

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the Special Notice of Funding Opportunity (NOFO) to Address Unsheltered and Rural Homelessness (Special NOFO) Competition process must be submitted to SpecialCoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under Special NOFO. For more information see the Special NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the Special NOFO and the FY 2022 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Only new projects may be submitted. New projects must select Unsheltered Set Aside or Rural Set Aside as their funding opportunity. Project applicants must communicate with their CoC to make sure they are applying for the correct funding opportunity.
- 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 the Special NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: Unsheltered Homelessness Set Aside Project
Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/20/2022

4. Applicant Identifier:

4a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Madison Area Care for the Homeless (MACH)
OneHealth, Inc. dba Madison Street Medicine

b. Employer/Taxpayer Identification Number (EIN/TIN): 81-2102647

c. UEI: UBTGTY45V521

d. Address

Street 1: 520 University Ave

Street 2: Suite 155

City: Madison

County: Dane

State: Wisconsin

Country: United States

Zip / Postal Code: 53703

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Ms.

First Name: Tijana

Middle Name:

Last Name: Sagorac Gruichich

Suffix:

Title: Assistant Executive Director

Organizational Affiliation: Madison Area Care for the Homeless (MACH)
OneHealth, Inc. dba Madison Street Medicine

Telephone Number: (608) 676-7826

Extension:

Fax Number: (608) 856-2527

Email: tijana@machonehealth.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-6500-N-25S

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: Outreach Coordinator - Services Only

16. Congressional District(s):

16a. Applicant: WI-002

16b. Project: WI-002
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2023

b. End Date: 06/30/2026

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? c. Program is not covered by E.O. 12372.

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Brenda

Middle Name:

Last Name: Konkel

Suffix:

Title: Executive Director

Telephone Number: (608) 676-7826
(Format: 123-456-7890)

Fax Number: (608) 856-2527
(Format: 123-456-7890)

Email: brenda@machonehealth.org

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

Date Signed: 09/20/2022

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: Madison Area Care for the Homeless (MACH)
OneHealth, Inc. dba Madison Street Medicine

Prefix: Ms.

First Name: Brenda

Middle Name:

Last Name: Konkel

Suffix:

Title: Executive Director

Organizational Affiliation: Madison Area Care for the Homeless (MACH)
OneHealth, Inc. dba Madison Street Medicine

Telephone Number: (608) 676-7826

Extension:

Email: brenda@machonehealth.org

City: Madison

County: Dane

State: Wisconsin

Country: United States

Zip/Postal Code: 53703

2. Employer ID Number (EIN): 81-2102647

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: \$246,840.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
	ESG-CV		
	ESG-CV		
	ESG		

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 (%)
N/a		n/a	\$1.00	1%

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: Brenda Konkel, Executive Director

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

Date Signed: 09/20/2022

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Madison Area Care for the Homeless (MACH)
OneHealth, Inc. dba Madison Street Medicine

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:	
<p>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.</p>	<p>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;</p>
<p>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.</p>	<p>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;</p>
<p>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.;</p>	<p>g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p>
<p>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;</p>	

2. Sites for Work Performance.

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

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

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

X

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

Authorized Representative

Prefix: Ms.

First Name: Brenda

Middle Name:

Last Name: Konkel

Suffix:

Title: Executive Director

Telephone Number: (608) 676-7826
(Format: 123-456-7890)

Fax Number: (608) 856-2527
(Format: 123-456-7890)

Email: brenda@machonehealth.org

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

Date Signed: 09/20/2022

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

Applicant's Organization: Madison Area Care for the Homeless (MACH) OneHealth, Inc. dba Madison Street Medicine

Name / Title of Authorized Official: Brenda Konkel, Executive Director

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

Date Signed: 09/20/2022

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: Madison Area Care for the Homeless (MACH) OneHealth, Inc. dba Madison Street Medicine

Street 1: 520 University Ave

Street 2: Suite 155

City: Madison

County: Dane

State: Wisconsin

Country: United States

Zip / Postal Code: 53703

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

I certify that this information is true and complete.

