

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/17/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Action Coalition For South Central Wisconsin, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1053827

	c. Organizational DUNS:	078935681	PLUS 4:	
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d. Address

Street 1: 1717 N. Stoughton Road

Street 2:

City: Madison

County: Dane

State: Wisconsin

Country: United States

Zip / Postal Code: 53704-2605

e. Organizational Unit (optional)

Department Name: Family Development

Division Name: Supportive Services

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

Prefix: Mr.

First Name: David

Middle Name:

Last Name: Vobora

Suffix:

Title: Deputy Director

Organizational Affiliation: Community Action Coalition For South Central Wisconsin, Inc.

Telephone Number: (608) 246-4730

Extension: 213

Fax Number: (608) 246-4760

Email: dvobora@cacscw.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

- 14. Area(s) affected by the project (state(s) only):** Wisconsin
(for multiple selections hold CTRL key)
- 15. Descriptive Title of Applicant's Project:** CAC Rapid Re-Housing - Dane
- 16. Congressional District(s):**
- a. Applicant:** WI-005, WI-002
 - b. Project:** WI-002
- (for multiple selections hold CTRL key)
- 17. Proposed Project**
- a. Start Date:** 09/01/2020
 - b. End Date:** 08/31/2021
- 18. Estimated Funding (\$)**
- a. Federal:**
 - b. Applicant:**
 - c. State:**
 - d. Local:**
 - e. Other:**
 - f. Program Income:**
 - g. Total:**

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Jim

Middle Name:

Last Name: Schroeder

Suffix:

Title: Executive Director

Telephone Number: (608) 246-4730
(Format: 123-456-7890)

Fax Number: (608) 246-4760
(Format: 123-456-7890)

Email: jschroeder@cacscw.org

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

Date Signed: 09/17/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Community Action Coalition For South Central Wisconsin, Inc.

Prefix: Mr.

First Name: Jim

Middle Name:

Last Name: Schroeder

Suffix:

Title: Executive Director

Organizational Affiliation: Community Action Coalition For South Central Wisconsin, Inc.

Telephone Number: (608) 246-4730

Extension: 217

Email: jschroeder@cacscw.org

City: Madison

County: Dane

State: Wisconsin

Country: United States

Zip/Postal Code: 53704-2605

2. Employer ID Number (EIN): 39-1053827

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$245,845.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Community Services Block Grant (CSBG)	Grant	\$61,461.00	CAC Rapid Re-Housing - Dane: supportive services and operating
Community Services Block Grant (CSBG)	Grant	\$70,774.00	THP: supportive services, operating, and leasing
Community Services Block Grant (CSBG)	Grant	\$78,147.00	WISH: supportive services, operating, and leasing

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

Part III Interested Parties

You must disclose:

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).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA				
NA				
NA				
NA				

Note: If there are no other people included, write NA in the boxes.

Certification

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

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

I AGREE:

Name / Title of Authorized Official: Jim Schroeder, Executive Director

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

Date Signed: 09/17/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Action Coalition For South Central Wisconsin, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

I certify that the information provided on this

X

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

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

Authorized Representative

Prefix: Mr.

First Name: Jim

Middle Name

Last Name: Schroeder

Suffix:

Title: Executive Director

Telephone Number: (608) 246-4730
(Format: 123-456-7890)

Fax Number: (608) 246-4760
(Format: 123-456-7890)

Email: jschroeder@cacscw.org

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

Date Signed: 09/17/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: Community Action Coalition For South Central Wisconsin, Inc.

Name / Title of Authorized Official: Jim Schroeder, Executive Director

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

Date Signed: 09/17/2019

1J. SF-LLL

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

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

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

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

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

Legal Name: Community Action Coalition For South Central Wisconsin, Inc.
Street 1: 1717 N. Stoughton Road
Street 2:
City: Madison
County: Dane
State: Wisconsin
Country: United States
Zip / Postal Code: 53704-2605

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

I certify that this information is true and

complete.

Authorized Representative

Prefix: Mr.

