Before Starting the Project Application

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

Things to Remember:

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

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/13/2023
4. Applicant Identifier:	
a. Federal Entity Identifier:	
5. Federal Award Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant	
a. Legal Name:	The Salvation Army
b. Employer/Taxpayer Identification Number (EIN/TIN):	36-2167910
c. Unique Entity Identifier:	KQHRECN8FDK8
d. Address	
Street 1:	504 W. 8th St.
Street 2:	
City:	New Richmond
County:	St. Croix
State:	Wisconsin
Country:	United States
Zip / Postal Code:	54016
e. Organizational Unit (optional)	
Department Name:	Service Extension
Division Name:	Grace Place
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Ms.
First Name:	Stephena
Middle Name:	
Last Name:	Smith
Suffix:	
Title:	Contract administrator
Organizational Affiliation:	The Salvation Army
Telephone Number:	(715) 246-1222
Extension:	

Fax Number: (714) 246-7470
Email: stephena.smith@usc.salvationarmy.org

1C. SF-424 Application Details

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

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

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

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

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: The Salvation Army PSH Project FY2023

16. Congressional District(s):

16a. Applicant: WI-007

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

17. Proposed Project

a. Start Date: 10/01/2024

b. End Date: 09/30/2025

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mr.
First Name:	Trevor
Middle Name:	
Last Name:	McClintock
Suffix:	
Title:	Divisional Commander
Telephone Number: (Format: 123-456-7890)	(800) 264-6412
Fax Number: (Format: 123-456-7890)	(414) 302-4314
Email:	trevor.mcclintock@usc.salvationarmy.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2023

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	The Salvation Army
Prefix:	Mr.
First Name:	Trevor
Middle Name:	
Last Name:	McClintock
Suffix:	
Title:	Divisional Commander
Organizational Affiliation:	The Salvation Army
Telephone Number:	(800) 264-6412
Extension:	
Email:	trevor.mcclintock@usc.salvationarmy.org
City:	New Richmond
County:	St. Croix
State:	Wisconsin
Country:	United States
Zip/Postal Code:	54016

2. Employer ID Number (EIN): 36-2167910

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $437,787.00

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
NA	NA	$0.00	NA
The Salvation Army 505 W. 8th St. New Richmond WI 54017	ESG Grant	$25,000.00	Shelter operations
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

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

Part III Interested Parties

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

Certification

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

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

Name / Title of Authorized Official: Trevor McClintock, Divisional Commander

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

Date Signed: 09/13/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: The Salvation Army

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

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

Authorized Representative

Prefix:	Mr.
First Name:	Trevor
Middle Name	
Last Name:	McClintock
Suffix:	
Title:	Divisional Commander
Telephone Number: (Format: 123-456-7890)	(800) 264-6412
Fax Number: (Format: 123-456-7890)	(414) 302-4314
Email:	trevor.mcclintock@usc.salvationarmy.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

Name / Title of Authorized Official: Trevor McClintock, Divisional Commander

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

Date Signed: 09/13/2023

1J. SF-LLL

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

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

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

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	The Salvation Army
Street 1:	504 W. 8th St.
Street 2:	
City:	New Richmond
County:	St. Croix
State:	Wisconsin
Country:	United States
Zip / Postal Code:	54016

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:	Mr.
First Name:	Trevor
Middle Name:	
Last Name:	McClintock
Suffix:	
Title:	Divisional Commander
Telephone Number: (Format: 123-456-7890)	(800) 264-6412
Fax Number: (Format: 123-456-7890)	(414) 302-4314
Email:	trevor.mcclintock@usc.salvationarmy.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2023

IK. SF-424B

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

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

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

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

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

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

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

Authorized Representative for: The Salvation Army

Prefix: Mr.

