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.
- 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2021 Project Application will be imported into the FY 2022 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2022 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/09/2022
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	WI0197
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
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): (for multiple selections hold CTRL key)	Wisconsin
15. Descriptive Title of Applicant's Project:	WIBOSCOC Supportive Services for Coordinated Entry
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	WI-005, WI-006, WI-007, WI-008, WI-001, WI-002, WI-003
b. Project: (for multiple selections hold CTRL key)	WI-005, WI-006, WI-007, WI-008, WI-001, WI-002, WI-003
17. Proposed Project	
a. Start Date:	07/01/2023
b. End Date:	06/30/2024
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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Lisa
Middle Name:	
Last Name:	Haen
Suffix:	
Title:	Chair, WIBOSCOC Board of Directors
Telephone Number: (Format: 123-456-7890)	(262) 764-8555
Fax Number: (Format: 123-456-7890)	(262) 653-2080
Email:	lhaen@khds.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/09/2022

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: $717,935

5. State the name and location (street address, city and state) of the project or activity: WIBOSCOC Supportive Services for Coordinated Entry PO Box 272 Eau Claire Wisconsin

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? (For further information, see 24 CFR Sec. 4.3). Yes

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

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%

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: X

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: 09/06/2022

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 Federalagency 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;		

Sites for Work Performance.

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

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

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

Authorized Representative

Prefix:	Ms.
First Name:	Lisa
Middle Name	
Last Name:	Haen
Suffix:	
Title:	Chair, WIBOSCOC Board of Directors
Telephone Number: (Format: 123-456-7890)	(262) 764-8555
Fax Number: (Format: 123-456-7890)	(262) 653-2080
Email:	lhaen@khds.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/09/2022

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:	X

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

Applicant's Organization:	Wisconsin Balance of State Continuum of Care, Inc.
Name / Title of Authorized Official:	Lisa Haen, Chair, WIBOSCOC Board of Directors
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/09/2022

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. X

Authorized Representative

Prefix:	Ms.
First Name:	Lisa
Middle Name:	
Last Name:	Haen
Suffix:	
Title:	Chair, WIBOSCOC Board of Directors
Telephone Number: (Format: 123-456-7890)	(262) 764-8555
Fax Number: (Format: 123-456-7890)	(262) 653-2080
Email:	lhaen@khds.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/09/2022

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: X

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:	09/09/2022

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2022 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2021 information
- a project that had Issues or Conditions that were addressed in FY 2021 Post-Award and updates need to be reflected in the FY 2022 project application
- a project that had amendments approved in FY 2020 or FY 2021 that need to be reflected in the FY 2022 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2021 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click ""Save"" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks ""Save"", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2022 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation?	Yes
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

The applicant has either selected "Yes" to Question #1 , has not brought forward details from a previously awarded renewal project application, or has manually selected “Make Changes” to question #2 and has checked a checkbox. The applicant must therefore make changes to the application information. If this is not a first time renewal and the applicant would like to bring forward information from a previously awarded renewal project application, exit this application, click on the "Projects" link from the left menu, select "Renewal Project Application FY2019" from the "Funding Opportunity Name" dropdown, click on the folder icon to create a renewal project, and select an expiring renewal project from the drop down list next to the "Import Data From" field.

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
Part 4 - Housing Services and HMIS	
Part 5 - Participants and Outreach Information	
Part 6 - Budget Information	
6A. Funding Request	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	X
7A. In-Kind Match MOU Attachment	X
7B. Certification	X

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

This grant is a renewal of an expansion grant from last year (FY21). During the FY21 grant year, we renewed our regular grant and wrote for new expansion funds with reallocated dollars. The grant needs to be updated for this competition to reflect the full grant (renewal + expansion).