First Name: Jim

Middle Name:

Last Name: Schroeder

Suffix:

Title: Executive Director

Telephone Number: (608) 246-4730
(Format: 123-456-7890)

Fax Number: (608) 246-4760
(Format: 123-456-7890)

Email: jschroeder@cacscw.org

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

Date Signed: 09/17/2019

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

The Community Action Coalition for South Central Wisconsin, Inc. has administered a HUD-contracted permanent supportive housing program in Dane County, Wisconsin, from 2008 to August, 2020. The Dane County program has been a scattered site program, with the Community Action Coalition leasing rental units from private landlords and subleasing them to program participants. In 2017, the Community Action Coalition launched a HUD-contracted permanent supportive housing program in Waukesha County, Wisconsin. The Waukesha County program is also a scattered site program. Since 2013, the Community Action Coalition has administered a HUD-contracted transitional housing program in Jefferson County, Wisconsin. Since 2012, the Community Action Coalition has administered the federal Veteran's Administration's Supportive Services for Veteran Families program in Dane, Jefferson and Waukesha Counties in Wisconsin. The Supportive Services for Veteran Families program features Rapid Re-Housing and Eviction Prevention components.

Since 2013, the Community Action Coalition has administered ESG-funded Rapid Re-Housing, Hotel/Motel Voucher Shelter, and Eviction Prevention programs in Jefferson and Waukesha Counties in Wisconsin.

Through this extensive experience, the Community Action Coalition has developed a network of landlords and community service providers to effectively meet the needs of those experiencing homelessness or threats to their housing in Dane, Jefferson and Waukesha counties.

Where required, the Community Action Coalition has posted matching funds from the agency's annual Community Services Block Grant, and, where applicable, from program income.

The financial management needed to support program administration is carried out by an in-house accounting staff. Both program and financial oversight is provided by standing committees of the Agency's Board of Directors. In addition to the program monitoring required by funding contracts, financial management is subject to an annual audit by a reputable external financial management firm.

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

In addition to posted match, the Community Action Coalition has leveraged funding awards to also secure financial support from local United Way organizations, various church and faith-based organizations, various local civic organizations, the philanthropic foundations of major employers, and other funding sources offered by the State of Wisconsin.

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

The Community Action Coalition is organized as a 501(c)(3) private non-profit. The organization is governed by a tripartite Board of Directors made up of representatives of the public sector, the private sector and those with lived experience of the effects of poverty, including homelessness. Both program and financial oversight is provided by standing committees of the Board of Directors. Management is vested in an Executive Director who is accountable to the Board of Directors and supported by a management team including a Deputy Director, Finance Manager, and a roster of program supervisors. Financial transactions originating out of program operations are subject the internal controls as prescribed by the Board of Directors.

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

3A. Project Detail

1a. CoC Number and Name: WI-503 - Madison/Dane County CoC

1b. CoC Collaborative Applicant Name: City of Madison

2. Project Name: CAC Rapid Re-Housing - Dane

3. Project Status: Standard

4. Component Type: PH

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

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

6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). Yes

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

Grant Number	Operating Start Date	Expiration Date	Component Type
WI0089L5I031811	09/01/2019	08/31/2020	PH-PSH
			PH-PSH

IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved project application(s) on Screen 7A. (e.g., if the project was last funded in the FY 2018 CoC Program Competition, a copy of the FY 2018 CoC Program Competition project application).

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

The referenced project (WI0089L5I031811) is non-renewing, effective August 31, 2020. The New Project Application has been submitted to replace the non-renewing PH-PSH project with a PH-RRH project.

7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?

X

3B. Project Description

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

At the time of this application, the Community Action Coalition administers a HUD/CoC contracted permanent supportive housing program in Dane County, Wisconsin. The permanent supportive housing program is ending 8/31/2020. This application for a new rapid re-housing program is intended to replace the permanent supportive housing program. Staff currently engaged in the permanent supportive housing program is intended to transfer to the rapid re-housing program. So, if approved, the rapid re-housing program could accept participants almost immediately following its proposed 9/1/2020 effective date.

This proposed rapid re-housing program is based upon a best practices document published by the National Alliance to End Homelessness. The publication can be found here: <https://endhomelessness.org/resource/rapid-re-housing-toolkit/>

Target Population

Primarily "singles," but not excluding "families" as listed on the rapid re-housing section of the Homeless Services Consortium's Priority List. With income, or no barriers to securing and maintaining income from employment.

Guiding Principles

Rapid re-housing as a short-term, limited term crisis intervention. Purpose is to achieve self-sustaining housing. Purpose is not to case manage non-housing issues. Intervene only to the minimum extent needed. Utilize resources in this sequence: 1. Participant's resources. 2. Natural supports. 3. Community resources. 4. Program resources.

