

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.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFO.
- YHDP projects must state they were awarded under the YHDP program on screen 3A and answer the YHDP specific page that follows.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: YHDP Project Application

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

If "Other", specify:

3. Date Received: 09/18/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0258

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

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

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

c. Unique Entity Identifier: LBN1AU46U7L4

d. Address

Street 1: PO Box 272

Street 2:

City: Eau Claire

County: Eau Claire

State: Wisconsin

Country: United States

Zip / Postal Code: 54702

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Carrie

Middle Name:

Last Name: Poser

Suffix:

Title: CoC Director

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

Telephone Number: (715) 598-3301

Extension:

Fax Number: (715) 265-7031

Email: carrie.poser@wibos.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-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): Wisconsin
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: WIBOSCOG YHDP SSO CE

16. Congressional District(s):

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

16b. Project: WI-005, WI-006, WI-007, WI-008, WI-001, WI-002, WI-003
(for multiple selections hold CTRL key)

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:

21. Authorized Representative

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOG Board of Directors

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

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

Email: lhaen@khds.org

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

Date Signed: 09/18/2023

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: Wisconsin Balance of State Continuum of Care, Inc.

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOG Board of Directors

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

Telephone Number: (262) 764-8555

Extension:

Email: lhaen@khds.org

City: Eau Claire

County: Eau Claire

State: Wisconsin

Country: United States

Zip/Postal Code: 54702

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$125,000.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

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

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

Part III Interested Parties

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: Lisa Haen, Chair, WIBOSCOC Board of Directors

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

Date Signed: 09/18/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

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

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

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

X

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

Authorized Representative

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

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

Email: lhaen@khds.org

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

Date Signed: 09/18/2023

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: Wisconsin Balance of State Continuum of Care, Inc.

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

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

Date Signed: 09/18/2023

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

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOG Board of Directors

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

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

Email: lhaen@khds.org

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

Date Signed: 09/18/2023

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: Wisconsin Balance of State Continuum of Care, Inc.

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Chair, WIBOSCOC Board of Directors

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

Date Signed: 09/18/2023

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Not Applicable

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

YHDP Renewal Grant Consolidation Screen

The FY2023 CoC Competition will continue offering opportunities to consolidate CoC projects.

- 1. Consolidations will no longer be required to submit a combined version of the application.**
 - a. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)**

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

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

- 1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2023 CoC Program Competition? No**
"If "No" click on "Next" or "Save & Next" below to move to the next screen."

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$119,322

Organization	Type	Type	Sub-Award Amount
Community Action Inc. of Rock and Walworth Coun...	M. Nonprofit with 501C3 IRS Status		\$8,523
Couleecap	M. Nonprofit with 501C3 IRS Status		\$8,523
Family Promise of Ozaukee County	M. Nonprofit with 501C3 IRS Status		\$8,523
Family Promise of Washington County	M. Nonprofit with 501C3 IRS Status		\$8,523
Hebron Housing Services	M. Nonprofit with 501C3 IRS Status		\$8,523
Kenosha Human Development Services Inc.	M. Nonprofit with 501C3 IRS Status		\$8,523
North Central Community Action Program, Inc.	M. Nonprofit with 501C3 IRS Status		\$8,523
House of Hope Green Bay Inc	M. Nonprofit with 501C3 IRS Status		\$8,523
Newcap, Inc	M. Nonprofit with 501C3 IRS Status		\$17,046
Renewal Unlimited, Inc	M. Nonprofit with 501C3 IRS Status		\$8,523
The Salvation Army	M. Nonprofit with 501C3 IRS Status		\$8,523
Western Dairyland EOC, Inc	M. Nonprofit with 501C3 IRS Status		\$8,523
West CAP	M. Nonprofit with 501C3 IRS Status		\$8,523

2A. Project Subrecipients Detail

a. Organization Name: Community Action Inc. of Rock and Walworth Counties

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

c. Employer or Tax Identification Number: 39-1052077

d. Unique Entity Identifier: TKJCKNKAK2P7

e. Physical Address

Street 1: 20 Eclipse Center

Street 2:

City: Beloit

State: Wisconsin

Zip Code: 53511

f. Congressional District(s): WI-001, WI-002
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$8,523

j. Contact Person

Prefix: Ms.

First Name: Elizabeth

Middle Name:

Last Name: Knapp Spooner
Suffix:
Title: Community Programs Director
E-mail Address: eknapp@community-action.org
Confirm E-mail Address: eknapp@community-action.org
Phone Number: 608-313-1336
Extension:
Fax Number:

2A. Project Subrecipients Detail

- a. Organization Name:** Couleecap
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 39-1077614
- d. Unique Entity Identifier:** UN21A8KDK5F8
- e. Physical Address**
- Street 1:** 201 Melby St.
Street 2:
City: Westby
State: Wisconsin
Zip Code: 54667
- f. Congressional District(s):** WI-003
(for multiple selections hold CTRL key)
- g. Is the subrecipient a Faith-Based Organization?** No

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

i. Expected Sub-Award Amount: \$8,523

j. Contact Person

Prefix: Ms.

First Name: Becky

Middle Name:

Last Name: Koske

Suffix:

Title: Housing & Community Services Director

E-mail Address: becky.koske@couleecap.org

Confirm E-mail Address: becky.koske@couleecap.org

Phone Number: 608-787-9890

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Family Promise of Ozaukee County

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

c. Employer or Tax Identification Number: 46-4227704

d. Unique Entity Identifier: LWKVLJYXEJL7

e. Physical Address

Street 1: 136 W. Grand Ave.

