

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing  
and Urban Development

OMB Number: 2501-0017  
Expiration Date: 1/31/2026

**Public Reporting Burden Statement:** This collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed HUD-2880 forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

**Applicant/Recipient Information** \* UEI Number: **RLQ5SFJB8FN8** \* Report Type: **UPDATE**

1. Applicant/Recipient Name, Address, and Phone (include area code)

\* Applicant Name: Urban Triage, Inc.

\* Street 1: 2312 S Park St

Street 2:

City: Madison

State Abbreviation: WI

\* Zip Code: 53713

County: Dane

\* Country: United States

\* Phone: ( **608 520 3062**

2. Employer ID Number (do not include individual social security numbers): 84-3297905

3. HUD Program Name: FY2023 CoC New Project

4. Amount of HUD Assistance Requested/Received: \$707,314

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

Project Name: Unhoused Youth Domestic Violence Initiative

\* Street 1: 2312 S Park St

Street 2:

City: Madison

State Abbreviation: WI

\* Zip Code: 53713

County: Dane

\* Country: USA: UNITED STATES

## Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. For further information see 24 CFR Sec. §4.3.

Yes  No

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 §4.9.

Yes  No

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. However, you must sign the certification at the end of the report.

**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/State/Local Agency Name	Department/State/Local Agency Name
* Government Agency Name:	* Government Agency Name:
Government Agency Address:	Government Agency Address:
* Street 1:	* Street 1:
Street 2:	Street 2:
City: State Abbreviation: * Zip Code:	City: State Abbreviation: * Zip Code:
County:	County:
Country:	Country:
* Type of Assistance:	* Type of Assistance:
* Amount Requested/Provided: \$	* Amount Requested/Provided: \$
* Expected Uses of the Funds:	* Expected Uses of the Funds:

**Note:** For Part 1, use additional pages if necessary. Add Attachment:

**Part III Interested Parties. You must disclose:**

- All developers, contractors, or consultants involved in the application for assistance or in the planning, development, or implementation of the project or activity.

* Alphabetical list of all persons with a reportable financial interest in the project or activity (for individuals, give the last name first)	* Unique Entity ID	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)			
			\$			%
			\$			%
			\$			%

- Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (for individuals, give the last name first)	* City of Residence	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)			
			\$			%
			\$			%
			\$			%

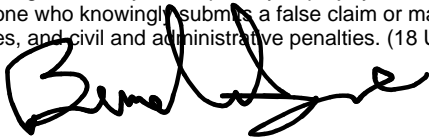
**Note:** For Part 2, use additional pages if necessary. Add Attachment:

**Certification:**

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).

\* Signature:



\* Date: (mm/dd/yyyy):

08/29/2023

## Instructions

### Overview.

**A. Coverage.** You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

### **B. Update reports (filed by "Recipients" of HUD Assistance):**

**General.** All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

### **Line-by-Line Instructions.**

#### **Applicant/Recipient Information.**

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's EIN, as appropriate, is optional. Individuals must not include social security numbers on this form.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

#### **Part I. Threshold Determinations - Applicants Only**

Part I contains information to help the applicant determine whether the remainder of the form must be completed. Recipients filing Update Reports should not complete this Part.

If the answer to **either** questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

#### **Part II. Other Government Assistance and Expected Sources and Uses of Funds.**

**A. Other Government Assistance.** This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as

any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

**B. Non-Government Assistance.** Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD and any other source - that have been or are to be, made available for the project or activity. Non-government sources of Form HUD-2880 funds typically include (but are not limited to) foundations and private contributors.

#### **Part III. Interested Parties.**

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower). Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Unique Entity Identifier (UEI), for non-individuals, or city of residence, for individuals, for each organization and person listed is **optional**.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

**Note** that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, or on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required. Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

**Notes:**

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or

any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.

5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name  
Urban Triage, Inc.

Program/Activity Receiving Federal Grant Funding

FY2023 CoC New Project - Unhoused Youth Domestic Violence Initiative

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

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

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

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

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

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

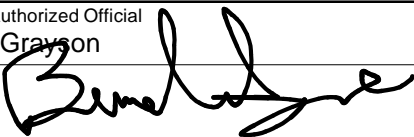
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

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

**2. Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)  
2312 S. Park Street | Madison, WI 53713 | Dane County

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official Brandi Grayson	Title Founder/CEO
Signature 	Date 08/29/23

X

## CERTIFICATION REGARDING LOBBYING

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 any 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 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 of all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients 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, United States 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.


Organization: Urban Triage, Inc.

Street address: 2312 S Park Street

City, State, Zip: Madison, WI 53713

Brandi Grayson  
CERTIFIED BY: (type or print)

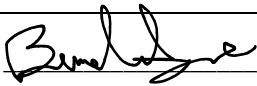
Founder / CEO  
TITLE:

  
(signature)

08/29/2023  
(date)

**Disclosure of Lobbying Activities**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)

<p><b>1. Type of Federal Action:</b>                  a. contract  <u>n/a</u> b. grant                  c. cooperative agreement                  d. loan                  e. loan guarantee                  f. loan insurance</p>	<p><b>2. Status of Federal Action:</b>                  n/a a. bid/offer/application                  _____ b. initial award                  c. post-award</p>	<p><b>3. Report Type:</b>                  a. initial filing  <u>n/a</u> b. material change</p> <p><b>For material change only:</b>                  Year _____ quarter _____                  Date of last report _____</p>
<p><b>4. Name and Address of Reporting Entity:</b> n/a                  _____ Prime _____ Subawardee                  Tier _____, if Known:</p> <p><b>Congressional District, if known:</b></p>	<p><b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b> n/a</p> <p><b>Congressional District, if known:</b></p>	
<p><b>6. Federal Department/Agency:</b></p> <p>n/a</p>	<p><b>7. Federal Program Name/Description:</b></p> <p>CFDA Number, if applicable: n/a</p>	
<p><b>8. Federal Action Number, if known:</b></p>	<p><b>9. Award Amount, if known:</b></p> <p>\$</p>	
<p><b>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</b></p> <p>n/a</p>	<p><b>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</b></p> <p>n/a</p>	
<p><b>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 reported to the Congress semi-annually and 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.</b></p>	<p>Signature: </p> <p>Print Name: <u>Brandi Grayson</u></p> <p>Title: <u>Founder/CEO</u></p> <p>Telephone No. <u>608 520 3062</u> Date: <u>8 29 23</u></p>	
<p><b>Federal Use Only</b></p>	<p><b>Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)</b></p>	

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. 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. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitations for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Included prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

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According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503



### Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- Preapplication  
 Application  
 Changed/Corrected Application

**\* 2. Type of Application:**

- New  
 Continuation  
 Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

08/29/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

Urban Triage, Inc.