First Name: Trevor

Middle Name:	
Last Name:	McClintock
Suffix:	
Title:	Divisional Commander
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/13/2023

1L. SF-424D

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

In 2007, The Salvation Army received our first Tenant based rental assistance grant. At that time, funding was allocated to Polk, St. Croix and Pierce counties located in the West Central service area. Funding continued in this service area until 2017. In 2016, West Cap began providing services for Polk, St. Croix, and Pierce Counties so SA could begin providing services for the Rural North coalition. Currently we are providing services for Burnett, Rusk, Sawyer, Washburn, Clark and Taylor Counties. In addition, TBRA services are provided to the St. Croix and Ojibway tribes regardless of the member's geographic location. We have had no unresolved findings in 16 years.
2010 funding was received for Permanent Supportive Housing providing housing and case management for 18 units in Polk and St. Croix Counties. We continued with this funding for 13 years. HUD monitored this program in 2022 with no finding.
In 2021, The Salvation Army of Barron County received $2,215,007.00 to renovate two exciting buildings for use as Emergency shelter. Due to supply chain issues, this project has required an extension however; one building will open in November. The entire complex is scheduled to open in 2024.
The Salvation Army received Equitable Recovery Funds in 2022 giving us the ability to provide case management and housing services to rural Wisconsin. We are in compliance with timing and executing the grant agreement.

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

The Salvation Army of St. Croix County has had over 20 years of managing leverage and match. The Salvation Army of St. Croix, Polk, Barron and Burnett Counties (Quad County unit) manages a budget of more than $3.8 million in public and private resources annually.
To secure the needed match funds to support our programs the following steps will be taken. First, we review our budget to determine what resources are available and what potential in-kind contributions are available. We collaborate with local businesses, churches, and community groups that might offer cash contributions, services, or goods as a match or leverage. Cash or in-kind contributions are solicited from individual donors or philanthropists. All monetary contributions are documented in our ledger and allocated to each funding source. All in-kind donated services, equipment, or supplies are documented with a realistic value are enter into the ledger.

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

The Salvation Army uses Shelby accounting software.
Accounts are divided into 4 units (Polk, Barron, St. Croix, and Burnett) and 3 program accounts (PSH, TBRA and YDHP). The chart of accounts consists of codes for each unit divided by programs offered in each unit.
Each unit code consist of 3 characters, project codes and general income and expenses within the unit consist of 8 characters.
For example: Code 644 relates to the individual unit. 500110080 indicates reimbursement for the EHH grant. 810610055 indicates expense for supplies related to the EHH grant.

TBRA, PSH, and YDHP have their own account codes, with segregated codes for reimbursement and expenses for each allowable expense.

Project numbers are always 8 characters issued based on allowable expenses per funding source.
All new account segments, general ledger codes, vendor ids, customer ids, and project numbers are assigned by Accounting. Fund, department, program, activity codes are determined when a new contract/grant is initiated, with a line-item budget. Program and category codes will be assigned at that time; category codes may be added to a fund at any time, if additional codes are needed.

The Salvation Army records an actual expense when the goods are received, or the service is rendered. Only valid accounts payable transactions based on documented vendor invoices will be recorded as accounts payable. The contract administrator provides the appropriate program code on each invoice. All checks are issued from our division office requiring 2 signatures. Checks are stored in a locked cabinet; the CFO and the divisional commander have access to this cabinet. The checks are logged out to the finance director who verifies the check numbers requested or returned. The finance director verifies signature stamps. Checks are issued every Tuesday and Thursday, the check register is given to the CFO to review and sign off as approved.
The Salvation Army encourages that clients do not make payments with cash. If it is unavoidable, we accompany the client to the bank to secure a money order. Petty cash is maintained at each facility with appropriate securities in place.

When payments or donations are received, the accounting staff logs the payment or donation and gives them to one of the Accounting Clerk who stamps the back of the check with our deposit only endorsement and the checks are given to the finance director for entry. A deposit report is generated from the system to accompany the deposit to the bank. A copy of the deposit report, along with detailed posting reports, and appropriate backup are kept in binders by date.

The accounting staff is responsible for preparing entries, which are approved by the Finance Director and entered by the Accounting staff. The CFO approves journal entries prepared by the Finance Director. The general ledger entries and supporting documentation are filed by month in journal entry number for each module.

