

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 Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2018 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/30/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

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. Organizational DUNS:	941006900	PLUS 4:	
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d. Address

Street 1: 3219 Commerce Street

Street 2:

City: La Crosse

County: La Crosse

State: Wisconsin

Country: United States

Zip / Postal Code: 54603

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: Kelley

Middle Name:

Last Name: Waddell

Suffix:

Title: Executive director

Organizational Affiliation: YWCA La Crosse

Telephone Number: (608) 781-2783

Extension: 223
Fax Number: (608) 781-2906
Email: kwaddell@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-6200-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: YWCA Rapid Rehousing

16. Congressional District(s):

a. Applicant: WI-003

b. Project: WI-003

(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2019

b. End Date: 06/30/2020

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: Kelley

Middle Name:

Last Name: Waddell

Suffix:

Title: Executive Director

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

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

Email: kwaddell@ywcalax.org

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

Date Signed: 08/30/2018

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: YWCA La Crosse

Prefix: Ms.

First Name: Kelley

Middle Name:

Last Name: Waddell

Suffix:

Title: Executive Director

Organizational Affiliation: YWCA La Crosse

Telephone Number: (608) 781-2783

Extension: 223

Email: kwaddell@ywcalax.org

City: La Crosse

County: La Crosse

State: Wisconsin

Country: United States

Zip/Postal Code: 54603

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$74,720.00

(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. 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Kelley Waddell, Executive Director

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

Date Signed: 06/05/2018

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

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 hereby certify that all the information stated herein, as well as any information provided in

X

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)

Authorized Representative

Prefix: Ms.

First Name: Kelley

Middle Name

Last Name: Waddell

Suffix:

Title: Executive Director

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

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

Email: kwaddell@ywcalax.org

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

Date Signed: 08/30/2018

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: Kelley Waddell, Executive Director

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

Date Signed: 08/30/2018

1J. SF-LLL

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

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

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

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

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

Legal Name: YWCA La Crosse
Street 1: 3219 Commerce Street
Street 2:
City: La Crosse
County: La Crosse
State: Wisconsin
Country: United States
Zip / Postal Code: 54603

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: Kelley
Middle Name:
Last Name: Waddell
Suffix:
Title: Executive Director
Telephone Number: (608) 781-2783
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Fax Number: (608) 781-2906
(Format: 123-456-7890)
Email: kwaddell@ywcalax.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 08/30/2018

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

In 1906, Coulee Region women & men united to take action to help their most vulnerable neighbors & voted to found YWCA. For decades, YWCA has provided programs to inspire girls to grow into leaders of tomorrow, advocate for women & vulnerable populations, & empower women to work toward self-sufficiency. Over 110 years later, YWCA continues its mission of eliminating racism, empowering women and promoting peace, justice, freedom, & dignity for all. Its mission is accomplished through the impactful programs of its four Pillars of Hope: Supportive Housing, Economic Empowerment, Mentoring and Advocacy, & Racial and Social Justice.

YWCA has been providing supportive housing through a transitional housing (TH) program for homeless families since the late 1990s, & we have received CoC TH funds since 2004. Originally the program was developed in response to the difficulties homeless, single moms (with placement of children) faced when trying to safely transition from jail back into the community. The model has changed through the years, and & the program partners with homeless families with minor children, and not exclusively single moms. YWCA has nearly 25 years of experiencing providing rental assistance & case management through TH. We also have experience providing advocacy for participants, transportation resources, utility allowances, & educational groups (i.e. AODA, budgeting, trauma education, cognitive behavioral skill building, and parenting skill building).

TH program is supported through HUD CoC funds & we are active members of the WI Balance of State Continuum of Care. YWCA is interested in reallocating our funds from TH to rapid rehousing (RRH) in hopes to better serve the homeless families in La Crosse through permanent housing. This would be the first CoC funded RRH program in our local CoC.

YWCA also has experiencing utilizing & complying with federal VOCA (Victims of Crime Act Grant) funds for our CASA for Kids program since 2016. We have also received ESG funds since 2010 for our emergency shelter, Ruth House. YWCA has never overspent federal funds and has consistently submitted performance reports in a timely manner. We have routinely kept accurate source documentation to back-up each reimbursement. YWCA has experience maintaining data and outcomes using a variety of different database systems to accurately report on federal grant supported program outcomes.

YWCA completes agency-wide financial audits each year, which have historically been completed without any findings. YWCA is also monitored by local, state, & fed funders. When grant funded programs are monitored, financial documents are reviewed as well and program policies and procedures.

Our most recent monitoring of State SSSG funds was completed and no findings were noted. YWCA has been compliant & timely with all audits and scheduled monitorings.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