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time?	Yes
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?	No
3. Do you draw funds quarterly for your current renewal project?	Yes
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?	No

Renewal Grant Consolidation or Renewal Grant Expansion

The FY2022 CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the budget data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below 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: $675,717

Organization	Type	Sub-Award Amount
Lakeshore CAP Inc. of Wisconsin	M. Nonprofit with 501C3 IRS Status	$32,177
North Central Community Action Program	M. Nonprofit with 501C3 IRS Status	$32,177
Northwest Wisconsin Community Services Agency, ...	M. Nonprofit with 501C3 IRS Status	$32,177
Southwestern Wisconsin Community Action Program...	M. Nonprofit with 501C3 IRS Status	$32,177
Housing Action of Waukesha County, Inc.	M. Nonprofit with 501C3 IRS Status	$32,177
ADVOCAP, Inc.	M. Nonprofit with 501C3 IRS Status	$32,177
Newcap Inc.	M. Nonprofit with 501C3 IRS Status	$96,531
Western Dairyland EOC	M. Nonprofit with 501C3 IRS Status	$32,177
West Central Wisconsin Community Action Agency	M. Nonprofit with 501C3 IRS Status	$32,177
The Salvation Army	M. Nonprofit with 501C3 IRS Status	$32,177
Kenosha Human Development Services Inc.	M. Nonprofit with 501C3 IRS Status	$32,177
Family Promise of Ozaukee County	M. Nonprofit with 501C3 IRS Status	$32,177
Family Promise of Washington County	M. Nonprofit with 501C3 IRS Status	$32,177
Renewal Unlimited	M. Nonprofit with 501C3 IRS Status	$32,177
Couleecap Inc.	M. Nonprofit with 501C3 IRS Status	$32,177
Community Action Inc. of Rock and Walworth Coun...	M. Nonprofit with 501C3 IRS Status	$32,177
City of Appleton	C. City or Township Government	$32,177
The Salvation Army	M. Nonprofit with 501C3 IRS Status	$32,177
Community Action Coalition of South Central WI	M. Nonprofit with 501C3 IRS Status	$32,177

2A. Project Subrecipients Detail

a. Organization Name: Lakeshore CAP Inc. of Wisconsin

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

c. Employer or Tax Identification Number: 39-1214392

d. Unique Entity Identifier: N3AZAX4B63S5

e. Physical Address

Street 1: 702 State St.
Street 2: PO Box 2315
City: Manitowoc
State: Wisconsin
Zip Code: 54221

f. Congressional District(s):
(for multiple selections hold CTRL key) WI-006, WI-008

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

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

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

j. Contact Person

Prefix: Ms.
First Name: Colleen

Middle Name:
Last Name: Homb
Suffix:
Title: Executive Director
E-mail Address: colleenh@lakeshorecap.org
Confirm E-mail Address: colleenh@lakeshorecap.org
Phone Number: 920-682-3737
Extension: 8,705
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: North Central Community Action Program

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

c. Employer or Tax Identification Number: 39-1080179

d. Unique Entity Identifier: VSKTRF2JVWB3

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

f. Congressional District(s): (for multiple selections hold CTRL key)	WI-007
g. Is the subrecipient a Faith-Based Organization?	No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177

j. Contact Person

Prefix:	Ms.
First Name:	Diane
Middle Name:	
Last Name:	Sennholz
Suffix:	
Title:	Executive Director
E-mail Address:	dsennholz@nccapinc.com
Confirm E-mail Address:	dsennholz@nccapinc.com
Phone Number:	715-301-1863
Extension:	
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

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

b. Organization Type:	M. Nonprofit with 501C3 IRS Status
c. Employer or Tax Identification Number:	39-1091469
d. Unique Entity Identifier:	L7ARJQZZPF58
e. Physical Address	
Street 1:	1118 TOWER AVE
Street 2:	
City:	Superior
State:	Wisconsin
Zip Code:	54880
f. Congressional District(s): (for multiple selections hold CTRL key)	WI-007
g. Is the subrecipient a Faith-Based Organization?	No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177
j. Contact Person	
Prefix:	Ms.
First Name:	Millie
Middle Name:	
Last Name:	Rounsville
Suffix:	
Title:	CEO
E-mail Address:	mrounsville@northwest-csa.org

Confirm E-mail Address: mrounsville@northwest-csa.org
Phone Number: 715-392-5127
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Southwestern Wisconsin Community Action Program INC.