Street 2:

City: Port Washington
State: Wisconsin
Zip Code: 53074

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

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

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

i. Expected Sub-Award Amount: \$8,523

j. Contact Person

Prefix: Ms.
First Name: Cori
Middle Name:
Last Name: Guerin
Suffix:
Title: CEO
E-mail Address: corifpoz@gmail.com
Confirm E-mail Address: corifpoz@gmail.com
Phone Number: 262-268-2723
Extension: 102
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Family Promise of Washington County

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

c. Employer or Tax Identification Number: 27-0740203

d. Unique Entity Identifier: YPHCRW84DLM8

e. Physical Address

Street 1: 724 Elm St.

Street 2: Suite 100

City: West Bend

State: Wisconsin

Zip Code: 53095

f. Congressional District(s): WI-005
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$8,523

j. Contact Person

Prefix: Ms.

First Name: Lori

Middle Name:

Last Name: Prescott

Suffix:

Title: Executive Director

E-mail Address: ExecDirector@familypromisewc.org

Confirm E-mail Address: ExecDirector@familypromisewc.org

Phone Number: 262-353-9304
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Hebron Housing Services

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

c. Employer or Tax Identification Number: 39-1414365

d. Unique Entity Identifier: ZXHJA42NZBB3

e. Physical Address

Street 1: 1166 Quail CT

Street 2: Suite 400

City: Pewaukee

State: Wisconsin

Zip Code: 53072

f. Congressional District(s): WI-005
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$8,523

j. Contact Person

Prefix: Mr.
First Name: Bryan
Middle Name:
Last Name: Schuh
Suffix:
Title: Accounting Manager
E-mail Address: bschuh@hebronhouse.org
Confirm E-mail Address: bschuh@hebronhouse.org
Phone Number: 262-522-1408
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Kenosha Human Development Services Inc.
b. Organization Type: M. Nonprofit with 501C3 IRS Status
c. Employer or Tax Identification Number: 39-1200678
d. Unique Entity Identifier: HDF1HFBKELX2
e. Physical Address
Street 1: 3536 52nd St.
Street 2:
City: Kenosha
State: Wisconsin
Zip Code: 53144
f. Congressional District(s): WI-001
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$8,523

j. Contact Person

Prefix: Ms.

First Name: Lisa

Middle Name:

Last Name: Haen

Suffix:

Title: Associate Director

E-mail Address: lhaen@khds.org

Confirm E-mail Address: lhaen@khds.org

Phone Number: 262-764-8544

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: North Central Community Action Program, Inc.

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

c. Employer or Tax Identification Number: 39-1080179

d. Unique Entity Identifier: VSKTRF2JVWB3

e. Physical Address

Street 1: 2111 8th St. South

Street 2: Suite 102

City: Wisconsin Rapids

State: Wisconsin

Zip Code: 54494

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

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

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

i. Expected Sub-Award Amount: \$8,523

j. Contact Person

Prefix: Ms.

First Name: Diane

Middle Name:

Last Name: Sennholz

Suffix:

Title: Executive Director

E-mail Address: dsennholz@nccapinc.com

Confirm E-mail Address: dsennholz@nccapinc.com

Phone Number: 715-301-1863

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: House of Hope Green Bay Inc

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

c. Employer or Tax Identification Number: 39-1708805

d. Unique Entity Identifier: XDYSJJ1J2BB9

e. Physical Address

Street 1: 1660 Christiana St.

Street 2:

City: Green Bay

State: Wisconsin

Zip Code: 54303

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

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

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

i. Expected Sub-Award Amount: \$8,523

j. Contact Person

Prefix: Ms.

First Name: Beth

Middle Name:

Last Name: Hudak
Suffix:
Title: Director of Community Engagement
E-mail Address: bethh@houseofhopegb.org
Confirm E-mail Address: bethh@houseofhopegb.org
Phone Number: 920-884-6740
Extension: 204
Fax Number:

2A. Project Subrecipients Detail

- a. Organization Name:** Newcap, Inc
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 39-1050492
- d. Unique Entity Identifier:** W4FRGRKMJX21
- e. Physical Address**
- Street 1:** 1201 Main St.
Street 2:
City: Oconto
State: Wisconsin
Zip Code: 54153
- f. Congressional District(s):** WI-008
(for multiple selections hold CTRL key)
- g. Is the subrecipient a Faith-Based Organization?** No

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

i. Expected Sub-Award Amount: \$17,046

j. Contact Person

Prefix: Ms.