YWCA has leveraged funds for multiple housing programs. We leverage funds through local CDBG, SSSG, ESG funds, the Great Rivers United Way, grants from local foundations, agency fundraisers & private donations. Victims of Crime Act (VOCA) Grant through the Dept of Justice provided \$27,125 to our CASA for Kids program. The funding supports programming that provides direct services to victims of crime. CASA for Kids advocates for children who have been abused & neglected and are under the court's protection. VOCA Grant provided \$4,359 to our Justice Circles program to help purchase supplies & equipment to facilitate on-going groups for middle school students. VOCA Grant also provided \$8,600 to fund a racial justice training for people working with victims of crimes. Housing Assistance Program Grant (formerly known as Transitional Housing Program Grant) provides \$13,825 to Transitional Housing. This funding supports programming for housing & supportive services for homeless families. Emergency Solutions Grant (ESG), Housing Program (HP), & Homeless Prevention Program (HPP) are collectively referred to as the EHH Program. These funds are administered through the Division of Energy, Housing & Community Resources & provided \$37,975 to Ruth House, an emergency shelter for homeless, adult women leaving alcohol/drug treatment. This funding supports administration costs, emergency shelter costs, homeless management information systems (HMIS) costs, homelessness prevention, rapid re-housing costs, & street outreach costs. The HUD CoC Collaborative grant provides \$74,720 to Transitional Housing to cover the costs of operations, rental expenses, utility allowances, & supportive services for families experiencing homelessness. State Shelter Subsidy Grant (SSSG) through the Division of Energy, Housing & Community Resources provided \$3,100 to Ruth House, an emergency shelter for homeless, adult women leaving alcohol/drug treatment. This funding supports operational costs for emergency homeless shelters. Emergency Solutions Grant (ESG), Housing Program (HP), & Homeless Prevention Program (HPP) are collectively referred to as the EHH Program. These funds are administered through the Division of Energy, Housing and Community Resources and provided \$37,975 to Ruth House, an emergency shelter for homeless, adult women leaving alcohol/drug treatment. This funding supports admin costs, emergency shelter costs, HMIS costs, homelessness prevention, rapid re-housing costs, & street outreach costs.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

YWCA is a 501(c)(3) governed by a board of 17. Finance, personnel, gov, program, development & advocacy committees each have a board chair and meet monthly. The finance committee oversees the prep of the annual budget, fin. statements & admin, coll. & disbursement of fin. resources, approves the 990, est. financial policies & includes board treasurer, community members, & addt'l board members. YWCA is led by an ED who oversees 6 directors who

supervises staff working directly with service delivery. While the organization operates in a more linear structure, there are opportunities for collaboration at various levels & the ED involves various voices in the decision-making process. Ultimately, the ED is held accountable for the entire organization operation & programs & reports directly to the executive committee of the board. YWCA currently has 4 key staff members involved with the monetary internal controls. Each staff member has access to QuickBooks, though the admin assistant & housing director have restricted access. YWCA follows a set of financial policies as outlined in the agency accounting manual. We use a grant tracking account in QuickBooks as a way to maintain internal controls. Records of expenses (receipts, check stubs, invoices) or check requests for expenses are submitted by program staff to the bookkeeper. When possible, receipts/check stubs/invoices/check requests are labeled with the grant title before being submitted to the bookkeeper. Those expenses that can be reimbursed by that grant are counted within the account specifically associated with that funding source. Monthly, when the housing director and the bookkeeper complete reimbursement reports, they're able to use the grant account within the general supportive housing year-to-date ledger to find reimbursable expenses. Our agency practices external controls by scheduling a financial audit annually. No findings were noted in the June 2018 audit of the FY2017. Through the various local, state, and federal grants received, YWCA La Crosse is fortunate to have built-in external controls. Most grants require the submission of monthly invoices and the subsequent supporting source documents.

YWCA is also involved with external efforts as well, such as serving as an active partner of the La Crosse Collaborative to End Homelessness. The La Crosse Collaborative to End Homelessness consists of more than thirty community organizations & community members who are working together to build a system that ends homelessness in the City of La Crosse. Coordinating efforts with others allows for strategic impact, as well as shows YWCA's commitment to maximizing its funding by not duplicating efforts. The management of the organization internally and collaborative approach with external partners allows YWCA to continue to secure matching funds.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: WI-500 - Wisconsin Balance of State CoC

1b. CoC Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

2. Project Name: YWCA Rapid Rehousing

3. Project Status: Standard

4. Component Type: PH

4a. Will the PH project provide PSH or RRH? RRH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2018 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2018 NOFA). Yes

6a. List all expiring project(s) involved in the transition:

Grant Number	Operating Start Date	Expiration Date	Component Type
WI0031L5I001710	07/01/2018	06/30/2019	TH

IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved project application(s) on Screen 7A. (e.g., if the project was last funded in the FY 2017 CoC Program Competition, a copy of the FY 2017 CoC Program Competition project application).

6b. Provide a brief description that addresses the scope of the proposed transition from the expiring component to the new component during the first year of operation; including how no more than 50 percent of each transition grant may be used for costs of eligible activities of the program component originally funded

Our TH program supports families for 24 months, so none of our 6 current families will complete their 2 years prior to July 1, 2019. Two of our families will complete TH within 6 months of July 1, 2019. We will continue to serve those families using the TH model fully until their planned completion. The remaining 4 families will exit early. Increased case management will be provided leading up to their early exit to assess the rental climate, to ensure they move into permanent housing, to help obtain employment, and to gauge remaining barriers. Our hope is that the 4 TH families will exit by October 1, 2019. We anticipate to be fully RRH by January 1, 2020. Roughly 67% of our TH families will exit by October 1, 2019 and the remaining 33% will exit by mid-December, 2019. Based on program trends and anticipated operational costs, we will spend roughly \$26,000 to wrap up TH- about 35% of the total grant. That includes operational, rental assistance, and service provision costs. As TH families transition out of programming, staff will begin enrolling RRH families. They'll assist families with housing searches by recruiting landlords and their available properties. Once this occurs, staff can assist families with the application/interview process, hopefully resulting in secured housing. After a family is housed, staff will focus services on self-sufficiency, including employment, parenting, budgeting, and AODA recovery skills. Enrollment dates, services and rental assistance provided, and lease start dates will be recorded in HMIS, allowing us to track the length of time between enrollment and when housing is secured. RRH empowers participants to hold the leases themselves. This will require staff to advocate for clients differently. It will require, to some degree, a more thorough understanding of landlord tenant law and more comprehensively practice with motivational interviewing tactics, as this will prove to be advantageous when mediating/advocating for clients.