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

3A. Project Detail

1. CoC Number and Name:	WI-500 - Wisconsin Balance of State CoC
2. CoC Collaborative Applicant Name:	Wisconsin Balance of State Continuum of Care, Inc.
3. Project Name:	The Salvation Army PSH Project FY2023
4. Project Status:	Standard
5. Component Type:	PH
5a. Select the type of PH project:	PSH
6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?	No
7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)	No
8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
9. Will this project include replacement reserves in the Operating budget?	No
10. Is this project applying for Rural costs on screen 6A?	Yes
10a. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)	Wisconsin

10b. Area(s) affected by the project (rural geo-code(s) only): (for multiple selections hold CTRL key)	559107 Rusk County, 559005 Barron County, 559093 Pierce, 559129 Washburn County, 559095 Polk County
10c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections: (for multiple selections hold CTRL key)	

3B. Project Description

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

The Salvation Army's Permanent Supportive Housing Program will serve individuals and families
Experiencing chronic homelessness and with a documented mental illness. Using coordinated entry, all new participants will be chosen from the West Central Prioritization Lists. Households are prioritized for PSH in accordance with WI BOSCOC prioritization standards those with the longest length of time homeless are prioritized.
The program will follow a Housing First model & enroll chronically homeless participants without
preconditions. Case managers will utilize a harm reduction approach to best help participants maintain housing. Case managers or the housing navigator will help participants find suitable housing by locating units near community amenities, ensuring rents meet FMR and Rent Reasonableness standards, & ensuring units meet HQS.
Case managers negotiate with landlords to include utilities in the rent. For units that do not include utilities in the rent, SA will pay the utility company directly. If a utility deposit is required, the CM will attempt to locate funding through other agencies & help secure that funding. If unable to do so, The Salvation Army will pay the deposit. Clients will be required to apply for energy assistance. We will hold the lease on the unit & pay the full rent to the landlord. Participants sublease the unit from us. If a landlord wants a participant out of the unit, we would attempt to negotiate with the landlord to resolve any issues that have occurred. If the attempt to negotiate with the landlord fails, we will assist the client to secure a new unit and assistance with moving costs. This allows the participant to avoid eviction and saves the landlord time and money.
Case managers will assess each household's barriers to maintaining housing stability.
The case manager will help participants identify goals to move toward housing stability. The plan will be individualized to each household's specific needs & preferences. Case Managers will meet with participants weekly and assist in stabilization of housing, mental health, sobriety, parenting and employment as requested. Services like parent education and employment stability will be referred to appropriate agencies that provide these services. Case Managers will connect participants to all appropriate mainstream resources & assist them in maintaining eligibility throughout PSH. If needed case manager can assist participants with life skills, food costs, & transportation. If individuals are not receiving Social Security our SOAR program advocate will meet with the client to assist with the SSI/SSDI applications. This service may include writing and submitting the application, helping secure required documents, providing transportation to required appointments.
Referrals are made to community agencies for childcare assistance, education services, mental health services (including DV counseling), legal services, outpatient health services, & AODA services.

By combining stable housing with comprehensive supportive services, we aim to provide a sustainable solution that improves resident's quality of life. Our program goals include maintaining housing stability, Income increase (both earned and unearned), address mental health and AODA issues.

COC funds will be used for case management services, rental assistance, administration cost and operational costs. The majority of operational cost will be used for unit repair.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	45			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	60			
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				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

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

(Select ALL that apply)

N/A - Project Serves All Subpopulations		Domestic Violence	X
Veterans	X	Substance Abuse	X
Youth (under 25)		Mental Illness	X
Families	X	HIV/AIDS	X
		Chronic Homeless	X
		Other (Click 'Save' to update)	

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

5. Housing First

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

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

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

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

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

5d. Will the project follow a "Housing First" approach? (Click 'Save' to update)	Yes
6 Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?	No

