

Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2023 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2023 Continuum of Care (CoC) Program Competition. For more information see FY 2023 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2023 CoC Program Competition NOFO.
- YHDP projects must state they were awarded under the YHDP program on screen 3A and answer the YHDP specific page that follows.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: YHDP Project Application

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

If "Other", specify:

3. Date Received: 08/29/2023

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: WI0253

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:** City of Madison
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 39-6005507
- c. Unique Entity Identifier:** FS3AZ3FV8JG8

d. Address

- Street 1:** 215 Martin Luther King Jr. Blvd
- Street 2:** Suite 300
- City:** Madison
- County:** Dane
- State:** Wisconsin
- Country:** United States
- Zip / Postal Code:** 53703

e. Organizational Unit (optional)

- Department Name:** Planning Community and Economic Development Dept
- Division Name:** Community Development

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

- Prefix:** Mr.
- First Name:** James
- Middle Name:**
- Last Name:** O'Keefe
- Suffix:**
- Title:** CD Division Director
- Organizational Affiliation:** City of Madison
- Telephone Number:** (608) 266-6520

Extension:
Fax Number: (608) 261-9661
Email: jokeefe@cityofmadison.com

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

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

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

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

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: YYA Connections

16. Congressional District(s):

16a. Applicant: WI-002

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

17. Proposed Project

a. Start Date: 01/01/2025

b. End Date: 12/31/2025

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

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

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

If "YES," provide an explanation:

1F. SF-424 Declaration

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

I AGREE:

21. Authorized Representative

Prefix: Ms.

First Name: Linette

Middle Name:

Last Name: Rhodes

Suffix:

Title: Community Development Grants Supervisor

Telephone Number: (608) 261-9240
(Format: 123-456-7890)

Fax Number: (608) 261-9661
(Format: 123-456-7890)

Email: Irhodes@cityofmadison.com

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

Date Signed: 08/29/2023

1G. HUD 2880

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

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Madison

Prefix: Ms.

First Name: Linette

Middle Name:

Last Name: Rhodes

Suffix:

Title: Community Development Grants Supervisor

Organizational Affiliation: City of Madison

Telephone Number: (608) 261-9240

Extension:

Email: lrhodes@cityofmadison.com

City: Madison

County: Dane

State: Wisconsin

Country: United States

Zip/Postal Code: 53703

2. Employer ID Number (EIN): 39-6005507

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$360,000.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD	HOME/CDBG/ESG	\$3,497,835.00	Housing, neighborhood, community development

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

Part III Interested Parties

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

Certification

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

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

X

Name / Title of Authorized Official: Linette Rhodes, Community Development Grants Supervisor

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

Date Signed: 08/29/2023

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Madison
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.	<p>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>
b.	<p>Establishing an on-going drug-free awareness program to inform employees —</p> <ul style="list-style-type: none"> (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
c.	<p>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>
d.	<p>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —</p> <ul style="list-style-type: none"> (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e.	<p>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>
f.	<p>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 —</p> <ul style="list-style-type: none"> (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g.	<p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</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: Linette

Middle Name

Last Name: Rhodes

Suffix:

Title: Community Development Grants Supervisor

Telephone Number: (608) 261-9240
(Format: 123-456-7890)

Fax Number: (608) 261-9661
(Format: 123-456-7890)

Email: Irhodes@cityofmadison.com

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

Date Signed: 08/29/2023

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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: City of Madison

Name / Title of Authorized Official: Linette Rhodes, Community Development Grants Supervisor

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

Date Signed: 08/29/2023

1J. SF-LLL

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

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

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

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

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

Legal Name: City of Madison

Street 1: 215 Martin Luther King Jr. Blvd

Street 2: Suite 300

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: Linette

Middle Name:

Last Name: Rhodes

Suffix:

Title: Community Development Grants Supervisor

Telephone Number: (608) 261-9240
(Format: 123-456-7890)

Fax Number: (608) 261-9661
(Format: 123-456-7890)

Email: lrhodes@cityofmadison.com

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

Date Signed: 08/29/2023

IK. SF-424B

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

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

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

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

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

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

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

Authorized Representative for: City of Madison
Prefix: Ms.
First Name: Linette

Middle Name:

Last Name: Rhodes

Suffix:

Title: Community Development Grants Supervisor

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

Date Signed: 08/29/2023

Recipient Performance

1. Did you submit your previous year's Annual Performance Report (APR) on time? Not Applicable
2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No
3. Do you draw funds quarterly for your current renewal project? No
- 3a. If no was selected, explain why CoC Program funds are not drawn quarterly.
It took some time to identify sub-recipients and get the projects staffed. This delayed our initial draws. Going forward we anticipate draws to occur, at least quarterly.
4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? No