Housing Search

Expedite move-ins by employing a full-time Housing Locator staff position.

Rent & Move-In Assistance

Rent subsidy indexed to FMR. Up to 6 months of rent subsidy on a declining scale. May be extended with supervisory approval. Security deposit assistance. Utility deposit assistance. Moving cost assistance.

Case Management & Supportive Services

Needs Assessment at entry. Case plan & case budget. Approved by supervisor before implementation. Participant agreement. Supportive services: Eligible expenses per HUD administrative rule, including: Households furnishings, households sundries, childcare, transportation, Job related costs.

Home visits bi-weekly.
 Documented program exit plan.
 Post exit follow-ups.

Staffing
 Program supervisor (1)
 Housing caseworker (2)
 Housing locator (1)

Goals
 Annually, house at least 8 referrals from priority list, more as program budget may permit.
 At 12 months post exit, 70% retained housing.
 Increase household income from time of program entry to exit. Verbal agreement with EATA re: job search assistance & access to job skills training.
 Move-in within 45 days of referral.

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

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

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

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

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

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

Other: "Singles," Chronic & non-chronic

5. Housing First

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

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

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

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

n/a

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

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

4A. Supportive Services for Participants

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

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

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

The Community Action Coalition's proposal includes employment of a housing locator staff position. It is the intended role of the housing locator to expedite move-ins by:

- Recruiting landlords
- Maintaining familiarity with the issues and concerns of the local rental housing market
- Conducting HUD inspections
- Identifying shared housing opportunities

The role of the housing casework staff is then to:

- Assess program participant needs
- Develop case plans and case budgets according to the program's Guiding Principles
- As needed, administer financial assistance available through the program
- As needed, facilitate supportive services to promote housing stability
- Manage case plan progress including through home visits
- Documenting a post program exit plan for the participant
- Following up with the participant after program exit and intervening as may be needed

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

The Community Action Coalition defines rapid re-housing as a short-term,

limited term housing crisis intervention. The purpose is to support the program participant in achieving self-sustaining housing. The purpose is not to case manage household barriers that do not directly or immediately affect housing.

At program entry, caseworkers are expected to conduct a needs assessment with the program participant. Viewing sufficient household income as critical to self-sustaining housing, the Community Action Coalition has a verbal agreement with the Employment and Training Association to serve as a partnering supportive service for employment search and job training. Through its affiliation with the Dane County Job Center, all of the services of the Job Center become available to program participants with skilled EATA staff to coach their use. EATA manages Dane County's Workforce Innovation and Opportunities Act (WIOA) services, providing program participants with a pathway to vocational training.

Core housing case management services will be provided by Community Action Coalition staff. As case plans may identify, part of the responsibility of the case management staff is to refer the program participant to appropriate community resources.

Services available directly through the Community Action Coalition's proposed rapid re-housing program include:

- Needs Assessment
- Case Management
- Household Budgeting
- Rental Subsidy
- Security Deposit Assistance
- Assistance with Utility deposits and connection fees
- Assistance with moving costs

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

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

Substance Abuse Treatment Services
Transportation
Utility Deposits

Non-Partner	As needed
Non-Partner	As needed
Applicant	As needed

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



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

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

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

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

4B. Housing Type and Location

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

Total Units: 8

Total Beds: 8

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	8	8

4B. Housing Type and Location Detail

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

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

a. Units: 8

b. Beds: 8

3. Address

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

Street 1: 1717 N Stoughton Road

Street 2:

City: Madison

State: Wisconsin

ZIP Code: 53704

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

559025 Dane County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		8		8
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24		8		8
Persons ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	8	0	8

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

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

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	8									
Persons ages 18-24										
Total Persons	8	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? Reallocation

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



4. Select a grant term: 1 Year

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

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

6. If awarded, will this project require an initial grant term greater than 12 months? No

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$88,704
Total Units:			8
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	WI - Madison, WI HUD Metro FMR Area (...)	8	\$88,704

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

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

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

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

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: WI - Madison, WI HUD Metro FMR Area (5502599999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	0 x	\$577 x	12	\$0
0 Bedroom	0 x	\$769 x	12	\$0
1 Bedroom	8 x	\$924 x	12	\$88,704