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

c. Employer or Tax Identification Number: 39-1053511

d. Unique Entity Identifier: KYGSRGLM89J4

e. Physical Address
Street 1: 149 North Iowa St.
Street 2:
City: Dodgeville
State: Wisconsin
Zip Code: 53533

f. Congressional District(s): (for multiple selections hold CTRL key) WI-002

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

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177

j. Contact Person

Prefix:	Mr.
First Name:	Wally
Middle Name:	
Last Name:	Orzechowski
Suffix:	
Title:	Executive Director
E-mail Address:	w.Orzechowski@swcap.org
Confirm E-mail Address:	w.Orzechowski@swcap.org
Phone Number:	608-935-2326
Extension:	201
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name:	Housing Action of Waukesha County, Inc.
b. Organization Type:	M. Nonprofit with 501C3 IRS Status
c. Employer or Tax Identification Number:	26-4291024

d. Unique Entity Identifier:	Q1YCMQWCVL59
e. Physical Address	
Street 1:	505 N. East Ave.
Street 2:	PO Box 605
City:	Waukesha
State:	Wisconsin
Zip Code:	53186
f. Congressional District(s): (for multiple selections hold CTRL key)	WI-005
g. Is the subrecipient a Faith-Based Organization?	No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177
j. Contact Person	
Prefix:	Mr.
First Name:	Joe
Middle Name:	
Last Name:	Pieper
Suffix:	
Title:	Board President
E-mail Address:	joseph.pieper@sbcglobal.net
Confirm E-mail Address:	joseph.pieper@sbcglobal.net
Phone Number:	262-522-3185
Extension:	
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: ADVOCAP, Inc.

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

c. Employer or Tax Identification Number: 39-1053365

d. Unique Entity Identifier: SCLANJCNMH86

e. Physical Address

Street 1: PO Box 1108

Street 2:

City: Fond du Lac

State: Wisconsin

Zip Code: 54936-1108

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

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

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

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

j. Contact Person

Prefix: Ms.
First Name: Lu
Middle Name:
Last Name: Scheer
Suffix:
Title: Homeless Prevention Services Director
E-mail Address: luanns@advocap.org
Confirm E-mail Address: luanns@advocap.org
Phone Number: 920-922-7760
Extension: 3,581
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Newcap Inc.

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

c. Employer or Tax Identification Number: 39-1050492

d. Unique Entity Identifier: W4FRGRKMJX21

e. Physical Address

Street 1: 1201 Main St.
Street 2:

City:	Oconto
State:	Wisconsin
Zip Code:	54153
f. Congressional District(s): (for multiple selections hold CTRL key)	WI-008
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:	$96,531

j. Contact Person

Prefix:	Ms.
First Name:	Debbie
Middle Name:	
Last Name:	Bushman
Suffix:	
Title:	Housing Director
E-mail Address:	debbiebushman@newcap.org
Confirm E-mail Address:	debbiebushman@newcap.org
Phone Number:	920-834-4621
Extension:	1,110
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name:	Western Dairyland EOC
b. Organization Type:	M. Nonprofit with 501C3 IRS Status
c. Employer or Tax Identification Number:	39-1076993
d. Unique Entity Identifier:	J9QRSRJ6K526
e. Physical Address	
Street 1:	PO Box 125
Street 2:	
City:	Independence
State:	Wisconsin
Zip Code:	54747
f. Congressional District(s): (for multiple selections hold CTRL key)	WI-003
g. Is the subrecipient a Faith-Based Organization?	No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177
j. Contact Person	
Prefix:	Ms.
First Name:	Jeanne
Middle Name:	