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

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

8. Is this project 100% Dedicated or DedicatedPLUS?	100% Dedicated

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible renewal project?	No

4A. Supportive Services for Participants

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

The program will follow a Housing First model & enroll chronically homeless participants without
preconditions. Case managers will utilize a harm reduction approach to best help participants maintain housing. Case managers or the housing navigator will help participants find suitable housing by locating units near community amenities, ensuring rents meet FMR and Rent Reasonableness standards, & ensuring units meet HQS.
Case managers negotiate with landlords to include utilities in the rent. For units that do not include utilities in the rent, SA will pay the utility company directly. If a utility deposit is required, the CM will attempt to locate funding through other agencies & help secure that funding. If unable to do so, The Salvation Army will pay the deposit. Clients will be required to apply for energy assistance. We will hold the lease on the unit & pay the full rent to the landlord. Participants sublease the unit from us. If a landlord wants a participant out of the unit, we would attempt to negotiate with the landlord to resolve any issues that have occurred. If the attempt to negotiate with the landlord fails, we will assist the client to secure a new unit and assistance with moving costs. This allows the participant to avoid eviction and saves the landlord time and money.
Case managers will assess each household's barriers to maintaining housing stability.
The case manager will help participants identify goals to move toward housing stability. The plan will be individualized to each household's specific needs & preferences.

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

The case manager will help participants identify goals to move toward housing stability. The plan will be individualized to each household's specific needs & preferences. Case Managers will meet with participants weekly and assist in stabilization of housing, mental health, sobriety, parenting and employment as requested. Services like parent education and employment stability will be referred to appropriate agencies that provide these services. Case Managers will connect participants to all appropriate mainstream resources & assist them in maintaining eligibility throughout PSH. If needed case manager can assist participants with life skills, food costs, & transportation. If individuals are not receiving Social Security our SOAR program advocate will meet with the client to assist with the SSI/SSDI applications. This service may include writing and submitting the application, helping secure required documents, providing transportation to required appointments.
Referrals are made to community agencies for childcare assistance, education services, mental health services (including DV counseling), legal services, outpatient health services, & AODA services.

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

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

Identify whether the project will include the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	Yes
5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?	Yes
6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

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

Total Units: 22
Total Beds: 31
Total Dedicated CH Beds: 31

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...	---	22	31	31

4B. Housing Type and Location Detail

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

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

a. Units: 22

b. Beds: 31

3. How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness? 31

This includes both the "dedicated" and "prioritized" beds.

4. 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: 505 W. 8th St.

Street 2:

City: New Richmond

State: Wisconsin

ZIP Code: 54017

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

559109 St. Croix County, 559129 Washburn County, 559095 Polk County, 559119 Taylor County, 559093 Pierce County, 559107 Rusk County, 559005 Barron County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	9	13	0	22

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24	9	13		22
Persons ages 18-24	0	0		0
Accompanied Children under age 18	9		0	9
Unaccompanied Children under age 18			0	0
Total Persons	18	13	0	31

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	8	1	0	7	0	9	1	0	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18	8			0	0	2	0	1	1	0
Total Persons	16	1	0	7	0	11	1	1	1	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans-(Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	12	1	0	11	1	13	0	0	0	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	12	1	0	11	1	13	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

6A. Funding Request

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

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

Acquisition/Rehabilitation/New Construction	
Leased Units	X
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	X
HMIS	X
VAWA	X
Rural	X

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

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

6C. Leased Units

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:	$204,000
Grant Term:	1 Year
Total Request for Grant Term:	$204,000
Total Units:	22

The number of beds for which funding has been requested in the Leased Units budget is 31.

FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
WI - Taylor Count...	2	$18,168	$18,168
WI - Barron Count...	7	$58,764	$58,764
MN - Minneapolis-...	2	$25,872	$25,872
WI - Washburn Cou...	4	$34,080	$34,080
WI - Rusk County,...	2	$15,984	$15,984
WI - Polk County,...	3	$27,012	$27,012
MN - Minneapolis-...	2	$24,120	$24,120