3B. Project Description

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

RRH will provide homeless families 24 months of housing search and placement services, rental assistance and on-going case management to assist them with skills they will need to remain stably housed. We anticipate assisting 4 families initially- likely including families that are experiencing barriers related to mental health and AODA impairments, as well as criminal histories. Case management in RRH will incorporate motivational interviewing and trauma informed care techniques. We will strive to meet clients at their functional level and use cognitive behavioral strategies to guide them. In-home case management will be provided 1-2x/week depending on client needs. During the meetings goals will be identified and monitored for progress. Case management services will build relationships with community resources and help participants obtain mainstream resources. Staff will provide education on budgeting and credit repair, informing clients about landlord/tenant rights, including enrolling in classes provided by a local credit counseling service. Staff will also help families access educational and employment resources through the local school districts, universities, Workforce Connections, and DVR. Staff will often be part of an interdisciplinary team. Using a team approach will provide an effective supports and coordination of care. Families will be able to remain in programming for up to 24 months, but staff will work efficiently and families will be encouraged to transition out prior to 24 months if they are stable and independent enough to do so.

YWCA La Crosse is an active member of the local Coulee CoC and participates in the Coordinated Entry process. We work with area agencies/social service providers to help families/individuals access the prioritization list and homeless housing services. We will be using this process to identify families that will best fit RRH. It is recommended RRH programs work best with participants scoring between 4-7 on the VI-SPDAT or 4-8 on the VI-F-SPDAT.

RRH is designed to reduce the length of time a person or family is homeless. According to the National Alliance to End Homelessness, 85% of RRH participants exited to permanent housing, and according to the Urban Institute 82% participants exit into permanent housing. RRH fosters low returns to homelessness; however, residential instability is still quite high. Considering this and the fact that our community's current ESG RRH program average exit-to-permanent-housing rate of 83.5%, YWCA La Crosse hopes to achieve a 75-80% rate of exits to permanent housing in our first 2 years.

CoC funding will provide our community the opportunity to focus solely to families, which is not being done by any other agency. There are RRH programs funded through ESG but those programs have the ability to serve both families and singles. Due to the high volume of single people experiencing homelessness, the ESG programs most often serves singles and not families.

2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30			
Participant enrollment in project begins?	90			
Participants begin to occupy leased units or structure(s), and supportive services begin?	120			
Leased or rental assistance units or structure, and supportive services near 100% capacity?	180			
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**
 (Select ALL that apply)

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

5. Housing First

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

b. Does the project ensure that participants are not screened out based on the following items? 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"/>

c. Does the project ensure that participants are not terminated from the program 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"/>

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

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

YWCA La Crosse does not plan to develop or operate the RRH scattered apartment sites.

7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

8. Will more than 16 persons live in one structure? No

4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.

X

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

YWCA partners w/ the La Crosse Collaborative to End Homelessness' landlord liaison to cultivate landlord relationships, secure units, mediate & mitigate damages or lease violations in order to maintain housing. We have signed agreements w/ the Housing Authority to allow staff involvement in the application process & to help participants obtain housing. Our RRH families will likely have barriers associated w/ AODA & mental health impairments & involvement in the criminal justice system. Remaining sober, mentally stable, & reducing criminogenic thinking is essential to keeping families in long-term housing. We'll ensure children are enrolled in school. YWCA identifies needs of families & refers them for additional support services. Our relationships w/ local AODA & mental health providers will prove helpful. YWCA understands the impact that resilience has on participants remaining in housing. YWCA uses strengths-based case management & supporting them to build resilience factors.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

YWCA has partnered with Western Technical College's (WTC) Project Proven/Proven to Work program. They provide a weekly class on employment skills and job prep. WTC also helps connect participants to local employers. Other employment resources include Workforce Connections workshops & one-on-one career counseling, Workforce Connections W-2 program, Aptiv, &/or Division of Vocational Rehabilitation services. Educational opportunities include:

local school districts, WTC offers GED/HSED & the Project Proven/Proven to Work program, the UW-La Crosse offers the Self-Sufficiency Program to low-income parents with children to introduce studying skills. YWCA maintains an updated list of local food pantries & community meal sites, which is a useful resource for participants that need to supplement their purchased groceries. We also have a partnership with Hunger Task Force, which allows agencies to access additional food resources for participants if the need arises. Budgeting resources are available through general case management. More extensive budgeting & financial resources are available through Consumer Credit Counseling. This is just one of many resources, including all mainstream resources & public benefits, made available to participating families.

**4. For all supportive services available to 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	Weekly
Assistance with Moving Costs	Partner	As needed
Case Management	Applicant	Weekly
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Partner	Weekly
Food	Non-Partner	As needed
Housing Search and Counseling Services	Applicant	Bi-weekly
Legal Services	Non-Partner	As needed
Life Skills Training	Applicant	Weekly
Mental Health Services	Non-Partner	As needed
Outpatient Health Services	Non-Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Non-Partner	As needed
Utility Deposits	Applicant	As needed

5. Please identify whether the project will include the following activities:



5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

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

Total Units: 4

Total Beds: 11

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	4	11

4B. Housing Type and Location Detail

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

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

a. Units: 4

b. Beds: 11

3. Address

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

Street 1: 3219 Commerce Street

Street 2:

City: La Crosse

State: Wisconsin

ZIP Code: 54603

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

553428 La Crosse

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	4	0	0	4
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
Adults over age 24	4	0	0	4
Adults ages 18-24	1	0	0	1
Accompanied Children under age 18	7	0	0	7
Unaccompanied Children under age 18	0	0	0	0
Total Persons	12	0	0	12

