

## 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 2018 CoC Program grant competition.
- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award management (SAM) in order to apply for funding under the Continuum of Care (CoC) Program Competition. For more information see the FY 2018 CoC Program NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2018 CoC Program NOFA, including the General Section Technical Correction, and all requirements and criteria met.
- 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 the instructions found on each individual screen
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- 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 2018 CoC Program NOFA.

## 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:** 08/30/2018

**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

<b>c. Organizational DUNS:</b>	076147909	PLUS 4	
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### 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-6200-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. SF-424 Congressional District(s)

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

**15. Descriptive Title of Applicant's Project:** WI-503 CoC Planning Application FY2018

**16. Congressional District(s):**

**a. Applicant:** WI-002  
**b. Project:** WI-002  
**(for multiple selections hold CTRL+Key)**

**17. Proposed Project**

**a. Start Date:** 03/01/2020  
**b. End Date:** 02/28/2021

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

**a. Federal:**  
**b. Applicant:**  
**c. State:**  
**d. Local:**  
**e. Other:**  
**f. Program Income:**  
**g. Total:**

## 1E. SF-424 Compliance

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

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

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

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

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

I AGREE:

### 21. Authorized Representative

**Prefix:** 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:** 08/30/2018



# 1G. HUD 2880

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

## Applicant/Recipient Information

### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** City of Madison  
**Prefix:** Ms.  
**First Name:** Linette  
**Middle Name:**  
**Last Name:** Rhodes  
**Suffix:**  
**Title:** Interim 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:** \$93,891

(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 FY2018 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	\$3,529,670.00	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	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 this information is true and complete.

**I AGREE:**

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

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

**Date Signed:** 08/07/2018

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

### Sites for Work Performance.

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

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

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

X
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**accurate.**

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

**Authorized Representative**

**Prefix:** 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:** 08/30/2018

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

**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, Interim Community Development Grants Supervisor

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

**Date Signed:** 08/30/2018

# 1J. SF-LLL

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

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

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

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

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

**Legal Name:** 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.

X



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

**Date Signed:** 08/30/2018

## 2A. Project Detail

**1a. CoC Number and Name:** WI-503 - Madison/Dane County CoC  
**1b. Collaborative Applicant Name:** City of Madison

**2. Project Name:** WI-503 CoC Planning Application FY2018

**3. 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 the provisions of 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 permanent housing 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. The City received planning grants in the last three NOFA processes to support this position. 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 fourth year 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 began in 2018 and will continue on an annual basis. Quarterly, the CoC Coordinator will look at agency data to see how programs are performing. 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 officials 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 CDBG 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 quarterly 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 Consolidated Plan and the various efforts of the CoC.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

Continuation of the CoC Coordinator position is a high priority for the City as well as local homeless service and housing providers. Support to the CoC from HUD in the form of planning funds needed to undertake the many tasks required by the HEARTH Act are key to our ability to maintain this position. If

HUD funds are not available for this work, the City will collaborate with CoC organizations in an effort to identify and secure alternate sources of funding for the position.

### 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

a. Written agendas of CoC meetings? Yes

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

c. Process for monitoring outcomes of ESG recipients? Yes

d. CoC policies and procedures? Yes

e. Written process for board selection? Yes

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

g. 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; complete an annual review of 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, Heartland Health Outreach, Institute for Community Alliances, Meriter Hospital, Porchlight, Tellurian, Transition Education Program, Tenant Resource Center, The Road Home, The Salvation Army, YWCA
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, VAMC, Institute for Community Alliances, Porchlight, Operation Welcome Home, Tenant Resource Center, Homeless Advocates
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	Quarterly	City of Madison, Briarpatch, Tenant Resource Center, Legal Action of Wisconsin, The Road Home, Madison Area Urban Ministry, Porchlight
Committee to End Youth Homelessness	Prevent and end homelessness among unaccompanied youth under age 18 and youth ages 18-24; determine scope of youth homelessness in the community through accurate data collection, develop plan to end youth homelessness based on the scope of need; build stronger connections with child welfare and criminal justice agencies; ensure youth needs are met through CES, develop and provide technical assistance to Youth Action Board	Monthly	Briarpatch, City of Madison, Advocates, The Salvation Army, UW Health, Common Wealth Development, Operation Welcome Home, Wisconsin Partnership for Housing Development