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

843297905

\* c. Organizational DUNS:

117725095

**d. Address:**

\* Street1:

2312 S Park St

Street2:

\* City:

Madison

County/Parish:

\* State:

WI: Wisconsin

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

53713

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix:

\* First Name:

Brandi

Middle Name:

\* Last Name:

Grayson

Suffix:

Title:

Founder/CEO

Organizational Affiliation:

\* Telephone Number:

6082994128 or 608 520 3062

Fax Number:

\* Email:

bgrayson@urbantriage.org

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

HUD

**11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

**\* 12. Funding Opportunity Number:**

FR-6200-N-25

\* Title:

Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Renewal or Replacement of Youth Homeless Demonstration Program Grants Department of Housing and Urban Development

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**\* 15. Descriptive Title of Applicant's Project:**

Unhoused Youth Domestic Violence Initiative

Attach supporting documents as specified in agency instructions.

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant **WI-002**

\* b. Program/Project **WI-002**

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: **07/01/2023**

\* b. End Date: **06/30/2023**

**18. Estimated Funding (\$):**

* a. Federal	<b>707,314</b>
* b. Applicant	<b>\$160,753.25</b>
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	<b>\$868,067.25</b>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing 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**

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.


**Authorized Representative:**

Prefix:  \* First Name: **Brandi**  
Middle Name:   
\* Last Name: **Grayson**  
Suffix:

\* Title: **Founder/CEO**

\* Telephone Number: **6082994128** Fax Number:

\* Email: **bgrayson@urbantrriage.org**

\* Signature of Authorized Representative: **Brandi Grayson** 

\* Date Signed: **08/29/2023**

## Instructions for Application for Federal Assistance (SF-424)

This is a standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the federal agency (agency). Required fields on the form are identified with an asterisk (\*) and are also specified as "Required" in the instructions below. In addition to these instructions, applicants must consult agency instructions to determine other specific requirements.

Item	Field Name	Information
1.	Type of Submission:	(Required) Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Pre-application</li> <li>• Application</li> <li>• Changed/Corrected Application - Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.</li> </ul>
2.	Type of Application:	(Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New - An application that is being submitted to an agency for the first time.</li> <li>• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.</li> </ul> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)
3.	Date Received:	Leave this field blank. This date will be assigned by the Federal agency.
4.	Applicant Identifier:	Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.
5a.	Federal Entity Identifier:	Enter the number assigned to your organization by the federal agency, if any.
5b.	Federal Award Identifier:	For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.
6.	Date Received by State:	Leave this field blank. This date will be assigned by the state, if applicable.
7.	State Application Identifier:	Leave this field blank. This identifier will be assigned by the state, if applicable.
8.	Applicant Information:	Enter the following in accordance with agency instructions:
	a. Legal Name:	(Required) Enter the legal name of applicant that will undertake the assistance activity. This is the organization that has registered with the Central Contractor Registry (CCR). Information on registering with CCR may be obtained by visiting <a href="http://www.Grants.gov">www.Grants.gov</a> .
	b. Employer/Taxpayer Number (EIN/TIN):	(Required) Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.
	c. Organizational DUNS:	(Required) Enter the organization's DUNS or DUNS+4 number received from

		Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting <a href="http://www.Grants.gov">www.Grants.gov</a> .
	d. Address:	Enter address: Street 1 (Required); city (Required); County/Parish, State (Required if country is US), Province, Country (Required), 9-digit zip/postal code (Required if country US).
	e. Organizational Unit:	Enter the name of the primary organizational unit, department or division that will undertake the assistance activity.
	f. Name and contact information of person to be contacted on matters involving this application:	Enter the first and last name (Required); prefix, middle name, suffix, title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (Required); fax number.
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.	A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing M. Nonprofit N. Private Institution of Higher Education O. Individual P. For-Profit Organization (Other than Small Business) Q. Small Business R. Hispanic-serving Institution S. Historically Black Colleges and Universities (HBCUs) T. Tribally Controlled Colleges and Universities (TCCUs) U. Alaska Native and Native Hawaiian Serving Institutions V. Non-US Entity W. Other (specify)
10.	Name Of Federal Agency:	(Required) Enter the name of the federal agency from which assistance is being requested with this application.
11.	Catalog Of Federal Domestic Assistance Number/Title:	Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
12.	Funding Opportunity Number/Title:	(Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
13.	Competition Identification Number/Title:	Enter the competition identification number and title of the competition under which assistance is requested, if applicable.
14.	Areas Affected By Project:	This data element is intended for use only by programs for which the area(s) affected are likely to be different than the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed.
15.	Descriptive Title of Applicant's Project:	(Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of the project.
16.	Congressional Districts Of:	15a. (Required) Enter the applicant's congressional district. 15b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters state abbreviation - 3 characters district number, e.g., CA-005 for California 5th district, CA-012 for California 12 district, NC-103 for North Carolina's 103 district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If

		nationwide, i.e. all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00-000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Attach an additional list of program/project congressional districts, if needed.
17.	Proposed Project Start and End Dates:	(Required) Enter the proposed start date and end date of the project.
18.	Estimated Funding:	(Required) Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
19.	Is Application Subject to Review by State Under Executive Order 12372 Process?	(Required) Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.
20.	Is the Applicant Delinquent on any Federal Debt?	(Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include; but, may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment.
21.	Authorized Representative:	To be signed and dated by the authorized representative of the applicant organization. Enter the first and last name (Required); prefix, middle name, suffix. Enter title, telephone number, email (Required); and fax number. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.


**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**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.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Founder/CEO
APPLICANT ORGANIZATION Urban Triage, Inc.	DATE SUBMITTED 08/29/2023





## **FY2023 Continuum of Care New Project Application (E-snaps)**

The Department of Housing and Urban Development (HUD) requires that applications for the CoC Funding Competition are submitted in E-snaps, a web-based portal. While HUD provides thorough step-by-step instructions, E-snaps is not an intuitive tool and can be challenging to a new user.

In an attempt to make the CoC Competition less overwhelming for new applicants, the CoC Board has decided to allow agencies to submit an alternative application format provided below. This application is designed to resemble the E-snaps format and should be submitted by the competition deadline of **Noon on August 29, 2023**. Agencies can still choose to complete the application in E-snaps directly to meet this deadline. Agencies that choose to complete the alternative application below must **also** complete and submit the application in E-snaps by September 11, 2023 at Noon in order to be considered for funding. Please note that the application below is based on the FY22 E-snaps application because HUD has not released the FY23 applications yet. There may be some changes in the FY23 application, but that does not affect what agencies submit in this alternative application.

Each year, HUD provides detailed instructions on how to complete the application. Whether completing the application below or submitting directly in E-snaps, please be sure to read the [Application Detailed Instructions](#). Consulting the instructions is necessary for successful completion of the application. The instructions linked here are for the FY22 competition and are provided to give you an idea of the process. When entering into E-snaps, make sure to refer to the FY23 instructions, which will be posted [here](#) once HUD makes them available.

In addition to completing the application below or the application in e-snaps, agencies must complete the New Project Application – Supplemental Questions and submit to [hsc@cityofmadison.com](mailto:hsc@cityofmadison.com) by **Noon on August 29, 2023**.

