

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 2024 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) 2024 Continuum of Care (CoC) Program Competition. For more information see FY 2024 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024 CoC Program NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- 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 entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- 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 2024 CoC Program Competition NOFO.
- YHDP projects must state they were awarded under the YHDP program on screen 3A and answer the YHDP specific page that follows.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: YHDP Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 10/06/2024

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0264

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).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: YWCA La Crosse

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-0810543

c. Unique Entity Identifier: 000941006900

d. Address

Street 1: 212 11th Street South

Street 2:

City: La Crosse

County: La Crosse

State: Wisconsin

Country: United States

Zip / Postal Code: 54601

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: Kelly

Middle Name:

Last Name: Anderson

Suffix:

Title: Director of Business and Finance

Organizational Affiliation: YWCA La Crosse

Telephone Number: (608) 781-2783

Extension: 229

Applicant: YWCA of La Crosse

941006900

Project: In the KNO (Kinship, Navigation, & Outreach) YWCA La Crosse

221343

Fax Number: (608) 781-2906

Email: businessmanager@ywcalax.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-6800-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: In the KNO (Kinship, Navigation, & Outreach)
YWCA La Crosse

16. Congressional District(s):

16a. Applicant: WI-003

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

17. Proposed Project

a. Start Date: 10/01/2025

b. End Date: 09/30/2026

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: Rosanne

Middle Name:

Last Name: Northwood

Suffix: J.D.

Title: Interim Executive Director

Telephone Number: (608) 781-2783
(Format: 123-456-7890)

Fax Number: (608) 781-2906
(Format: 123-456-7890)

Email: executivedirector@ywcalax.org

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

Date Signed: 10/06/2024

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0017 Expiration Date: 01/31/2026

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: YWCA La Crosse

Prefix: Ms.

First Name: Rosanne

Middle Name:

Last Name: Northwood

Suffix: J.D.

Title: Interim Executive Director

Organizational Affiliation: YWCA La Crosse

Telephone Number: (608) 781-2783

Extension: 221

Email: executivedirector@ywcalax.org

City: La Crosse

County: La Crosse

State: Wisconsin

Country: United States

Zip/Postal Code: 54601

2. Employer ID Number (EIN): 39-0810543

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$283,000.00

(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
NA	NA	\$0.00	NA

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

Part III Interested Parties

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

Certification

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

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

X

Name / Title of Authorized Official: Rosanne Northwood, Interim Executive Director

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

Date Signed: 10/06/2024

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: YWCA La Crosse

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:	
<p>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.</p>	<p>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;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

2. Sites for Work Performance.

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

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

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

X

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

Authorized Representative

Prefix: Ms.

First Name: Rosanne

Middle Name

Last Name: Northwood

Suffix: J.D.

Title: Interim Executive Director

Telephone Number: (608) 781-2783
(Format: 123-456-7890)

Fax Number: (608) 781-2906
(Format: 123-456-7890)

Email: executivedirector@ywcalax.org

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

Date Signed: 10/06/2024

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: YWCA La Crosse

Name / Title of Authorized Official: Rosanne Northwood, Interim Executive Director

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

Date Signed: 10/06/2024

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
OMB Number: 2501-0017 Expiration Date: 01/31/2026**

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: YWCA La Crosse

Street 1: 212 11th Street South

Street 2:

City: La Crosse

County: La Crosse

State: Wisconsin

Country: United States

Zip / Postal Code: 54601

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: Rosanne

Middle Name:

Last Name: Northwood

Suffix: J.D.

Title: Interim Executive Director

Telephone Number: (608) 781-2783
(Format: 123-456-7890)

Fax Number: (608) 781-2906
(Format: 123-456-7890)

Email: executivedirector@ywcalax.org

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

Date Signed: 10/06/2024

IK. SF-424B

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

OMB Number: 4040-0007
Expiration Date: 02/28/2025

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: YWCA La Crosse

Prefix: Ms.

First Name: Rosanne

Middle Name:

Last Name: Northwood

Suffix: J.D.

Title: Interim Executive Director

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

Date Signed: 10/06/2024

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

YHDP Renewal Grant Consolidation/Expansion

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

1. YHDP Expansions and Consolidations will no longer be required to submit a combined version of the application.

a. YHDP Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.

b. YHDP Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the YHDP Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.



For YHDP projects, the Stand-Alone Renewal will be submitted through the YHDP Renewal Application. The Stand-Alone New will be submitted through the YHDP Reallocation Application. YHDP Reallocations can ONLY expand upon YHDP Renewals.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

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

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: \$0

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

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): WI0264

(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: In the KNO (Kinship, Navigation, & Outreach) YWCA La Crosse

5. Project Status: Standard

6. Component Type: SSO

6a. Please select the type of SSO project: Housing Project or Housing Structure Specific

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

8. Was this project funded under the Youth Homeless Demonstration Program (YHDP)? Yes

10. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

1. Provide a description of the project. This **MUST** include the following: Entire scope, who the project will serve, activities offered and staffing.

