

## 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:

- Only Collaborative Applicants may apply for CoC Planning funds using this application, and only one CoC Planning application may be submitted during the FY 2022 CoC Program grant competition.
- Additional training resources can be found on the HUD.gov at [https://www.hud.gov/program\\_offices/comm\\_planning/coc](https://www.hud.gov/program_offices/comm_planning/coc).
- Questions regarding the FY 2022 CoC Program Competition process must be submitted to [CoCNOFO@hud.gov](mailto: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](mailto: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 Continuum of Care (CoC) Program Competition. For more information see the FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program Competition NOFO.
- Detailed instructions can be found on the left menu within e-snaps and on the HUD Exchange. They contain comprehensive instructions and should be used in tandem with the navigational guides, which are also found on the HUD Exchange.
- 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 or renewal project that fails to adhere to 24 CFR Part 578 and application requirements set forth in the FY 2022 CoC Program NOFO.

## 1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: CoC Planning Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 08/30/2022

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier

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:**  
**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](mailto: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-6600-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: WI-503 CoC Planning Application FY 2022

16. Congressional District(s):

a. Applicant: WI-002

b. Project: WI-001

(for multiple selections hold CTRL+Key)

17. Proposed Project

a. Start Date: 01/01/2023

b. End Date: 12/31/2023

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:** lrhodes@cityofmadison.com

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

**Date Signed:** 08/30/2022



# 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:** 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

**4a. Total Amount Requested for this project: \$117,419**  
 (Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** WI-503 CoC Planning Application FY 2022 215 Martin Luther King Jr. Blvd Madison Wisconsin  
 Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
HUD	HOME/CDBG/ESG	\$3,585,091.00	Housing, neighborhood, community development

**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	\$0.00	0%

**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:** Linette Rhodes, Community Development Grants Supervisor

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

**Date Signed:** 08/30/2022

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

### 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
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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](mailto:Irhodes@cityofmadison.com)

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

**Date Signed:** 08/30/2022

## **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:** 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:** 08/30/2022

# 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:** 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](mailto:lrhodes@cityofmadison.com)

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

**Date Signed:** 08/30/2022

## 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:

**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:** 08/30/2022

## 2A. Project Detail

1. **CoC Number and Name:** WI-503 - Madison/Dane County CoC
2. **Collaborative Applicant Name:** City of Madison
  
3. **Project Name:** WI-503 CoC Planning Application FY 2022
  
4. **Component Type:** CoC Planning Project Application

## 2B. Project Description

**1. Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with 24 CFR 578.7:**

With proceeds from this planning grant the City will continue to employ 1 FTE who will work with the CoC's entire geographic area on the following activities:

- 1) Lead a community-wide process coordinating the efforts of homeless service providers and related organizations to achieve the goals of preventing and ending homelessness.
- 2) Coordinate the CoC Homeless Assistance Grant Application process by working with agencies submitting renewals, agencies reallocating funds for new projects, and recruiting new agencies to fill identified CoC gaps. Staff will work closely with various CoC committees to facilitate the CoC application process and ensure that the process is timely, fair and open to new participants.
- 3) Develop a systematic approach to conducting evaluations of CoC-funded programs and coordinate with staff responsible for evaluating ESG-funded programs. Work with CoC-funded agencies to provide needed support and technical assistance as part of a focused effort to implement a crisis response, prioritized, homeless system. The City will contract for additional expertise as needed to provide some of these services.
- 4) Solicit and coordinate input from the CoC network for use in the City of Madison and Dane County Consolidated Plan processes. Provide support to City and County policy makers and elected officials in developing and monitoring community-wide objectives and strategies as part of the Community Plan to Prevent and End Homelessness in Dane County. Staff will build on efforts currently underway to ensure compatibility between the CoC's and local jurisdictions' plans.
- 5) Contract for technical assistance services and provide access to national trainings and conferences on best practices for both the CoC Coordinator and agency staff.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