YHDP Renewal Grant Consolidation Screen



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

1. Consolidations will no longer be required to submit a combined version of the application.
 - a. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)
2. Since no combined version will be submitted for the Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$340,051

Organization	Type	Type	Sub-Award Amount
Urban Triage	M. Nonprofit with 501C3 IRS Status		\$195,170
Outreach, Inc.	M. Nonprofit with 501C3 IRS Status		\$144,881

2A. Project Subrecipients Detail

a. Organization Name: Urban Triage

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

c. Employer or Tax Identification Number: 84-3297905

d. Unique Entity Identifier: RLQ5SFJB8FN8

e. Physical Address

Street 1: 2312 S. Park St.

Street 2:

City: Madison

State: Wisconsin

Zip Code: 53713

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

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

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

i. Expected Sub-Award Amount: \$195,170

j. Contact Person

Prefix:

First Name: Brandi

Middle Name:

Last Name: Grayson
Suffix:
Title: Founder/CEO
E-mail Address: bgrayson@urbantrriage.org
Confirm E-mail Address: bgrayson@urbantrriage.org
Phone Number: 608-299-4128
Extension:
Fax Number:

2A. Project Subrecipients Detail

- a. Organization Name:** Outreach, Inc.
- b. Organization Type:** M. Nonprofit with 501C3 IRS Status
- c. Employer or Tax Identification Number:** 39-1336583
- d. Unique Entity Identifier:** VG9UKKQN4BC4
- e. Physical Address**
- Street 1:** 2701 International Lane #101
Street 2:
City: Madison
State: Wisconsin
Zip Code: 53704
- f. Congressional District(s):** WI-002
(for multiple selections hold CTRL key)
- g. Is the subrecipient a Faith-Based Organization?** No

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

i. Expected Sub-Award Amount: \$144,881

j. Contact Person

Prefix:

First Name: Steve

Middle Name:

Last Name: Starkey

Suffix:

Title: Executive Director

E-mail Address: steves@lgbtoutreach.org

Confirm E-mail Address: steves@lgbtoutreach.org

Phone Number: 608-255-8582

Extension:

Fax Number: 608-255-0018

3A. Project Detail

- 1. Expiring Grant Project Identification Number (PIN):** WI0253
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)
- 2. CoC Number and Name:** WI-503 - Madison/Dane County CoC
- 3. CoC Collaborative Applicant Name:** City of Madison
- 4. Project Name:** YYA Connections
- 5. Project Status:** Standard
- 6. Component Type:** SSO
- 6a. Please select the type of SSO project:** Standalone Supportive Services
- 7. Is your agency or expected subrecipient a victim service provider, as defined in 24 CFR 578.3?** No
- 8. Was this project funded under the Youth Homeless Demonstration Program (YHDP)?** Yes

3B. Project Description

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

This project’s target population is young people at-risk of or currently experiencing homelessness. The staff walk alongside and support youth from initial contact with the system to location of permanent housing & connection to ongoing services. Services include: transportation, Peer Mentors that are paired with Navigators to work as a team, and intensive case management to help the young person connect with housing, services, & community support. Peer Mentors & Navigators work intensively with individuals to learn about their service needs and life goals, prioritize immediate needs for housing stability, and secure services.

The project outcomes are aligned with clear performance measures. Outcome #1: YYA have secure and stable housing. Performance Measure #1: YYA are no longer experiencing homelessness or imminently at-risk of experiencing homelessness. Outcome #2: YYA feel connected to their community. Performance Measure #2: YYA have long-term connections to information & formal community support, relationships with peers and older adults. Outcome #3: YYA feel empowered in making their own life decisions. Performance Measure #3: YYA feel like the goals established were reflective of their own priorities and desires and they can say “no” when something doesn’t work for them without fear of negative impact; YYA feel supported by their Navigation team. Outcome #4: YYA know where to go for the support they need. Performance Measure #4: Following up after people exit to determine if they know how to connect with people and services as needs change and new needs arise.

This project coordinates with organizations by establishing a workflow so they can link young people who are at-risk of or experiencing homelessness to the Navigation project. Peer Mentors & Navigators walk alongside the young person to identify needs and help access/coordinate services. The community works collectively to expedite processes & establish prioritization to make services accessible & safe for young people.