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	2	0	1	2	1	0	0
Adults ages 18-24	0	0	0	0	0	1	0	0	0	0
Children under age 18	0			0	0	2	2	1	3	0
Total Persons	0	0	0	2	0	4	4	2	3	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

20%	Directly from the street or other locations not meant for human habitation.
70%	Directly from emergency shelters.
0%	Directly from safe havens.
10%	Persons fleeing domestic violence.
0%	Directly from transitional housing eliminated in a previous CoC Program Competition.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

2. Describe the outreach plan to bring these homeless participants into the project.

The homeless participants that enter the YWCA La Crosse RRH program will be accessed through the Coordinated Entry prioritization list. All participating agencies in the Coulee CoC use the prioritization list and also have the WIBOSCOC “no wrong door” poster on display. These posters have also been given to other area agencies, law enforcement, county departments, and nonprofits that regularly interact with the homeless population. Individuals interested in seeking services can easily enter the Coordinated Entry system by contacting one of the many participating agencies listed on the poster.

The La Crosse community also has two full time street outreach workers that have been productive in reaching a widespread number of individuals experiencing homelessness. The street outreach workers attend case conferencing meetings, which YWCA La Crosse also participates, and that allows them to report on status changes of unhoused individuals.

YWCA La Crosse also participates in the Point in Time count. Information and resources are made available to those interested and awake during the count. Following the summer Point in Time count, the La Crosse community hosts an event called Homeless Connect. This event brings together area services providers, public benefit providers, and businesses that can provide basic needs- like haircuts- to interested individuals.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2020? Yes

2. What type of CoC funding is this project applying for in the 2018 CoC Competition? Reallocation

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

4. Select a grant term: 1 Year

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

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

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$43,248
Total Units:			4
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	MN - La Crosse-Onalaska, WI-MN MSA (2...	4	\$43,248

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: MN - La Crosse-Onalaska, WI-MN MSA (2705599999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO	0	x	\$387	x	12	=	\$0
0 Bedroom	0	x	\$516	x	12	=	\$0
1 Bedroom	0	x	\$612	x	12	=	\$0

2 Bedrooms	3	x	\$814	x	12	=	\$29,304
3 Bedrooms	1	x	\$1,162	x	12	=	\$13,944
4 Bedrooms	0	x	\$1,434	x	12	=	\$0
5 Bedrooms	0	x	\$1,649	x	12	=	\$0
6 Bedrooms	0	x	\$1,864	x	12	=	\$0
7 Bedrooms	0	x	\$2,079	x	12	=	\$0
8 Bedrooms	0	x	\$2,294	x	12	=	\$0
9 Bedrooms	0	x	\$2,510	x	12	=	\$0
Total Units and Annual Assistance Requested	4						\$43,248
Grant Term							1 Year
Total Request for Grant Term							\$43,248

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

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. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	.80 FTE case manager salary and fringe	\$24,747
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$24,747
Grant Term		1 Year
Total Request for Grant Term		\$24,747

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for 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 Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$18,680
Total Value of All Commitments:	\$18,680

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Xcel Energy	08/22/2018	\$18,680

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Xcel Energy
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 08/22/2018
- 6. Value of Written Commitment:** \$18,680

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

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$43,248	1 Year	\$43,248
4. Supportive Services	\$24,747	1 Year	\$24,747
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$67,995
8. Admin (Up to 10%)			\$6,725
9. Total Assistance Plus Admin Requested			\$74,720
10. Cash Match			\$0
11. In-Kind Match			\$18,680
12. Total Match			\$18,680
13. Total Budget			\$93,400

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	YWCA Nonprofit Docs	08/29/2018
3) Other Attachment(s)	No	CoC Application F...	08/29/2018
2) Other Attachment(s)	No	HUD 50070 form	08/29/2018

Attachment Details

Document Description: YWCA Nonprofit Docs

Attachment Details

Document Description: CoC Application FY2017

Attachment Details

Document Description: HUD 50070 form

7A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	Xcel In-Kind Matc...	08/29/2018

Attachment Details

Document Description: Xcel In-Kind Match/MOU

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Kelley Waddell

Date: 08/30/2018

Title: Executive Director

Applicant Organization: YWCA La Crosse

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

X

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**

8B. Submission Summary

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

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

Page	Last Updated
New Project Application FY2018	Page 50
	08/30/2018

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/29/2018
1E. SF-424 Compliance	08/28/2018
1F. SF-424 Declaration	08/28/2018
1G. HUD 2880	08/28/2018
1H. HUD 50070	08/28/2018
1I. Cert. Lobbying	08/28/2018
1J. SF-LLL	08/28/2018
2A. Subrecipients	No Input Required
2B. Experience	08/30/2018
3A. Project Detail	08/29/2018
3B. Description	08/29/2018
4A. Services	08/30/2018
4B. Housing Type	08/29/2018
5A. Households	08/28/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/29/2018
6A. Funding Request	08/28/2018
6E. Rental Assistance	08/30/2018
6F. Supp Srvcs Budget	08/28/2018
6I. Match	08/28/2018
6J. Summary Budget	No Input Required
7A. Attachment(s)	08/29/2018
7A. In-Kind MOU Attachment	08/29/2018
7D. Certification	08/28/2018

OGDEN UT 84201-0038

In reply refer to: 0440206690
May 18, 2010 LTR 858C 0
39-0810543 200912 10
Input Op: 0440206690 00011162
BODC: TE

Fed Unemployment Tax Exemption

YOUNG WOMENS CHRISTIAN ASSOCIATION
OF LA CROSSE
COULEE REGION YWCA
3219 COMMERCE ST
LA CROSSE WI 54603



042127

Taxpayer Identification Number: 39-0810543
Tax Period(s): Dec. 31, 2009

Form: 940

Dear Taxpayer:

You are not required to file Form 940 because you have been determined to be an exempt organization under section 501(c)(3) of the Internal Revenue Code; therefore, you are exempt from paying federal unemployment tax. Please destroy any Form 940 returns you may have received. Do not make tax deposits for federal unemployment tax.