**Late or incomplete applications will not be considered. Please do not wait until the deadline to submit the application. No grace period will be granted.** If you have questions, please contact Torrie Kopp Mueller, [tkoppmueller@cityofmadison.com](mailto:tkoppmueller@cityofmadison.com) or call 608-266-6254/

### **Part 1: HUD Forms and Certifications**

Please complete all of the HUD forms linked below and submit with your application.

[SF-424 Application Form](#)

[SF-424 Instructions](#)

[HUD 2880 Form & Instructions](#)

[HUD 50070 Form](#)

[SF-LLL Form & Instructions](#) (Disclosure of Lobbying Activities)

[SF-424B](#) (Assurances – Non-construction programs)

[SF-424D](#) (Assurances – Construction programs)

## Part 2: Subrecipient and Recipient Information and Experience

### 2A. Project Sub-recipients

If no sub-recipients, please leave blank.

Please list all sub-recipient organizations for the project that will perform part, or all of the activities included in the application. Please attach a copy of the sub-recipient(s) nonprofit documentation. If more than 3 sub-recipients, please attach additional information.

	Sub-recipient 1	Sub-recipient 2	Sub-recipient 3
Organization Name			
Organization Type			
Employer or Tax Identification Number			
Organization's Physical Address			
Organization's Congressional District(s)			
Is the subrecipient a faith-based organization?			
Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?			
Expected Subaward amount			
Contact Person			

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

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

Urban Triage has been effectively utilizing federal funds and performing the activities proposed in this application since 2016. Most recently, Dane County selected Urban Triage as the exclusive partner to

administer approximately \$30 million of rental support to non-City of Madison residents through the Dane CORE 2.0. The Dane County CORE 2.0 collaboration with the City of Madison, Community Action Coalition, and Tenant Resource Center provided us with the resources to support landlords and build partnerships. It also provided us with the infrastructure to quickly expand our housing support to meet the requirements described in this application. We provide monetary support, including rental arrears and security deposits. We have the process down for serving our community efficiently. We have served more than 3,000 families in the last 12 months, moved more than 235 families from unhoused to housed, and distributed more than \$21.3 million in rental support to residents of Dane County, excluding the City of Madison. We also receive funding from the Roots & Wings foundation, which allows us to provide resources to those who don't qualify for CORE 2.0 or need housing resources not covered by CORE which will supplement this initiative as well. The CORE program provided the processes and infrastructure to support community members in rapid rehousing quickly and efficiently. Including processing payments and supporting landlords and tenants with navigation support.

Additionally, Urban Triage has provided housing, outreach, and rental assistance services to Dane County residents since 2016. Due to the increased need for services for unhoused youth, we pivoted our service focus in 2022 to develop robust youth focused housing services and support. Our work is deeply rooted in community partnerships, including the Homeless Services Consortium of Dane County (HSC). We actively participate in training offered via HSC; we attend committee meetings, outreach conference meetings, planning committees, and other meetings. We are a sub-recipient of CoC funding via Institute for Community Alliances (ICA) which manages the HMIS database. Our work as a subrecipient includes Homeless Outreach and chronic documentation support for those who experience chronic homelessness. Our aim in partnership with ICA is to support vulnerable populations in obtaining the necessary documentation to secure housing including voucher programs.

All of our housing programs follow CoC written standards, and we'll continue to follow all CoC written standards, including the standards for determining and prioritizing which households will receive Rapid Rehousing (RRH) assistance, how income will be calculated, and determining what percentage or amount of rent each RRH program participant will pay. We will also follow the support service requirements for RRH in the written standards of our Supporting Healthy Families Workgroup (SHF) and collaborations. Our workgroups are designed to provide community members with the skills and knowledge of navigating systems and navigating internal scripts that often keep individuals from achieving their personal goals. Utilizing trauma recovery and psycho-education we move community members from being recipients of support to self actualization and self sufficiency. Supporting them in identifying their brain structures that too often get in their way of self development due to trauma and poverty. Our support services including our workgroups (which act as group case management) are optional and incentivized with stipends supported by other funding sources (United Way).

Recently we have partnered with the Youth Action Board (YAB), Homeless Services Consortium (HSC), The Road Home, LGBTQ Outreach, and the City of Madison to launch our Unhoused Youth Initiative that aligns with the Unhoused Youth Domestic Violence Initiative in this application. We were chosen by YAB as the primary lead agency as they believed that we stand for and embody the attributes required to carry out the work. YAB work is also funded via CoC funding. The initiative allows us to serve youth ages 17 1/2 to 24 years old experiencing homelessness, housing insecurity, sexual violence, domestic

violence, mental health crises, and other traumas associated with housing instability and homelessness. As part of our partnership Urban Triage will support youth community members with housing, transportation, appointments, counseling services, job readiness, life skills, trauma recovery etc., through our Youth Drop-in Center. As a caveat to our Youth Programming and initiative, the youth participate in our Supporting Healthy Families transformative education workgroup as part of psychotherapy, trauma recovery, leadership development, and personal change. This program also supplements the current application and provides additional resources for youth.

The Unhoused Youth Initiative has three (3) components:

- Scattered Transitional Housing Units: Urban Triage has leased three apartment units in our name and provides unhoused youth or youth experiencing housing insecurities with housing. We also provide wrap-around support and case management.
- Rapid Rehousing: Urban Triage works with landlords and property management companies to house youth. We pay a percentage of their rent until they're stabilized and provide case management services.
- Youth Drop-In Center: Our youth drop in-center creates a space to support youth with resumes, job placement, accessing their essential needs, trauma recovery, systems navigation support, assistance with meeting their immediate needs, providing food, and offering case management. Urban Triage is rooted in centering those most vulnerable and filling service gaps. Youths now have a place where they can come and take a shower, wash their clothes, take a nap, chill in the recreation area, use computers, get a hot meal, and meet any of their other immediate needs.

In addition to our work with other CoC agencies and HSC we have been providing Homeless outreach services for the last 2 years via ESG and EHH funding through partnership with the City of Madison. Over the last 2 years we've supported more than 1,500 community members and provided them with essentials, hot meals, navigation support, case management, and permanent housing. Out of those community members, we've permanently housed 103 members who were considered homeless as defined by HUD by leveraging partnerships we developed through the CORE 2.0. Based on our experience we determined that one of the largest gaps in services is services to youth, and more specifically, youth surviving and fleeing domestic violence and sex trafficking. As a result our proposal centers those who are vulnerable to, surviving, and fleeing sex trafficking and domestic violence.

WI Home Energy program and Sustain Dane also offer housing support to vulnerable populations. We provide direct referrals to them based on their eligibility requirements. These are examples of the direct referrals we utilize to support community members. We pride ourselves in working collaboratively and cooperatively with agencies for the good of the community.