Authorized Representative

Prefix: Ms.

First Name: Brenda

Middle Name:

Last Name: Konkel

Suffix:

Title: Executive Director

Telephone Number: (608) 676-7826
(Format: 123-456-7890)

Fax Number: (608) 856-2527
(Format: 123-456-7890)

Email: brenda@machonehealth.org

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

Date Signed: 09/20/2022

IK. SF-424B

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

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

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

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

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

- | | |
|-----|--|
| 8. | Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. |
| 9. | Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements. |
| 10. | Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more. |
| 11. | Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205). |
| 12. | Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. |
| 13. | Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.). |
| 14. | Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance. |
| 15. | Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance. |
| 16. | Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures. |
| 17. | Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations." |
| 18. | Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program. |
| 19. | Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award. |

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

X

Authorized Representative for: Madison Area Care for the Homeless (MACH)
OneHealth, Inc. dba Madison Street Medicine

Prefix: Ms.

First Name: Brenda

Middle Name:

Last Name: Konkel

Suffix:

Title: Executive Director

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

Date Signed: 09/20/2022

1L. SF-424D

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

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

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

Our Executive Director has 30 years of experience being the Executive Director of 2 nonprofits and has been President of a 3rd volunteer non-profit who have received federal HUD, FEMA, HOPWA, ARPA and CARES Act funding, including CoC, HUD Housing Counseling, CDBG, ESG and ESG-CV funded programs. She has also administered government grants with the State of Wisconsin (Department of Health Services, Department of Revenue, UW-ASM, UW-Health, Wisconsin Partnership Program and DECHR housing and homelessness funding), Dane County (GPR, ARPA and CDBG funding), City of Madison (Community Services, CDBG, ESG, GPR funds) as well as corporate and foundation funds. The funds were for various programs including tenant housing counseling, homelessness prevention funding (mediation, financial and social services), coordinated entry, housing focused outreach to people experiencing unsheltered homelessness, rapid rehousing program, street medicine, medical clinics and more. She has helped create 2 tiny house communities as President of Occupy Madison and is the Project Coordinator for the first city-sanctioned campground - all three projects serve people experiencing unsheltered homelessness.

For these grants she has complied with all federal, state, local and CoC policies and procedures. She has used e-snaps, e-loccs, provider gateway and many other grant and finance reporting tools by all of these government programs. All programs have complied with the written standards, incorporated funding requirements into policies and procedures and have been through may desk monitoring and financial and programmatic audits from HUD, state and city governments.

Our Executive Director has run outreach programs with ESG, EHH, city GPR, county ARPA capacity building and city and state ESG-CV funding processes and has recently undergone desk audits by both the city and state with no findings or concerns.

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

In 2019 we had a \$19,000 budget at Madison Street Medicine. In 2022 we have a \$1.6M budget. We received a \$400,000 4-year grant from the WI Partnership Program to hire our first Executive Director in April of 2020 when the pandemic hit. We then obtained grants to hire 3 outreach housing case managers, 1 nurse, 1 medical program director, and 1 assistant director. The 2-year city campground grant (\$1M/yr) allowed us to hire 4 full-time and 4 part-time staff, in addition to subcontracting with Kabba Recovery Services. We obtained several pandemic specific grants (CARES & ARPA funds); 3 of those grants (ESG-CV state \$100,000, ESG-CV city \$109,000, County capacity building - \$150,000) will expire by 12/31/22. When applicable, those grants paid for large, one-time costs (2 outreach/medical vans, campground infrastructure, etc.). A 4-year city outreach grant (\$200,000/year) replaced those grants along with a 2-year state grant (\$50,000) to fund our medical program director. We received several small grants under \$10,000 each and recently recieved a \$40,000 foundation grant and applied for several more.