We will send you a refund for your payments for the current year. You may request refunds for payments made in previous years by filing a Form 843 claim. You must file a claim for refund within three years from the return due date, or within two years from the date you paid the tax, whichever is later.

Even though you are not liable for the federal tax, you could be liable for the state tax. States establish and operate their own systems. Therefore, you should contact your state to find out whether you are required to make contributions under the state unemployment compensation law.

If you do not owe any other taxes, we will refund the money you paid with your return or by federal tax deposit in six to eight weeks.

If you need forms, schedules or publications to respond to this letter, you can obtain them by visiting the IRS website at www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.



WISCONSIN DEPARTMENT OF REVENUE
 2135 RIMROCK RD
 PO BOX 8949
 MADISON, WI 53708-8949

State of Wisconsin • DEPARTMENT OF REVENUE

2135 RIMROCK RD PO BOX 8949 MADISON, WI 53708-8949
 PHONE: 608-266-2776 FAX: 608-267-1030 TTY: 608-267-1049
 EMAIL: sales10@dor.state.wi.us WEBSITE: www.revenue.wi.gov

February 17, 2011

Letter ID: L1148545728

Batch Index: 360901120-453

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE
 COULEE REGIO
 3219 COMMERCE ST
 LA CROSSE WI 54603-1755

This is your Wisconsin Sales and Use Tax Certificate of Exempt Status (CES). Purchases made by your organization or entity are taxable unless you provide a properly completed Wisconsin Sales and Use Tax Exemption Certificate (Form S-211), listing the CES number shown below, to your supplier(s).

If your organization makes sales, they may be subject to sales tax collection and you may be required to obtain a Seller's Permit. Information regarding registration requirements can be found in our Publication 206, Sales Tax Exemption for Nonprofit Organizations.

Forms and Publications can be obtained through our web site at www.revenue.wi.gov or through our forms ordering line at (608) 266-1961. Many questions can be answered by reviewing the FAQ pages on our web site. You may also contact us by telephone at (608) 266-2776 or by email at sales10@revenue.wi.gov.

**WISCONSIN SALES AND USE TAX
 CERTIFICATE OF EXEMPT STATUS (CES)**
 (Governmental, Religious, Charitable, Scientific or Educational Organization)

Sales to this organization or entity are exempt from Wisconsin sales and use tax under sec. 77.54(9a) and 77.55(1), Wis. Stats.

This certificate is valid unless cancelled by the Wisconsin Department of Revenue.

CES NUMBER	002466
DATE ISSUED	4/6/1962

IMPORTANT:

Purchases made by your organization are taxable unless you furnish your supplier with the CES number shown above. Sales by your organization may be subject to tax. If your organization makes taxable sales, it may be required to obtain a seller's permit and remit sales tax to the Department of Revenue.

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF THE
 COULEE REGIO
 3219 COMMERCE ST
 LA CROSSE WI 54603-1755

Questions: Contact the Department of Revenue by telephone at (608) 266-2776, FAX (608) 267-1030, E-mail sales10@revenue.wi.gov, or at our Web site www.revenue.wi.gov

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 Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2016 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/14/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0031

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. Organizational DUNS:	941006900	PLUS 4	
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d. Address

Street 1: 3219 Commerce Street

Street 2:

City: La Crosse

County: La Crosse

State: Wisconsin

Country: United States

Zip / Postal Code: 54603

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: Ruthann

Middle Name:

Last Name: Schultz

Suffix:

Title: Executive director

Organizational Affiliation: YWCA La Crosse

Telephone Number: (608) 781-2783

Extension: 223
Fax Number: (608) 781-2906
Email: raschultz@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-6100-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: YWCA La Crosse Transitional Housing

16. Congressional District(s):

a. Applicant: WI-003
(for multiple selections hold CTRL key)

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

17. Proposed Project

a. Start Date: 07/01/2018

b. End Date: 06/30/2019

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: Ruthann

Middle Name:

Last Name: Schultz

Suffix:

Title: Executive Director

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

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

Email: raschultz@ywcalax.org

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

Date Signed: 09/14/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: YWCA La Crosse

Prefix: Ms.

First Name: Ruthann

Middle Name:

Last Name: Schultz

Suffix:

Title: Executive Director

Organizational Affiliation: YWCA La Crosse

Telephone Number: (608) 781-2783

Extension: 223

Email: raschultz@ywcalax.org

City: La Crosse

County: La Crosse

State: Wisconsin

Country: United States

Zip/Postal Code: 54603

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$74,720.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: YWCA La Crosse Transitional Housing 3219 Commerce Street La Crosse Wisconsin

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

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? 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. 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 nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Ruthann Schultz, Executive Director

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

Date Signed: 08/22/2017

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

Sites for Work Performance.

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

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

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

X

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)

Authorized Representative

Prefix: Ms.