First Name: Erin

Middle Name:

Last Name: Evosevich

Suffix:

Title: Vice President of Housing

E-mail Address: erinevosevich@newcap.org

Confirm E-mail Address: erinevosevich@newcap.org

Phone Number: 920-834-4621

Extension:

Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Renewal Unlimited, Inc

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

c. Employer or Tax Identification Number: 39-1270955

d. Unique Entity Identifier: GRMCMTDM1EL8

e. Physical Address

Street 1: 2900 Red Fox Run

Street 2:

City: Portage
State: Wisconsin
Zip Code: 53901

f. Congressional District(s): WI-005, WI-006, WI-007, WI-002, WI-003
(for multiple selections hold CTRL key)

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

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

i. Expected Sub-Award Amount: \$8,523

j. Contact Person

Prefix: Ms.
First Name: Suzanne
Middle Name:
Last Name: Hoppe
Suffix:
Title: Executive Director
E-mail Address: shoppe@renewalunlimited.net
Confirm E-mail Address: shoppe@renewalunlimited.net
Phone Number: 608-742-5329
Extension: 216
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: The Salvation Army

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

c. Employer or Tax Identification Number: 36-2167910

d. Unique Entity Identifier: NDM9CJA8ZSH8

e. Physical Address

Street 1: 1600 Briggs St.

Street 2:

City: Stevens Point

State: Wisconsin

Zip Code: 54481

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

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

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

i. Expected Sub-Award Amount: \$8,523

j. Contact Person

Prefix: Ms.

First Name: Leigh Ann

Middle Name:

Last Name: Trzinski

Suffix:

Title: Hope Center Director

E-mail Address: LeighAnn.Trzinski@usc.salvationarmy.org

Confirm E-mail Address: LeighAnn.Trzinski@usc.salvationarmy.org

Phone Number: 715-341-2437
Extension:
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: Western Dairyland EOC, Inc

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

c. Employer or Tax Identification Number: 39-1076993

d. Unique Entity Identifier: J9QRSRJ6K526

e. Physical Address

Street 1: 23122 Whitehall Rd.

Street 2:

City: Independence

State: Wisconsin

Zip Code: 54747

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

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

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

i. Expected Sub-Award Amount: \$8,523

j. Contact Person

Prefix: Ms.
First Name: Anna
Middle Name:
Last Name: Cardarella
Suffix:
Title: CEO
E-mail Address: anna.cardarella@wdeoc.org
Confirm E-mail Address: anna.cardarella@wdeoc.org
Phone Number: 715-985-2391
Extension: 1,202
Fax Number:

2A. Project Subrecipients Detail

a. Organization Name: West CAP

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

c. Employer or Tax Identification Number: 39-1076125

d. Unique Entity Identifier: LH86X2GEQLM5

e. Physical Address

Street 1: 525 Second St.
Street 2:
City: Glenwood City
State: Wisconsin
Zip Code: 54013

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

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

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

i. Expected Sub-Award Amount: \$8,523

j. Contact Person

Prefix: Ms.

First Name: Erica

Middle Name:

Last Name: Schoch

Suffix:

Title: Program Manager

E-mail Address: eschoch@wcap.org

Confirm E-mail Address: eschoch@wcap.org

Phone Number: 715-781-0097

Extension:

Fax Number:

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): WI0258

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

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

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

4. Project Name: WIBOSCOG YHDP SSO CE

5. Project Status: Standard

6. Component Type: SSO

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

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

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

3B. Project Description

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

The BOS CE covers the entire CoC to create an easier process for clients to navigate quick & seamless entry into homeless services, prevent service duplication, reduce length of homelessness, improve communication w/in local coalitions & people will be referred to the most appropriate resource(s) for their specific situation. This includes youth & young adults (YYA). BOS CE policies are implemented in 20 local CE systems (LCES) ensuring needs are met in the communities they live. The purpose of the grant is to increase coordination between the homeless crisis response system & other systems of care (i.e education, justice, child welfare) & ensure YYA have access to CE while meeting their unique needs & addressing challenges & barriers. This project focuses on 3 things: review of CE system w/youth-centered lens & considering needs, challenges & barriers faced by YYA; increase use of CE by YYA & increased responsiveness & education on the needs of YYA by SSO CE staff; expand marketing & outreach efforts across the coalition w/an emphasis on YYA & increase system of care provider participation in CE. (1) It is important that the CoC review all parts of the CE process including prioritization, written standards, CE policy & procedure manual, assessment(s) & case conferencing from a positive youth development and trauma information care perspective & incorporate feedback from YAB members throughout the process. (2) The 14 sub-recipient agencies also receive SSO CE & DV CE funding. All subs will be provided training & TA, evaluate & support the agencies w/in the coalition, make recommendations & support the CoC structure & process approved by the Board & CoC YAB, including Positive Youth Development and Trauma Informed Care. WAHRS will continue to provide additional RHY training & participate in expanding CE. (3) All subs ensure widespread marketing & outreach to youth. This includes support from the local/regional YAB to help identify better places to conduct outreach, different approaches & other feedback. The project also aims to increase the system of care partners working w/youth & using CE. By focusing efforts on those non-required providers, the BOS seeks to enhance the CE system. This will ensure that YYA have the same access & priority as others seeking housing & services across all 69 counties in CoC, develop strategies for fair & equal access to CE regardless of location or method, identify those least likely to access CE & ensure youth have meaningful input in & understanding of the CE system. The grant will strengthen the overall CE system for YYA by providing supportive service funding for up to 14 sub-recipients. Services will include assessment of service needs, CM, housing search & outreach. Our outcomes and performance will be measured by expanding CE to include more providers including federal, state, non-profit and any other providers that work with YYA experiencing homelessness, thereby reaching more people in need of housing services, hopefully impacting in a positive way metrics like length of time homeless, first time homeless and other system performance measures.

1a. Provide a description that addresses how this project will follow Positive Youth Development.