We also pride ourselves in centering all programming around the concept of Housing First and transformative justice, including our work with CoC programming. We focus on individual needs and prioritize individuals with severe service needs for the most intensive interventions. We believe that an unhoused individual needs stable housing. Our assessment tool looks at household composition, safety, income, race, rental history, children, disabilities, chronic homelessness, doubled-up time, etc. We prioritize those with a higher risk of living on the streets. We will prioritize households with income at or below 80% of the County median income. Households with extremely low incomes (50% AMI) will take

precedence over those with 60% to 80% AMI. Households with AMIs' above 60% will be eligible when reasonably justified.

Participants of the Unhoused Youth Domestic Violence Initiative will receive supportive services up to 6 months after their time has expired in RRH. They will continue to have access to other resources offered through Urban Triage including fresh organic produce offered during the growing season from our farm and advocacy support. We evaluate program participants' eligibility and needs annually or when there's a change of circumstances or income and request that they notify us of any income change.

To summarize, we have the following expertise in housing assistance, rapid rehousing, transitional housing, and case management to vulnerable populations including youth living in domestic violence situations:

**Knowledge of Housing Programs:** We have a deep understanding of the housing programs available to vulnerable populations including youth living in domestic violence situations, such as the Emergency Solutions Grant (ESG), Continuum of Care (CoC), and Housing Choice Voucher (HCV) programs. Our knowledge includes understanding program eligibility criteria, application processes, and program requirements. In addition to our partnerships with agencies providing said services, we also have experience with HMIS, the database used for ESG, EHH, CoC-HUD-funded projects, and the written standard of CoC, which supports this RFP.

**Case Management Expertise:** We have experience in providing transformative case management services to vulnerable populations including the ones being served with this initiative. This expertise includes assessing client needs, developing individualized service plans, and providing ongoing support and guidance to clients. We also have the social capital and trust of the most vulnerable populations. This allows us to provide support and coaching to community members with transformative results. Our current ratio is 25:1, with case management services ending when participants are housed or 3 months after, if deemed necessary. We do not currently provide intensive case management as we would with these funds. Clients are referred to our SHF workgroup for additional services and wraparound support.

**Housing Assistance Experience:** We have experience providing housing assistance services, including expertise in identifying suitable housing options, negotiating with landlords, supporting landlords and tenants, mediating breakdowns, providing education to landlords and tenants, and providing financial assistance to help clients secure and maintain housing.

**Knowledge of Fair Housing Laws:** We have a deep understanding of fair housing laws and regulations, including the protected classes under the Fair Housing Act and Civil Rights Act and the requirements for nondiscrimination in the delivery of housing services. Over the last year, we've placed more than 235 people into permanent housing—people in imminent danger of homelessness, chronically homeless, etc. Fifty families were placed in rapid rehousing units supported by CORE 2.0. Housing stabilization supports were provided for 3 months. Of these, 83% of participants are still housed. We have the infrastructure, the experience, community partnerships, buy-in from the community we serve, and a great working relationship with Dane County. We managed the 2nd largest contract in Dane County without misplacing a cent and meeting all deliverables. We provide the fastest turnaround time for

processing applications and responding to inquiries. We're amazing at cultivating innovative approaches for community members' obstacles; we offer multiple avenues for community members to engage with us.

We have secured 3 units for Rapid Rehousing for our youth programming and will secure an additional 5 units with this funding. We are already in communication with landlords who have agreed to provide units for the Rapid Rehousing component of this initiative. We aim to achieve a housing stability rate of at least 80% for participants and a return to homelessness rate of no more than 20%. These performance measures will evaluate the program's effectiveness and ensure we meet vulnerable populations' needs. Our processes and structures will ensure clients feel heard, accepted, and not judged. We understand diverse cultures and incorporate the relevant needs of culturally diverse groups and people differently abled into our practices. We understand the value of an interdisciplinary approach to supporting folks who are surviving poverty. To be successful, a case management plan must thoroughly and critically examine community resources to determine what forms of assistance are available and how case management efforts can help clients attain necessary assistance.

In addition, we will do outreach to verify resource availability as well as the effectiveness of our programming. To gauge the effectiveness of our case management, indicators of "success" have to be defined by the program and its stakeholders (including funding and regulatory agencies). In documenting our case management efforts, we will establish benchmarks to measure the case management process, for example, recording how often a client shows up or is engaged. Once the benchmarks are defined in measurable terms, the next step is to develop and implement a method for measuring practice; that is, to answer the questions, "What are case managers doing, and how does their practice conform to the benchmarks?" Methods of such documentation include maintenance of a simple staff log procedure that measures case managers' activities by contact; reviews of case manager client records to evaluate how service planning and referrals adhere to benchmarks; interviews or surveys of case managers or clients and their family members to collect information on activities in which case managers engage, to identify how clients' and case managers' views of case management activities differ; analysis of data from our CRM (to examine patterns on the type, number, and duration of case manager contacts with different target populations).

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

As described above our organization has developed a comprehensive approach to effectively leverage funds from different sectors, ensuring sustainable growth and success. As a nonprofit organization, we actively engage with local authorities, community leaders, and stakeholders to identify funding opportunities that align with our mission and objectives. By building strong partnerships at the local level and demonstrating the potential impact of our projects on the community's well-being, we have successfully secured local funding to support our initiatives. As mentioned above, Dane County selected Urban Triage as their exclusive partner to administer more than \$30 million of rental support to non-City of Madison residents through the Dane CORE 2.0. Our work with CoC funding, ESG, EHH, Private

Foundations, United Way of Dane County, and UW Partnership Program, as well as private corporations to name a few demonstrates our ability to leverage funding across industries and sectors.

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

Urban Triage's financial management structure is designed to ensure prudent and responsible management of financial resources. It encompasses budgeting, accounting, financial reporting, internal controls, financial forecasting, investment management, and risk management. By adhering to these practices, we aim to maintain financial stability, transparency, and accountability.

Wegner CPAs, an accounting firm that serves in the role of our Chief Financial Officer. Our Operations Manager works closely with Wegner CPAs to ensure effective and efficient management of our financial resources. Various components and processes are put in place to oversee the organization's financial activities, including budgeting, accounting, financial reporting, and internal controls.

At the core of our financial management structure is budgeting. We plan and allocate our financial resources to the different programs, initiatives, and other areas of our organization. In our budgeting process, we set financial goals, make informed decisions about resource allocation, and monitor performance against these goals. Our organization follows a comprehensive budgeting process that involves input from various departments and stakeholders to ensure alignment with strategic objectives.

Accounting is another crucial aspect of our financial management structure. It involves recording, classifying, and summarizing financial transactions in accordance with generally accepted accounting principles (GAAP) or international financial reporting standards (IFRS). Our organization maintains a robust accounting system that accurately captures all financial transactions, including revenue generation, expenses incurred, assets acquired, and liabilities accrued. This system ensures transparency and accountability in our financial operations.

Financial reporting plays a vital role in our financial management structure as well. We prepare regular financial statements that provide an overview of our organization's financial position, performance, and cash flows. These statements include the balance sheet, income statement, statement of cash flows, and statement of changes in equity. Our organization adheres to the relevant accounting standards while preparing these statements to ensure accuracy and comparability.