First Name: Ruthann

Middle Name

Last Name: Schultz

Suffix:

Title: Executive Director

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

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

Email: raschultz@ywcalax.org

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

Date Signed: 09/14/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: YWCA La Crosse

Name / Title of Authorized Official: Ruthann Schultz, Executive Director

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

Date Signed: 09/14/2017

1J. SF-LLL

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

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

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

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

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

Legal Name: YWCA La Crosse
Street 1: 3219 Commerce Street
Street 2:
City: La Crosse
County: La Crosse
State: Wisconsin
Country: United States
Zip / Postal Code: 54603

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

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Ruthann

Middle Name:

Last Name: Schultz

Suffix:

Title: Executive Director

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

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

Email: raschultz@ywcalax.org

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

Date Signed: 09/14/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

2A. Project Subrecipients

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

Total Expected Sub-Awards:

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

2B. Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

YWCA La Crosse's APR is not due until September 30th, 2017. We anticipate that the APR will be submitted on time.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? Yes

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

3A. Project Detail

1. Expiring Grant Number: WI0031

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

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

2b. CoC Collaborative Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

3. Project Name: YWCA La Crosse Transitional Housing

4. Project Status: Standard

5. Component Type: TH

6. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

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

YWCA La Crosse provides Transitional Housing (TH) programming for homeless families. This offers the unique opportunity for families who have multiple barriers such as substance use, chronic unemployment, lack of support in raising their children, and mental health concerns, to work towards independence. TH allows families to work on these issues while remaining stably housed. There are six scattered site apartments in the city of La Crosse and YWCA provides case management to address the skills necessary for participants to transition out of homelessness.

YWCA participates in the CoC approved Coordinated Entry system. A “no wrong door” policy is used when homeless individuals and families enter the homeless services system. All CoC agencies use the same forms to collect information and then refer people who are interested in housing programs to get on to a prioritization list. Families are prioritized based on CoC approved TH standards that focus on disability, homeless status, and VISPDAT score. YWCA places priority on families that are experiencing and/or diagnosed with substance use disorders. YWCA practices the housing first model, creating low barriers to entrance and working with families to connect them to community supports and services that will assist in keeping them housed.

YWCA partners with local agencies including, La Crosse County Human Services, area hospitals and treatment centers, local school districts, Parenting Place and Consumer Counseling Credit Services. YWCA's case manager works closely with all counselors and other services providers to support the family as best as possible as they're transitioning to a safer, independent living situation.

Participating families transition successfully when they move in to permanent housing and have an increase in their income. YWCA's goal is to successfully transition 67% of households in to permanent housing and have 67% of adults see an increase in their income. YWCA asks for continued CoC support for TH in order to continue to assist families in the La Crosse community with higher barriers, such as co-occurrence of mental health and substance abuse, a substantial history of eviction and chronic unemployment and are homeless.

YWCA's TH has assisted families with higher and higher barriers each year since its inception in 2004 and will continue to assist high-needs families as long as funding allows. Outcomes have been affected by the increase of high-needs families; however, YWCA has successfully helped number of families transition out of homelessness into independent and permanent housing. TH style programming is a good fit for participating families because more often than not, they require subsidized housing due to low income jobs and the lack of affordable housing in our area and they require longer-term case management. YWCA will continue to seek out resources to fill the needs of participating families.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

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

Other:

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? 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. Does the project ensure that participants are not terminated from the program 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

4A. Supportive Services for Participants

**1. For all supportive services available to 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	Weekly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Weekly
Child Care	Non-Partner	As needed
Education Services	Non-Partner	Daily
Employment Assistance and Job Training	Partner	Weekly
Food	Non-Partner	As needed
Housing Search and Counseling Services	Applicant	As needed
Legal Services	Non-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	Partner	As needed
Substance Abuse Treatment Services	Non-Partner	As needed
Transportation	Non-Partner	As needed
Utility Deposits	Non-Partner	As needed

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? Yes



2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner? Yes

agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. No

4B. Housing Type and Location

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

Total Units: 6

Total Beds: 15

Housing Type	Units	Beds
Scattered-site apartments (...)	6	15

4B. Housing Type and Location Detail

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

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

a. Units: 6

b. Beds: 15

3. Address

Street 1: 3219 Commerce St

Street 2:

City: La Crosse

State: Wisconsin

ZIP Code: 54603

**5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)**

553428 La Crosse

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	6	0	0	6

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
Adults over age 24	5			5
Adults ages 18-24	1			1
Accompanied Children under age 18	9			9
Unaccompanied Children under age 18				0
Total Persons	15	0	0	15

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	0	0	0	4	0	2	3	0	0	0
Adults ages 18-24	0	0	0	1	0	1	0	0	0	0
Children under age 18	0			0	0	0	3	1	2	3
Total Persons	0	0	0	5	0	3	6	1	2	3

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24										
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the unlisted subpopulations referred to above:

Individuals not listed in any subpopulation categories are homeless individuals in a household, children, that do not meet any of the subpopulation criteria.

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

25%	Directly from the street or other locations not meant for human habitation.
65%	Directly from emergency shelters.
0%	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO Projects Only)
0%	Directly from safe havens.
10%	Persons fleeing domestic violence.
0%	Directly from transitional housing.
0%	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
0%	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	Total of above percentages

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- | | |
|---------------------|-------------------------------------|
| Leased Units | <input checked="" type="checkbox"/> |
| Leased Structures | <input type="checkbox"/> |
| Rental Assistance | <input type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| Operating | <input checked="" type="checkbox"/> |
| HMIS | <input type="checkbox"/> |

6B. Leased Units Budget

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:		\$42,976	
Grant Term:		1 Year	
Total Request for Grant Term:		\$42,976	
Total Units:		6	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
MN - La Crosse-On...	6	\$42,976	\$42,976

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.