In the KNO will serve a minimum of 40 unique young adults with housing navigation services. Kinship Care will be provided to a minimum of 10 unique young adults and provide housing stability. Financial assistance will be provided to assist in young adults realizing their self-identified housing goals. Housing Navigators (HN) will provide case management, navigation through complex housing services. HN will dedicate two days per week conducting outreach through on-site &/or virtual presence. Young adults who hold & disclose marginalized identities will be referred to community agencies specializing in supporting those identities. Connections will be mad with workforce development &/or academic support as needed & will be supported in strengthening positive community connections for young adults. 60% of young adults will create safety plans re: safe and stable housing. Young adults will work toward permanent housing goals with HN. In the KNO, is a Housing First initiative designed to meet the needs of eligible young adults in the Coulee Region, which includes La Crosse, Vernon, Crawford, & Monroe Counties. Eligibility for In the KNO will be determined by using categories 1: Literally Homeless, 2: Imminent Risk of Homelessness, and 4: Fleeing/Attempting to Flee Domestic Violence. In the KNO seeks to serve as a deterrent to shelter & keep young adults in their community to attend school/work, develop permanent connections, and work toward their long term housing goals which may include their own chosen kinship placement. Young adults will be served by HN Team & Youth Program Assistant (YPA) to support programming/outreach & engagement with our Youth Action Board (YAB).

Young adults will connect with & receive assistance in emergency services; connect with housing options after leaving emergency shelter; & access additional community based housing assistance programs to meet their permanent housing goals. Young adults will identify a kinship provider, who will be offered financial compensation to provide a stable place to stay while working toward long term permanent housing goals. HN will work with young adults in rural outlying counties by providing outreach in school based (HS, tech school, & colleges), community settings, clinics, and local agencies. KNO will engage the local YAB in developing & reviewing program policies & assisting with the hiring processes.

HN will provide advocacy, financial assistance, & navigation to eligible young adults. HN will address identified barriers to housing, i.e. transportation, employment, education, social networks, access to healthcare, tenant rights & responsibilities, & more. Young adults disclosing membership in historically marginalized identities will be referred to specialized community agencies. In the KNO will partner with RHYMES, a collaborative partnership between YWCA La Crosse; Black Leaders Acquiring Collective Knowledge; Cia Siab, Inc.; and The Center: 7 Rivers LGBTQ Connection & works with YMCA, area schools, technical schools, and colleges, County Youth Justice, REACH Center, the Coulee Collaborative to End Homelessness, & other CoC young adult-serving partners to meet the housing & supportive needs of young adults when possible. YHDP funding will provide direct compensation to kinship families; staffing with HNs and YPA; supportive services & transportation costs related to the immediate housing needs of eligible participants. In the KNO will provide tailored assistance to mee

1a. Specify how this project will incorporate the principles of Positive Youth Development?

Empowering young adult agency, prosocial interactions, the development of permanent connections, and the creation and maintenance of an environment in which young adults can flourish are the core of In the KNO. Programming and outreach provide opportunities for young adults to have positive experiences within their self-determined context of success. The kinship care model places young adults in homes where they can be authentically themselves and benefit from having a safe stable place to stay while continuing to work toward their permanent housing goals. HNs help increase the sense of safety and autonomy by helping young adults with securing a Kinship placement and/or securing an apartment by assisting with security deposits and first month's rent. Young adults finding support and case management in their home communities & being connected to local resources, when available, improves the chances that they will be able to develop permanent connections & meet their permanent housing goals. In the KNO empowers young adults to choose where they stay and determine which homes they consider safe and as options for themselves. The ability to increase their support system, extend their sense of family, friends, & other caring adults with connections & financial compensation that will help make the young adult's stay more successful & less stressful for all involved. With no youth focused homeless shelters in any of the communities in our region, this proposal seeks to increase opportunities for young adults from outlying rural counties to stay in their home communities & offer localized support options. Individual case management plans will allow young adults to continue to attend school in which they are already enrolled (if applicable), keep jobs they already have, & work toward permanent housing solutions in their communities, rather than being forced to relocate to a new community to meet their temporary housing needs. HNs will transport young adults to La Crosse or other neighboring communities to receive services when necessary. Young adults will work closely with the HN team, their chosen support systems, and staff from collaborative agencies to establish safe and stable housing, permanent connections, and meeting of self-determined goals.

1b. Specify how this project will incorporate the principles of Trauma Informed Care?