To safeguard our organization's assets and ensure compliance with laws and regulations, we have established internal controls as part of our financial management structure. Internal controls are policies, procedures, and mechanisms designed to prevent fraud, errors, or misappropriation of funds. They include segregation of duties, authorization processes, regular audits, and monitoring mechanisms. These internal controls help mitigate risks associated with financial operations and enhance the overall integrity of our financial management structure.

In addition to these core components, our financial management structure also includes other elements that Wegner CPAs assists us with such as financial forecasting, investment management, and risk management. Financial forecasting involves predicting future financial outcomes based on historical

data and market trends. Investment management focuses on optimizing the organization's investment portfolio to generate returns while managing risks. Risk management involves identifying and mitigating financial risks that could impact the organization's financial stability and sustainability.

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

4a. If yes, describe the unresolved monitoring or audit findings.

## Part 3: Project Information

### 3A. Project Detail

1. CoC Number and Name: WI-503 – Madison/Dane County CoC
2. Collaborative Applicant Name: City of Madison
3. Project Name: Unhoused Youth Domestic Violence Initiative
4. Project Status: Standard
5. Component Type: \_\_\_PH (Permanent Housing) \_\_X\_\_Joint TH and PH-RRH (Joint Transitional Housing and Permanent Housing- Rapid Rehousing)  
5a. Select the type of PH project: \_\_\_PSH (Permanent Supportive Housing) \_\_X\_\_RRH (Rapid Rehousing)
6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?  
\_\_\_Yes \_\_X\_\_ No
7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? \_\_\_Yes \_\_X\_\_ No  
7a. List all expiring project(s) involved in the transition. Please include: full grant number, operating start date, expiration data and component type.  
7b. Provide a description that addresses the scope of the proposed transition during the first year of operation.
8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? \_\_\_Yes \_\_X\_\_ No
9. *PSH & Joint TH-RRH Only* - Will this project include replacement reserves in the Operating budget?  
\_\_\_Yes \_\_x\_\_ No

### 3B. Description

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

Our Unhoused Youth Domestic Violence initiative aims to provide transitional housing and rapid rehousing units for youth ages 17.5 to 24 who are surviving violence situations. Addressing the needs of these survivors requires a comprehensive approach that involves various stakeholders. It is crucial to provide safe and supportive housing options specifically designed for this population. These services should offer not only a roof over their heads but also access to counseling services, educational support, trauma recovery, personal development and direct access points to healthcare challenges, as well as job training programs.



To provide this level of support and services to our most vulnerable, Urban Triage will be purchasing a four-unit complex which will include 2 transitional housing units with 4 beds. Of the 4 units in this building, one unit will house our staff dedicated to providing the level of support necessary to assist this vulnerable population with housing stability. Another unit will be used for training and other educational support services. The two remaining units will be 2-bedroom units to provide transitional housing for youth and youth-headed families.

We currently support 3 rapid rehousing units through other programming. We plan to add an additional 5 units with this initiative. We've already started the conversation with landlords and we have 2 who have agreed to support this initiative. We'll also provide time-limited financial assistance to cover rental costs such as security deposits, move-in expenses, and ongoing rental subsidies to reduce the cost burden for participants. This support will help participants bridge the gap between homelessness and self-sufficiency. Alongside rental assistance, we will provide intensive case management services tailored to the needs of each participant. We will hire 2 Transformative Case Managers to work with participants to develop individualized housing stability plans, identify employment opportunities, access healthcare services, connect with educational resources, and address any other barriers that may hinder long-term housing stability. They will also facilitate access to supportive services, including mental health counseling, substance abuse treatment, job training, and childcare assistance. These services aim to address the underlying causes of homelessness and enhance individuals' ability to maintain housing stability.

Our programs are rooted in the Housing First assistance model that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. We believe that a homeless individual or household's first and primary need is to obtain stable housing, and other household issues can and should be addressed once housing is obtained. In contrast, many programs operate from a model of "housing readiness" — that is, an individual or household must address other issues that may have led to the episode of homelessness before entering permanent housing. How can folks address other issues when they have nowhere to rest or to live? It's impossible.

Housing First is an evidence-based approach to supporting homeless individuals and families that prioritizes immediate access to permanent housing without preconditions or barriers to entry. Our Housing First housing search and case management approach involves the following components:

- **Housing Identification:** Case managers work with clients to identify and secure appropriate housing that meets their needs and preferences. This may include rental assistance, security deposits, or other financial assistance to support the move-in process.
- **Person-Centered Case Management:** Case managers provide ongoing support to clients to help them maintain their housing and address any other needs or challenges they may have. This may include connecting clients to healthcare, mental health or substance use treatment, employment or education services, and other supportive services.
- **Client Contact:** Case managers have frequent contact with clients, often meeting with them weekly and biweekly in the early stages of the program and gradually reducing the frequency of

contact to monthly as clients become more stable in their housing. Contact may be in person, over the phone, or through virtual platforms.

The Housing First approach is central to the housing search and case management approach, meaning that clients are not required to meet preconditions or barriers to entry to receive housing or services. This includes not requiring clients to be "housing ready" or to demonstrate sobriety, compliance with treatment, or other conditions before accessing housing or services. It's evidence-based and effectively reduces homelessness and improves housing stability, health outcomes, and quality of life for clients. By prioritizing housing as a basic human right and providing person-centered case management and support, the Housing First approach can help individuals and families achieve long-term stability and independence.

Once clients are housed, case managers work with them to develop a Housing Stability Plan tailored to their needs and goals. The Housing Stability Plan is an individualized service plan that outlines the steps needed to maintain housing stability and address any other needs or challenges the client may have. The key components of our Housing Stability Plan process include:

- **Assessment:** Case managers work with clients to complete a comprehensive assessment identifying their strengths, needs, and preferences. This may include identifying co-occurring mental health or substance use issues, physical health needs, employment or education goals, and other factors impacting their housing stability.
- **Goal Setting:** Based on the assessment, case managers work with clients to set specific, measurable, achievable, relevant, and time-bound (SMART) goals aligned with their needs and preferences. Goals may include maintaining housing stability, accessing healthcare or mental health services, obtaining employment or education, or other objectives that support long-term stability.
- **Service Planning:** Case managers work with clients to develop a service plan that outlines the steps needed to achieve their goals. The service plan may include referrals to community resources, such as healthcare providers, employment or education programs, or other supportive services.
- **Trauma-Informed and Harm Reduction Approach:** Our Housing First approach is grounded in a trauma-informed and harm reduction approach, recognizing that many clients have experienced trauma and may be coping with substance use or other challenges. Case managers work with clients to identify and address trauma or substance use issues in a supportive and non-judgmental way. This may include connecting clients to trauma-informed care or harm reduction services that prioritize safety, choice, and control for the client.
- **Ongoing Support and Monitoring:** Our staff supports clients to help them achieve their goals and maintain housing stability. This may include regular check-ins, budgeting and financial management support, and assistance accessing community resources. Case managers also monitor progress toward goals and adjust the service plan.