Metropolitan or non-metropolitan fair market rent area: MN - La Crosse-Onalaska, WI-MN MSA (2705599999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	0	
0 Bedroom	0	
1 Bedroom	0	
2 Bedroom	5	
3 Bedroom	1	
4 Bedroom	0	
5 Bedroom	0	
6 Bedroom	0	
7 Bedroom	0	
8 Bedroom	0	
9 Bedroom	0	
Total Units and Annual Assistance Requested	6	\$42,976
Grant Term		1 Year
Total Request for Grant Term		\$42,976

Click the 'Save' button to automatically calculate totals.

6D. 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 Value of Cash Commitments:	\$12,000
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$12,000

1. Does this project generate program income Yes
as described in 24 CFR 578.97 that will be
used as Match for this grant?

1a. Briefly describe the source of the program income:

Participating families generate income for YWCA La Crosse by paying a monthly subsidized rent- totaling 30% of each individual families' monthly income. Because the amount of income each family earns is slightly different, it's difficult to anticipate a total amount of income generated from this source. Using a 12 month average of past rent payments, YWCA La Crosse estimates it will generate roughly \$4,000 of rent income.

1b. Estimate the amount of program income \$4,000
that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	United Way	09/13/2017	\$8,000
Yes	Cash	Private	Program Income	09/13/2017	\$4,000

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: United Way
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/13/2017
- 6. Value of Written Commitment: \$8,000

Sources of Match Detail

- 1. Will this commitment be used towards Match? Yes
- 2. Type of Commitment: Cash
- 3. Type of Source: Private
- 4. Name the Source of the Commitment: Program Income
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 09/13/2017
- 6. Value of Written Commitment: \$4,000

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 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	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$42,976
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$24,000
4. Operating	\$2,856
5. HMIS	\$0
6. Sub-total Costs Requested	\$69,832
7. Admin (Up to 10%)	\$4,888
8. Total Assistance plus Admin Requested	\$74,720
9. Cash Match	\$12,000
10. In-Kind Match	\$0
11. Total Match	\$12,000
12. Total Budget	\$86,720

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachmenbt	No	HUD 50070 Work Pe...	09/12/2017
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: HUD 50070 Work Performance Sites

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Ruthann Schultz

Date: 09/14/2017

Title: Executive Director

Applicant Organization: YWCA La Crosse

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant

X

Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

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

Part 2- Recipient and Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input checked="" type="checkbox"/>
6B. Leased Units	<input checked="" type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

This page was inadvertently saved prematurely. Number two was pre-set at "make changes" and I was unable to edit that question after the save button was pressed.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/22/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2017

1E. SF-424 Compliance	08/22/2017
1F. SF-424 Declaration	08/22/2017
1G. HUD-2880	08/22/2017
1H. HUD-50070	08/22/2017
1I. Cert. Lobbying	08/22/2017
1J. SF-LLL	08/22/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	09/12/2017
3A. Project Detail	08/22/2017
3B. Description	09/12/2017
4A. Services	08/23/2017
4B. Housing Type	08/23/2017
5A. Households	08/23/2017
5B. Subpopulations	08/23/2017
5C. Outreach	09/12/2017
6A. Funding Request	08/23/2017
6B. Leased Units	08/23/2017
6D. Match	09/14/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/24/2017
7B. Certification	08/23/2017
Submission Without Changes	09/14/2017

1H. HUD 50070

YWCA La Crosse

Transitional Housing

Place of Performance:

3219 Commerce Street
La Crosse, WI 54603
La Crosse County

Grant Number:

WI0031L5I001609

for every woman

eliminating racism
empowering women
ywca

HUD- 50070

YWCA La Crosse

Rapid Rehousing Transition Grant

Place of Performance:

3219 Commerce Street
La Crosse, WI 54603
La Crosse County

for every woman

3219 Commerce Street
La Crosse, Wisconsin 54603

(608) 781-2783
Fax (608) 781-2906

www.ywcalax.org

Partner agency with Great Rivers United Way

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

YWCA La Crosse

Program/Activity Receiving Federal Grant Funding

Rapid Rehousing Transition Grant

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

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

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.

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.;

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;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

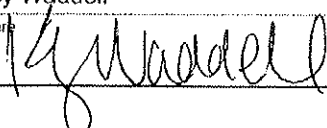
2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each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

Check here if there are workplaces on file that are not identified on the attached sheets.

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)

Name of Authorized Official Kelley Waddell	Title Executive Director
Signature 	Date 8/28/18

YWCA IS ON A MISSION

August 22, 2018

Wisconsin Balance of State Continuum of Care,

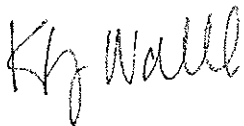
YWCA La Crosse is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom, and dignity for all. Our mission is accomplished through the impactful programs of our four Pillars of Hope: Supportive Housing, Economic Empowerment, Mentoring and Advocacy, and Racial and Social Justice. The end result is healthier people building a healthier society. We so appreciate your role in building a stronger, healthier community.

YWCA of La Crosse rents 3,325 square feet of office space from Xcel Energy at the rate of \$125.00/month. Average leasing rates for La Crosse area businesses are approximately \$10.00/square foot annually. Xcel Energy provides an "in-kind" donation/matching leverage support for Administrative office space, Case Management office space and meeting space at an annual rate of \$31,000.

This letter certifies that YWCA La Crosse will allocate \$18,680 of the total in-kind donation from Xcel Energy to this project.

If you have any additional questions regarding this in-kind donation, feel free to contact me at 608-781-2783, ext. 223.