Our program model is strength-based, trauma-informed, and led by young adult choice & self-determination. Engagement in services, healing, and positive change only occur in safe relationships where young adults are free to determine their level of involvement in programming. HNs will match young adults and their families with the right service at the right time, focusing on a housing first approach. The safety and security around young adults' most urgent self-identified needs (i.e., shelter, housing, food, clothing, emotional support, medical care, or mental health supports) will be the first focus. Ongoing case management, once engaged, will provide a foundation for setting and achieving longer range goals, establishing and maintaining permanent connections, prioritizing emotional well-being/holistic health, and working intentionally toward educational and employment-focused goals. Young adults who engage in In the KNO services are highly likely to have experienced past or ongoing complex trauma. The impacts of trauma, including survival strategies, can be barriers to experiencing safety in many settings and can significantly impact mental health. Trauma survivors may need to focus on survival and a sense of control over one's environment to establish safety. A wide range of coping and safety strategies may be present that at times can be at odds with social expectations around behavior norms. In recognition of the range of experiences, identities, and needs young adults will bring to their interactions with HNs, all services will be grounded in trauma-informed care practices, centering safety and what individuals identify as their primary needs in planning trauma-responsive service provision. In the KNO HNs are experienced in mental health support and are prepared to support young adults in stabilizing during crisis and beyond. Young adults will also be offered opportunities to connect with collaborative partners who provide support around gender-based violence and hate crimes based on race, ethnicity, sexual orientation, &/or gender identity. HNs will be offered opportunities for continued professional development on topics of TIC and PYD as they are available.

1c. How does this project help the community meet the shared vision, goals and objectives of the coordinated community plan?

The Coulee CCP clearly identifies the limited youth homelessness services provided in our four-county service area, which includes Vernon, Monroe, Crawford, and La Crosse counties. It is particularly more limited for anyone living outside the city of La Crosse. The inadequacy of adult homelessness services in rural areas is a frequent topic of conversation at CCEH meetings; the gaps are even more pronounced for youth/young adult services. The CCP identifies emergency shelter as a long-term goal but acknowledges the need for “out-of-system” informal supports and expansion of coordinated youth/young adult services as a goal. The Youth Action Board (YAB) of our region identified the need for support groups, particularly for marginalized youth with disabilities, LGBTQ+ youth, and youth who identify as Black, Indigenous youth and young adults of color, which YWCA La Crosse and local agencies are in a position to offer. The CCP identifies gaps in service for unaccompanied youth aged 18-24 who may be isolated from supportive services in their communities and unable to relocate to larger metropolitan areas where more services exist. Connecting young adults with local resources improves the likelihood of follow through on referrals to mental health, AODA, and economic support services. YAB participants have historically expressed a desire for easier access to support groups (particularly for those with marginalized identities), access to more diverse services, and outreach to rural communities. Inadequate services for rural communities are also a frequent topic of conversation at CoC meetings, where providers outside the City of La Crosse express that the needs of their communities are often overshadowed by those of the people in the city itself. Anecdotal evidence suggests that law enforcement agents in rural communities often advise (and in some cases assist) homeless individuals of all ages in relocating to La Crosse to seek services, knowing that there are not comparable alternatives in their home communities.

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	<input type="checkbox"/>	Survivors	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Use Disorders	<input type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

2a. Please identify the specific populations addressed in this project

Pregnant/Parenting	<input checked="" type="checkbox"/>
Minors (Include short textbox if "minor" selected)	<input type="checkbox"/>

Foster care/justice involved youth	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>
Gender Non-Conforming	<input checked="" type="checkbox"/>
Victims of Sexual Trafficking	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Other: All

3. Housing First

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

3b. Does the project items 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"/>

3c. 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"/>

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

5. Effectively serving youth populations:

5a. Describe the racial composition of the persons or households who are expected to benefit from your proposed grant activities, including a description of how you analysed the local population to determine this.

According to the 2024 U.S. Census (census.gov), the percentage of white individuals in La Crosse County is 90.3% and BIPOC individuals is 9.7%. The percentage of white individuals in Monroe County is 93.6% and BIPOC individuals is 6.4%. The percentage of white individuals in Vernon County is 97.3% white and BIPOC individuals is 2.7%. The percentage of white individuals in Crawford County is 95.5% and BIPOC individuals is 4.5%. The average percentage of BIPOC individuals across the four counties is 5.83%.

The HMIS Client Demographic report for this grant renewal shows that 51.75% of our young adults self-identify as BIPOC. We will continue to run reports and ensure we continue to see representation from all members of our community.

5b. Identify at least one barrier to persons or communities of color equitably benefiting from your proposed grant activities.

Systemic racism within systems of care and lack of representation of diverse service providers. Young adults who identify within the BIPOC community have more harmful interactions with systems of care and are over represented in the criminal justice system. A need for continued and focused training for service providers on equitable policies, service provision, and procedures to ensure best practices are centered in our work. Historical harms done to historically marginalized communities cause fear to access services. Young adults may have trouble accessing internet, WIFI, and phone services to make initial contact.

5c. Detail the steps you will take to prevent, reduce or eliminate these barriers.