Overall, our Housing Stability Plan process is an evidence-based approach tailored to each client's unique needs and goals. Case managers support clients in achieving long-term stability and

independence by providing trauma-informed (including SHF and direct referral for psychotherapy) and harm-reduction services that prioritize safety, choice, and control.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	30			
Begin program participant enrollment	60			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	80			
Leased or rental assistance units or structure, and supportive services near 100% capacity	180			
Closing on purchase of land, structure(s), or execution of structure lease ( <i>PSH Only</i> )	N/A			
Start rehabilitation ( <i>PSH Only</i> )	N/A			
Complete rehabilitation ( <i>PSH Only</i> )	N/A			
Start new construction ( <i>PSH Only</i> )	N/A			
Complete new construction ( <i>PSH Only</i> )	N/A			

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

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> N/A – Project serves all subpopulations | <input checked="" type="checkbox"/> Families          | <input type="checkbox"/> HIV/AIDS                        |
| <input type="checkbox"/> Veterans                                | <input checked="" type="checkbox"/> Domestic Violence | <input checked="" type="checkbox"/> Chronic Homelessness |
| <input checked="" type="checkbox"/> Youth (under 25)             | <input type="checkbox"/> Substance Abuse              | <input type="checkbox"/> Other                           |
|  | <input type="checkbox"/> Mental Illness               |  |

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements?  Yes  No

5. Housing First

5a. Will the project quickly move participants into permanent housing?  Yes  No

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

Having too little or little income

Active or history of substance use

Having a criminal record with exceptions for state-mandated restrictions

History of victimization (e.g. domestic violence, sexual assault, childhood abuse)

None of the above

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

Failure to participate in supportive services

Failure to make progress on service plan

Loss of income or failure to improve income

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area

None of the above

5d. Will the project follow a "Housing First" approach?  Yes  No

6. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?  Yes  No

6a. If yes, explain how and why the project will implement this requirement.

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

7a. If yes, describe the local market conditions that necessitate a project of this size.

7b. If yes, describe how the project will be integrated into the neighborhood.

8. *PSH Only* – Is this project 100% Dedicated or DedicatedPLUS?

100% Dedicated  DedicatedPLUS

### 3C. Project Expansion Information

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

*If no, continue to part 4. If yes, continue with the questions below.*

1a. Eligible Renewal Grant PIN:

1b. Eligible Renewal Grant Project Name:

2. Will this expansion project increase the number of program participants?  Yes  No

*If yes complete questions 2a and 2b.*

2a. Currently approved renewal numbers

Number of persons: \_\_\_\_\_

Number of units: \_\_\_\_\_

Number of beds: \_\_\_\_\_

2b. New effort: New Requested Numbers to Add (from this "Stand-alone New" project application)

Number of additional persons: \_\_\_\_\_

Number of additional units: \_\_\_\_\_

Number of additional beds: \_\_\_\_\_

3. Will this expansion project provide additional supportive services to program participants? \_\_\_Yes \_\_\_No *If yes, complete question 3a.*
- 3a. Indicate how the project will provide additional supportive services to program participants.
4. Will this expansion project bring existing facilities up to government health or safety standards? \_\_\_Yes \_\_\_No *If yes, complete question 4a.*
- 4a. Describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards.

## Part 4: Housing and Services

### 4A. Supportive Services for Program Participants

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

Surviving participants of our Unhoused Youth Domestic Violence Initiative will be assisted to obtain and remain in permanent housing through a comprehensive range of support services and resources. These services are designed to address the various barriers and challenges that these survivors may face in securing and maintaining stable housing. The assistance provided will vary depending on the specific program and its objectives but generally includes housing navigation to identify suitable housing options, rental assistance to cover the costs associated with obtaining permanent housing, support services to address the underlying factors that contribute to homelessness or housing insecurity, direct referrals to other resources, navigation support, landlord engagement to ensure successful tenancy, housing retention support to help maintain tenancy, and collaboration with community partners to ensure participants have access to a wide range of resources and support systems beyond what our initiative and programs can offer.

The programs below will support the Unhoused Youth Domestic Violence Initiative and the deliverables of this application during and after exiting programming to support participants in obtaining and remaining in permanent housing.

#### **Unhoused Neighbor Initiative:**

This initiative is designed to be the initial contact point for many experiencing homelessness and housing insecurity in the City of Madison. Our Outreach team visits the community three times weekly. We locate, identify, and build relationships with people experiencing homelessness and/or housing insecurity. We provide advocacy and direct access points for homeless individuals and organizations through our partnership with the Homeless Consortium. We also provide immediate support, intervention, and connections to other organizations. We also provide community members with essential needs and hot meals. Building repour and trust with community members.

Through this program, we have served more than 1,500 people, distributed more than 7,800 meals, and provided more than 1,200 essential bags to our unhoused neighbors. We also via our partnership with

ICA--as described above provide chronic homelessness documentation support. We work closely with the City of Madison and HSC to support chronically homeless folks with obtaining the necessary paperwork for housing and vouchers and providing advocacy and permanent housing placement.

The Rental Assistance Program: Dane County CORE 2.0, which was a collaboration with the City of Madison, Community Action Coalition, and Tenant Resource Center provided us with the resources to support landlords and build partnerships. It also provides us with the infrastructure to quickly expand our housing support to meet the requirements of this application. We provide monetary support, including rental arrears and security deposits. We have the process down for serving our community efficiently. We served more than 3,000 families, moved more than 235 families from unhoused to housed and distributed more than \$21.3 million in rental support to residents of Dane County, excluding the City of Madison. We also received funding from Roots & Wings, which allows us to provide resources to those who don't qualify for CORE 2.0 or those who can't wait out the processing time, which will also supplement this application. The CORE program gave us the processes and infrastructure to support community members in RRH quickly and efficiently. Our security deposit program with remaining CORE 2.0 funds is projected to run through July of 2024. Which allows us to support community members in the entire Dane County with move-in expenses.

**Unhoused Youth Initiative:**

This is a new journey with the Youth Action Board (YAB), The Road Home, LGBTQ Outreach, and the City of Madison. We were chosen by YAB as the primary agency to address and answer the needs of our most vulnerable youth. This program serves youth ages 17 1/2 to 24 years old experiencing homelessness, housing insecurity, sexual violence, domestic violence, mental health crises, and other traumas associated with housing instability and homelessness. We provide housing, transportation, counseling services, trauma recovery, personal development, etc., through our Youth Drop-in Center. As a caveat to our Youth Programming and initiative, the youth participate in our Supporting Healthy Families transformative education workgroup as part of psychotherapy, trauma recovery, leadership development, and personal change. This program also supplements the current application and provides additional resources for youth.