Last Name:	Semb
Suffix:	
Title:	Housing Service Coordinator
E-mail Address:	jeanne.semb@wdeoc.org
Confirm E-mail Address:	jeanne.semb@wdeoc.org
Phone Number:	715-836-7511
Extension:	1,141
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name:	West Central Wisconsin Community Action Agency
b. Organization Type:	M. Nonprofit with 501C3 IRS Status
c. Employer or Tax Identification Number:	39-1076125
d. Unique Entity Identifier:	LH86X2GEQLM5
e. Physical Address	
Street 1:	PO Box 308
Street 2:	
City:	Glenwood City
State:	Wisconsin
Zip Code:	54013

f. Congressional District(s): (for multiple selections hold CTRL key)	WI-007, WI-003
g. Is the subrecipient a Faith-Based Organization?	No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177

j. Contact Person

Prefix:	Ms.
First Name:	Erica
Middle Name:	
Last Name:	Schoch
Suffix:	
Title:	Homeless Intervention Program Manager
E-mail Address:	eschoch@wcap.org
Confirm E-mail Address:	eschoch@wcap.org
Phone Number:	715-781-0097
Extension:	
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: The Salvation Army

b. Organization Type:	M. Nonprofit with 501C3 IRS Status
c. Employer or Tax Identification Number:	36-2167910
d. Unique Entity Identifier:	NDM9CJA8ZSH8
e. Physical Address	
Street 1:	505 W 8TH ST
Street 2:	
City:	NEW RICHMOND
State:	Wisconsin
Zip Code:	54017
f. Congressional District(s): (for multiple selections hold CTRL key)	WI-007
g. Is the subrecipient a Faith-Based Organization?	Yes
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177
j. Contact Person	
Prefix:	Ms.
First Name:	Duana
Middle Name:	
Last Name:	Bremer
Suffix:	
Title:	Director
E-mail Address:	duana.bremer@usc.salvationarmy.org

Confirm E-mail Address: duana.bremer@usc.salvationarmy.org
Phone Number: 715-246-1222
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Kenosha Human Development Services Inc.

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

c. Employer or Tax Identification Number: 39-1200678

d. Unique Entity Identifier: HDF1HFBKELX2

e. Physical Address
Street 1: 5407 8th Ave.
Street 2:
City: Kenosha
State: Wisconsin
Zip Code: 53140

f. Congressional District(s): (for multiple selections hold CTRL key) WI-001

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

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

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

j. Contact Person

Prefix: Ms.
First Name: Lisa
Middle Name:
Last Name: Haen
Suffix:
Title: Associate Director
E-mail Address: lhaen@khds.org
Confirm E-mail Address: lhaen@khds.org
Phone Number: 262-657-7188
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Family Promise of Ozaukee County

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

c. Employer or Tax Identification Number: 46-4227704

d. Unique Entity Identifier: LWKVLJYXEJL7

e. Physical Address	
Street 1:	124 E. Van Buren
Street 2:	
City:	Port Washington
State:	Wisconsin
Zip Code:	53074
f. Congressional District(s): (for multiple selections hold CTRL key)	WI-006
g. Is the subrecipient a Faith-Based Organization?	No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177
j. Contact Person	
Prefix:	Ms.
First Name:	Cori
Middle Name:	
Last Name:	Guerin
Suffix:	
Title:	Director
E-mail Address:	CoriFPOZ@gmail.com
Confirm E-mail Address:	CoriFPOZ@gmail.com
Phone Number:	262-268-2723
Extension:	
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name:	Family Promise of Washington County
b. Organization Type:	M. Nonprofit with 501C3 IRS Status
c. Employer or Tax Identification Number:	27-0740203
d. Unique Entity Identifier:	YPHCRW84DLM8
e. Physical Address	
Street 1:	724 Elm St. Suite 102
Street 2:	
City:	West Bend
State:	Wisconsin
Zip Code:	53095
f. Congressional District(s): (for multiple selections hold CTRL key)	WI-005
g. Is the subrecipient a Faith-Based Organization?	No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177

j. Contact Person

Prefix: Ms.
First Name: Hannah
Middle Name:
Last Name: Conforti
Suffix:
Title: Program Manager
E-mail Address: hannah@familypromisewc.org
Confirm E-mail Address: hannah@familypromisewc.org
Phone Number: 262-334-4912
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Renewal Unlimited