YWCA has regularly scheduled trainings and conversations with all staff about issues facing our community, diversity initiatives, and what we can do to support people representing historically marginalized populations in our community. We currently are redrafting and reviewing our policies and procedures to ensure we are providing services in an equitable manner and eliminating barriers. We use translation services for those who may have a language barrier and make referrals to culturally-affirming resources that best meet each individual young adult's self-identified needs. Warm referrals are made to agencies with expertise in advocacy and providing services for BIPOC and LGBTQ+ young adults to help increase safety and trust with their case management team. We collaboratively provide case management and work toward the young adults' housing goals and self identified needs.

5d. Describe the measures in place to track progress and evaluate the effectiveness of efforts to advance racial equity through the grant activities.

Executive Director and HN Team will continue to track participants demographics and work to continue to increase services to BIPOC, LGBTQ+, and other historically marginalized groups. HNs and Leadership will attend trainings as available. Continue to review forms, policies, and procedures to ensure we are creating and sustaining an equitable welcoming space for all participants.

Youth Homeless Demonstration Projects

**1. What services are provided to engage family and youth to maintain housing?
 (You may select more than one)**

Family counseling	<input type="checkbox"/>
Conflict Resolution	<input checked="" type="checkbox"/>
Parenting Supports	<input type="checkbox"/>
Relative or kinship caregiver resources	<input checked="" type="checkbox"/>
Targeted substance abuse and mental health treatment	<input type="checkbox"/>
Housing Search Assistance	<input checked="" type="checkbox"/>
Landlord-Tenant mediation	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>
Utility or Security Deposits	<input checked="" type="checkbox"/>
One time moving assistance	<input checked="" type="checkbox"/>
Rental Application fees	<input checked="" type="checkbox"/>
Utility or Rental Arrears	<input checked="" type="checkbox"/>
Other (if other selected, use textbox to explain the potential service)	<input type="checkbox"/>

2. Is this a Host Homes Project OR will this project dedicate funding under the Supportive Services budget to host homes? No

3. Does this project plan to use Rental Assistance? No

4. Will your project offer any specialized services for youth living with HIV/AIDS? No

Youth Action Board

1. How will your project work with the Youth Action Board during project implementation?

Our project works closely with our Youth Action Board (YAB). Our SN and HN team work together to meet the needs of YAB members and make referrals as appropriate to each program. Coulee Region YAB stores supplies, tabling, program swag, and basic need items for outreach and services at YWCA Headquarters. Meetings are held at REACH. YAB youth review program applications, assist with hiring, and provide support to our work.

YAB members table with YWCA Programs, including HNs, REACH collaborative, Restorative Practices, and Child Care. HNs provide support for outreach activities and recruitment initiatives. We talk with YAB regarding ideas we have to expand programming and incorporate feedback to ensure the youth voice is centered. Our CCP was reviewed by the SN and Interim Executive Director with WIBOS staff.

2. How will the project work with the Youth Action Board to develop and implement a Continuous Quality Improvement plan?

The project will work with YAB to draft an annual survey to be shared with YHDP program recipients throughout the year. Data will be compiled and shared with the YAB to determine program implementation of the feedback when appropriate. YHDP staff and YAB will determine training and professional development topics by completing a Google Form and the topics will be presented to staff and YAB 3 times throughout the year.

When new staff are hired, YAB members will be invited to have a representative in the interview team. When trends are evident in our community, YAB membership will be included in focus groups, information gathering meetings to ensure the youth voice is represented and included in community advocacy and new initiatives.

Special YHDP Activities

1. Is the YHDP Renewal project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity? Yes

2. Check the appropriate box(s) for the Special YHDP Activity the applicant is requesting. (Select all that apply)

Reminder, certain activities require a Supportive Services budget connection. Review the Detailed Instructions to learn more

III.B.4.b(5)(a)(i) Leases under 12 months (minimum 1 month) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	<input type="checkbox"/>
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III.B.4.b(5)(a)(ii) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH) - (ELIGIBLE ONLY FOR PH & JOINT)	<input type="checkbox"/>
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III.B.4.b(5)(a)(iii) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)	<input type="checkbox"/>
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III.B.4.b(5)(a)(iv) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness) - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)	<input type="checkbox"/>
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III.B.4.b(5)(a)(v) Employ youth receiving recipient services (document nature of work and no conflicts of interest) - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	<input type="checkbox"/>
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III.B.4.b(5)(a)(vi) Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up to 24 months of housing assistance (document standards applied to units and proof of compliance) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	<input type="checkbox"/>
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III.B.4.b(5)(a)(vii) Provide moving expense more than one time to a program participant - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	<input type="checkbox"/>
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III.B.4.b(5)(a)(viii) Provide payments for families that provide housing under host homes and kinship care (up to \$500 per month) - (ELIGIBLE ONLY FOR HOST HOME & KINSHIP CARE)	<input checked="" type="checkbox"/>
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III.B.4.b(5)(a)(ix) YHDP recipients may continue providing supportive services to program participants for up to 12 months after the program participant exits homelessness, transitional housing or after the end of housing assistance.	<input type="checkbox"/>
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No Special YHDP Activities Requested	<input type="checkbox"/>
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3. YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply) - Eligible only to projects with a Supportive Services BLI