The YHDP funding employs Peer Mentors & Navigators to help meet the needs of young people at-risk of or experiencing homelessness, as well as funding available for supportive service needs. The existing partnerships continue to develop and include: YAB members, school systems, employment programs, housing projects, mental and physical health providers, childcare organizations, the child welfare and juvenile justice systems, and advocacy groups.

To ensure that PYD & TIC remain key tenets of the program, the YAB is involved in all aspects of project development, implementation & evaluation. YAB members are committed to providing training on PYD & TIC to all program staff that are involved with any part of the YHDP-funded project. Program staff will be encouraged to review all agency policies & procedures to ensure they meet PYD and TIC standards. YAB provides evaluation of the program & provides technical assistance.

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

The project partners with young people to identify their own goals, explore options, and walk alongside the young person to connect to services and housing. Staff and partners are trained in Positive Youth Development practices. The YAB provides training on Positive Youth Development, adultism, and empathy mapping to staff, as well as provides ongoing coaching to any and all staff interacting with youth or young adults, or are employed through these programs.

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

Staff use a trauma-informed approach in all aspects of working with participants, from initial connection, to creating plans, and partnering with the young person. Staff and organizational partners are trained in trauma informed practices. Locations where young people are accessing Navigation Services are trauma-informed physical spaces. The YAB works alongside project staff in all aspects of implementation to ensure the project is trauma informed. YAB participates in project monitoring and evaluation to ensure trauma informed care remains a key tenet.

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

Staff use a trauma-informed approach in all aspects of working with participants, from initial connection, to creating plans, and partnering with the young person. Staff and organizational partners are trained in trauma informed practices. Locations where young people are accessing Navigation Services are trauma-informed physical spaces. The YAB works alongside project staff in all aspects of implementation to ensure the project is trauma informed. YAB participates in project monitoring and evaluation to ensure trauma informed care remains a key tenet.

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

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

Other (Click 'Save' to update)	<input type="checkbox"/>
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2a. Please identify the specific populations addressed in this project

Pregnant/Parenting	<input type="checkbox"/>
Minors (Include short textbox if "minor" selected)	<input type="checkbox"/>
Foster care/justice involved youth	<input checked="" type="checkbox"/>
LGBTQ+	<input checked="" type="checkbox"/>
Gender Non-Conforming	<input checked="" type="checkbox"/>
Victims of Sexual Trafficking	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

3. Housing First

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

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

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

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

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

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

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

5. Effectively serving youth populations:

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

The System Navigation Program is designed with targeted equity focused towards supporting communities of youth that are facing the highest disparities made visible within our HMIS. During the creation of our CCP, we reviewed HMIS Data from our community to learn about these disparities, and found that youth who identify as black experience homelessness for nearly 2-3 times as long as their white, nondisabled counterparts. In 2022, 5.8% of the Dane County population was Black. An analysis of HMIS data from 2015-2022 indicates that 48% of the people served were Black. Because of this jarring representation, we prioritize partnerships with Black-led organizations.

Additionally, it was important to our community that the staff providing direct service (and otherwise), the youth action board, the city contract managers, and the community partners represent the communities we are intending to serve. We are happy to report that a majority of the staff listed above are people of color, people with disabilities, and people in the LGBTQIA+ Community.

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

People of color within Madison/Dane County face a lot of potential housing barriers, the largest likely being landlord discrimination, especially in a city that rents a large portion of its housing to college students attending UW Madison. Due to this housing dynamic, Landlords are able to get away with harmful, discriminatory practices, and require high credit scores and large monthly incomes. Additionally, property owners have become more strict regarding criminal background checks, disproportionately affecting Black youth . Other barriers include declining public transportation options, a lack of affordable and safe housing, and racial/racist stigmas circulating our community, specifically targeting Black youth. We have also recognized that cultural differences can present housing barriers within our community, especially language related housing barriers.

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

In order to combat racially discriminatory rental practices and unwillingness from landlords, we have capitalized on the strengths of our diverse subrecipients. Each subrecipient brings unique types of experience, perspective, and diverse landlord/community housing relationships! These relationships are a main factor within our community's approach to combating these barriers, and have had promising outcomes and agreements so far. This project leads with a housing first approach. Our programs are also intentional in hiring those with experience and fluency in many different languages, including American Sign Language, and staff (from direct service provision to leadership) that looks like and represents the diverse populations we are serving.