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

Our Board of Directors passes a budget created by the Executive Director with input from our Core Circle. Once the budget is passed, that directs the funding spending for the organization. The Executive Director, Assistant Executive Director and CPA hired through Common Good Bookkeeping then work closely to do purchasing, pay bills, gather receipts, enter information in Quickbooks, track grant expenses, do grant reporting, ensure grant compliance and more. They meet weekly to track progress and use google spreadsheets to manage their workflow. The Treasurer joins the meeting monthly to check in. Their work is reviewed monthly by the Treasurer and quarterly by the Finance Circle and Board. The Finance Circle reviews the finance policies annually to make recommendations to the board of directors. The Treasurer also assists in reviewing finance procedures annually. We had an audit done in 2020 and 2021 with no finding and will have a single audit in 2022 which we have been preparing for all year.

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

3A. Project Detail

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

2. CoC Collaborative Applicant Name: City of Madison

3. Project Name: Outreach Coordinator - Services Only

4. Project Status: Standard

5. Is this project applying for the Unsheltered Homelessness Set Aside or Rural Set Aside? Unsheltered Homelessness Set Aside

6. Component Type: SSO

6a. Select the type of SSO Project: SSO-Street Outreach

7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database? No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

3B. Project Description

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

Our community has been talking about having a coordinated intake phone line or electronic system so people don't have to call several outreach agencies to determine which agency can serve them. We propose a office based position that would answer the phones, check electronic communications and take walk-ins 40 hours a week during traditional office hours. This person would also be able to be mobile if needed by doing outreach at libraries, the Beacon and other locations. This person would also help manage the outreach spreadsheet, and identify outreach clients who do not have VISPDATs and reach out to programs people are enrolled or who have contact with them. Additionally, for people who don't have VISPDATs or an outreach worker but have been identified as being unsheltered in our community we would identify them and work with the outreach workers to determine who should try to develop a relationship with them and enroll them into a program. We anticipate this will take up to half the time of our office manager who is already directing traffic of people who walk into our office.

The second piece of this program would be to have a pair of outreach workers available 4pm - 8pm each evening who would also be able to answer calls, electronic communications and go directly out into the field as necessary. This pair of staff would work on VISPDATs and identifying people in the community not connected to outreach. They would work with our medical teams who go out on Wednesday morning and Thursday evening as well as our other outreach staff, along with outreach staff from other agencies to follow up with people who we have lost track of or explore areas where we have had complaints from neighbors or city departments or outreach workers have identified as possibly having people staying there but we have been unable to contact anyone. We would coordinate all of our work in this area through Clarity and the outreach community case conferencing spreadsheet.

Important in this work is the complex funding restrictions on our outreach workers. Many are limited by population type (youth, veterans, individuals, families, LGBTQ, severe and persistent mental illness, etc), geographically (in our out of the City of Madison) or by if they are strictly housing focused or not. This is very confusion for people experiencing unsheltered homelessness and the staff person and outreach workers can help make sure people are getting the right connections.

In all of this, data will be key. When going to Safe Haven or other locations, we can review their roster and determine who may not be connected to an outreach worker and seek them out. In our meetings we can figure out who is best to reach out to individuals who may be more difficult to reach. Different workers from different agencies for different reasons may be appropriate. The key is to make sure that the people we identify through HMIS or our by-location list all are assigned an outreach agency.

1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFA?

We cannot answer this question at this time because the the plan is not yet completed, however, 2 of our staff members are helping write the plan and we are committed to ensuring our program is consistent with the plan.

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment	1			
Program participants occupy leased or rental assistance units or structure(s), or 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				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

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

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<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"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

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

5. As an SSO non-CE project answer the following questions:

5a. Describe how the street outreach project will develop a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.

Our program has three goals:

- 1) Ensure it is easier for those experiencing unsheltered homelessness to get connected to the appropriate outreach agency. At this point people experiencing unsheltered homelessness may contact up to 8 different outreach agencies (VA, Briarpatch, Tellurian, Urban Triage, Catalyst for Change, Madison Street Medicine, Meriter Health or Friends of the State St. Family) to get their needs met. By calling one number, we can help them get connected with the most appropriate agency based on population, location or needs.
- 2) Ensure that everyone our community identifies as being unsheltered homeless has been assigned an outreach worker, someone to the VISPDAT and enroll them in Coordinated Entry
- 3) Clean up the priority list and have quality data in HMIS.