Positive Youth Development (PYD) is a comprehensive framework outlining the supports all young people need to be successful. The Family & Youth Services Bureau (FYSB) defines the program environment as caring & supportive, having high expectations & offering youth the chance to develop positive relationships & connections w/adults, peers & the larger community. This is achieved by addressing competence, confidence, connection, character, caring/compassion. The CoC is committed to following a PYD approach as outlined in the YHDP coordinated community plan (CCP) including the coordinated entry system. Through conversations & brainstorms at the YHDP weekly workgroup, stakeholders identified strengths & gaps regarding PYD and other YHDP values & principles. The Balance of State CoC provides system level resources & expectations, as outlined in the goals, objectives, and action steps section of this plan. Each local homeless coalition is responsible for carrying out the values & principles in their local projects & systems, strategies may look different between coalitions. In CE, staff provide positive relationships & create a safe inclusive environment. Staff build on relationships to provide education, coaching & training opportunities for youth. CE staff provide youth the opportunities to make informed choices about referrals & potential housing opportunities.

1b. Provide a description that addresses how this project will follow Trauma Informed Care.

Trauma informed care (TIC) is an overarching structure & treatment attitude that emphasizes understanding, compassion, and responding to the effects of all trauma. TIC looks at physical, psychological, and emotional safety for both clients & providers, and provides tools to empower youth on the path to stability. The CoC is committed to following trauma informed care (TIC) best practices as outlined in the YHDP coordinated community plan (CCP) including the coordinated entry system. Through conversations and brainstorms at the YHDP weekly workgroup, stakeholders identified strengths and gaps regarding TIC and other YHDP values & principles. The Balance of State CoC provides system-level resources and expectations, as outlined in the goals, objectives, & action steps section of this plan. Each local homeless coalition is responsible for carrying out the values & principles in their local projects and systems, strategies may look different between coalitions. In CE, staff demonstrate TIC principles from the pre-screen, through assessment, to referral & including follow-up contacts. It is important the CE staff create safe environments for youth throughout the process.

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

The CoC created the CE project to help meet the shared vision, goals and objectives outlined in the YHDP coordinated community plan (CCP). In the CCP, the YAB approved shared vision is to create a future in Wisconsin where all youth & young adults (YYA) receive immediate & equitable access to everything they need to thrive in housing, education, employment, well-being & positive community connections. It is also imperative that YYA have inclusive & individualized access to wrap-around supports. To achieve this vision, goal 1 of the CCP is to provide YYA w/safe, supported, & flexible housing options that reflect their individualized needs & pave the way for long-term, sustainable housing. Objective 1.5 is to ensure CE is designed to meet YYA needs. Action step 1 includes reviewing the policy & procedure manual, including assessments & prioritization process to ensure it meets YYA needs. Action step 2 includes developing partnerships through training & outreach w/child welfare, juvenile justice, educational systems & other systems of care to ensure that YYA can access CE through all of these systems, whether directly or through an MOU. Action step 3 includes developing & facilitating targeted CE trainings w/other systems of care. To achieve these objectives, additional funding must be provided to the current SSO CE staff. This ensures that there is time dedicated to work on expanding CE across other systems of care & truly reviewing the system from a youth-centered lens. CoC Staff work together to ensure the YAB is provided training & education on CE, an opportunity to provide feedback & suggestions, & work closely w/the youth workgroup from the CoC-wide CE policy committee to make & approve necessary changes to the CE system CoC-wide.

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

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

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

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

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

3. Housing First

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

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

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

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

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

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

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

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

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

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

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

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: Yes

- (1) adults without children;
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness.

5. Effectively serving youth populations:

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

According to the US Census Bureau, the WI population is 86.6% white, 6.6% Black or African American, 1.2% American Indian or Alaskan Native, 3.2% Asian, 2.2% multi-racial, & less than 1% Native Hawaiian or Pacific Islander. Almost 7.6% identify as Hispanic/Latin(a)(o)(x). According to a report built by our HMIS lead and looking at the date range of 10/1/22-8/23/23, 25 out of 10,000 resident experience homelessness in the 69 out of 72 counties w/in the CoC. Of those experiencing homelessness, 63% identify as white, 21% Black or African American, 7% American Indian or Alaska Native, 1% Asian, 6% multi-racial, & less than 1% Native Hawaiian or Pacific Islander. 10% identify as Hispanic/Latin(a)(o)(x). Drilling down on racial disparities through the customized HMIS report, those who identify as Asian are .6 times as likely to be homeless as those identifying as white; whereas American Indian or Alaskan Native are 9.1 times, Black or African American are 16.4 times, & Native Hawaiian or Pacific Islander are 17.1 times more likely than white to experience homelessness. Those identifying as Hispanic/Latin(a)(o)(x) are 1.7 times more likely to experience homelessness.

According to a customized HMIS – YHDP report, looking at all youth in YHDP communities experiencing homelessness between 10/1/22-8/23/23: 60% identify as white, 24% Black or African American, 7% American Indian or Alaska Native, 1% Asian, 7% multi-racial, & 1% Native Hawaiian or Pacific Islander. 14% identify as Hispanic/Latin(a)(o)(x).

In the YHDP CQI HMIS report as of 9/8/23, youth enrolled in this project identify as: 58% white, 23% Black or African American, 5% American Indian or Alaska Native, 2% Asian, 10% multi-racial, & 2% Native Hawaiian or Pacific Islander. 23% identify as Hispanic/Latin(a)(o)(x).