2 Bedrooms	0	x	\$1,091	x	12	=	\$0
3 Bedrooms	0	x	\$1,522	x	12	=	\$0
4 Bedrooms	0	x	\$1,817	x	12	=	\$0
5 Bedrooms	0	x	\$2,090	x	12	=	\$0
6 Bedrooms	0	x	\$2,362	x	12	=	\$0
7 Bedrooms	0	x	\$2,635	x	12	=	\$0
8 Bedrooms	0	x	\$2,907	x	12	=	\$0
9 Bedrooms	0	x	\$3,180	x	12	=	\$0
Total Units and Annual Assistance Requested	8						\$88,704
Grant Term							1 Year
Total Request for Grant Term							\$88,704

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	\$5674 / 8 = \$709 available per household. Not counting contribution of match.	\$5,674
3. Case Management	\$16,024 contribution toward program supervisor; \$42,334 estimated total comp new Housing Locator; \$47,658 estimated total comp one Housing Caseworker; \$48,821 estimated total comp second Housing Caseworker. Program Supervisor budgeted at 25% FTE, all others 100% FTE. Not counting contribution of match.	\$123,870
4. Child Care		
5. Education Services		
6. Employment Assistance	\$3520 / 8 = \$440 available per household. Not counting contribution of match.	\$3,520
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits	\$4077 / 8 = 510 available per household. Not counting contribution of match.	\$4,077
17. Operating Costs		
Total Annual Assistance Requested		\$137,141
Grant Term		1 Year
Total Request for Grant Term		\$137,141

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$61,461
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$61,461

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Community Service...	08/26/2019	\$61,461

Sources of Match Detail

1. Will this commitment be used towards match ? Yes

2. Type of commitment: Cash

3. Type of source: Government

4. Name the source of the commitment: Community Services Block Grant
(Be as specific as possible and include the office or grant program as applicable)

5. Date of Written Commitment: 08/26/2019

6. Value of Written Commitment: \$61,461

6J. Summary Budget

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

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$88,704	1 Year	\$88,704
4. Supportive Services	\$137,141	1 Year	\$137,141
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$225,845
8. Admin (Up to 10%)			\$20,000
9. Total Assistance Plus Admin Requested			\$245,845
10. Cash Match			\$61,461
11. In-Kind Match			\$0
12. Total Match			\$61,461
13. Total Budget			\$307,306

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment(s)	No	CAC Dane County -...	09/17/2019
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description: CAC Dane County - SHP Final Application
(FY2018)

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Jim Schroeder

Date: 09/17/2019

Title: Executive Director

Applicant Organization: Community Action Coalition For South Central Wisconsin, Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am

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

**Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

New Project Application FY2019	Page 47	09/20/2019
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1D. SF-424 Congressional District(s)	08/30/2019
1E. SF-424 Compliance	08/01/2019
1F. SF-424 Declaration	08/01/2019
1G. HUD 2880	08/01/2019
1H. HUD 50070	08/01/2019
1I. Cert. Lobbying	08/01/2019
1J. SF-LLL	08/01/2019
2A. Subrecipients	No Input Required
2B. Experience	08/20/2019
3A. Project Detail	09/17/2019
3B. Description	08/30/2019
4A. Services	08/20/2019
4B. Housing Type	08/20/2019
5A. Households	08/20/2019
5B. Subpopulations	No Input Required
6A. Funding Request	08/14/2019
6E. Rental Assistance	08/14/2019
6F. Supp Srvcs Budget	08/14/2019
6I. Match	08/30/2019
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/17/2019
7D. Certification	08/20/2019

Before Starting the Project Application

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

Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition. For more information see FY 2018 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2017 Project Application will be imported into the FY 2018 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2018 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

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

If "Other", specify:

3. Date Received: 09/04/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0089

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

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

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Community Action Coalition For South Central Wisconsin, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 39-1053827

c. Organizational DUNS:	078935681	PLUS 4	
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d. Address

Street 1: 1717 N. Stoughton Road

Street 2:

City: Madison

County: Dane

State: Wisconsin

Country: United States

Zip / Postal Code: 53704-2605

e. Organizational Unit (optional)

Department Name: Family Development

Division Name: Supportive Services

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

Prefix: Mr.