By having a central location to call, we can ensure that those experiencing unsheltered homelessness are entered on our by name list and assigned an outreach agency to begin engagement. Last fall Madison Street Medicine did VISPDATs for nearly 100 people experiencing unsheltered homelessness. We were able to do this with additional funds from the City of Madison. That experience made us realize how important it is that our by-location list is regularly reviewed to ensure each person is assigned an outreach organization to engage with them, that they get a VISPDAT and are enrolled in coordinated entry. We also need to make sure that outreach workers are regularly updating the length of time homeless and properly identifying who has a disability so people can be correctly identified as being chronically homeless.

By doing this work to correctly identify people and update their data, we will ensure that those with the highest needs are in our system and being offered the correct housing opportunities according to the VISPDAT that assesses the needs.

This project builds on the case conferencing meetings and work we are currently doing and will help us as a community better serve the people experiencing unsheltered homelessness. It also adds evening outreach to specifically focus on the goals above.

See previous questions for how we will make services accessible by phone, electronically or walk-in and will advertise and do outreach.

5b. Describe how project refers program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?

The person answering the phones will be well versed in community resources and help make referrals. If done correctly this will become a intake and referral hotline for those experiencing unsheltered homelessness and they will be able to make referrals for immediate needs and then get people connected to outreach programs to help with health, social services and employment programs.

For health issues people can be referred to Meriter Health or Madison Street Medicine including clinics at the Men's Shelter and Day Resource Center. We can also come directly to people if they are willing to disclose their location. Madison Street Medicine has a van that serves as a moving medical clinic for basic medical needs and is staffed by volunteer doctors, physician's assistance and nurses. Our volunteers can prescribe medicines, so basic triage and wound care and serve other needs until we connect people to a primary health care provider, if the client is interested. Unfortunately, our CHNA revealed that many people (40%) do not seek health care when they are sick.

Our goal is to have the outreach programs also refer people to other social services and employment programs as requested by people experiencing unsheltered homelessness. Often times this occurs after building rapport, providing basic survival supplies and gaining trust so people will open up and ask for what they need. We are hoping the combination of the information and referral line and the outreach workers we can provide less confusing and much higher quality services for people experiencing unsheltered homelessness.

4A. Supportive Services for Participants

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

This program is more focused on getting people to be eligible to qualify for PSH, RRH and other housing programs that use the coordinated entry priority list to be eligible for the programs and connecting people to outreach workers who can help them navigate obtaining housing. Unfortunately, many outreach programs end once a person is in permanent housing, but working with an outreach worker can help people prepare to be successful once in housing. See previous questions on how we will assist people obtaining housing through the hotline, VISPAT, coordinated entry enrollment and outreach services.

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

See question 3B 5b. Madison Street Medicine has interdisciplinary teams of medical and health care teams and coordinates with Meriter HEALTH, Monarch Health (medically-assisted substance use disorder treatment), Access Community Health (physical health, behavioral health and dental services), coordinated with UW Health on hospital discharges for people returning to unsheltered homelessness.

For many of the services below, it will be a combination of Madison Street Medicine (applicant) and our outreach partners that will provide the services, but we listed non-partner below because we could choose only one option and it seemed most appropriate because there are no funded partners although we have many community partners. The goal here is to have information and referrals be a big part of the hotline.

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

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	As needed
Assistance with Moving Costs	Non-Partner	As needed
Case Management	Non-Partner	As needed
Child Care	Non-Partner	As needed
Education Services	Non-Partner	As needed

Employment Assistance and Job Training
Food
Housing Search and Counseling Services
Legal Services
Life Skills Training
Mental Health Services
Outpatient Health Services
Outreach Services
Substance Abuse Treatment Services
Transportation
Utility Deposits

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

Identify whether the project will include the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? No

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

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

5A. Program Participants - Households

Households Table

Number of Households

Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
30	250	10	290

Characteristics
Persons over age 24
Persons ages 18-24
Accompanied Children under age 18
Unaccompanied Children under age 18
Total Persons

Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
20	200		220
10	50		60
40		0	40
		10	10
70	250	10	330