Sincerely



Kelley Waddell
Executive Director

eliminating racism
empowering women
ywca

YWCA La Crosse
3219 Commerce Street, La Crosse, WI 54603
P 608.781.2783 F 608.781-2906
ywcalax.org

SECOND AMENDMENT TO LEASE AGREEMENT

This Second Amendment to Lease Agreement (the "First Amendment") is made and effective the 1st day of January, 2016, by and among Northern States Power Company, a Wisconsin corporation ("Lessor"), having an address of 414 Nicollet Mall, Minneapolis, Minnesota 55401 and Young Women's Christian Association of La Crosse, Wisconsin, a Wisconsin non-stock corporation ("Lessee"), having an address of 3219 Commerce Street, LaCrosse, Wisconsin 54603.

RECITALS

WHEREAS, Lessor and Lessee are parties to that certain Lease dated January 1, 2000 (the "Lease"), for certain office space located at 3215 Commerce Street, LaCrosse, Wisconsin 54601, (the "Property") as more specifically defined in the Lease; and

WHEREAS, Lessor and Lessee desire to relocate Lessee from the current space to space located in the southerly corner of the Property; and

WHEREAS, Lessor and Lessee desire to amend the Lease in the manner and form hereinafter set forth.

A G R E E M E N T

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Lessor and Lessee hereby amend the Lease as follows:

1. Term. With respect to Section 2 of the Lease Agreement, the Term is hereby extended through December 31, 2020.
2. Rent. Section 3.A of the Lease Agreement is hereby amended to read as follows:

During the Lease Term, as extended, Lessee shall pay to Lessor, without any setoff or deduction, a monthly rent of One Hundred Dollars (\$100.00) as set forth in the following schedule:

Period or Months of Term	Monthly Rate	Annual Rate
1/1/2016 – 12/31/2020	\$100.00	\$1,200.00

Section 3.B of the Lease is hereby amended to read as follows:

Rent shall be payable in advance on the 1st (first) day of each month during the Lease Term. Rent payments shall be delivered to: Northern States Power Company, Attn: Real Estate Services, 414 Nicollet Mall - MZ, Minneapolis, MN 55401.

3. Lessee's Acceptance of Premises. With respect to Section 6 of the Lease Agreement, Lessee accepts any furniture, fixtures, and equipment located on the Leased Premises without warranty and agrees that these items will remain on the Leased Premises upon termination of the Lease. Lessee agrees to pay for any costs associated with any damage by Lessee to the Property or Leased Premises or any of Lessor's furniture, fixtures, and equipment located thereon other than normal wear and tear.
4. Insurance. The amount of commercial general liability insurance required to be maintained by Lessee, as set forth in Section 13.A of the Lease Agreement, shall be Two Million Dollars (\$2,000,000.00) with respect to personal injury or death and property damage occurring or resulting from one occurrence.

Default. In the event of default, the "reasonable period" to cure the default, as referenced in Section 14 of the lease Agreement, shall be ten (10) business days.

5. Notice. With respect to Section 17 of the Lease Agreement, contact information for each party is as follows:

If to Lessor: Northern States Power Company
414 Nicollet Mall - MZ
Minneapolis, MN 55401
Attn: Real Estate Services
Phone: 612.330.6583

If to Lessee: Young Women's Christian Association of
La Crosse, Wisconsin
3219 Commerce Street
LaCrosse, Wisconsin 54603
Attn: Executive Director

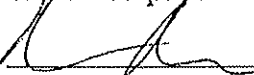
6. Relocation of Lessee. Lessor shall deliver to Lessee possession of the Leased Premises on or before the effective date of this First Amendment. Within five (5) business days thereafter, Lessee shall remove all of Lessee's personal property and relinquish to Lessor its possession of the 1,109 square feet currently occupied by Lessee.
7. Common Area. The term "Common Areas" shall mean, collectively, parking areas, landscape areas, driveways, entrances, exits, hallway, restroom facilities or improvements furnished by Lessor and made available by Lessor for the general common use or benefit of the Lessee. The Common Areas shall be subject to the exclusive control and management of Lessor. Lessor shall have the right to alter the Common Areas, provided that any expansion of the Common Areas which occurs by converting portions of the Property which are currently leased to Lessee shall only be done in a commercially reasonable manner. Any such activities by Lessor shall not materially affect Lessee's use of or access to the Property or any other rights granted to Lessee hereunder and shall be done so as to minimize, to the extent practicable, any interference with Lessee's use of or access to the Property for uses permitted herein.

8. Access. Lessor may enter the Leased Premises at all times and without advance notice. Lessor shall have the right to enter the Leased Premises for the purpose of making such alterations, repairs, improvements or additions to the Leased Premises as Lessor may reasonably deem necessary; provided, however, that Lessor shall use reasonable effort not to disturb Lessee's use and occupancy of the Leased Premises.
9. Capitalized Terms. Capitalized terms herein shall be given those meanings ascribed in the Lease unless otherwise defined herein.
10. Conflict. If there is any conflict between the terms and provisions of this First Amendment and the terms and provisions of the Lease, the terms and provisions of this First Amendment shall govern. Except as herein specifically set forth, all of the provisions of the Lease shall remain in full force and effect and unamended by this First Amendment.

IN WITNESS WHEREOF, Lessor, Assignor and Lessee have duly executed this First Amendment to Lease Agreement as of the day and year first above written.

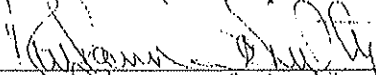
LESSOR:

**Northern States Power Company,
a Wisconsin corporation**

By: 
Matt Boehlke
Director, Real Estate Services

LESSEE:

**Young Women's Christian Association of La Crosse, Wisconsin,
a non-stock Wisconsin corporation**

By: 
Name: Kathryn Schultz
Title: Executive Director - YWCA LaCrosse