First Name: David

Middle Name:

Last Name: Vobora

Suffix:

Title: Deputy Director

Organizational Affiliation: Community Action Coalition For South Central Wisconsin, Inc.

Telephone Number: (608) 246-4730

Extension: 213

Fax Number: (608) 246-4760

Email: dvobora@cacscw.org

1C. SF-424 Application Details

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

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

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6200-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: CAC Dane County SHP

16. Congressional District(s):

a. Applicant: WI-005, WI-006, WI-002, WI-001
(for multiple selections hold CTRL key)

b. Project: WI-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 09/01/2018

b. End Date: 08/31/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Mr.

First Name: Jim

Middle Name:

Last Name: Schroeder

Suffix:

Title: Executive Director

Telephone Number: (608) 246-4730
(Format: 123-456-7890)

Fax Number: (608) 246-4760
(Format: 123-456-7890)

Email: jschroeder@cacscw.org

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

Date Signed: 09/04/2018

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Community Action Coalition For South Central Wisconsin, Inc.

Prefix: Mr.

First Name: Jim

Middle Name:

Last Name: Schroeder

Suffix:

Title: Executive Director

Organizational Affiliation: Community Action Coalition For South Central Wisconsin, Inc.

Telephone Number: (608) 246-4730

Extension: 217

Email: jschroeder@cacscw.org

City: Madison

County: Dane

State: Wisconsin

Country: United States

Zip/Postal Code: 53704-2605

2. Employer ID Number (EIN): 39-1053827

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$300,732.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: CAC Dane County SHP 1717 N. Stoughton Road
Madison Wisconsin

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Community Services Block Grant (CSBG)	Grant	\$28,000.00	Home for Good: supportive services, operating, and leasing
Community Services Block Grant (CSBG)	Grant	27000.0	SHIFT: supportive services, operating, and leasing
Community Services Block Grant (CSBG)	Grant	\$18,245.00	THP: supportive services, operating, and leasing
Community Services Block Grant (CSBG)	Grant	\$9,310.00	WISH: supportive services, operating, and leasing

Part III Interested Parties

You must disclose:

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).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%
NA				
NA				
NA				
NA				

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Jim Schroeder, Executive Director

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

Date Signed: 08/14/2018

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Community Action Coalition For South Central Wisconsin, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

Sites for Work Performance.

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

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

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

X

the accompaniment herewith, is true and accurate.



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

Authorized Representative

Prefix: Mr.

First Name: Jim

Middle Name

Last Name: Schroeder

Suffix:

Title: Executive Director

Telephone Number: (608) 246-4730
(Format: 123-456-7890)

Fax Number: (608) 246-4760
(Format: 123-456-7890)

Email: jschroeder@cacscw.org

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

Date Signed: 09/04/2018

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

X

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

Applicant's Organization: Community Action Coalition For South Central Wisconsin, Inc.

Name / Title of Authorized Official: Jim Schroeder, Executive Director

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

Date Signed: 09/04/2018

1J. SF-LLL

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

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

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

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

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

Legal Name: Community Action Coalition For South Central Wisconsin, Inc.
Street 1: 1717 N. Stoughton Road
Street 2:
City: Madison
County: Dane
State: Wisconsin
Country: United States
Zip / Postal Code: 53704-2605

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

I certify that this information is true and

complete.

Authorized Representative

Prefix: Mr.

First Name: Jim

Middle Name:

Last Name: Schroeder

Suffix:

Title: Executive Director

Telephone Number: (608) 246-4730
(Format: 123-456-7890)

Fax Number: (608) 246-4760
(Format: 123-456-7890)

Email: jschroeder@cacscw.org

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

Date Signed: 09/04/2018

Information About Submission without Changes

After Part 1 is completed; including this screen, Recipient Performance screen, and Renewal Grant Consolidation screen, then Parts 2-6, are available for review as "Read-Only;" except for 3A, 7A and 7B which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Fully Consolidated" on the Renewal Grants Consolidation screen, the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? Yes

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

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

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

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2018 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2019, as confirmed on the FY 2018 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2018 CoC Program Competition? Yes
 If "No" click on "Next" or "Save & Next" below to move to the next screen.