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

c. Employer or Tax Identification Number: 39-1270955

d. Unique Entity Identifier: GRMCMTDM1EL8

e. Physical Address

Street 1: 2900 Red Fox Run
Street 2:
City: Portage

State:	Wisconsin
Zip Code:	53901
f. Congressional District(s): (for multiple selections hold CTRL key)	WI-006
g. Is the subrecipient a Faith-Based Organization?	No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177

j. Contact Person

Prefix:	Ms.
First Name:	Suzanne
Middle Name:	
Last Name:	Hoppe
Suffix:	
Title:	Director
E-mail Address:	shoppe@renewalunlimited.net
Confirm E-mail Address:	shoppe@renewalunlimited.net
Phone Number:	608-742-5329
Extension:	16
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Couleecap Inc.

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

c. Employer or Tax Identification Number: 39-1077614

d. Unique Entity Identifier: UN21A8KDK5F8

e. Physical Address

Street 1: 201 Melby St.

Street 2:

City: Westby

State: Wisconsin

Zip Code: 54667

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

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

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

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

j. Contact Person

Prefix: Ms.

First Name: Kim

Middle Name:

Last Name: Cable

Suffix:

Title:	Housing & Community Services Director
E-mail Address:	kim.cable@couleecap.org
Confirm E-mail Address:	kim.cable@couleecap.org
Phone Number:	608-787-9890
Extension:	
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name:	Community Action Inc. of Rock and Walworth Counties
b. Organization Type:	M. Nonprofit with 501C3 IRS Status
c. Employer or Tax Identification Number:	39-1052077
d. Unique Entity Identifier:	TKJCKNKAK2P7
e. Physical Address	
Street 1:	20 Eclipse Center
Street 2:	
City:	Beloit
State:	Wisconsin
Zip Code:	53511
f. Congressional District(s): (for multiple selections hold CTRL key)	WI-001, WI-002

g. Is the subrecipient a Faith-Based Organization?	No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177

j. Contact Person

Prefix:	Ms.
First Name:	Elizabeth
Middle Name:	
Last Name:	Knapp-Spooner
Suffix:	
Title:	Community Program Director
E-mail Address:	eknapp@community-action.org
Confirm E-mail Address:	eknapp@community-action.org
Phone Number:	608-313-1337
Extension:	
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name:	City of Appleton
b. Organization Type:	C. City or Township Government

c. Employer or Tax Identification Number:	39-6005381
d. Unique Entity Identifier:	DKKLKT1RJG26
e. Physical Address	
Street 1:	100 N. Appleton St.
Street 2:	
City:	Appleton
State:	Wisconsin
Zip Code:	54911
f. Congressional District(s): (for multiple selections hold CTRL key)	WI-006, WI-008
g. Is the subrecipient a Faith-Based Organization?	No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177
j. Contact Person	
Prefix:	Ms.
First Name:	Nikki
Middle Name:	
Last Name:	Gerhard
Suffix:	
Title:	Community Development Specialist
E-mail Address:	nikki.gerhard@appleton.org
Confirm E-mail Address:	nikki.gerhard@appleton.org
Phone Number:	920-832-6469
Extension:	

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: The Salvation Army

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

c. Employer or Tax Identification Number: 36-2167910

d. Unique Entity Identifier: NDM9CJA8ZSH8

e. Physical Address

Street 1: 1600 Briggs St.