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Taylor County, WI (5511999999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO	0	x	$392	$0	x	12	=	$0
0 Bedroom	0	x	$522	$0	x	12	=	$0
1 Bedroom	0	x	$585	$0	x	12	=	$0
2 Bedroom	2	x	$757	$757	x	12	=	$18,168
3 Bedroom	0	x	$973	$0	x	12	=	$0
4 Bedroom	0	x	$1,159	$0	x	12	=	$0
5 Bedroom	0	x	$1,333	$0	x	12	=	$0
6 Bedroom	0	x	$1,507	$0	x	12	=	$0
7 Bedroom	0	x	$1,681	$0	x	12	=	$0
8 Bedroom	0	x	$1,854	$0	x	12	=	$0
9 Bedroom	0	x	$2,028	$0	x	12	=	$0
Total units and annual assistance requested:	2							$18,168
Grant term:								1 Year
Total request for grant term:								$18,168

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Barron County, WI (5500599999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO	0	x	$431	$0	x	12	=	$0
0 Bedroom	0	x	$574	$0	x	12	=	$0
1 Bedroom	4	x	$616	$616	x	12	=	$29,568
2 Bedroom	3	x	$811	$811	x	12	=	$29,196

3 Bedroom	0	x	$1,084	$0	x	12	=	$0
4 Bedroom	0	x	$1,135	$0	x	12	=	$0
5 Bedroom	0	x	$1,305	$0	x	12	=	$0
6 Bedroom	0	x	$1,476	$0	x	12	=	$0
7 Bedroom	0	x	$1,646	$0	x	12	=	$0
8 Bedroom	0	x	$1,816	$0	x	12	=	$0
9 Bedroom	0	x	$1,986	$0	x	12	=	$0
Total units and annual assistance requested:	7							$58,764
Grant term:								1 Year
Total request for grant term:								$58,764

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: MN - Minneapolis-St. Paul-Bloomington, MN-WI HUD Metro FMR Area (2700399999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO	0	x	$699	$0	x	12	=	$0
0 Bedroom	0	x	$932	$0	x	12	=	$0
1 Bedroom	2	x	$1,078	$1,078	x	12	=	$25,872
2 Bedroom	0	x	$1,329	$1,329	x	12	=	$0

3 Bedroom	0	x	$1,841	$0	x	12	=	$0
4 Bedroom	0	x	$2,145	$0	x	12	=	$0
5 Bedroom	0	x	$2,467	$0	x	12	=	$0
6 Bedroom	0	x	$2,789	$0	x	12	=	$0
7 Bedroom	0	x	$3,110	$0	x	12	=	$0
8 Bedroom	0	x	$3,432	$0	x	12	=	$0
9 Bedroom	0	x	$3,754	$0	x	12	=	$0
Total units and annual assistance requested:	2							$25,872
Grant term:								1 Year
Total request for grant term:								$25,872

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Washburn County, WI (5512999999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO	0	x	$418	$0	x	12	=	$0
0 Bedroom	0	x	$557	$0	x	12	=	$0
1 Bedroom	2	x	$613	$613	x	12	=	$14,712
2 Bedroom	2	x	$807	$807	x	12	=	$19,368

3 Bedroom	0	x	$1,000	$0	x	12	=	$0
4 Bedroom	0	x	$1,094	$0	x	12	=	$0
5 Bedroom	0	x	$1,258	$0	x	12	=	$0
6 Bedroom	0	x	$1,422	$0	x	12	=	$0
7 Bedroom	0	x	$1,586	$0	x	12	=	$0
8 Bedroom	0	x	$1,750	$0	x	12	=	$0
9 Bedroom	0	x	$1,915	$0	x	12	=	$0
Total units and annual assistance requested:	4							$34,080
Grant term:								1 Year
Total request for grant term:								$34,080

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Rusk County, WI (5510799999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO	0	x	$392	$0	x	12	=	$0
0 Bedroom	0	x	$522	$0	x	12	=	$0
1 Bedroom	1	x	$575	$575	x	12	=	$6,900
2 Bedroom	1	x	$757	$757	x	12	=	$9,084

3 Bedroom	0	x	$965	$0	x	12	=	$0
4 Bedroom	0	x	$1,099	$0	x	12	=	$0
5 Bedroom	0	x	$1,264	$0	x	12	=	$0
6 Bedroom	0	x	$1,429	$0	x	12	=	$0
7 Bedroom	0	x	$1,594	$0	x	12	=	$0
8 Bedroom	0	x	$1,758	$0	x	12	=	$0
9 Bedroom	0	x	$1,923	$0	x	12	=	$0
Total units and annual assistance requested:	2							$15,984
Grant term:								1 Year
Total request for grant term:								$15,984