The CoC Coordinator (1 FTE) position was filled in February 2017. This employee is hired as a limited term employee with the hope that the position can be sustained with future HUD planning dollars. The current grant request is intended to provide an additional year of funding for the CoC Coordinator. The CoC Coordinator works closely with the Dane County Continuum of Care and its Board of Directors, playing a lead role in helping to coordinate the efforts of homeless service providers, funders, policy makers and related organizations in order to achieve the goals of preventing and ending homelessness (45% of FTE – General Coordination). The CoC Coordinator plays a lead role in coordinating the development of grant applications, on behalf of the CoC, for available federal, state and other funding (25% of FTE – CoC Application Activities). The Coordinator has developed a systematic approach to conducting program evaluations for activities undertaken by CoC agencies with federal and/or state financial support, and coordinating with City staff responsible for evaluating activities supported with City-administered federal dollars. Monitoring site visits and review of project data began in calendar year 2018 and will continue on an annual basis. The CoC Coordinator will provide needed technical assistance to CoC agencies where possible and, when necessary, arrange for outside expertise capable of providing such assistance (25% of FTE – Project Evaluation). The CoC Coordinator solicits and coordinates input from the CoC network for use in the City of Madison and Dane County Consolidated Plan processes. They provide support to City and County policy makers and elected official in developing and monitoring community-wide objectives and strategies as part of the Community Plan to Prevent and End Homelessness in Dane County (5% of FTE – Participation in Consolidated Plan). The position is placed in the City’s Community Development Division, with daily supervision provided by the Community Development Grants Supervisor. A Memorandum of Understanding between the City of Madison and the CoC Board of Directors governs the management of the Coordinator’s work priorities. Monthly reports are made to the CoC Board of Directors in an effort to assure effective and timely completion of work.

**3. How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?**

In the past, program evaluation was handled through: 1) a spreadsheet populated with HMIS data on project performance which is reviewed quarterly by the Core Committee and 2) scheduled monitoring visits by the HUD Field Office. With the planning funds, the CoC Coordinator has developed a process for evaluating CoC-funded and ESG-funded programs that provides an additional and important layer of coverage that goes beyond compliance with regulations, ensuring evaluation of the way homeless persons are accessing programs, identifying those who might otherwise be screened out and ensuring compliance with Written Standards. Monitoring site visits began in 2018 and will continue on an annual basis. Data will continue to be reviewed on a regular basis and the Coordinator will work with the HUD Field Office on outcomes of their monitoring visits.

The fact that the CoC Coordinator is located in the offices of the City's Community Development Division, an ESG recipient, significantly increases opportunities for effective coordination with and feedback to City staff involved in homeless-related efforts. It is expected that results will include improved performance outcomes and enhanced consistency between the jurisdiction's Consolidate Plan and the various efforts of the CoC.



### 3A. Governance and Operations

1. How often does the CoC conduct meetings of the full CoC membership? Monthly

2. Does the CoC include membership of a homeless or formerly homeless person? Yes

2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

Participates in CoC meetings:	<input checked="" type="checkbox"/>
Votes, including electing Coc Board:	<input checked="" type="checkbox"/>
Sits on CoC Board:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following

3a. Written agendas of CoC meetings? Yes

3b. Coordinated Entry? (Also known as centralized or coordinated assessment) Yes

3c. Process for monitoring outcomes of ESG recipients? Yes

3d. CoC policies and procedures? Yes

3e. Written process for board selection? Yes

3f. Code of Conduct for board members that includes a recusal process? Yes

3g. Written standards for administering assistance? Yes

4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months? No



### 3B. Committees

Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC’s geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.

Name of Group	Role of the Group (max 750 characters)	Meeting Frequency	Name of Individuals and/or Organizations Represented
Core Committee	Advise the Board of Directors on: annual CoC & ESG application requirements, issues related to operation and performance of the local coordinated entry system, HUD and local priorities for funding and issues related to managing the local homeless management information system (HMIS); remain informed of HUD priorities and requirements; responsible to identify and document gaps in services; regularly review the Written Standards and create schedule for improvements; regularly examine systems performance measures and other identified data points; offer peer to peer technical assistance as needed; identify areas of needed professional development for the HSC; implement strategies that are outlined in submitted funding applications	Monthly	CACSCW, City of Madison, Dane County, Institute for Community Alliances, Porchlight, Tellurian, Tenant Resource Center, The Road Home, The Salvation Army, YWCA, VA, Housing Initiatives, Sankofa ELU, Urban Triage, Briarpatch
Point In Time Committee	Coordinate efforts to implement the semi-annual sheltered and unsheltered counts; advise the Board on issues related to HUD requirements for PIT counts, provide results to CoC and Community	Bi-Monthly	City of Madison, Briarpatch, Tellurian, Veteran's Administration, Porchlight, Sankofa, Tenant Resource Center, The Road Home, Homeless Advocates, Institute for Community Alliances, VA, MachOne Health, Catalyst for Change
Community Plan to Prevent and End Homelessness Oversight Committee	Monitor and report bi-annual results on Action Steps in the Community Plan; responsible for planning five year community process to review goals and objectives to ensure that they continue to reflect current and future activities; review plan to ensure goals are relevant for community	Monthly	City of Madison, Homeless Advocates, Transition Education Program, The Road Home, VA, Sankofa ELU, Sun Prairie School District, JustDane
Outreach Committee	Advise the Board on issues related to outreach services including unmet needs and gaps, recommendations on written standards, recommendations and strategies for ending unsheltered homelessness and other issues as needed. Provides a forum to communicate and improve coordinated efforts to assist people experiencing unsheltered homelessness. Develops agreed upon definitions of different types of outreach, shared goals, best practices, ethical standards and an outreach calendar. Reviews data and make recommendations to partners on how to improve system performance.	Monthly	Briarpatch, City of Madison, Homeless Advocates, Institute for Community Alliances, MACH OneHealth, Tellurian, Kabba Recovery, Dane County, Urban Triage, VA, Catalyst for Change