The CoC analyzes data from the general population as reported in the Census, the homeless population as reported by HMIS, the youth homelessness population as reported by HMIS, and the youth enrolled in the YHDP SSO project as reported through HMIS. Those identifying as Black or African American are overrepresented both in the regular homeless population, the youth homelessness sub-set, and enrolled in this project – w/6.6% in general population & 21% in homelessness population; youth pop 24% & project pop 23%. Also overrepresented are those identifying as Multi-Racial – w/2.2% in general & 6% in homeless pop; with youth pop 7% & enrolled in project 10%; and those identifying as Hispanic/Latin(a)(o)(x) w/7.6% in general & 10% in homeless pop; with youth pop 14% & enrolled in project 23%. Those identifying as Asian are underrepresented both in the regular homeless population, the youth homelessness sub-set, and enrolled in this project – w/3.2% in general & 1% homeless pop; with youth pop 1% & enrolled in project almost 2%.

Specifically looking at data, those identifying as American Indian or Alaska Native are overrepresented w/1.2% in general & 7% in homeless pop; but in the youth pop 7% & enrolled in the project are less than 5%. Noting that while 7% of youth experiencing homelessness identify as AI or AN, only 5% are enrolled in this project.

5b. Identify any potential barriers to persons or communities of color equitably benefiting from your proposed grant activities.

There are at least three potential barriers to persons or communities of color equitably benefiting from the YHDP SSO CE project. These three potential barriers include access issues, engagement, and accuracy of assessment. There are many reasons for these potential barriers including but not limited to distrust, past experiences, limited outreach or engagement specifically designed for marginalized populations, and inaccurate assessment that fails to take into consideration impact of historical systemic racism and disparities that often perpetuate the disparities among marginalized populations.

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

A key aspect of this grant is to work at the local level to build relationships, create trust, and intentionally outreach to communities and persons of color to ensure equitable access to CE. The CoC has been working for over a year on the development of a new assessment to be used with our CE system and replace the VISPDAT. The weight of the assessment will be reduced within the prioritization process as well. The reason the assessment has taken so long to become operational is because of the intentional feedback and input the CoC sought from a diverse group of stakeholders including but not limited to the Youth Action Board; Victim Service Provider community; shelter and outreach staff; people with lived experience of homelessness; and people who identify as members of a marginalized population such as those with disabilities, LGBTQ+, Black or African American, & American Indian or Alaskan Native. In addition to the assessment, the CoC will enhance the feedback loop to ensure that people who go through CE have an opportunity to share their perspective, listen to challenges and concerns. The CoC will work to provide training, education, and technical assistance. Policies and procedures will be reviewed to ensure processes are in place to support expanded access, intentional engagement & cultural competency.

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

There are three main measures in place to track progress and evaluated the effectiveness of efforts to advance racial equity through the grant activities. (1) Our HMIS lead created customized reports using Census & HMIS data to visualize racial disparity within the CoC. The report can be generated by project type or the specific project. CoC staff will review data specifically for the YHDP SSO CE project to track progress & determine, over time, whether progress has been made to reduce disparities around CE access & prioritization. (2) The CoC has implemented a Continuous Quality Improvement (CQI) plan that has racial equity built into many of the measures being analyzed. The CQI data will be analyzed & presented to the community on a quarterly basis to see the rate of change & to be held accountable to the YHDP community. At the time the data is presented, the community will be invited to give feedback & the CoC will pivot as needed to ensure ongoing improvement occurs. We are still in the beginning phases of CQI, which will be evaluated over time to ensure effectiveness. The CoC will also work with our HMIS Lead to create more reports to look at specific pieces of racial equity data to dig deeper into our analysis once we have a good baseline. (3) CoC staff will reviewing CE data along with engagement & marketing plans reported by the local CE leads to ensure active and intentional outreach is occurring, expanding the use & knowledge of CE among providers – especially those working directly with people experiencing disabilities, communities of color, & LGBTQ+.

Youth Homeless Demonstration Projects

1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? Yes

1a. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?

CE staff work w/local coalition partners to ensure that households can be easily connected to community supports such as child welfare, schools, youth providers, and other service organizations & housing providers. In many communities, CE staff lead case conferencing mtgs in order to problem solve & connect eligible HH w/services, support self-resolve & client choice, working to find a permanent housing solution for everyone on the CE prioritization list. CE utilize a client-centered intervention strategy to support client goals. The CoC has provided opportunities for SSO CE staff to receive motivational interviewing, TIC & diversity training. The CoC's CE System Specialist meets w/SSO CE staff regularly to address questions or concerns, provide additional support & training – such as focusing on victim service providers, impact of trauma, anti-trafficking efforts, housing first, fair housing, and more.