III.B.4.b(5)(a)(x)(i) Security deposits (not to exceed 2 months of rent)	<input checked="" type="checkbox"/>	III.B.4.b(5)(a)(x)(ii) Pay for damage to units (not to exceed 2 months rent)	<input type="checkbox"/>
III.B.4.b(5)(a)(x)(iii) Costs to provide household cleaning supplies	<input checked="" type="checkbox"/>	III.B.4.b(5)(a)(x)(iv) Housing start-up expenses (not to exceed \$300 per participant)	<input checked="" type="checkbox"/>
III.B.4.b(5)(a)(x)(v) Purchase cell phone and service (cost must be reasonable and housing related)	<input type="checkbox"/>	III.B.4.b(5)(a)(x)(vi) Cost of Internet (costs must be reasonable)	<input checked="" type="checkbox"/>
III.B.4.b(5)(a)(x)(vii) Payment of rental arrears (up to 6 months)	<input type="checkbox"/>	III.B.4.b(5)(a)(x)(viii) Payment of utility arrears (up to 6 months)	<input type="checkbox"/>
III.B.4.b(5)(a)(x)(ix) Payment of utilities (up to 3 months)	<input checked="" type="checkbox"/>	III.B.4.b(5)(a)(x)(x) Pay gas a mileage for participant personal vehicle for trips for eligible services	<input type="checkbox"/>
III.B.4.b(5)(a)(x)(xi) Payment of Legal fees	<input type="checkbox"/>	III.B.4.b(5)(a)(x)(xii) Payment of insurance, registration and past driving fines	<input type="checkbox"/>
None	<input type="checkbox"/>		

4. Check the appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting. if a special activity is selected, the applicant must provide a narrative response addressing the criteria in the special activity. (Select all that apply)

III.B.4.b(5)(i) A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance. - (ELIGIBLE ONLY FOR PH-RRH)	<input type="checkbox"/>
III.B.4.b(5)(ii) YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	<input type="checkbox"/>
III.B.4.b(5)(iii) YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants. Note: Supportive Services for 36 months is only for projects that are pairing supportive services with other other housing assistance programs. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	<input type="checkbox"/>
III.A.3 Recipients will not be required to meet the 25% match requirement if the applicant is able to show it has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community. Note: specify why resources cannot be used as match for this project - (ELIGIBLE FOR ALL PROJECTS)	<input checked="" type="checkbox"/>

III.B.4.B(5)(b)(iv) Recipients will not be required to meet the 25% match requirement provided for in III.C of the YHDP NOFO and 24 CFR 578.73 if the recipient does not have other currently active CoC or YHDP grants. If permitted by future Appropriations Acts, HUD will continue the match exemption for the YHDP grant funded under this NOFO under the first and second renewal or replacement of the project under the Continuum of Care competition.	<input type="checkbox"/>
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III.B.4.b(5)(v) Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy. - (ELIGIBLE ONLY FOR PROJECTS WITH RENTAL ASSISTANCE, LEASING OR OPERATING BLI)	<input type="checkbox"/>
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III.B.4.b(5)(vi) YHDP recipients may provide payments of up to \$1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program. - (ELIGIBLE ONLY FOR HOST HOMES & KINSHIP CARE)	<input type="checkbox"/>
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III.B.4.b(5)(b)(vii) YHDP recipients may pay for short-term (up to three months) emergency lodging in motels or shelters as the transitional housing component in a Joint transitional housing-rapid rehousing (TH-RRH) project, provided that the recipient can demonstrate that use of the hotel or motel room is accessible to supportive services. - (ELIGIBLE ONLY FOR JOINT)	<input type="checkbox"/>
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No Exemptions Requested.	<input type="checkbox"/>
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Enter required additional information about your YHDP Special Activity Request. Requirements for YHDP Special Activities can be found in the NOFO citation included on this screen. Please answer ALL requirements prior to submission.

III.A.3:

YWCA La Crosse is part of the REACH collaborative project that provides for basic needs for unhoused and those experiencing housing instability. In the KNO will be able to provide for holistic support by referring to and working alongside other service providers to mee the needs of our unhoused young adults ages 18-24. We continue to collaborate and work to meet the unique needs of young adults and remove barriers by working with other systems in place.

YWCA La Crosse is requesting the match exemption due to not having funding sources secured for October 2025 at this time. Two of our local funding opportunities have changed their processes for seeking funding. Our local United Way has not released their new funding model at time of this grant and we are not comfortable using that potential source at this time. We used match we felt we could secure at time of application.