2. Is this an individual project application or a fully consolidated project application? Fully Consolidated

Renewal Grant Consolidation Table

Project Identification Number PIN	Total Requested Amount	Surviving PIN or Terminating PIN	Operating Start Date	Expiration Date
WI0089	\$238,509	Surviving PIN	09/01/2018	08/31/2019
WI0129	\$66,242	Terminating PIN	11/01/2018	10/31/2019

***The surviving PIN must have the earliest operating start date.**

Renewal Grant Consolidation Summary

Total Number of Grants in Consolidation	2
Total Requested Amount in Consolidation	\$304,751

I hereby confirm that I have reviewed the accuracy and submitted all the renewal project applications related to this consolidation request into esnaps.

X

Click on "Save & Next" to continue completing the remainder of this project application combining all the project application data for all the

projects listed above into a single fully consolidated project application.

2A. Project Subrecipients

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Total Expected Sub-Awards: \$0

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

3A. Project Detail

1. Project Identification Number (PIN) of expiring grant: WI0089

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

2a. CoC Number and Name: WI-503 - Madison/Dane County CoC

2b. CoC Collaborative Applicant Name: City of Madison

3. Project Name: CAC Dane County SHP

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

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

7. Will this renewal project be part of a new application for a Renewal Expansion Grant? No

3B. Project Description

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

CAC Dane County SHP has 19 permanent supportive housing (PSH) scattered site units for chronically homeless (CH) households. CAC is committed to serving this population by designating and prioritizing any units made available through annual turnover as well as newly acquired units. Participants selected for the program have received a VI-SPDAT and have been placed on the community priority list. As of 8/14/18, the list includes 218 CH singles and 21 CH families. Households at the top of the list are housed as long as they meet the definition of chronic homelessness in accordance with HUD regulations. CAC leases units and signs Memorandums of Understanding with landlords who are willing to provide apartments for the program. Selected apartments follow HUD regulations and are deemed affordable if they fall below Fair Market Rent and meet Rent Reasonableness standards. An Environmental Review must be passed. CAC subleases to participants who sign an agreement to abide by the lease rules and pay subsidized rent based on HUD calculations. CAC procures needed furniture, household goods, and cleaning supplies. CAC follows the Housing First philosophy. The supportive services offered form a comprehensive approach to help participants maintain housing. The program's ultimate goals are to assist participants in achieving monetary self-sufficiency, increasing self-determination, and maintaining housing. All households are offered case management and assistance on an as-needed basis for: mental health services, AODA treatment, health care, transportation, education, and childcare. The 1.75 FTE Caseworkers offer case management that varies in intensiveness based on each participant's willingness to take part in the services offered. Intake and Assessment are completed to determine Individual Service Plans that include goals such as securing income and enrolling in public assistance programs. While participant engagement is not required by CAC's PSH programs, it is highly encouraged. Caseworkers call participants weekly and meet in-person at least monthly. An individual experiencing homelessness often has many barriers to overcome. The target population often has one or more of the following: health problems, credit issues, a lack of education, child care needs, AODA concerns, a lack of reliable transportation or a lack of mainstream resources. CAC's offering of supportive services is specifically designed to target these barriers and work toward overcoming them. Caseworkers take into account each individual's needs and barriers to provide everyone a personalized approach. Outreach efforts include partnership with the local Dane County Continuum of Care (CoC) and commitment to working with the local Coordinated Entry on conducting VI-SPDAT assessments and prioritizing those that have been homeless the longest. CoC support is needed for the program to properly function.

2. Does your project have a specific population focus? No

3. Housing First

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

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

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

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

3C. Dedicated Plus

Dedicated and DedicatedPLUS

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

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

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

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

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated

4A. Supportive Services for Participants

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

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

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

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

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

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

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

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

Total Units: 19

Total Beds: 40

Total Dedicated CH Beds: 40

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	19	40

4B. Housing Type and Location Detail

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

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

a. Units: 19

b. Beds: 40

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 40

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

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

Street 1: 1717 N. Stoughton Rd

Street 2:

City: Madison

State: Wisconsin

ZIP Code: 53704-2605

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

559025 Dane County, 553944 Madison

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	9	10	0	19

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	11	10		21
Adults ages 18-24	3	0		3
Accompanied Children under age 18	16		0	16
Unaccompanied Children under age 18			0	0
Total Persons	30	10	0	40