Street 2:

City: Stevens Point

State: Wisconsin

Zip Code: 54481

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

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

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

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

j. Contact Person

Prefix: Ms.
First Name: Leigh Ann
Middle Name:
Last Name: Trzinski
Suffix:
Title: Shelter Director
E-mail Address: LeighAnn.Trzinski@usc.salvationarmy.org
Confirm E-mail Address: LeighAnn.Trzinski@usc.salvationarmy.org
Phone Number: 715-341-2437
Extension:
Fax Number:

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name: Community Action Coalition of South Central WI

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

c. Employer or Tax Identification Number: 39-1053827

d. Unique Entity Identifier: LYVNZAMFDSG5

e. Physical Address
Street 1: 4101 East Towne Blvd
Street 2:
City: Madison
State: Wisconsin

Zip Code:	53704
f. Congressional District(s): (for multiple selections hold CTRL key)	WI-005
g. Is the subrecipient a Faith-Based Organization?	No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?	Yes
i. Expected Sub-Award Amount:	$32,177

j. Contact Person

Prefix:	Ms.
First Name:	Amber
Middle Name:	
Last Name:	Duddy
Suffix:	
Title:	Executive Director
E-mail Address:	aduddy@cacscw.org
Confirm E-mail Address:	aduddy@cacscw.org
Phone Number:	608-206-4333
Extension:	
Fax Number:	

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): WI0197

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

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

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

4. Project Name: WIBOSCOC Supportive Services for Coordinated Entry

5. Project Status: Standard

6. Component Type: SSO

6a. Please select the type of SSO project: Coordinated Entry

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

3B. Project Description

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

The BOS CE covers 69 counties w/the purpose of creating an easier process for clients to navigate, quick & seamless entry into homeless services, prevent service duplication, reduce length of homelessness, improve communication w/in local coalitions & people will be referred to the most appropriate resource(s) for their specific situation. BOS CE policies are implemented across entire geography w/20 local CE systems (LCES) ensuring the needs of homeless are met in the area in which they live. The project funds all 21 LCES. The 21 staff funded through this grant support the development & implementation of CE by ensuring: (1) full participation by all CoC & ESG providers in LCES (2) all marketing materials & outreach strategies used create fair & equal access to CE regardless of location or method of access (3) outreach activities occur minimum of twice/year to known locations & identify those least likely to access CE (4) clients have meaningful input in & understanding of the CE system (5) implementation of prevention process & assessment (6) use of the after hour plan. The grant supports enhancing current system requirements all predicated on client choice & use of TIC skills including: prescreen-the collection of basic info req. to generate a referral & provide client opportunity to consent to process; assessment-using a standardized tool to objectively measure a client's vulnerability as one component of prioritization; referrals-done through HMIS or non-HMIS PL. Each list is specifically programmed to reflect CoC approved order of priority by project type. Each uses elements such as: assessment score, length of time homeless, homeless category, presence of a disability &/or chronic status. Finally, follow up-contacting those remaining on the list at minimum every 30 days to ensure the need remains, assist w/referrals or info & maintain established rapport. The CoC wants to expand CE beyond the req. & create a system & process that streamlines services without creating additional hoops for clients to jump through. The CE System Specialist works closely with the 21 people hired as CE lead for their coalitions. By creating a larger defined system that the community identifies as being the way to connect people w/the services they need, additional funding can be secured to continue to enhance the process & make improvements.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	X	Domestic Violence	
Veterans		Substance Abuse	
Youth (under 25)		Mental Illness	
Families with Children		HIV/AIDS	

Chronic Homeless	
Other(Click 'Save' to update)	

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

3d. Does the project follow a "Housing First" approach? Yes

4. As a renewal SSO-Coordinated Entry project update the following questions.

4a. Will the coordinated entry process cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