5. Innovative Activities III.B.4.b(5)(c)

a. Is the applicant requesting an Innovative Activity that is not currently allowed under 24 CFR 578 or the above YHDP Special Activities? No

4A. Supportive Services for Participants

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

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

2. How will the project allow youth the ability to choose the providers and interventions that fit their needs?

Our program model is strength-based, trauma-informed and led by young adult choice and self-determination. Engagement in services, healing and positive change only occur in safe relationships where young adults are free to determine their level of involvement in programming. HNs will match young adults and their families/supports with the right service at the right time, focusing on a housing first approach. The safety and security around young adults' most urgent identified needs (i.e., shelter, housing, food, clothing, emotional support, medical care, or mental health supports) will be the first focus. Ongoing case management, once engaged, will provide a foundation for setting and achieving longer range goals, establishing and maintaining permanent connections, prioritizing emotional well-being and health, and working intentionally toward educational and employment-focused goals. All HNs will work with permanent housing goals for young adults based on initial assessment to establish self-identified goals. All work related to housing goals will be across a broad range of housing options based on their current needs. Young adults will be offered advocacy at all levels include providing information, choice, support, and accompaniment on their housing journey. Education will be focused on skill development to navigate choices made including relationship dynamics, rights and responsibilities. Young adults accessing Kinship program choose their own caregiver. If shelter is needed, support for choice is provided based on shelter availability and options. Young adults not identifying alternatives to shelter will be given the opportunity to access shelter. Young adults seeking permanent housing through rental options will be supported through life skill support and autonomy around selecting a location, and accessing security deposits, utility payments, and one-time housing start up costs, and monthly cleaning supplies support.

3. How will the project respond to the different needs for service type, intensity, and length of supports for youth?

HN training and supervision, along with our ongoing case management, ensure that the project is taking a highly individualized responsive approach to the type, intensity, and length of supportive services that are offered to each young adult. Within the same family/support system, there may be varying degrees of support, intervention, and referrals needed; therefore, each young adult will be considered individually and compassionately. Case management plans will reflect young adult's self-identified goals and timelines, which can be revised as needed at case management and follow-up meetings to address young adults' most immediate and pressing needs as defined by them.

4. If applicable, how will this project utilize non-HUD funded supportive services?

YHDP HNs will collaborate with other youth serving organizations by participating in the local monthly Community Youth Supports meeting. Meeting with new service providers and program staff when needed to learn how we can collaborate between programs to meet the needs of youth we both serve. Currently, the team schedule presentations with new services or providers working with youth in our program to cross train on our services. This works well and helps provide better outcomes and support for mutually served youth. HNs refer youth to complementary services as part of the follow up meetings to the intital intake to provide holistic support.

Identify whether the project includes the following activities:

5. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

5a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events? Yes

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

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

7a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

8. What outcomes will your project track to determine success?

Positive Housing Exit Destination	<input checked="" type="checkbox"/>
Positive School Status	<input type="checkbox"/>
Increased income/employment	<input checked="" type="checkbox"/>
Community Connections	<input checked="" type="checkbox"/>
Improved Well-being	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

4A. HMIS Standards

- 1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2024 HMIS Data Standard Manual?**

- 2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.).**

- 3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?**

- 4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?**



- 5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.**

- 6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?**

- 7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?**

- 8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?**

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: 0

Total Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds
None	---	--	--

4B. Housing Type and Location Detail

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

1. **Housing Type:** None

5A. Program Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		40	0	40
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				0
Persons ages 18-24		40		40
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	40	0	40

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24	4	0	1	10	1	10	10	5	4	
Total Persons	4	0	1	10	1	10	10	5	4	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	Persons with HIV/AIDS	Mental Illness	Survivors	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	0

6A. Funding Request

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

2. Renewal Grant Term: 1 Year
This field is pre-populated with a one-year grant term and cannot be edited:

3. Select the costs for which funding is requested:

Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>
VAWA	<input checked="" type="checkbox"/>
Rural	<input type="checkbox"/>

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

6E. Supportive Services Budget

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

STAFF ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1a. Assessment of Service Needs (STAFF COSTS ONLY)		
2a. Assistance with Moving Costs (STAFF COSTS ONLY)		
3a. Case Management (STAFF COSTS ONLY)	2 FTE Housing Navigators \$99,139 (\$43,680 + \$5,890), YHDP YPA 16 hrs. /wk. @\$15/hr. =(\$12,480 + \$955 Fringe) = \$13,435, Lead HN Supervisor .375 FTE \$34,211, \$ staff computer monitoring \$16/month x12= \$768, 3 staff phone lines X \$21.00 x 12= \$756	\$148,308
4a. Child Care (STAFF COSTS ONLY)		
5a. Education Services (STAFF COSTS ONLY)		
6a. Employment Assistance (STAFF COSTS ONLY)		
7a. Food (STAFF COSTS ONLY)		
8a. Housing/Counseling Services (STAFF COSTS ONLY)		
9a. Legal Services (STAFF COSTS ONLY)		
10a. Life Skills (STAFF COSTS ONLY)		
11a. Mental Health Services (STAFF COSTS ONLY)		
12a. Outpatient Health Services (STAFF COSTS ONLY)		
13a. Outreach Services (STAFF COSTS ONLY)	Printed materials, HN business cards, & media outlets in the service area \$2,500.00	\$2,772
14a. Substance Abuse Treatment Services (STAFF COSTS ONLY)		
15a. Transportation (STAFF COSTS ONLY)	\$Mileage @ .50/mile @150 mile/12mths = \$900.00	\$900
16a. Utility Deposits (STAFF COSTS ONLY)		
17a. Operating Costs (STAFF COSTS ONLY)		
Total Annual Assistance Requested		\$151,980
Grant Term		1 Year
Total Request for Grant Term		\$151,980