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

The main efforts of our community's process for evaluating and improving the programs (led by the YAB) focus on analyzing qualitative and quantitative data from program participants. The YAB is intentional in using our base data (collected through the development of the CCP) and all other available information within HMIS reporting to measure changes and trends. Additionally, the YAB is intentional in welcoming and collecting perspective from participants about how they perceived their experience, while being targeted in uplifting information related to racial or cultural identities. Our community is ready to act on such measures to ensure that programs remain comprehensive to advancing racial equity.

The outcomes highlighted in the project description will be looked at as a whole and by racial identity. This will allow the project to determine if there are any disparities and work to eliminate them. The outcomes include: YYA have secure and stable housing; YYA feel connected to their community; YYA feel empowered in making their own life decisions; YYA know where to go for the support they need.

Youth Homeless Demonstration Projects

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

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

Project staff work to engage with families as requested by the program participant. The community has developed an approach for identifying options for healthy connection to family or chosen family. Community partnerships will be necessary for engaging families as it is important for all service providers to be a part of the plan. Partners for this work will include city/county/state agencies, including the public child welfare agency and school districts throughout Dane County. Additionally, other service providers identified by the program participant or family members will be included in the intervention strategy.

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

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

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

2. Is this a Host Homes Project? No

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

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

The YAB continues by developing and strengthening relationships, programs and services that are necessary to support the project. The YAB selects and provides training and coaching for all involved staff, agencies/organizations, and individuals. Project performance monitoring and evaluation is led by the YAB with the support of the YHDP staff and TA Support Team. The YAB presents and advocates for cross-system partnerships and identifies systemic issues that need to be addressed to improve outcomes and performance measures throughout the project. Providing opportunities for employment of young people with lived experience within the YHDP project, as part of the housing and service teams is also led by the YAB.

5. Will your project offer any specialized services for youth living with HIV/AIDS? Yes

a. If Yes, please provide detail of those services.

For young people living with HIV/AIDS, the Navigation team will continuously check in with the young people to ensure they're getting the same services that are available to all young people so they are not feeling different from other young people. Staff are trained in the emotional experience of young people living with HIV/AIDS, have an understanding of the care available, and partner with the young person as they desire to access and advocate for services and care.

Special YHDP Activities

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

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

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

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

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

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

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

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

III.B.4.b(7)(b)(iv) Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy. - (ELIGIBLE ONLY FOR PROJECTS WITH RENTAL ASSISTANCE, LEASING OR OPERATING BLI)	<input type="checkbox"/>
III.B.4.b(7)(b)(v) YHDP recipients may provide payments of up to \$1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program. - (ELIGIBLE ONLY FOR HOST HOMES & KINSHIP CARE)	<input type="checkbox"/>
III.B.4.b(7)(b)(vi) YHDP recipients may pay for short-term (up to three months) emergency lodging in motels or shelters as the transitional housing component in a Joint transitional housing-rapid rehousing (TH-RRH) project, provided that the recipient can demonstrate that use of the hotel or motel room is accessible to supportive services. - (ELIGIBLE ONLY FOR JOINT)	<input type="checkbox"/>
No Exemptions Requested.	<input type="checkbox"/>

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

III.B.3.h:

The City of Madison is requesting a waiver on the 25% match requirement. The City currently allocates funds from a variety of sources to non-housing youth serving projects. The City will explore ways this project can partner with those projects to provide employment & training and other services to YYA in this program. Our community currently uses some ESG funds for outreach and prevention services focused on young adults. There is a program funded by United Way that provides RRH to parenting youth. They serve youth experiencing homelessness, but the flexibility of United Way funds allows the program to serve young people in creative ways.

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

a. Is the applicant requesting an innovative activity? No

6. Are the Special YHDP Activity selections made on this screen different than what this project was awarded in FY2022? If you are unsure what you were awarded, please contact your local CPD Rep. No

4A. Supportive Services for Participants

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

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

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

The peer mentors and navigators are knowledgeable experts in the providers and available interventions and work directly with the youth and young adults to ensure that they are aware of all the options available to them. They provide support and elicit feedback to ensure that the services received are resulting in positive outcomes, and if they are not aligning with the needs of the youth, work within the community to connect the youth with alternate providers and services that better meet the needs of the youth. This is an ongoing process to ensure the best outcomes, as determined by the youth and young adults being served.