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

Family counseling	<input type="checkbox"/>
Conflict Resolution	<input type="checkbox"/>
Parenting Supports	<input type="checkbox"/>
Relative or kinship caregiver resources	<input type="checkbox"/>
Targeted substance abuse and mental health treatment	<input type="checkbox"/>
Housing Search Assistance	<input checked="" type="checkbox"/>
Landlord-Tenant mediation	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>
Utility or Security Deposits	<input type="checkbox"/>
One time moving assistance	<input type="checkbox"/>

Rental Application fees	<input type="text"/>
Utility or Rental Arrears	<input type="text"/>
Other (if other selected, use textbox to explain the potential service)	<input type="text"/>

2. Is this a Host Homes Project? No

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

4. How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?

The CoC's System Coordinator meets w/the YAB to provide education & training about the CoC's CE system, including policies and procedures & assessments. Several CoC YAB members have joined & volunteered to lead the youth workgroup, which is a sub committee of the CoC wide CE policy committee. The purpose of the workgroup is to review all things related to CE from a youth-centered perspective to ensure youth needs can be adequately met. This specifically addresses several objectives listed in the CCP under Goal 1. For any proposed changes to the CE policy & procedure manual, assessment, or prioritization process, the youth workgroup will need to approve the proposal – then the full CoC Committee – then the CoC YAB – then the CoC Board. The CoC relies heavily on the CoC YAB to help develop & implement the CE project specifically addressing the needs of youth for housing & services.

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

Special YHDP Activities

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

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

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

III.B.4.b(7)(a)(i) Leases under 12 months (minimum 1 month) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	<input type="checkbox"/>
III.B.4.b(7)(a)(ii) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH) - (ELIGIBLE ONLY FOR PH & JOINT)	<input type="checkbox"/>
III.B.4.b(7)(a)(iii) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(iv) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness) - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(v) Employ youth receiving recipient services (document nature of work and no conflicts of interest) - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	<input checked="" type="checkbox"/>
III.B.4.b(7)(a)(vi) Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up to 24 months of housing assistance (document standards applied to units and proof of compliance) - (ELIGIBLE ONLY FOR PH, TH & JOINT)	<input type="checkbox"/>
III.B.4.b(7)(a)(vii) Provide moving expense more than one time to a program participant - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	<input type="checkbox"/>
III.B.4.b(7)(a)(viii) Provide payments for families that provide housing under host homes and kinship care (up to \$500 per month) - (ELIGIBLE ONLY FOR HOST HOME & KINSHIP CARE)	<input type="checkbox"/>
III.B.4.b(7)(a)(ix) YHDP recipients may continue providing supportive services to program participants for up to 12 months after the program participant exits homelessness, transitional housing or after the end of housing assistance.	<input type="checkbox"/>
No Special YHDP Activities Requested	<input type="checkbox"/>

3. YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply) - Eligible only to projects with a Supportive Services BLI

III.B.4.b(7)(a)(x)(i) Security deposits (not to exceed 2 months of rent)	<input type="checkbox"/>	III.B.4.b(7)(a)(x)(ii) Pay for damage to units (not to exceed 2 months rent)	<input type="checkbox"/>
III.B.4.b(7)(a)(x)(iii) Costs to provide household cleaning supplies	<input type="checkbox"/>	III.B.4.b(7)(a)(x)(iv) Housing start-up expenses (not to exceed \$300 per participant)	<input type="checkbox"/>
III.B.4.b(7)(a)(x)(v) Purchase cell phone and service (cost must be reasonable and housing related)	<input type="checkbox"/>	III.B.4.b(7)(a)(x)(vi) Cost of Internet (costs must be reasonable)	<input type="checkbox"/>
III.B.4.b(7)(a)(x)(vii) Payment of rental arrears (up to 6 months)	<input type="checkbox"/>	III.B.4.b(7)(a)(x)(viii) Payment of utility arrears (up to 6 months)	<input type="checkbox"/>
III.B.4.b(7)(a)(x)(ix) Payment of utilities (up to 3 months)	<input type="checkbox"/>	III.B.4.b(7)(a)(x)(x) Pay gas a mileage for participant personal vehicle for trips for eligible services	<input type="checkbox"/>
III.B.4.b(7)(a)(x)(xi) Payment of Legal fees	<input type="checkbox"/>	III.B.4.b(7)(a)(x)(xii) Payment of insurance, registration and past driving fines	<input type="checkbox"/>
None	<input checked="" type="checkbox"/>		

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

III.B.4.b(7)(b)(i) A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance. - (ELIGIBLE ONLY FOR PH-RRH)	<input type="checkbox"/>
III.B.4.b(7)(b)(ii) YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	<input type="checkbox"/>
III.B.4.b(7)(b)(iii) YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)	<input type="checkbox"/>
III.B.3.h Recipients will not be required to meet the 25% match requirement if the applicant is able to show it has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community. - (ELIGIBLE FOR ALL PROJECTS)	<input checked="" type="checkbox"/>

III.B.4.b(7)(b)(iv) Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy. - (ELIGIBLE ONLY FOR PROJECTS WITH RENTAL ASSISTANCE, LEASING OR OPERATING BLI)

III.B.4.b(7)(b)(v) YHDP recipients may provide payments of up to \$1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program. - (ELIGIBLE ONLY FOR HOST HOMES & KINSHIP CARE)

III.B.4.b(7)(b)(vi) YHDP recipients may pay for short-term (up to three months) emergency lodging in motels or shelters as the transitional housing component in a Joint transitional housing-rapid rehousing (TH-RRH) project, provided that the recipient can demonstrate that use of the hotel or motel room is accessible to supportive services. - (ELIGIBLE ONLY FOR JOINT)

No Exemptions Requested.

Enter required additional information about your YHDP Special Activity Request. Requirements for YHDP Special Activities can be found in the NOFO citation included on this screen. Please answer ALL requirements prior to submission.