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	2	0	2	10	2	10	5	5	3	5
Persons ages 18-24	0	0	0	4	0	6	2	2	2	0
Children under age 18	0			2	2	5	10	6	6	20
Total Persons	2	0	2	16	4	21	17	13	11	25

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	100	5	5	100	5	100	15	30	10	20
Persons ages 18-24	10	0	0	25	2	25	5	5	5	10
Total Persons	110	5	5	125	7	125	20	35	15	30

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18	0			0	0	0	0	0	0	0
Unaccompanied Children under age 18	0			1	0	1	1	1	1	5
Total Persons	0				0	1	1	1	1	5

Click Save to automatically calculate totals

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

People who have other trauma's in their lives or belong to populations such as LGBTQ+ or other subpopulations that are vulnerable to homelessness

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2024? Yes

2. What type of funding is this project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition? Unsheltered

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

4. Select a grant term: 3 Years

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

Leased Structures	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services	Outreach services 4pm - 8pm Mon - Fri	\$52,000
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs	1/2 time office manager for phone answering 40 hours a week	\$20,800
18. (Rural Set Aside ONLY) Section 491 Eligible Activities		
Total Annual Assistance Requested		\$72,800
Grant Term		3 Years
Total Request for Grant Term		\$218,400

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

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

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

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

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

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

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

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



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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel	2% for ICA	\$2,000
5. Space & Operations		
Total Annual Assistance Requested:		\$2,000
Grant Term:		3 Years
Total Request for Grant Term:		\$6,000

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 this project. To add a Match source to the list, select the  icon. To view or update a Match source already listed, select the  icon.

Summary for Match

Total Amount of Cash Commitments:	\$61,710
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$61,710

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

Type	Source	Name of Source	Amount of Commitments
Cash	Government	City of Madison O...	\$61,710

Sources of Match Detail

1. Type of Match commitment: Cash

2. Source: Government

3. Name of Source: City of Madison Outreach Grant
(Be as specific as possible and include the office
or grant program as applicable)

4. Amount of Written Commitment: \$61,710

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)
2a. Leased Units	\$0	3 Years	\$0
2b. Leased Structures	\$0	3 Years	\$0
3. Rental Assistance	\$0	3 Years	\$0
4. Supportive Services	\$72,800	3 Years	\$218,400
5. Operating	\$0	3 Years	\$0
6. HMIS	\$2,000	3 Years	\$6,000
7. Sub-total Costs Requested			\$224,400
8. Admin (Up to 10%)			\$22,440
9. Total Assistance Plus Admin Requested			\$246,840
10. Cash Match			\$61,710
11. In-Kind Match			\$0
12. Total Match			\$61,710
13. Total Budget			\$308,550

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		
3) Other Attachment(s)	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

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: Brenda Konkel

Date: 09/20/2022

Title: Executive Director

Applicant Organization: Madison Area Care for the Homeless (MACH)
OneHealth, Inc. dba Madison Street Medicine

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

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.

X

8B. Submission Summary

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

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	09/17/2022
Unsheltered Homelessness Set Aside Project Application FY2022	Page 48 09/20/2022

1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/17/2022
1E. SF-424 Compliance	09/17/2022
1F. SF-424 Declaration	09/17/2022
1G. HUD 2880	09/19/2022
1H. HUD 50070	09/17/2022
1I. Cert. Lobbying	09/17/2022
1J. SF-LLL	09/17/2022
IK. SF-424B	09/17/2022
1L. SF-424D	09/17/2022
2A. Subrecipients	No Input Required
2B. Experience	09/20/2022
3A. Project Detail	09/19/2022
3B. Description	09/20/2022
4A. Services	09/20/2022
5A. Households	09/20/2022
5B. Subpopulations	09/20/2022
6A. Funding Request	09/17/2022
6F. Supp Srvcs Budget	09/19/2022
6H. HMIS Budget	09/19/2022
6I. Match	09/19/2022
6J. Summary Budget	No Input Required
7A. Attachment(s)	No Input Required
7D. Certification	09/17/2022