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: WI - Polk County, WI (5509599999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO	0	x	$445	$0	x	12	=	$0
0 Bedroom	0	x	$593	$0	x	12	=	$0
1 Bedroom	2	x	$679	$679	x	12	=	$16,296
2 Bedroom	1	x	$893	$893	x	12	=	$10,716

3 Bedroom	0	x	$1,104	$0	x	12	=	$0
4 Bedroom	0	x	$1,211	$0	x	12	=	$0
5 Bedroom	0	x	$1,393	$0	x	12	=	$0
6 Bedroom	0	x	$1,574	$0	x	12	=	$0
7 Bedroom	0	x	$1,756	$0	x	12	=	$0
8 Bedroom	0	x	$1,938	$0	x	12	=	$0
9 Bedroom	0	x	$2,119	$0	x	12	=	$0
Total units and annual assistance requested:	3							$27,012
Grant term:								1 Year
Total request for grant term:								$27,012

Click the 'Save' button to automatically calculate totals.

Leased Units Budget Detail

Instructions:

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 rent for each unit in the FMR Area column in the chart below. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

Size of Units: 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 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen “6A. Funding Request.”

Total Request: This column populates with the total calculated amount from each row.

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 with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is 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

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

Metropolitan or non-metropolitan fair market rent area: MN - Minneapolis-St. Paul-Bloomington, MN-WI HUD Metro FMR Area (2700399999)

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO	0	x	$699	$0	x	12	=	$0
0 Bedroom	1	x	$932	$932	x	12	=	$11,184
1 Bedroom	1	x	$1,078	$1,078	x	12	=	$12,936
2 Bedroom	0	x	$1,329	$1,329	x	12	=	$0

3 Bedroom	0	x	$1,841	$0	x	12	=	$0
4 Bedroom	0	x	$2,145	$0	x	12	=	$0
5 Bedroom	0	x	$2,467	$0	x	12	=	$0
6 Bedroom	0	x	$2,789	$0	x	12	=	$0
7 Bedroom	0	x	$3,110	$0	x	12	=	$0
8 Bedroom	0	x	$3,432	$0	x	12	=	$0
9 Bedroom	0	x	$3,754	$0	x	12	=	$0
Total units and annual assistance requested:	2							$24,120
Grant term:								1 Year
Total request for grant term:								$24,120

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	3 FTE staff (including Fringes)	$138,233
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food	To assist clients when needed	$1,000
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	to cover costs not covered by badger care	$5,000
15. Transportation	CM to provide client transportation	$15,256
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$159,489
Grant Term		1 Year
Total Request for Grant Term		$159,489

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

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

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

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. Maintenance/Repair	Damages and repairs to units	$18,000
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Utilities in leased units not included in rent	$2,000
6. Furniture		
7. Equipment (lease, buy)	Window Air conditioners	$3,000
Total Annual Assistance Requested		$23,000
Grant Term		1 Year
Total Request for Grant Term		$23,000

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment	Laptops and printers	$1,500
2. Software		
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		$1,500
Grant Term:		1 Year
Total Request for Grant Term:		$1,500

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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

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

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

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

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

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

Click the 'Save' button to automatically calculate totals.

Rural Budget

Rural Cost Budget

New in FY2023, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. There are three CoC Program rural cost categories that can be requested for your new CoC Rural Cost BLI.

Eligible Costs	Annual Assistance Requested
Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.	$10,000
Repairs to housing units in where individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation.	
Staff Training to include professional development, skill development, and staff retention activities.	
CoC Rural BLI Total:	$10,000
Grant Term	1 Year
Total Request for Grant Term	$10,000

Click the 'Save' button to automatically calculate totals.