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	11	0	0	3	0	6	4	4	1	0
Adults ages 18-24	3	0	0	0	0	1	1	0	0	0
Children under age 18	16			0	0	2	3	0	3	0
Total Persons	30	0	0	3	0	9	8	4	4	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	8	2	0	2	0	6	4	9	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	8	2	0	2	0	6	4	9	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

5C. Outreach for Participants

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

50%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
0%	Directly from safe havens.
0%	Persons fleeing domestic violence.
100%	Total of above percentages

6A. Funding Request

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

6B. Leased Units Budget

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

Total Annual Assistance Requested:		\$170,173	
Grant Term:		1 Year	
Total Request for Grant Term:		\$170,173	
Total Units:		19	
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
WI - Madison, WI ...	19	\$170,173	\$170,173

Leased Units Budget Detail

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

Metropolitan or non-metropolitan fair market rent area: WI - Madison, WI HUD Metro FMR Area (5502599999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO	0	
0 Bedroom	0	
1 Bedroom	8	
2 Bedroom	8	
3 Bedroom	3	
4 Bedroom	0	
5 Bedroom	0	
6 Bedroom	0	
7 Bedroom	0	
8 Bedroom	0	
9 Bedroom	0	
Total Units and Annual Assistance Requested	19	\$170,173
Grant Term		1 Year
Total Request for Grant Term		\$170,173

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	\$32,708
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$32,708

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

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

Program participants pay 30% of their income.

1b. Estimate the amount of program income \$20,000
 that will be used as Match for this project:

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Community Service...	09/01/2018	\$9,195
Yes	Cash	Private	Program Income	09/01/2018	\$23,513

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Government
- 4. Name the Source of the Commitment:** Community Services Block Grant (CSBG)
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/01/2018
- 6. Value of Written Commitment:** \$9,195

Sources of Match Detail

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of Commitment:** Cash
- 3. Type of Source:** Private
- 4. Name the Source of the Commitment:** Program Income
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 09/01/2018
- 6. Value of Written Commitment:** \$23,513

6E. Summary Budget

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$170,173
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$101,375
4. Operating	\$15,945
5. HMIS	\$0
6. Sub-total Costs Requested	\$287,493
7. Admin (Up to 10%)	\$13,239
8. Total Assistance plus Admin Requested	\$300,732
9. Cash Match	\$32,708
10. In-Kind Match	\$0
11. Total Match	\$32,708
12. Total Budget	\$333,440

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		
2) Other Attachment	No	Sites for Work Pe...	09/20/2017
3) Other Attachment	No		

Attachment Details

Document Description:

Attachment Details

Document Description: Sites for Work Performance (HUD 50070 form)

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

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

15-Year Operation Rule – 24 CFR part 578 only.

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

1-Year Operation Rule.

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

C. Explanation.

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

Name of Authorized Certifying Official Jim Schroeder

Date: 09/04/2018

Title: Executive Director

Applicant Organization: Community Action Coalition For South Central

Wisconsin, Inc.

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Submission Without Changes

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

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

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

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

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

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

We are consolidating SHIFT and Home For Good grants so we changed the budget and number served to reflect this.

8/23/18 - Checked box for question 3C so that "Housing First" approach could be selected.

8/31/18 - Selected "YES" for application as part of a consolidated grant renewal, and chose "Individual" for project type.

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

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	08/14/2018
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

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1D. SF-424 Congressional District(s)	08/31/2018
1E. SF-424 Compliance	08/14/2018
1F. SF-424 Declaration	08/14/2018
1G. HUD-2880	08/14/2018
1H. HUD-50070	08/14/2018
1I. Cert. Lobbying	08/14/2018
1J. SF-LLL	08/14/2018
Recipient Performance	08/14/2018
Renewal Grant Consolidation	09/04/2018
2A. Subrecipients	No Input Required
3A. Project Detail	08/14/2018
3B. Description	08/23/2018
3C. Dedicated Plus	08/14/2018
4A. Services	08/14/2018
4B. Housing Type	08/14/2018
5A. Households	08/14/2018
5B. Subpopulations	No Input Required
5C. Outreach	08/14/2018
6A. Funding Request	08/14/2018
6B. Leased Units	08/14/2018
6D. Match	08/14/2018
6E. Summary Budget	No Input Required
7A. Attachment(s)	08/14/2018
7B. Certification	08/15/2018
Submission Without Changes	08/31/2018