All marketing materials & outreach strategies utilized by the local coalition (LCES) must ensure that all people in different pop & subpop have fair & equal access to the CE process, regardless of where or how they access the system. This includes DV. Each LCES is required to advertise, conduct outreach & provide appropriate accommodations to ensure the CE is available & accessible to all eligible persons including those with the highest barriers to assistance. Each agency must prominently post the “No Wrong Door” agency sign so it is visible. Marketing materials must be consistent across the BOS including flyers, postcards, brochures & other written materials. Each LCE lead is required to contact private & public agencies in the local coalition including victim services, 211, vet specific, social service, local gov’t to educate & provide information on accessing CE. Outreach must be done at least 2x/year. This can be linked with the PIT count. Each LCE area is required to coordinate with all existing street outreach programs & private/public agencies, social service org, for referrals, so people not seeking services can access CE. All outreach efforts must cover the entire geographic area of the LCE area. Each LCES is required to provide info about the CE system in areas such as 24-hour establishments, restaurants, hospitals, meal sites/programs, food pantries, churches, grocery stores, schools & check cashing locations. Each LCES must comply with polices including: advertising must be accessible by using large font, audio & Braille; CE materials must include auxiliary aids & services necessary to ensure effective comm, which includes ensuring that info is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices & sign language interpreters; Access points must be made accessible to individuals w/disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the LCES who are least likely to access homeless assistance.

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

4e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.

Because of the diversity & size of the BOS, access to the CE system follows a "No Wrong Door" approach. All CoC & ESG providers are required to participate, including victim service providers. The CE system is divided into 20 LCES across 69 counties. Each LCES is req. to maintain a list of all available resources, follow CoC policies & procedures & support client choice. LCES implement what the CoC approved. When a HH contacts a service provider for housing assistance, several documents are completed. A prescreen form gathers minimum amount of info necessary for a referral to the PL. At the bottom of the form is an ROI. Upon consent, the provider reviews the CE Client Rights & Resp. All staff should be trained in using a trauma-informed approach when conducting assessments to reduce the risk of re-traumatization. The assessment space & manner should provide privacy to allow people to safely reveal sensitive information or safety issues. This includes gathering info from each adult in the household separately, if appropriate. The BOS uses 3 assessment tools: VISPDAT, Family, and TAY. Every staff person completing a VISPDAT must use the same introductory script. If the HH is not prioritized for any interventions, the provider should explain why & refer to other supports & resources. The CE system ensures that HH are referred to all of the available resources for which they are prioritized & eligible by using written program standards & a project type order of priority approved by the CoC. There are 2 lists: HH w/kids & w/out kids. A referral can be made through HMIS or Non-HMIS. A HH can be referred to more than one LCES PL. Prioritization is a separate process from determining project eligibility. Follow-up contact must occur at min. every 90 days. Staff should gather updated info including homeless situation, need & desire to remain on the list. If the HH is no longer in need of housing assistance, the agency can close the referral to remove the individual or family from the PL.

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: (1) adults without children, (2) adults accompanied by children; (3) unaccompanied youth; (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and (5) persons at risk of homelessness.	Yes
4g. This coordinated entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to program participants for which they may be eligible?	Yes

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:	1 Year

5. Select the costs for which funding is requested:

Leased Structures	
Supportive Services	X
HMIS	

6D. 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 Value of Cash Commitments:	$159,644
Total Value of In-Kind Commitments:	$19,840
Total Value of All Commitments:	$179,484

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	Contributor	Value of Commitments
Cash	Private	WIBOSCOC Discreti...	$10,539
Cash	Private	ADVOCAP - discret...	$8,045
Cash	Government	CACSCW - CSBG	$8,045
Cash	Government	City of Appleton ...	$8,045
Cash	Government	CAI - CSBG	$8,045
Cash	Government	Couleecap - city ...	$8,045
In-Kind	Private	Family Promise Oz...	$8,045
Cash	Private	Family Promise Wa...	$8,045
Cash	Private	HAC - private con...	$8,045
Cash	Private	KHDS - private funds	$8,045
Cash	Government	Newcap NE - CSBG	$8,045
Cash	Government	Newcap NWISH - CSBG	$8,045
Cash	Government	NWCSA - CSBG	$8,045
Cash	Government	SWCAP - ESG Outreach	$8,045
Cash	Government	Western Dairyland...	$8,045
Cash	Government	West CAP - ESG	$8,045
Cash	Private	TSA Burnett - Red...	$8,045
Cash	Private	TSA Stevens Point...	$8,045
In-Kind	Private	Renewal Unlimited...	$8,045
Cash	Private	NCCAP - United Wa...	$8,045
Cash	Government	Newcap Brown - CSBG	$4,295