6l. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	$58,447
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$58,447

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	The Salvation Army	$58,447

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)	The Salvation Army
4. Amount of Written Commitment:	$58,447

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 (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			$0
1b. Rehabilitation (Screen 6B)			$0
1c. New Construction (Screen 6B)			$0
2a. Leased Units (Screen 6C)	$204,000	1 Year	$204,000
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$159,489	1 Year	$159,489
5. Operating (Screen 6G)	$23,000	1 Year	$23,000
6. HMIS (Screen 6H)	$1,500	1 Year	$1,500
 7. VAWA	$0	1 Year	$0
8. Rural (Only for HUD CoC Program approved rural areas)	$10,000	1 Year	$10,000
9. Sub-total of CoC Program Costs Requested			$397,989
10. Admin (Up to 10% of Sub-total in #9)			$39,798
11. HUD funded Sub-total + Admin. Requested			$437,787
12. Cash Match (From Screen 6I)			$58,447
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$58,447
15. Total Project Budget for this grant, including Match			$496,234

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	Match letter	09/12/2023
3) Other Attachment(s)	No	commitment letters	09/13/2023

Attachment Details

Document Description:

Attachment Details

Document Description: Match letter

Attachment Details

Document Description: commitment letters

7D. Certification

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

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

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

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

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

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

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

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

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

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

Name of Authorized Certifying Official: Trevor McClintock

Date: 09/13/2023

Title: Divisional Commander

Applicant Organization: The Salvation Army

PHA Number (For PHA Applicants Only):

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

8B. Submission Summary

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

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

VAWA Budget	No Input Required
Rural Budget	09/11/2023
6I. Match	09/12/2023
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/13/2023
7D. Certification	09/11/2023

Grace Place Shelter

GRACE PLACE

August 30, 2023

To whom it may concern:

The Salvation Army of St. Croix County will provide $58,447.00 in match for the Bonus Permanent Supportive Housing. Private donors available will provide funds December 31, 2023.

Duana Bremer

Duana Bremer
Social Service Director

505 W. 8th Street New Richmond, WI 54017
Phone 715-246-1222 Fax 715-246-7470
www.sagraceplace.org
Follow us on Facebook: Grace Place Salvation Army

WISCONSIN DEPARTMENT OF ADMINISTRATION

THE SALVATION ARMY

Supportive and Temporary Housing

Grace Place Shelters

September 11, 2023

To Whom it may Concern:

The Salvation Army has collaborated with Barron County Housing Authority and is therefore committed to provide the following resources for the Bonus Permanent Housing Project # 213896 from 2024-2025

- Barron County Housing Authority will provide up to 4 Vouchers for clients enrolled in our PSH program between the timeframe of 2024-2025. I certify that the funding source for the vouchers is neither COC or ESG.

Respectfully,

Duana Bremer
Social Service Director

505 W. 8th Street New Richmond, WI 54017
Phone 715-246-1222 Fax 715-246-7470
www.sagraceplace.org
Follow us on Facebook: St. Croix County Salvation Army

United Way

THE SALVATION ARMY

WISCONSIN DEPARTMENT OF ADMINISTRATION

THE SALVATION ARMY

Supportive and Temporary Housing

Grace Place Shelters

September 11, 2023

To Whom it may Concern:

The Salvation Army has collaborated with Integrated Community Solutions and is therefore committed to provide the following resources for the Bonus Permanent Housing Project # 213896 from 2024-2025

- Integrated Community Solutions will provide up to 3 Housing Choice Vouchers for clients enrolled in our PSH program between the timeframe of 2024-2025. I certify that the funding source for the vouchers is neither COC or ESG.

Respectfully,

Duana Bremer

Duana Bremer
Social Service Director

505 W. 8th Street New Richmond, WI 54017
Phone 715-246-1222 Fax 715-246-7470
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United Way

THE SALVATION ARMY

WISCONSIN DEPARTMENT OF ADMINISTRATION

Grace Place Shelter

GRACE PLACE

September 11, 2023

To whom it may concern:

The Salvation Army of St. Croix County has collaborated with Vivent Health and therefore is committed to provide the following resources for the Bonus Permanent Supportive Housing Project, Project # 213896 from 2024-2025:

- Vivent Health has agreed to provide us with in-kind in the amount of $75,000.00 from services provided for up to 5 eligible clients while housed with us during the timeframe of 2024-2025.