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

ACTIVITY ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1b. Assessment of Service Needs (ACTIVITY COSTS ONLY)	household startup costs at \$300 x 30 youth/year x 1 year=\$9,000	\$9,000
2b. Assistance with Moving Costs (ACTIVITY COSTS ONLY)		
3b. Case Management (ACTIVITY COSTS ONLY)	Utility assistance for up to 3 mos. @\$100/month for 12 youth/yr. =\$3600, Internet service assistance @\$60/month up to 3 months for 10 youth \$1,800	\$5,400
4b. Child Care (ACTIVITY COSTS ONLY)		
5b. Education Services (ACTIVITY COSTS ONLY)		
6b. Employment Assistance (ACTIVITY COSTS ONLY)		

7b. Food (ACTIVITY COSTS ONLY)	Food for programming sessions/outreach events = \$3,675, Online grocery shopping \$100 x 30youth=\$3,000	\$6,675
8b. Housing/Counseling Services (ACTIVITY COSTS ONLY)		
9b. Legal Services (ACTIVITY COSTS ONLY)		
10b. Life Skills (ACTIVITY COSTS ONLY)	Household cleaning supplies \$25/14 youth/month X12 months = \$3,600	\$4,200
11b. Mental Health Services (ACTIVITY COSTS ONLY)		
12b. Outpatient Health Services (ACTIVITY COSTS ONLY)		
13b. Outreach Services (ACTIVITY COSTS ONLY)		
14b. Substance Abuse Treatment Services (ACTIVITY COSTS ONLY)		
15b. Transportation (ACTIVITY COSTS ONLY)	Bus passes 15 x \$35/12 months=\$4,200, Gas for agency vehicle \$300/month/12 months \$3600, insurance and license renewal \$5,040	\$14,940
16b. Utility Deposits (ACTIVITY COSTS ONLY)		
17b. Operating Costs (ACTIVITY COSTS ONLY)	\$500/month for families that provide housing through kinship model with an average of 6 months per youth/family for 10 youth per year \$3,000	\$30,000
18. Security Deposits (Only use if no Rental Assistance Budget)	10 studio/efficiency double deposits @\$821=\$16420 10 1bdm double deposits @\$912=\$18240;	\$34,660
Total Annual Assistance Requested		\$104,875
Grant Term		1 Year
Total Request for Grant Term		\$104,875
Supportive Services BLI Total		\$256,855

Click the 'Save' button to automatically calculate totals.

6G. 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	Computer service/monitoring \$16/month x 12 and security updates	\$255
2. Software		
3. Services		
4. Personnel	4 licenses for HMIS (\$75 each) and 1 looker license (\$120) for Supervisor	\$420
5. Space & Operations		
Total Annual Assistance Requested:		\$675
Grant Term:		1 Year
Total Request for Grant Term:		\$675

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

In FY20234, the Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
 - Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
 - Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
 - Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

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

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	\$0
Estimated budget amount for VAWA Confidentiality Requirements:	

Applicant: YWCA of La Crosse

941006900



Project: In the KNO (Kinship, Navigation, & Outreach) YWCA La Crosse

221343

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

Click the 'Save' button to automatically calculate totals.

6H. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$26,000
Total Amount of In-Kind Commitments:	\$14,000
Total Amount of All Commitments:	\$40,000

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

The minimum required Total Match amount for the Grant Term is \$70,750.

Though the project does not meet the required 25% match, the project may still be submitted.

If you are applying for the Match Exemption allowed under the FY 2024 COC NOFO section V.B.4.a(5)(d)(i)(ii)(dd), please demonstrate how the applicant has taken reasonable steps to maximize resources available for youth experiencing homelessness. Place this explanation on the Special YHDP Activity Screen, question 4, citation IV.B.4.a(5)(d)(i)(ii)(dd) textbox for HUD review.

If you are NOT applying for the match exemption, you MUST meet the required 25% match commitment prior to grant agreement.