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

Within the program and the network that is established the peer mentors and navigators have the flexibility to refer to the youth and young adults based on their individual needs. The service types that are available will be discussed and the referrals for those services will align with the needs the youth and young adults identify. The intensity of the support will adapt based on the engagement and needs of the youth and young adults being served to ensure the strongest outcomes. The length of support provided is determined by the youth and young adults being served, the project will provide ongoing support without limits, aside from those outlined by HUD. The YAB works with YHDP staff and providers to ensure that access to the services at the intensity levels needed and for the length of time best suited for the youth and young adults are met through low-barrier policies and procedures.

Identify whether the project includes the following activities:

4. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

4a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events? Yes

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

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

4A. HMIS Standards

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

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

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

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



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

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

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

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

4B. Housing Type and Location

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

Total Units:

Total Beds:

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

4B. Housing Type and Location Detail

1. Housing Type: None

5A. Program Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10	46	14	70

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Persons over age 24				0
Persons ages 18-24	12	50		62
Accompanied Children under age 18	10			10
Unaccompanied Children under age 18			14	14
Total Persons	22	50	14	86

Click Save to automatically calculate totals

5B. Program Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24				1		1	2	1		7
Children under age 18										10
Total Persons	0	0	0	1	0	1	2	1	0	17

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24				5	3	8	10	2	1	21
Total Persons	0	0	0	5	3	8	10	2	1	21

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										14
Total Persons	0			0	0	0	0	0	0	14

Click Save to automatically calculate totals

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

Not all young adults in our community will fall into the sub-populations listed. We rarely have young veterans enter our homeless services system. Young adults rarely meet the definition of chronic homelessness.

6A. Funding Request

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

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

3. Select the costs for which funding is requested:

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

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

6E. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	Provide 3-5 participants with moving expenses more than one time (furniture, movers, damage to unit, housing start-up expenses)	\$3,000
3. Case Management	4.5 FTE (Peer Mentors & System Navigators)	\$272,700
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		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs	day to day operations of support services facility	\$48,000
Total Annual Assistance Requested		\$323,700
Grant Term		1 Year
Total Request for Grant Term		\$323,700

Click the 'Save' button to automatically calculate totals.

6G. 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	HMIS Services	\$3,600
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$3,600
Grant Term:		1 Year
Total Request for Grant Term:		\$3,600

Click the 'Save' button to automatically calculate totals.

VAWA Budget

VAWA Budget

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

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:

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

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

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



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

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

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

Click the 'Save' button to automatically calculate totals.

6H. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	\$90,000
Total Amount of In-Kind Commitments:	\$0
Total Amount of All Commitments:	\$90,000

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

Type	Source	Contributor	Value of Commitments
Cash	Private	Undesignated Funds	\$90,000

Sources of Match Detail

- 1. **Type of Match Commitment:** Cash
- 2. **Source:** Private
- 3. **Name of Source:** Undesignated Funds
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Amount of Written Commitment:** \$90,000

6I. Summary Budget

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

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	\$0
1b. Leased Structures (Screen 6C)	\$0
2. Rental Assistance (Screen 6D)	\$0
3. Supportive Services (Screen 6E)	\$323,700
4. Operating (Screen 6F)	\$0
5. HMIS (Screen 6G)	\$3,600
6. VAWA	\$0
7. Sub-total of CoC Program Costs Requested	\$327,300
8. Admin (Up to 10% of Sub-total in #8)	\$32,700
9. HUD funded Sub-total + Admin. Requested	\$360,000
10. Cash Match (From Screen 6H)	\$90,000
11. In-Kind Match (From Screen 6H)	\$0
12. Total Match (From Screen 6H)	\$90,000
13. Total Project Budget for this grant, including Match	\$450,000

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Subrecipient Nonp...	08/23/2023
2) Other Attachmenbt	No	Match Waiver Request	08/29/2023
3) Other Attachment	No		

Attachment Details

Document Description: Subrecipient Nonprofit Documentation

Attachment Details

Document Description: Match Waiver Request

Attachment Details

Document Description:

7B. Certification

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

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

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

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

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

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

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

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

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

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

Name of Authorized Certifying Official: Linette Rhodes

Date: 08/29/2023

Title: Community Development Grants Supervisor

Applicant Organization: City of Madison

PHA Number (For PHA Applicants Only):