III.B.3.h:

The Balance of State CoC will use all means necessary to try and secure 25% match. This grant relies on sub-recipient agencies gathering & documenting donated time as in-kind match. The CoC Director is actively seeking financial support from various state agencies (including DCF and DPI) along with applying for unrestricted funds to add additional administrative dollars to the operation of this grant. Becoming a vendor with the State of Wisconsin takes time. Currently the CoC is not a vendor and therefore the Director is actively working through the sole source waiver request within their procurement process to allow the Balance of State CoC to become eligible to receive funds directly from a State Department. Additional grants have been submitted or will be submitted soon. We will know the results of those applications for some time. While the intent is to seek match from a variety of sources, the CoC is requesting a waiver in case the organization is not able to meet the 25% match requirement.

5. Innovative Activities III.B.4.b(7)(c)

a. Is the applicant requesting an innovative activity? No

6. Are the Special YHDP Activity selections made on this screen different than what this project was awarded in FY2022? If you are unsure what you were awarded, please contact your local CPD Rep. Yes

6a. If yes, please explain why there is a difference. If changes occurred during post-award of the previous competition or through consultation with HUD HQ or the Field Office, please provide that information here.

During the initial grant, 2022-2024, the CoC anticipated that sub-recipients would be able to generate match in a similar way that they do for other CE related grants. They found that generating match for this grant was more challenging and difficult. Efforts to secure additional funding were stretched thin as those sources were supporting the direct HUD YHDP grants. In this renewal, the CoC is asking to apply the waiver to this grant. We do not want our SSO recipients to have to compete for funds and support to the determinant of the YHDP housing projects.

4A. Supportive Services for Participants

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

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

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

Coordinated entry is based on client choice. People experiencing homelessness must consent as part of the pre-screen process. Prioritization is dynamic with all people prioritized for all different project types. Within eligibility guidelines, clients can choose the project type they are most comfortable with.

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

Coordinated entry is based on client choice. Service type, intensity & program duration remains flexible & fluid. All 3 will be based on youth pace toward achieving self-identified goals; reoccurrence of barriers or additional challenges; & potential changes over time. CE staff assess for safety & overall wellness; needs around housing and connection to the System Navigators who can work on other goals such as education, employment, transportation & health – including mental health, addiction & physical. Youth are provided a choice in the frequency of mtgs, methods of communication, & opportunity to change their mind & raise issues or concerns about effectiveness along the way.

Identify whether the project includes the following activities:

4. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? No

5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? No

6. Do program participants have access to SSI/SSDI technical assistance provided by this project applicant, a subrecipient, or partner agency? No

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual?

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

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

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



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

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

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

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

4B. Housing Type and Location

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

Total Units: 0

Total Beds: 0

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

4B. Housing Type and Location Detail

1. **Housing Type:** None

5A. Program Participants - Households

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

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

Click Save to automatically calculate totals

At least one person in the Households Grid must be served.

5B. Program 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	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

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

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with 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. Does this project propose to allocate funds according to an indirect cost rate? No

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

3. Select the costs for which funding is requested:

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

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

6E. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	.35 FTE salary & benefits, office, phone, supplies	\$9,500
2. Assistance with Moving Costs		
3. Case Management	1.73 FTE salary & benefits, office, phone, supplies, travel, per diem	\$87,379
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	.675 FTE salary & benefits, office, phone, supplies; travel, per diem, marketing materials	\$16,259
14. Substance Abuse Treatment Services		
15. Transportation	bus passes	\$500
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$113,638
Grant Term		1 Year
Total Request for Grant Term		\$113,638

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:	
Estimated budget amount for VAWA Confidentiality Requirements:	

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

Click the 'Save' button to automatically calculate totals.

6H. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$26,988
Total Amount of In-Kind Commitments:	\$4,262
Total Amount of All Commitments:	\$31,250

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

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

Type	Source	Contributor	Value of Commitments
Cash	Private	WIBOSCOG Discreti...	\$1,416
Cash	Private	House of Hope - c...	\$2,131
Cash	Private	Renewal Unlimited...	\$2,131
Cash	Private	Couleecap - ARPA	\$2,131
In-Kind	Private	Western Dairyland...	\$1,281
Cash	Private	TSA Stevens Point...	\$2,131
Cash	Private	KHDS - donations	\$2,131
Cash	Private	NCCAP - United Way	\$2,131
Cash	Government	Newcap - CSBG	\$4,262
In-Kind	Private	Family Promise Oz...	\$2,131
Cash	Government	CAI - CSBG	\$2,131
Cash	Private	Family Promise Wa...	\$2,131
Cash	Private	Hebron House - fo...	\$2,131
Cash	Private	West CAP - Fred C...	\$2,131
In-Kind	Private	Western Dairyland...	\$850

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** WIBOSCOG Discretionary Funds
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$1,416

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** House of Hope - community donations
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$2,131

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Renewal Unlimited - United Way Portage Area
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$2,131

Sources of Match Detail

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

- 3. Name of Source:** Couleecap - ARPA
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$2,131

Sources of Match Detail

- 1. Type of Match Commitment:** In-Kind
- 2. Source:** Private
- 3. Name of Source:** Western Dairyland - community donations
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$1,281

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

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** TSA Stevens Point - United Way
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$2,131