Fundors 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	Rennebohm Foundation, United Way, City of Madison, Dane County, CoC Board President
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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:	\$23,473
Total Value of All Commitments:	\$23,473

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Government	City of Madison C...	08/10/2018	\$23,473

## Sources of Match Details

- 1. Will this commitment be used towards Match?** Yes
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Government
- 4. Name the source of the commitment:** City of Madison Community Development Division  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/10/2018
- 6. Value of Written Commitment:** \$23,473

**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, 2020?** 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)
<b>1. Coordination Activities</b>	850 hrs/\$39.49 salary & benefits	\$33,567
<b>2. Project Evaluation</b>	450 hrs/\$39.49 salary & benefits	\$17,771
<b>3. Project Monitoring Activities</b>		
<b>4. Participation in the Consolidated Plan</b>	100 hrs/\$39.49 salary & benefits	\$3,949
<b>5. CoC Application Activities</b>	450 hrs/\$39.49 salary & benefits	\$17,771
<b>6. Determining Geographical Area to Be Served by the CoC</b>		
<b>7. Developing a CoC System</b>	Travel and Registration fees for national conferences/trainings for CoC Coordinator and CoC-funded agencies, including NAEH, CSH, Midwest Harm Reduction, Pathways to Housing, Housing First Conference	\$14,317
<b>8. HUD Compliance Activities</b>	165 hrs/\$39.49 salary & benefits	\$6,516
<b>Total Costs Requested</b>		\$93,891
<b>Cash Match</b>		\$0
<b>In-Kind Match</b>		\$23,473
<b>Total Match</b>		\$23,473
<b>Total Budget</b>		\$117,364

**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	Match Letter	08/24/2018
2. Other Attachment(s)	No		

## Attachment Details

**Document Description:** Match Letter

## 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:** 08/30/2018

**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
<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	08/07/2018
<b>1E. SF-424 Compliance</b>	08/07/2018
<b>1F. SF-424 Declaration</b>	08/07/2018
<b>1G. HUD 2880</b>	08/07/2018
<b>1H. HUD 50070</b>	08/07/2018
<b>1I. Cert. Lobbying</b>	08/07/2018
<b>1J. SF-LLL</b>	08/07/2018

<b>2A. Project Detail</b>	08/07/2018
<b>2B. Description</b>	08/30/2018
<b>3A. Governance and Operations</b>	08/07/2018
<b>3B. Committees</b>	08/30/2018
<b>4A. Match</b>	08/10/2018
<b>4B. Funding Request</b>	08/24/2018
<b>5A. Attachment(s)</b>	08/24/2018
<b>5A. In-Kind MOU Attachment</b>	No Input Required
<b>5B. Certification</b>	08/24/2018



Department of Planning & Community & Economic Development  
**Community Development Division**

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Madison WI 53703  
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P.O. Box 2627  
Madison, Wisconsin 53701-2627  
Phone: (608) 266-6520  
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Child Care  
Community Resources  
Community Development Block Grant  
Madison Senior Center

August 24, 2018

To Whom It May Concern:

The City of Madison's Community Development Division is providing an in-kind contribution in the total amount of \$23,473, which represents a portion of a Community Development Specialist's salary and benefits. This staff person will be providing oversight of the CoC Coordinator.

The source of this match amount is federal CDBG funds, covering the period from 1/1/2018 through 12/31/2019. These funds are being used as match for the FY2018 Madison/Dane County WI-503 CoC Planning Application, for which the City of Madison, as Collaborative Agent on behalf of the Dane County Homeless Services Consortium, is the Applicant.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Hardy Garrison".

R. Hardy Garrison  
Systems and Finance Coordinator