In-Kind	Private	Newcap Brown - do...	$3,750
Cash	Government	LCAP - ESG	$3,045
Cash	Private	LCAP - United Way...	$2,000
Cash	Private	LCAP - Donations	$3,000

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable) WIBOSCOC Discretionary Funds
4. Amount of Written Committment: $10,539

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable) ADVOCAP - discretionary funds
4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable) CACSCW - CSBG
4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government

3. Name of Source: City of Appleton - general revenue
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

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

4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source: Couleecap - city ARPA
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: Family Promise Ozaukee - partner donation
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Committment: $8,045

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:
(Be as specific as possible and include the office or grant program as applicable) Family Promise Washington - United Way Washington Ctg

4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source:
(Be as specific as possible and include the office or grant program as applicable) HAC - private contributions

4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source:
(Be as specific as possible and include the office or grant program as applicable) KHDS - private funds

4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source: (Be as specific as possible and include the office or grant program as applicable) Newcap NE - CSBG

4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source: (Be as specific as possible and include the office or grant program as applicable) Newcap NWISH - CSBG

4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

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

4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source: (Be as specific as possible and include the office or grant program as applicable) SWCAP - ESG Outreach

4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable) Western Dairyland - ESG
4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Government
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable) West CAP - ESG
4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash
2. Source: Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable) TSA Burnett - Red Kettle Campaign
4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: TSA Stevens Point - Red Kettle
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: Renewal Unlimited - MOU
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Committment: $8,045

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: NCCAP - United Way of South Wood County
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Committment: $8,045

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source: Newcap Brown - CSBG
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Committment: $4,295

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

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

4. Amount of Written Committment: $3,750

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: Government

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

4. Amount of Written Committment: $3,045

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: (Be as specific as possible and include the office or grant program as applicable) LCAP - United Way of Marathon County

4. Amount of Written Committment: $2,000

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	LCAP - Donations
4. Amount of Written Committment:	$3,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$0
3. Supportive Services	$652,679
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$652,679
7. Admin (Up to 10%)	$65,256
8. Total Assistance plus Admin Requested	$717,935
9. Cash Match	$159,644
10. In-Kind Match	$19,840
11. Total Match	$179,484
12. Total Budget	$897,419

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	WIBOSCOC SSO CE -...	08/24/2022
2) Other Attachment	No	WIBOSCOC SSO CE -...	09/09/2022
3) Other Attachment	No		

Attachment Details

Document Description: WIBOSCOC SSO CE - 501c3

Attachment Details

Document Description: WIBOSCOC SSO CE - Match

Attachment Details

Document Description:

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. 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 578.33(d) 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.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

C. Explanation.

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:	09/09/2022
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, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	X
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.	X

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/06/2022
1B. SF-424 Legal Applicant	09/06/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/06/2022
1E. SF-424 Compliance	09/06/2022
1F. SF-424 Declaration	09/06/2022
1G. HUD-2880	09/06/2022

1H. HUD-50070	09/06/2022
1I. Cert. Lobbying	09/06/2022
1J. SF-LLL	09/06/2022
IK. SF-424B	09/06/2022
Submission Without Changes	09/06/2022
Recipient Performance	09/06/2022
Renewal Grant Consolidation or Renewal Grant Expansion	09/06/2022
2A. Subrecipients	09/06/2022
3A. Project Detail	09/06/2022
3B. Description	09/06/2022
6A. Funding Request	09/06/2022
6D. Match	09/06/2022
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/09/2022
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/09/2022