Fundens Committee	Provide a forum for public and private funders of housing and services targeted to homeless and at-risk persons to share information and coordinate activities as possible; use the Community Plan to Prevent and End Homelessness when setting funding priorities	Monthly	United Way of Dane County, City of Madison, Dane County, CoC Board President, Institute for Community Alliances, Lived Experience Committee Members, Sankofa ELU, Transition Education Program
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## 4A. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$29,355
Total Value of All Commitments:	\$29,355

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

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

Type	Source	Contributor	Value of Commitments
In-Kind	Government	City of Madison C...	\$29,355

## Sources of Match Details

- 1. **Type of commitment:** In-Kind
- 2. **Source:** Government
- 3. **Name of source:** City of Madison Community Development  
Division  
(Be as specific as possible and include the office or grant program as applicable)
- 4. **Value of Written Commitment:** \$29,355

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

## 4B. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2024? Yes

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

3. Select a grant term: 1 Year

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity AND Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	850 hrs@ \$56.76 salary & benefits	\$48,243
2. Project Evaluation	450 hrs @ \$56.76 salary & benefits	\$25,540
3. Project Monitoring Activities		
4. Participation in the Consolidated Plan	100 hrs @ \$56.76 salary & benefits	\$5,676
5. CoC Application Activities	450 hrs @ \$56.76 salary & benefits	\$25,540
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System	travel and registration fees for national conferences/trainings for CoC Coordinator, CoC Board & CoC-funded agencies, including NAEH, CSH, Midwest Harm Reduction, Pathways to Housing, Housing First Conference	\$3,055
8. HUD Compliance Activities	165 hrs @ \$56.76 salary & benefits	\$9,365
<b>Total Costs Requested</b>		<b>\$117,419</b>
<b>Cash Match</b>		<b>\$0</b>
<b>In-Kind Match</b>		<b>\$29,355</b>
<b>Total Match</b>		<b>\$29,355</b>
<b>Total Budget</b>		<b>\$146,774</b>

**Click the 'Save' button to automatically calculate the Total Assistance**

## 5A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

## Attachment Details

Document Description:

## Attachment Details

Document Description:



## 5A. In-Kind MOU Attachment

Document Type	Required?	Document Description	Date Attached
In-Kind Match MOU	No		

## Attachment Details

Document Description:

## 5B. 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.

**1-Year Operation Rule.**

For applicants receiving assistance for CoC planning: the project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**D. Explanation.**

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

**Name of Authorized Certifying Official:** Linette Rhodes

**Date:** 08/30/2022

**Title:** Community Development Grants Supervisor

**Applicant Organization:** City of Madison

**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
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## 6A. Submission Summary

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	08/19/2022
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	08/30/2022
1E. SF-424 Compliance	08/19/2022
1F. SF-424 Declaration	08/19/2022
1G. HUD 2880	08/19/2022
1H. HUD 50070	08/19/2022
1I. Cert. Lobbying	08/19/2022

<b>1J. SF-LLL</b>	08/19/2022
<b>IK. SF-424B</b>	08/19/2022
<b>2A. Project Detail</b>	08/19/2022
<b>2B. Description</b>	08/19/2022
<b>3A. Governance and Operations</b>	08/30/2022
<b>3B. Committees</b>	08/30/2022
<b>4A. Match</b>	08/22/2022
<b>4B. Funding Request</b>	08/30/2022
<b>5A. Attachment(s)</b>	No Input Required
<b>5A. In-Kind MOU Attachment</b>	No Input Required
<b>5B. Certification</b>	08/30/2022