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

X

8B Submission Summary

Page	Last Updated
YHDP Renewal Project Application FY2023	Page 58 08/29/2023

1A. SF-424 Application Type	08/14/2023
1B. SF-424 Legal Applicant	08/14/2023
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/14/2023
1E. SF-424 Compliance	08/14/2023
1F. SF-424 Declaration	08/14/2023
1G. HUD 2880	08/14/2023
1H. HUD 50070	08/14/2023
1I. Cert. Lobbying	08/14/2023
1J. SF-LLL	08/14/2023
IK. SF-424B	08/14/2023
Recipient Performance	No Input Required
YHDP Renewal Grant Consolidation	08/14/2023
2A. Subrecipients	08/22/2023
3A. Project Detail	08/14/2023
3B. Description	08/25/2023
Youth Homeless Demonstration Projects	08/25/2023
Special YHDP Activities	08/25/2023
4A. Services	08/25/2023
4A. HMIS Standards	No Input Required
4B. Housing Type	08/14/2023
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	08/14/2023
6E. Supp Srvcs Budget	08/25/2023
6G. HMIS Budget	08/25/2023
VAWA Budget	No Input Required
6H. Match	08/14/2023
6I. Summary Budget	No Input Required
7A. Attachment(s)	08/29/2023

7B. Certification

08/29/2023

RECEIVED AUG 24 2000

INTERNAL REVENUE SERVICE
1100 COMMERCE STREET
DALLAS TEX 75242 - 1198

DEPARTMENT OF THE TREASURY
MAIL CODE T: EO: E: GC: 7950

Date: August 4, 2000

OutReach, Inc.
P. O. Box 1688
Madison WISC 53701

Employer Identification Number:

39 - 1336583

Person To Contact:

B. J. Andujar

Contact Telephone Number:

1-888-829-5500

Reply Refer To:

IRS:EO:OSU:DAL:BJ

Dear Sir or Madam,

Our records show that you are exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code. This exemption was granted in November of 1979 effective in 1978 and remains in full force and effect.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi). Donors may deduct contributions to you as provided in section 170(c) of the Internal Revenue Code.

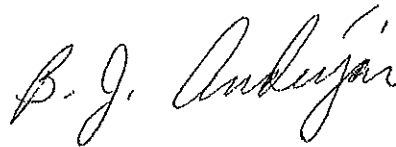
Your accounting period ends every December 31.

If gross receipts for your organization reach \$25,000 or more annually, you are required to file Form 990 or 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX. Because you are exempt under Code section 501(c)(3), you must also fill out and attach a 990 SCHEDULE A for any return filed.

Your letter of exemption states that you should write to us about any change in your purpose or operations or sources of receipts. If you amend your organizing document or your bylaws, be sure to send us a conformed copy. Also notify us of each change in your name or address.

If you have any questions, please contact us as shown in the heading of this letter.

Sincerely,



B. J. Andujar, #75892
Exempt Organization Specialist

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 18 2020

URBAN TRIAGE INCORPORATED
2210 NORTH RUSK AVE
MADISON, WI 53713

Employer Identification Number:
84-3297905

DLN:

29053017327010

Contact Person:

NAVINESH R MISHRA

ID# 94001

Contact Telephone Number:

(877) 828-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990/990-EZ/990-N Required:

Yes

Effective Date of Exemption:

November 12, 2019

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947



Department of Planning & Community & Economic Development

Community Development Division

215 Martin Luther King Jr Blvd, Ste. 300

Mailing Address:

P.O. Box 2627

Madison, Wisconsin 53701-2627

Phone: (608) 266-6520

Fax: (608) 261-9626

www.cityofmadison.com

Child Care
Community Resources
Community Development Block Grant
Madison Senior Center

August 25, 2023

To Whom It May Concern:

The City of Madison Community Development Division has secured sub-recipients for the YHDP Supportive Services Only project. One factor in evaluating sub-recipients is the amount of match they are able to provide. In the FY2020 application for this project, the City of Madison was granted a waiver for the 25% match. The selected sub-recipients are not able to provide the full match requirement. The City of Madison is requesting a waiver for the full 25% match needed.

The community currently allocates funds from a variety of sources to non-housing youth serving projects. The community believes the funds for these projects will better serve youth if they are not used as match for CoC-funded projects. The diversity of funding sources allows the community to create a system that provides flexibility to meet a variety of unique situations. These projects include:

- City of Madison – Youth Employment Services - \$890,508 (annually)
- Briarpatch Youth Services – Prevention - \$75,663 (annually)
- Briarpatch Youth Services – Street Outreach Program - \$20,000 (annually)
- The Road Home – RRH – Building Futures - \$214,385 (annually)

Keeping these funds independent of CoC regulations is important to provide a well-rounded full-service system to youth experiencing homelessness in our community.

Sincerely,

A handwritten signature in black ink, appearing to read "Linette Rhodes".

Linette Rhodes
Community Development Grants Supervisor