Eligibility for program participants in the new PH-PSH project will be based solely on COC Fair Housing requirements and will not be restricted by Vivent Health.

Respectfully,

Duana Bremer
Social Service Director

505 W. 8th Street New Richmond, WI 54017
Phone 715-246-1222 Fax 715-246-7470
www.sagraceplace.org
Follow us on Facebook: Grace Place Salvation Army

WISCONSIN DEPARTMENT OF ADMINISTRATION

Integrated community solutions

800 Wisconsin Street Unit 16 Eau Claire, WI 54703

September 12, 2023

Duana Bremer
The Salvation Army
505 W. 8th St
New Richmond, WI 54017

Dear Duana,

Integrated Community Solutions may provide 3 Housing Choice Vouchers to eligible Permanent Supportive Housing clients, if we have vouchers available and with prior approval from WHEDA and if the clients are eligible, for your New Permanent Supportive Housing Project starting 2024-2025. Funds for the vouchers are not CoC or ESG.

Sincerely,

Kim Helland

Kim Helland
WHEDA Housing Specialist

Integrated Community Solutions (ICS)
800 Wisconsin St. Unit 16
Building D2, Suite 312
Eau Claire, WI 54703
Fax: 920-592-1447

Kim – Housing Specialist
kimhe@ics-gb.org
Phone: 920.479.9109

Marit – Housing Specialist
maritmu@ics-gb.org
Phone: 920.479.9108

vivent health

September 8, 2023

Duana Bremer
Social Service Director
The Salvation Army
505 W. 8th St.
New Richmond, WI 54017

Dear Ms. Bremer:

Vivent Health envisions a world without AIDS and strives to ensure everyone living with HIV lives a long and healthy life. It is in the spirit of this vision that we support The Salvation Army of St. Croix County's Permanent Supportive Housing application. Based on the West Central and Rural North Coordinated Entry Prioritization Lists and the needs of current Vivent Health clients, we estimate being able to provide services to 5 of your program participants in the 2024-2025 grant year. Vivent Health will provide services to individuals who are eligible and choose to utilize our services. These services include medical case management, food pantry, insurance cost sharing, prescription assistance, transportation assistance, mental health counseling, and AODA services. The average annual cost of services per Vivent Health client is $15,000. These services are funded through federal, state, and local grants, private donations, and reimbursements for services and pharmacy. The total in-kind services provided to Permanent Supportive Housing participants is estimated at $75,000.

Sincerely,

Jess Reese, MHS
Director of Wisconsin Case Management

JR:ct

505 Dewey Street South, Suite 107
Eau Claire, WI 54701

viventhealth.org
(800) 359-9272

BARRON COUNTY HOUSING AUTHORITY

BARRON COUNTY
HOUSING AUTHORITY

611 E Woodland Ave #25
Barron WI 54812
Phone: 715.537.5344
Fax: 715.537.3726

director@barroncountyha.com
website: barroncountyha.com

Multifamily Housing
Housing Choice Vouchers

Management Service Provider for:
Housing Authority of the City of Barron
Park Lawn Apartments

Housing Authority of the City of Chetek
Lone Oak Apartments

Prairie Farm
Pioneer Housing, Inc.
Scott Terrace
Pioneer Housing

Compliance Service Provider for:
Almena Housing Authority
Parkview Apartments

September 7, 2023

Duana Bremer
Salvation Army
505 W. 8th Street
New Richmond, WI 54017

RE: Voucher Commitment

Dear Duana:

Barron County Housing Authority is pleased to support your Permanent Supportive Housing Expansion project by pledging four Housing Choice Vouchers to eligible applicants/participants.

Funding will begin December 1, 2023 and will remain as long as the client is eligible.

These HUD Housing Choice Vouchers are not CoC or ESG funded.

With sincere appreciation for your hard work and dedication to furthering affordable housing to those most in need,

Margaret Skemp

Executive Director
Barron County Housing Authority