

17053158719023

Contact Person:

KATHY L JONES

ID# 31117

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated February 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

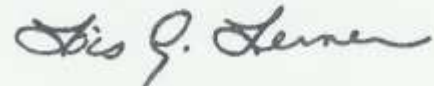
Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements



September 17, 2022

To: Milwaukee HUD Field Office
RE: Documentation of Match

The Wisconsin Balance of State Continuum of Care, Inc. has sufficient match for the FY22 CoC Competition DV RRH Expansion new grant application from the following sources:

- WIBOSCOC Discretionary Funds: \$12,736.

Respectfully,

A handwritten signature in black ink that reads 'Carrie Poser'. The signature is written in a cursive, flowing style.

Carrie Poser
CoC Director
Wisconsin Balance of State Continuum of Care, Inc.



9/14/2022

RE: DV Bonus RRH Expansion Sub-Recipient
Match Letter for Embrace

Dear Grant Review Group,

The Pablo Foundation will provide \$68,074 in private funds as cash match for Embrace's Domestic Violence Housing First in Rural Wisconsin (DV Bonus RRH Expansion) for the operating year 2023/24. This contribution is not used as match for any other grants received by Embrace.

Sincerely,

A handwritten signature in blue ink that reads "Katie Bement". The signature is written in a cursive style.

Katie Bement
Embrace Executive Director





FAMILY SUPPORT
C E N T E R

Telephone: 715-723-1138
Toll-Free: 1-800-400-7020

P.O. Box 143
Chippewa Falls, WI 54729



United Way
of Chippewa County

September 14, 2022

Re: DV RRH Expansion Grant

To Whom it May Concern,

Family Support Center has designated the following match contributions totaling \$72,000 for the grant year October 1, 2023 – September 30, 2024:

- \$15,000 (cash match) WI Dept. of Children and Family Services Grant
- \$15,000 (cash match) United Way of the Greater Chippewa Valley Grant
- \$42,000 in-kind match – time of FSC's volunteer on-call advocates who staff our lines and provide services on evenings and weekends to survivors including assessment, case management, outreach, counseling.

This match contribution is not used as a match to any other grant received by Family Support Center.

Sincerely,

Geri Segal
Executive Director



Turningpoint
**FOR VICTIMS OF DOMESTIC
AND SEXUAL VIOLENCE**

September 14, 2022

To Whom It May Concern :

Turningpoint will provide a cash match in the amount of \$43,555 for the Balance of State DV-Bonus RRH Grant for the period of October 1, 2023 – September 30, 2024.

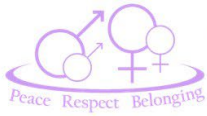
This match will come from the following sources :

<i>Second Chances Thrift Store Retail Sales Revenue:</i>	\$48,019
<i>Individual Donors Donations:</i>	\$48,019
TOTAL :	\$96,038

Sincerely,

Alena Taylor

Executive Director



Wise Women Gathering Place

9-14-22

Re: DV Bonus RRH Expansion Sub-Recipient/New Project Application

Wise Women Gathering Place has designated the cash match contribution of \$62,045 for the grant year beginning 10/1/23 and ending 9/30/24, as follows:

Department of Justice -Victims of Crime Act (VOCA)	\$20,140
Office of Violence against Women- Culturally Specific Services Program (CSSP)	\$ 9,480
Office of Violence against Women – Tribal Sexual Assault Services (TSASP)	\$ 1,080
Department of Children and Families – Domestic Abuse Services	\$ 5,616
Department of Children and Families – Domestic Abuse Children’s Programing	\$16,200
End Domestic Abuse Wisconsin	\$9,529

This combination of match contributions is not used to match any other grants received by Wise Women Gathering Place.

Thank you for all you do.

Sincerely,

Beverly Scow
Interim Executive Director, Assistant Director
1641 Commanche Ave, Suite H
Green Bay, WI 54155