The Unhoused Youth Initiative has three (3) components:

- Scattered Transitional Housing Units: Urban Triage has leased three apartment units in our name and provides unhoused youth or youth experiencing housing insecurities with housing. We also provide wrap-around support and case management.
- Rapid Rehousing: Urban Triage works with landlords and property management companies to house youth. We pay a percentage of their rent until they're stabilized and provide case management services.
- Youth Drop-In Center: Our youth drop in-center creates a space to support youth with resumes, job placement, accessing their essential needs, trauma recovery, systems navigation support, assistance with meeting their immediate needs, providing food, and offering case management. Urban Triage is rooted in centering those most vulnerable and filling service gaps. Youths now have a place where they can come and take a shower, wash their clothes, take a nap, chill in the

recreation area, use computers, get a hot meal, and meet any of their other immediate needs.

**Supporting Healthy Families (SHF):**

Another strength of our organization and programs is our ability to address the underlying psychological issues contributing to housing instability through our SHF workgroup. Our workgroup expands self-awareness and promotes a fundamental shift toward personal empowerment. Through our SHF workgroups, we provide wrap-around services through collaborations and partnerships by connecting participants with jobs, small business clinics, legal support, psycho-therapy, and housing. United Way of Dane County and University of Wisconsin Partnership Program grants fund our SHF programs. More than 300 people have been through our SHF workgroup, with 87% saying the workgroup transformed their lives and 73% becoming economically stable after graduating from our workgroup.

Our processes and structures ensure clients feel heard, accepted, and not judged. We understand diverse cultures and incorporate the relevant needs of culturally diverse groups and people differently abled into our practices. We understand the value of an interdisciplinary approach to supporting folks who are surviving poverty and domestic violence. To be successful, a case management plan must thoroughly and critically examine community resources to determine what forms of assistance are available and how case management efforts can help clients attain necessary assistance. In addition, outreach must be done to verify resource availability. These will be conducted with this initiative as it is in all of our programming.

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

Urban Triage believes it is essential to coordinate and integrate partnerships with community resources to ensure program participants have access to other mainstream services to position them for success. Our collaborations with the Youth Action Board (YAB), City of Madison, ICA, Homeless Consortium agencies, LGBTQ Outreach, Freedom Inc, Fosters, Mt. Zion Baptist Church, Nehemiah Center for Urban Leadership, landlords across Dane County, the Beacon, Our Generations, Healing our Hearts, Anesis Therapy, Black Women Wellness Foundation, Madison Metropolitan School District, UW Health physicians, Urban League of Greater Madison, Boys & Girls Club of Dane County, and many others provides us with the supports and direct access points required to support vulnerable populations with navigating systems, health care support, mental wellness support, job placement/training, and housing support during our programming and following exiting our programs.

Our partnerships enable us to connect community members quickly to outside support and services. These partnerships are essential in meeting the requirements of this application. They enable us to provide wraparound support quickly and lessen the compounded trauma experienced by community members who have to navigate multiple institutions and agencies. In addition, even if community members exit a specific program, we continue to act as support providing advocacy and referrals to services when needed. Our program participants tend to return after exiting a program. Often, they return as a volunteer, to retake classes/workshops or workgroups as a refresher, and/or as an

employee. Through community events and outreach efforts, we stay engaged with past and current participants.

- For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

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

Identify whether the project includes the following activities:

- Transportation assistance to program participants to attend mainstream benefit appointments, employment training or jobs?  Yes  No
- Annual follow-up with program participants to ensure mainstream benefits are received and renewed?  Yes  No
- Will program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency?  Yes  No

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

## 4B. Housing Type and Location – PSH & RRH Projects

Total Units: \_\_\_\_\_

Total Beds: \_\_\_\_\_

Housing Type:

\_\_\_ Barracks    # of units: \_\_\_    # of beds: \_\_\_



Dormitory # of units: \_\_\_\_ # of beds: \_\_\_\_  
 Shared housing # of units: \_\_\_\_ # of beds: \_\_\_\_  
 Single room occupancy (SRO) units # of units: \_\_\_\_ # of beds: \_\_\_\_  
 Clustered apartments # of units: \_\_\_\_ # of beds: \_\_\_\_  
 Scattered-site apartments (including efficiencies) # of units: \_\_\_\_ # of beds: \_\_\_\_  
 Single family homes/townhouses/duplexes # of units: \_\_\_\_ # of beds: \_\_\_\_

In the application in E-snaps, you will need to list the address for units, if you know it. If you don't know it, you will use the administrative office address. You will also be required to enter a geographic code. This will be Madison and/or Dane County.

#### 4B. Housing Type and Location – Joint TH-RRH Projects

	TH	RRH	Total
Total Units	2	5	7
Total Beds	4	10	14

Does the TH portion of the project have private rooms per household?  Yes  No

What is the funding source for these units & beds?  CoC  ESG  Section 8  HUD-VASH

Mixed Funding  Other: \_\_\_\_\_

Transitional Housing - Housing Type:

Barracks # of units: \_\_\_\_ # of beds: \_\_\_\_  
 Dormitory # of units: \_\_\_\_ # of beds: \_\_\_\_  
 Shared housing # of units: \_\_\_\_ # of beds: \_\_\_\_  
 Single room occupancy (SRO) units # of units: \_\_\_\_ # of beds: \_\_\_\_  
 Clustered apartments # of units: 2 # of beds: 4  
 Scattered-site apartments (including efficiencies) # of units: \_\_\_\_ # of beds: \_\_\_\_  
 Single family homes/townhouses/duplexes # of units: \_\_\_\_ # of beds: \_\_\_\_

Rapid Rehousing - Housing Type:

Barracks # of units: \_\_\_\_ # of beds: \_\_\_\_  
 Dormitory # of units: \_\_\_\_ # of beds: \_\_\_\_  
 Shared housing # of units: \_\_\_\_ # of beds: \_\_\_\_



					nce Abuse				ability		Listed Subpopulation
Persons over age 24											
Persons 18-24								<b>3</b>			
Children under age 18			<b>NA</b>	<b>NA</b>				<b>10</b>			
Total Persons								<b>13</b>			
<b>Persons in Households without Children</b>											
Characteristics	CH (Not Veteran)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation	
Persons over age 24											
Persons 18-24							<b>3</b>				
Children under age 18											
Total Persons							<b>3</b>				
<b>Persons in Households with Only Children</b>											
Characteristics	CH (Not Veteran)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation	
Accompanied Children under age 18		<b>NA</b>	<b>NA</b>								
Unaccompanied Children under age 18		<b>NA</b>	<b>NA</b>				<b>1</b>				
Total Persons							<b>1</b>				

## Part 6: Budgets

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2025?  Yes  
 No
2. What type of CoC funding is this project applying for in this CoC Competition?  
 Reallocation  CoC Bonus  Reallocation + CoC Bonus  
 DV Bonus (RRH & Joint TH-RRH Only)
3. Does this project propose to allocate funds according to an indirect cost rate?  Yes  No *If yes, complete 3a.*

3a. Complete the indirect cost rate table below:

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter "NA" if using 10% de minimis rate
	%	\$	

3b. Has this rate been approved by your cognizant agency?  Yes  No

*If yes, a copy of the approved indirect cost rate must be submitted.*

3c. Do you plan to use the 10% de minimis rate?  Yes  No

4. Select a grant term:  1 year  2 years  3 years  4 years  5 years  15 years

5. Select the costs for which funding is requested:

Acquisition/Rehabilitation/New Construction (24 CFR 578.43-47) – PSH Only

Leased Units (24 CFR 578.49) PSH & TH Portion of Joint TH-RRH Only

Leased Structures (24 CFR 578.49) PSH & TH Portion of Joint TH-RRH Only

Rental Assistance (24 CFR 578.51)

Supportive Services (24 CFR 578.53)

Operating (24 CFR 578.55) PSH & TH Portion of Joint TH-RRH Only

HMIS (24 CFR 578.57)

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13-18 months)  Yes  No *If yes, complete 6a.*

6a. Indicate the number of months requested for the initial grant term (13-18 months)  18 mos

## 6B. Acquisition/Rehabilitation/New Construction Budget - PSH Only

Total Acquisition	\$
Total Rehabilitation	\$
Total New Construction	\$
Total Assistance Requested	\$

For each structure, please list the name, full address and the cost requested per structure.

### 6C. Leased Units Budget - PSH & TH Portion of Joint TH-RRH Only

Total Annual Assistance Requested	\$33,072
Grant Term	18 Months
Total Request for Grant Term	\$41,340
Total Units	2

#### Leased Units Budget Detail

Size of Units	# of Units	FMR	HUD Paid Rent	12 months	Total Request
SRO				12	
0 Bedroom		\$1007		12	
1 Bedroom		\$1183		12	
2 Bedroom	2	\$1378		12	33,072
3 Bedroom		\$1810		12	
4 Bedroom		\$2041		12	
5 Bedroom				12	
6 Bedroom				12	
7 Bedroom				12	
8 Bedroom				12	
9 Bedroom				12	
Total Units & Annual Assistance Requested	2				\$33,072
Grant Term					18 months
Total Request for Grant Term					\$41,340

### 6D. Leased Structures Budget - PSH & TH Portion of Joint TH-RRH Only

Total Annual Assistance Requested	\$
Grant Term	
Total Request for Grant Term	\$
Total Structures	

For each structure, please list the name and full address and complete the chart below. Copy the chart if funding is requested for more than one structure.

HUD Paid Rent (per month)	\$
---------------------------	----



## 6F. Supportive Services Budget

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Amount Requested
Assessment of Service Needs		
Assistance with Moving Costs	Security Deposits for TH and RRH	\$14,469
Case Management	Transformative Case Management	\$55,000
Child Care	Co payments and child care coverage until daycare assistance kick in	\$10,000
Education Services	Education Services for Participants	\$8,067
Employment Assistance	Employment Assistance for Participants	\$8,067
Food	For group case management and family support	\$7,500
Housing/Counseling Services		
Legal Services		
Life Skills	Life Skills Training for Participants	\$3,500
Mental Health Services	Contract with our generations	\$3,500
Outpatient Health Services		
Outreach Services	Outreach Services and engagement	\$45,000
Substance Abuse Treatment Services		
Transportation	Gas Cards and gas reimbursement	\$5000
Utility Deposits	Supports for families to ensure they can move and access utilities	\$8,000
Operating Costs	Program Management, Compliance Management, Supplies/Materials, Office Expenses, external audits, reporting, community engagement events	\$255,000
Total Annual Assistance Requested		\$418,853
Grant Term		18 mos
Total Request for Grant Term		\$418,853

## 6G. Operating Budget - PSH & TH Portion of Joint TH-RRH Only

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
Maintenance/Repair	<b>Maintenance of building/units</b>	<b>\$12,000</b>
Property Taxes & Insurance	<b>Property Taxes and Insurance for TH</b>	<b>\$12,000</b>
Replacement Reserve	<b>Replacing of washer/dryer/water heater etc. as needed</b>	<b>\$5,000</b>
Building Security	<b>Security Equipment and monitoring for Units and Building in TH</b>	<b>\$4,000</b>
Electricity, Gas, and Water	<b>\$350/mo for 2 units for 15 mos</b>	<b>\$10,500</b>
Furniture	<b>\$5,000/unit</b>	<b>\$10,000</b>

Equipment (lease, buy)		
Total Annual Assistance Requested		<b>\$53,500</b>
Grant Term		<b>18 mos</b>
Total Request for Grant Term		<b>\$53,500</b>

## 6H. HMIS Budget

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
Equipment	<b>2 laptops</b>	<b>\$4,700</b>
Software		
Services	<b>Access to database fees</b>	<b>\$600</b>
Personnel		
Space & Operations	<b>Lease and utilities for 2312 S Park St</b>	<b>35,000</b>
Total Annual Assistance Requested		<b>\$5,300</b>
Grant Term		<b>18 mos</b>
Total Request for Grant Term		<b>\$5,300</b>

## 6I. Sources of Match

Total Amount of Cash Commitments	\$80,376.63
Total Amount of In-Kind Commitments	\$80,376.62
Total Amount of All Commitments	\$160,753.25

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? \_\_\_Yes \_\_\_X\_\_\_No *If yes, complete 1a and 1b.*
  - 1a. Briefly describe the source of the program income.
  - 1b. Estimate the amount of program income that will be used as Match for this project.

	Type of Commitment	Source	Name of Source	Amount of Written Commitment
Match Source 1	Cash	Private	Other Unrestricted Funding	\$20,094
Match Source 2	Cash	Private	Roots & Wings Foundation	\$20,094
Match Source 3	Cash	Public	United Way	\$20,094



Match Source 4	Cash	Private	Cuna Mutual	\$20,094.63
Match Source 5	Inkind	Private	Professional Services (Our Generations - provide therapy services to participants,, Healing Our Hearts - provide grief counseling to participants, Inner fire Yoga - provides yoga as part of our workgroups and case management to participants	\$80,376.62

## 6J. Summary Budget

Eligible Costs	Annual Assistance Requested	Grant Term	Total Assistance Requested for Grant Term
Acquisition			
Rehabilitation			
New Construction			
Leased Units	\$33,072	18 months	\$41,340
Leased Structures			
Rental Assistance	\$82,680	18 mos	\$124,020
Supportive Services	\$418,853	18 mos	\$418,853
Operating	\$53,500	18 mos	\$53,500
HMIS	\$5,300	18 mos	\$5,300
Sub-total Costs Requested	\$593,405	18 mos	\$643,013
Admin (up to 10%)			\$64,301

<b>Total Assistance plus Admin Requested</b>			<b>\$707,314</b>
<b>Cash Match</b>			\$80,376.63
<b>In-kind Match</b>			\$80,376.62
<b>Total Match</b>			\$160,753.25
<b>Total Budget</b>		\	<b>\$868,067.25</b>