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	Cash donations	\$5,000
In-Kind	Private	Volunteer Hours	\$6,000
Cash	Private	Hygiene, snack, h...	\$3,000
In-Kind	Private	Meeting Room Space	\$5,000
Cash	Private	Foundation Grant ...	\$5,000
Cash	Private	GRUW	\$5,000
In-Kind	Private	LACF mini grant	\$3,000
Cash	Private	Green Bay Packers...	\$8,000

Sources of Match Detail

- 1. Type of Match Commitment: Cash
- 2. Source: Private
- 3. Name of Source: Cash donations
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$5,000

Sources of Match Detail

- 1. Type of Match Commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: Volunteer Hours
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$6,000

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: Hygiene, snack, household items
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$3,000

Sources of Match Detail

- 1. **Type of Match Commitment:** In-Kind
- 2. **Source:** Private
- 3. **Name of Source:** Meeting Room Space
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$5,000

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:** Foundation Grant support
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$5,000

Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Private
- 3. **Name of Source:** GRUW
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$5,000

Sources of Match Detail

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

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

4. Amount of Written Commitment: \$3,000

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: Green Bay Packers Foundation
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$8,000

6I. 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 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, 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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Screen 6C)	\$0
2. Rental Assistance (Screen 6D)	\$0
3. Supportive Services (Screen 6E)	\$256,855
4. Operating (Screen 6F)	\$0
5. HMIS (Screen 6G)	\$675
6. VAWA	\$0
7. Rural	\$0
8. Sub-total of CoC Program Costs Requested	\$257,530
9. Admin (Up to 10% of Sub-total in #7)	\$25,470
10. HUD funded Sub-total + Admin. Requested	\$283,000
11. Cash Match (From Screen 6H)	\$26,000
12. In-Kind Match (From Screen 6H)	\$14,000
13. Total Match (From Screen 6H)	\$40,000
14. Total Project Budget for this grant, including Match	\$323,000

Breakout of BLI Costs	
1a. Leased Units	0%
1b. Leased Structures	0%
2. Rental Assistance	0%
3. Supportive Services	91%

4. Operating	0%
5. HMIS	0%
6. VAWA	0%
7. Rural	0%
8. Admin (Up to 10%)	9%
9.Total Assistance plus Admin Requested	\$283,000

The minimum required Total Match amount for the Grant Term is \$70,750.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	YWCA La Crosse Ma...	09/30/2024
3) Other Attachment	No	Coulee Region YAB...	10/06/2024

Attachment Details

Document Description:

Attachment Details

Document Description: YWCA La Crosse Match Letter

Attachment Details

Document Description: Coulee Region YAB LOS

7A. In-Kind Match MOU Attachment

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

Attachment Details

Document Description:

7B. Certification

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

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

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

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

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

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

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

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

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

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

Name of Authorized Certifying Official: Rosanne Northwood

Date: 10/06/2024

Title: Interim Executive Director

Applicant Organization: YWCA La Crosse

PHA Number (For PHA Applicants Only):

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

X

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/12/2024
1B. SF-424 Legal Applicant	09/11/2024
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/30/2024
1E. SF-424 Compliance	09/11/2024
1F. SF-424 Declaration	09/12/2024
1G. HUD 2880	09/12/2024
1H. HUD 50070	09/12/2024
1I. Cert. Lobbying	09/12/2024
1J. SF-LLL	09/12/2024
IK. SF-424B	09/12/2024
Recipient Performance	No Input Required
YHDP Renewal Grant Consolidation/Expansion	09/12/2024
2A. Subrecipients	No Input Required
3A. Project Detail	09/12/2024
3B. Description	09/12/2024
Youth Homeless Demonstration Projects	09/12/2024
Youth Action Board	09/23/2024
Special YHDP Activities	09/30/2024
4A. Services	09/23/2024
4A. HMIS Standards	No Input Required
4B. Housing Type	09/11/2024
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	09/11/2024
6E. Supp Srvcs Budget	09/30/2024
6G. HMIS Budget	09/30/2024

VAWA Budget	No Input Required
6H. Match	09/30/2024
6I. Summary Budget	No Input Required
7A. Attachment(s)	10/06/2024
7A. In-Kind Match MOU Attachment	No Input Required
7B. Certification	09/30/2024



September 30, 2024

To: Whom It May Concern

From: Coulee Region Youth Action Board/Group

This letter is to inform you that the members of the Coulee Region Youth Action Board/Group have voted and approve to support the YWCA La Crosse In the KNO project for grant year 2025-2026. We believe that this project furthers the efforts to end youth homelessness in our community and is meeting the goals laid out in the WI BOS Coordinated Community Plan.

Sonja J Hodge
YAB Member signature

09-30-24
Date

SONJA J Hodge
Printed Name

Keenan Thomas
YAB Member signature

09-30-24
Date

Keenan Thomas
Printed Name

Nicholas Belthause
YAB Member signature

9/30/24
Date

Nicholas Belthause
Printed Name