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** KHDS - donations
(Be as specific as possible and include the office or grant program as applicable)

4. Amount of Written Commitment: \$2,131

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Private

3. Name of Source: NCCAP - United Way

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

4. Amount of Written Commitment: \$2,131

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

3. Name of Source: Newcap - CSBG

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

4. Amount of Written Commitment: \$4,262

Sources of Match Detail

1. Type of Match Commitment: In-Kind

2. Source: Private

3. Name of Source: Family Promise Ozaukee - volunteer outreach

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

4. Amount of Written Commitment: \$2,131

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

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Government
- 3. Name of Source:** CAI - CSBG
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$2,131

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Family Promise Washington - United Way
(Be as specific as possible and include the office or grant program as applicable) Washington Cty
- 4. Amount of Written Commitment:** \$2,131

Sources of Match Detail

- 1. Type of Match Commitment:** Cash
- 2. Source:** Private
- 3. Name of Source:** Hebron House - foundation
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$2,131

Sources of Match Detail

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

- 3. Name of Source:** West CAP - Fred C & Katherine B Andersen Foundation
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$2,131

Sources of Match Detail

- 1. Type of Match Commitment:** In-Kind
- 2. Source:** Private
- 3. Name of Source:** Western Dairyland - volunteer time
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment:** \$850

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

6I. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Screen 6C)	\$0
2. Rental Assistance (Screen 6D)	\$0
3. Supportive Services (Screen 6E)	\$113,638
4. Operating (Screen 6F)	\$0
5. HMIS (Screen 6G)	\$0
6. VAWA	\$0
7. Sub-total of CoC Program Costs Requested	\$113,638
8. Admin (Up to 10% of Sub-total in #8)	\$11,362
9. HUD funded Sub-total + Admin. Requested	\$125,000
10. Cash Match (From Screen 6H)	\$26,988
11. In-Kind Match (From Screen 6H)	\$4,262
12. Total Match (From Screen 6H)	\$31,250
13. Total Project Budget for this grant, including Match	\$156,250

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	WIBOSCOC YHDP SSO...	08/22/2023
2) Other Attachmenbt	No	WIBOSCOC YHDP SSO...	09/12/2023
3) Other Attachment	No	CoC YAB Letter of...	09/18/2023

Attachment Details

Document Description: WIBOSCOC YHDP SSO CE 501c3 letters

Attachment Details

Document Description: WIBOSCOC YHDP SSO CE FY23 Match

Attachment Details

Document Description: CoC YAB Letter of Support FY23 SSO CE

7A. In-Kind Match MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No	WIBOSCOC YHDP SSO...	09/12/2023

Attachment Details

Document Description: WIBOSCOC YHDP SSO CE In Kind FY23 Match

7B. Certification

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

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

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

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

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

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

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

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

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

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

Name of Authorized Certifying Official: Lisa Haen

Date: 09/18/2023

Title: Chair, WIBOSCOC Board of Directors

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

PHA Number (For PHA Applicants Only):

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

X

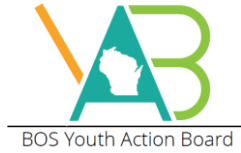
8B Submission Summary

Page	Last Updated
YHDP Renewal Project Application FY2023	Page 82 09/18/2023

1A. SF-424 Application Type	09/07/2023
1B. SF-424 Legal Applicant	09/07/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/07/2023
1E. SF-424 Compliance	09/07/2023
1F. SF-424 Declaration	09/07/2023
1G. HUD 2880	09/07/2023
1H. HUD 50070	09/07/2023
1I. Cert. Lobbying	09/07/2023
1J. SF-LLL	09/07/2023
IK. SF-424B	09/07/2023
Recipient Performance	No Input Required
YHDP Renewal Grant Consolidation	09/07/2023
2A. Subrecipients	09/07/2023
3A. Project Detail	09/07/2023
3B. Description	09/12/2023
Youth Homeless Demonstration Projects	09/12/2023
Special YHDP Activities	09/12/2023
4A. Services	09/12/2023
4A. HMIS Standards	No Input Required
4B. Housing Type	09/07/2023
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	09/07/2023
6E. Supp Srvcs Budget	09/07/2023
VAWA Budget	No Input Required
6H. Match	09/11/2023
6I. Summary Budget	No Input Required
7A. Attachment(s)	09/18/2023
7A. In-Kind Match MOU Attachment	09/12/2023

7B. Certification

09/07/2023



9/7/2023

To: WI BOS Staff

From: WI BOS CoC Youth Action Board

This letter is to inform you that the members of the WI BOS CoC Youth Action Board have voted and approve to support WI BOS YHDP SSO Coordinated Entry project. We believe that this project furthers the efforts to end youth homelessness in our community and is meeting the goals laid out in the WI BOS Coordinated Community Plan.

A handwritten signature in blue ink that reads 'Myanna (Midnight) Holmes'.

WI BOS CoC YAB Member signature

9/7/2023

Date

Myanna (Midnight) Holmes

Printed Name

A handwritten signature in blue ink that reads 'Amaya Woodard'.

WI BOS CoC YAB Member signature

9/7/2023

Date

Amaya Woodard

Printed Name

A handwritten signature in black ink that reads 'Rachel Cross'.

WI BOS CoC YAB Member signature

9/7/2023

Date

Rachel Cross

Printed Name